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**TECHNICAL REVIEW: KENYA**

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**Marc Mitchell  
Hillard Davis  
Suzanne Fenn  
Peter Savosnick**

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## **I. Executive Summary**

A technical review of the work that FPMD has been doing in Kenya with both the Family Planning Management Development (FPMD) project and the earlier Family Planning Management Training (FPMT) project was conducted by Marc Mitchell, technical director of FPMD, and Hillard Davis, MIS consultant, during the period of October 8 - 22, 1993. The methodology followed a standard criteria developed for review of all FPMD technical activities. The review focused on 3 key questions for each of the organizations with which we work in Kenya:

- (1) Are we working with the right organizations?**
- (2) Are we working on the right management systems?**
- (3) Are the management systems being developed appropriate to the organization?**

The process included interviews with key personnel from client organizations, USAID, representatives of other CAs and FPMD staff and consultants and a review of the following key documents: Management Development Plans (MDPs), Needs Assessments (NAs), quarterly reports, evaluation reports, trip reports and consultancy reports.

Overall, the review was very supportive of the work that has been accomplished in Kenya. In general, the organizations that have been identified for work with FPMD have an important role to play in the national program, and have significantly contributed to the growth of the national prevalence through their own activities. Further, FPMD interventions have, in general, focused on these management systems and activities which will have the most direct effect on improvements and expansion of service delivery. While many interventions support systems that only indirectly affect service provision, consultants and staff have been conscientious in not developing systems for systems sake, but of ensuring that systems which are developed can and are used to support service improvements. Further, it is felt that most of the systems that have been developed are appropriate to the needs of the organization and are, in fact, being used to support the growth of service delivery and quality of the programs. Keys to this success have been the flexibility exhibited in the design of management systems, the long term commitments that FPMT/D has been able to establish with the organizations, and the ability to work on multiple systems which all link together into an integrated management structure.

There were also a number of weaknesses in the overall program which were identified in the review. Foremost among these is the need for the establishment of an evaluation system which will link improvements in management effectiveness and service delivery outputs. It was a disappointment of the review that the CAMEO system which had been developed by FPMD will not serve this purpose. A second concern is that many of the MIS systems are poorly documented and seem to primarily respond to the needs of donors to provide reports rather than the internal management needs of the organization. Finally, there is a tendency in some areas, particularly personnel, to develop the system without transferring to the client organization a clear conceptualization of how the whole system will fit together without gaining consensus for follow-up, making it more difficult to institutionalize the system.

## **II. Goal and General Methodology of Technical Review**

The Goal of the Technical review is to clarify the relationship between management interventions that have been implemented through the Family Planning Management Development project and the impact that these interventions have had on service delivery. Through a better understanding of the linkages between specific management interventions and service outcomes, we will be better able to direct limited resources to those organizations and those programs which are most likely to benefit from management assistance.

To accomplish this, the Family Planning Management Development project is in the process of conducting technical reviews of our major sub-projects to answer strategic questions about the impact of the work that the project has achieved, and make recommendations about how the work might be modified to further contribute to the goals of the national family planning programs with which we work. The process for the technical reviews is primarily the review of documents which have already been written, and interviews with key personnel from client organizations, USAID, representatives of other CAs with whom we have been working, FPMD staff and consultants. In general, two consultants from FPMD/Boston will be in country for 2 weeks. The documents to be reviewed include all Management Development Plans (MDPs), Needs Assessments (NAs), quarterly reports, and evaluation reports for the country in review, and trip and consultancy reports as appropriate.

Three types of data are collected through this process (see Appendix I: Scope of Work on page 51). The first is indicators of inputs and outputs collected from service statistics and internal information systems of the organizations with which we work. In order to show trends, the data are collected for several years. This data includes:

- (1) Number of **USERS**, by sex, method
- (2) Number of **STAFF**, by category, location (central vs. clinic)
- (3) Number of **SITES**
- (4) Total **REVENUES** by source, site
- (5) Total **EXPENDITURES** by budget line item
- (6) Description and levels of **NON-FP SERVICE OUTPUTS** by type.

This data is presented for each organization as a table for easy reference.

YEAR	1987	1988	1989	1990	1991	1992
<b>Clients (new acceptors)</b>						
<b>Expenditures (Kshs. '000)</b>						
<b>Sites</b>						
<b>Staff</b>						

It should be noted that for many of the NGOs, systems to gather accurate information has only recently been developed and institutionalized, therefore the effort to indicate trends over time is difficult.

The second type of data is collected looking at more strategic questions about the organizations and the relationship between the work of FPMD and the growth of the organization. This data is collected in the form of answers to the following questions:

- (1) Does the technical content of the work that FPMD is doing remain consistent with current strategies and needs of the client organizations, USAID mission, AID/R&D/POP, and FPMD/Boston?
- (2) Has the work that has already been done been useful to our client organizations, and how has it been used?
- (3) What are the specific technical areas that FPMD has most heavily invested in? How were these areas selected and do they remain the priority needs of the client organizations?
- (4) Have there been systems that have been developed for use by client organizations? How are these systems being used?
- (5) Have we adequately documented the work that has been done, and the impact of that work on organizational effectiveness, sustainability, quality, and service expansion?
- (6) Given the limited resources available to FPMD, are we working with the most appropriate client institutions in a country? Would the impact of our work be greater or less if we focused activities on a smaller (or greater) number of client institutions?

- (7) Have the evaluation efforts of FPMD's work in country adequately demonstrated the impact of our work? Has there been an attempt to demonstrate the linkage between our work in the outcomes that have been achieved? Is the documentation sufficient?

The third type of data are indicators of organizational management capacity and effectiveness used as a general assessment of the organizational capacity at this point in time for each of the technical areas in which we work. These are being developed for use not only by FPMD but by AID and other Cooperating Agencies as a tool for assessment of the management capacity of family planning organizations worldwide. They have been designed to include information thought to be generally useful to managers in their work. The data from these indicators is included in Appendix III: Organizational Assessments. These include:

- (1) Existence of a clear **mission** that contributes to the achievement of national FP goals;
- (2) Existence of a realistic **strategic plan** that contributes to the achievement of program's mission;
- (3) Clearly defined **organizational structure**;
- (4) Adequacy of **staffing** (all positions filled by qualified, competent personnel);
- (5) Management knowledge of current **financial** position;
- (6) Access to current **information** on key areas of program functioning;
- (7) Availability of current **monitoring** information on progress made toward the accomplishment of program targets, objectives, and goals;
- (8) Capacity to track **commodities**.

This data was then analyzed to answer the following 3 key questions for each of the organizations with which we work in Kenya.

- (1) Are we working with the right organizations?
- (2) Are we working on the right management systems?
- (3) Are the management systems being developed appropriate to the organization?

A complete discussion of the methodology to assess these 3 questions is described in section IV: Organizational Assessments on page 8.

In addition to the organization specific assessments, a more general assessment of specific aspects of FPMD's work in Kenya is also done. This general assessment is presented in section VI: Summary and Recommendations on page 48.a)

### III. Country Strategy and Approach

*(Section III. Country Strategy and Approach is taken from "A Framework for FPMD in Kenya: 1991-1993 written in 1991 by Jean Baker, who was at that time the FPMD Resident Advisor in Kenya. It documents the strategy which was taken by USAID and FPMD in Kenya during the period of this review.)*

#### A. USAID/Nairobi Strategy

The "Country Development Strategy Statement and Action Plan" of the Kenya Mission of the U.S. Agency for International Development (USAID) for fiscal years 1990-1995 states that

"A very high rate of population growth is the overriding constraint to sustained, broad-based economic growth in Kenya. Although the rate has at last begun to come down, decreasing from 4.1 percent in 1984 to 3.8 percent in 1989, it remains one of the highest in the world."

USAID is the major bilateral donor to the national family planning program in Kenya. The main focus of USAID support is on expanding and improving family planning services throughout the country. Under its major bilateral project, the Family Planning Services and Support Project, financing is provided to implement a series of activities. The strategies on which USAID focuses are the following:

- In-service training for key health providers
- Establishment of voluntary surgical contraceptive services (VSC)
- Provision of contraceptive supplies (IUDs, condoms, vaginal foaming tablets)
- Logistics, Community-based services and information education and communication (IEC)

USAID believes the most direct, most cost-effective, and surest way of reducing fertility and population growth is to increase contraceptive prevalence. This is based in the belief that there is a substantial unmet demand for family planning services in Kenya.

Specifically the long-term goal is to assist Kenya in reducing its rate of population growth from 3.8 percent in 1989 to 2.8 percent by the year 2000. In support of this goal, USAID focuses its efforts on increasing contraceptive use in Kenya through continuation and improvement of family planning activities. This includes an increase in the number of service delivery points, both for clinical and non-clinical services, and to improve the quality of care delivered at these points.

## **B. FPMD strategy**

The FPMD Project, awarded to Management Sciences for Health in September 1990, is designed to serve as a key component in USAID's worldwide population strategy to advance the acceptability and availability of family planning services. This is to be done through assistance to public and private family planning organizations and institutions to build their capacity to manage and sustain high quality services. Sustaining high quality services requires that these organizations possess well-defined missions, clearly articulated strategies, responsive organizational structures, and supportive management systems.

FPMD's ongoing and proposed activities in Kenya align with those of the Project overall. As an extension of the work undertaken during the three years of the FPMT Project, FPMD has adopted a strategy which continues to complement and reinforce the stated goals of USAID/Kenya. The FPMD strategy is supportive of USAID's goals of expansion and service delivery (especially CBD), improvement of quality of services, training and provision of an adequate contraceptive supply and monitoring system.

FPMD's orientation to identification and selection of appropriate assistance in Kenya is based on the following set of criteria:

1. The role of the organization, whether governmental or nongovernmental, in provision of family planning services in Kenya. FPMD focuses on family planning organizations which are central to expanded or enhanced service delivery based on the scope of their service delivery network, geographic location or potential for coverage.
2. The potential for impact within the organization related to technical assistance and the perceived capacity for organizational change.
3. The significance of an activity to family planning service delivery in Kenya, such as development of the National Family Planning Information System, incorporating both governmental and nongovernmental providers.
4. The capacity of FPMD to provide the duration, type, and quality of technical assistance required by the organization.
5. The availability of adequate funding from either central or bilateral sources to support technical assistance, workshops, or other activities.

FPMD plans to work with one governmental organization in Kenya, the NCPD. As the policy making body for population in Kenya and the coordinating group for NGOs, NCPD is a key organization. Under FPMD, the final implementation, testing and revision of information systems developed during the FPMT Project, will be completed. An especially important component of this work, with implications at the national level, is implementation of the National Family Planning Information System (NFPIS). FPMD will continue to play its role as facilitator between NCPD, the NGOs during the first full year of use of the system.

In addition to NCPD, FPMD will continue to assist nongovernmental organizations which are providing family planning services. This includes the major NGO service providers, FPAK and CHAK, and several smaller but important NGOs who have recently received USAID funds for family planning expansion. This latter group includes Mkomani, the Saradidi Project and the Seventh Day Adventist.

The FPMD approach begins with a thorough needs assessment of the management issues within an organization, often called a management audit. This is conducted only at the request of the organization and is carried out in close collaboration with counterparts from the local organization. Through the management audit, key management issues are identified and priorities set. Often a strategic planning workshop to further define the main organizational issues is conducted at an early stage of assistance to the organization. In most cases, FPMD will commit itself to a set of multiple activities which address various aspects of management, rather than providing ad hoc technical assistance.

FPMD is committed to provision of the highest quality technical assistance and training. Experience in the past in Kenya has shown that this can best be provided through a combination of subcontracts with local organizations, contracts with individual specialized local consultants, and regular visits allowing input and technical support from Boston-based staff. The continuity of technical assistance from the same staff and consultants continues to be key to the success of FPMD's work in Kenya.

## IV. Organizational Assessments

### General Approach

The goal of FPMD in Kenya is to assist organizations develop and grow in order that they can expand and improve their service delivery to meet the very large unmet need for family planning currently existing in Kenya. In reviewing the work of the Family Planning Management Development project in Kenya, therefore, we have tried to focus on the extent to which our work contributes to service expansion and improvement of the organizations with which we work. To do this, we have tried to look at three key questions about our work. These questions and the methodology for answering them are:

- (1) Are we working with the right organizations?

**METHODOLOGY:** Review the organization's mission to determine whether it contributes to the national strategy of service expansion and improvements in quality. Discuss with the organization, USAID/Nairobi and other consultants what is the current or expected role of the organization to determine if it is likely to make a major contribution to the national program.

A second consideration in answering this question is whether the organization is looking toward **self-sufficiency** as they expand. We know from experience that external assistance will not be available indefinitely and it will be critical to maintaining the gains being made in the Kenya program that organizations be able to sustain their expanded roles into the future. While it is too early to expect that organizations will be completely self-sufficient within the next 1-2 years, it is a criterion whether organizations are, at a minimum, willing to introduce policies and management systems which will, in the long run, support self-sufficiency.

- (2) Are we working on the right management systems?

**METHODOLOGY:** Determine whether organizations with whom we have worked have **grown** in terms of clients, sites, budget, and staff. Identify the management systems with which we have worked and when possible, the **linkages** between improvements in management systems and service delivery. Using the indicators of **organizational management capacity** and effectiveness developed in cooperation with the Evaluation Project, determine the current status of management systems within the organization.

- (3) Are the management systems being developed appropriate to the organization?

**METHODOLOGY:** To address this question, we first have looked at which management systems has FPMD work on and in what way. We have identified 4 key management systems of each organization:

- Planning (including identification of mission, strategic planning, operational planning, activity monitoring);

- Finance (including budgeting, financial accounting and reporting, transaction processing, cost accounting, revenue generation, financial control);
- Personnel (including board-staff relations, organizational charts, identification of staffing requirements, job descriptions, salary review, recruitment, training, performance reviews);
- Information (including service statistics);

A fifth system, logistics, is not included as it is not a system on which FPMD works. For each of these systems, there are 5 stages of system development:

- conceptualization of the entire system as it will eventually work;
- development of the system including forms and software;
- implementation of the system including training;
- documentation of the system to ensure continued use and understanding;
- use of the system by the organization to improve its delivery of services.

To identify exactly what the FPMD interventions have been for each organization, we have used the following matrix to identify the management system and the stages within that system that FPMD has worked. In areas where FPMD has worked with other organizations, or built on the work of other organizations, that is noted.

SYSTEM	concept.	devel.	implem.	docum.	USE
Planning					
Finance					
Personnel					
Information					

Having identified the areas in which FPMD has worked, we must then make some assessment of the **appropriateness** of the management system for the organization. For this, we will use two indicators. The first, and probably most important is whether the system is **being used** by the organization. In our experience, organizations use systems which they find serve their needs, while systems which are developed and do not serve the organization's needs are not fully implemented. For this reason, we will take as an indicator of appropriateness, whether the system which was developed is actually being used. In the table above, this is the column on the far right of the table.

The second indicator is whether the system meets the needs of the organization. These needs may come from the internal management requirements such as financial control, and from the external environment such as donors or national agencies. Thus, this second indicator compares the needs, internal and external, of the organization and the extent to which the systems respond to these needs.

## FPAK

The Family Planning Association of Kenya (FPAK), an IPPF affiliate, is the largest non-Government provider of family planning services in the country. Its eight area offices, and Nairobi based facilities, provide clinic and community based (CBD) services, as well as information and education activities. FPMT/D has been working with FPAK since 1987 in the areas of Board-staff relations, strategic planning, organizational structure, financial systems development, MIS, and personnel systems. Several of its key personnel have attended FPMD-sponsored management training courses.

YEAR	1987	1988	1989	1990	1991	1992
Clients (new acceptors)	32,454	38,114	43,460	110,075*	120,933*	126,258*
Expenditures (Kshs. '000)	24,700	34,100	65,000	69,400	71,500	109,578
Sites						
Staff						

(missing data not available at time of writing)

\*CBD added

### (1) Are we working with the right organizations?

As the largest non-government agency in family planning (approx 20% of non-government service delivery; 5% of total service delivery), there is little question about the importance of the role of FPAK in the national program. This is supported by their mission statement which emphasizes growth of service delivery and quality. FPAK, USAID, and other CAs all agree that FPAK has and will continue to provide a leadership role in the national program. Asked what that meant (since the government is clearly the leading provider in terms of numbers) FPAK said they are the leader in innovation and quality, "We are pioneers". FPAK has lead the introduction of the minilap procedure for tubal ligation, Norplant introduction, research in service delivery including the pilot testing of CBD, and work in sensitive areas such as youth contraception. Another example of innovation, which was assisted by FPMD is that FPAK, in 1994, is going to introduce client mapping on a pilot basis as a way to improve quality and follow-up, a technique they were introduced to through *The Family Planning Manager*. In the area of quality, FPAK has first of all focused on their clinic quality institutionalizing tools such as COPE and now beginning TQM, and is now being used as a training institution for the MoH and at Kenyatta Hospital.

FPAK has experienced enormous growth in the size of its program during the past few years, stimulated to a significant degree by substantial incremental inputs from donors. They recognize that the donor support that they have enjoyed during this period will not continue indefinitely, and have begun to look at how they will maintain their program without this current level of external funding. This has now been incorporated into their strategic

planning process, and they have looked at options such as increasing fees, cross subsidization by "upscale" clinics, and other revenue generating options. While this remains an area of concern for the future, FPAK has at least recognized the need to find alternate funding sources, and has begun to explore ways that this might be pursued.

**(2) Are we working on the right management systems?**

FPMD has worked with FPAK in virtually every management area since the initiation of its work in 1987, including financial management, board-staff relations, strategic planning, MIS, personnel, and training. During that period, FPAK has shown dramatic growth in clients, personnel, sites, and budget and they attribute their ability to grow at this rate as a direct result of FPMT/D involvement. Perhaps this is best demonstrated in the **financial** area, where FPMD, through a series of consultants, has assisted in the development of financial transaction processing systems allowing FPAK to go from a cash basis to an accrual basis, written a financial operations manual, written job descriptions and recruited accounting staff, trained both headquarters and field staff in accounting procedures, and supplied equipment to assist with automation. This has impacted on service delivery in at least two ways. Perhaps the most dramatic is that in the past, without adequate financial control, FPAK would run out of money each September and shut down a substantial portion of their services until receiving their next fiscal year allocation in January. For the past 2 years, this has not been the case and activities have proceeded throughout the year as planned. A second example is the improved turn-around time for processing claims from the field which has resulted in CBD workers being reimbursed promptly leading to much improved staff morale and loyalty to the organization.

In the area of **MIS**, improvements in the ability to track activity progress has led to increased implementation of planned activities, an area where previously they had been criticized by IPPF. They have also used their MIS to monitor the progress of COPE at the individual clinic sites and to provide feedback, as appropriate, leading to improvements in quality. The development of a **strategic plan** has allowed them to focus on quality, and be more proactive with the donors. In one case this has led them to refuse donor funding for a project which they felt would not contribute to their strategic vision. This has also focused the dialogue on how the organization will maintain their program without the current high level of donor funding. The work in **board-staff** relations has somewhat improved the ability to appoint qualified professional staff to key positions, although this remains an area for further improvement.

Perhaps more important than the work that FPMD has done with FPAK in any specific area is the way that FPMD has been able, through a long relationship, to work in multiple areas to develop the organization as a whole. The organizational management capacity is very strong as evidenced by the indicators collected above. Using the *Stages of Organizational Development* developed by FPMT, FPAK has progressed in its development from the *emergence* stage of development to the *consolidation* stage (see appendix III: *Stages of Organizational Development*). This organizational development has enabled it to sustain growth and set the standard for other organizations in Kenya and in the region in terms of quality, systems development, and innovation.

**(3) Are the management systems being developed appropriate to the organization?**

Technical Inputs					
SYSTEM	concept	devel	implem.	docum.	use
Planning		✓	✓	✓	✓
Finance	✓	✓	✓	✓	✓
Personnel		✓	✓		+/-
Information	✓	✓	✓	✓	✓

**PLANNING:** FPMD has worked with FPAK in both strategic and operational planning. In strategic planning, there have been two periods of involvement. The first was in 1987 when FPAK had a strategic plan done by an IPPF consultant which they felt did not meet their needs. Accordingly, several follow-up workshops were held which focused primarily on board-staff relations, which at that time were somewhat problematic. While it is hard to assess the impact of this work, several staff members now felt that this early exercise did not push FPAK hard enough and satisfied itself with the "soft options." The second, more recent strategic planning work began in February 1993 and will be completed by January 1994. It has been more successful, and has led FPAK to identify a niche for itself (leadership in innovation and quality), several new areas of work (youth, national policy advocacy), and a push for more financial planning and concrete ways to improve and ensure quality. One of the successes of this latest planning effort was a recent refusal of donor funds by FPAK for an activity which did not fall within their strategic plan.

In operational planning, FPMD has helped with the development of an activity monitoring system which has helped them track and implement planned activities, an area where previously they had difficulties. This system has been integrated into their overall program planning, and is now used to generate monthly and annual reports to donors about activity implementation. The system is also being used as part of the routine supervisory system for feedback to area managers. The result has been a significant improvement in FPAK's ability to execute their planned activities on a timely basis.

In the table of technical inputs above, we can see that the planning system has been used by FPAK to further their organizational goals. FPMD did not participate in the original conceptualization, which was done by another organization, but has been involved with the planning function of FPAK for many years.

**FINANCE:** As is the case in planning, FPMD was asked to work with FPAK in financial management following a disappointing experience from another donor in the area of financial management. A complex accounting package and computer system was purchased for FPAK, but it was never brought on line due to numerous difficulties with the system and

with training. FPMD was asked if they could assist FPAK in getting the system to work. Since that time, FPMD has worked with FPAK in a wide range of financial areas including financial transaction processing systems, financial manuals, accounting job descriptions, recruiting staff, training of both headquarters and field staff and computer equipment and software. FPMD was also able to get the original system running and it presently forms the core of the FPAK financial management system. This system is now seen as the model FPA financial management system in E. Africa, and FPAK is training other FPAs in its design and use.

A key to the success of the financial management assistance has been the comprehensive and continuing nature of the work. What started as a technical computing issue, expanded into the overall design of a financial accounting system and has included writing job descriptions, hiring staff, writing manuals, and training at all levels of the system. This approach has led to an integrated financial package that has for the first time produced a consolidated balance sheet and a unified chart of accounts for the organization. Previously, a separate accounting system for each donor and activity led to fourteen separate systems which could not be consolidated into one account.

It is perhaps a measure of the sophistication of the financial management area of FPAK that this was the one area where the CAMEO system was fully implemented and used.

**PERSONNEL:** FPMD has worked with FPAK in several personnel areas including board-staff relations, development of job descriptions and the development of a personnel review system. The work in board-staff relations has been over a long period of time, and the staff feels that it has "improved the climate of understanding through better definition of roles." While there still remains work to be done in this area, it appears that what was a significant problem in the past is now less critical. In the area of job descriptions, it is generally acknowledged that this has improved the functioning of the organization, making delegation more possible and transfer of more responsibility to the local levels. It should be noted, however, that FPAK is still a highly centralized organization. In the area of personnel evaluation, the results have been more problematic, and the system which was developed several years ago is just now being implemented. The reason for this, according to staff, is that people were not used to an appraisal system, and felt it would be used to somehow punish them. It was felt that the system would have been more useful if there had been more follow-up by the consultant who designed it; something which was not possible because the consultant was infrequently available as he did not live in Kenya. This is reflected in the table of technical inputs above as a lack of initial conceptualization of the overall system, and a lack of documentation leading to less institutionalization of this system, and thus less enthusiastic use.

**MANAGEMENT INFORMATION SYSTEM:** FPAK is one of the large umbrella organizations that has the need and capability of operating a number of MIS sub-systems to manage its operations. The organization has a large competent staff capable of managing a variety of MIS sub-systems.

FPMD has assisted FPAK in the development of the following information systems:

- Activity monitoring
- Service statistics for static and mobile clinics
- Financial management
- CBD/CHW statistics
- Personnel Management
- Commodities and supplies management

The status of the sub-systems is that all are functioning and producing reports and managers are using these reports to manage projects.

The appropriateness of the MIS system was determined by assessing:

- Whether requirements of system were established by conducting a needs assessment and system review.
- Whether steps required to establish systems (conceptualization, development, implementation, documentation and system use) were followed.
- Whether potential and actual users of the systems were included in the planning of the system.
- Whether the system has had the necessary impact to make managing more efficient and effective.

Our findings showed that one of FPAK's major considerations in developing the system was its ability to produce information required by Government and donor agencies. Donor organizations' requirements regarding financial, service, and supply statistics were all used in conceptualizing the system. We also found that potential and actual users of the systems were included in the planning of the systems. This has led to a very positive attitude toward the utility of the system. We looked at whether the system addresses the other organizational needs, e.g., monitoring the organization's ability to remain true to its mission, goals and objectives. Also the requirement that it supports operations and research so that the changing patterns of clients use of the system can be noted. This will assist in planning staff and facilities allocation, budgetary consideration and logistics and supplies. We found that this latter point was lacking though staff did recognize this deficiency.

The strengths of the MIS at FPAK are that the operators of the system are competent and very knowledgeable of its operation. Changes to the system can be made without the assistance of consultants.

Some of the weaknesses of the system which impacts on its utility are:

- There are not enough manual and computerized checks built into system to ensure accuracy of information
- Instructions, definitions, users manuals and documentation for some subsystems are insufficient.
- Not enough field visits are made to ensure that reporting units are properly collecting and reporting information.
- The different sub-systems as they are currently operated cannot be linked, this is particularly true of the financial to the other sub-systems.

### **Summary and Recommendations**

FPMD has been working with FPAK for over 8 years, and during that time there has been remarkable growth and maturation of the organization. FPAK has demonstrated its ability to be a leader in the national program in the areas of high quality service delivery and in the introduction of innovative approaches to service delivery. They have also demonstrated their ability to adopt sophisticated management systems (finance, MIS, personnel, and planning) for their own use and improve services through their implementation. The challenge now for FPAK is to consolidate these gains into a stable and self-sufficient organization, and to successfully use their board to assist in the achievement of their organizational objectives. It is recommended that:

- FPMD continue to work with FPAK to determine ways that their financial dependence on donors can be reduced over the next 5 years.
- FPMD ensure that all management systems that have been developed for FPAK are well documented so that they can be institutionalized and not need external assistance when they require modifications.
- FPMD continue to work with FPAK to determine ways that the board can be more effectively used to sustain and stabilize the organization over the long term.
- FPMD continue to work with FPAK to find ways that the lessons learned by FPAK can be effectively shared with other family planning organizations in Kenya and other countries in the region.
- FPMD continue to work with FPAK to look into the feasibility of linking subsystems so that integrated reporting can be realized.

## SDA

The Seventh Day Adventist (SDA) Rural Health Services oversees a network of approximately 42 small integrated health and family planning clinics in very rural areas of the country. These clinics are largely self-sufficient through community subsidies and the collection of fees for curative services which cross-subsidizes the MCH and family planning activities. The program is managed by a very competent and energetic director who has made substantial progress in instituting management systems in the central office.

YEAR	1987	1988	1989	1990	1991	1992
<b>Clients</b>						
<b>Expenditures (Kshs. '000)</b>						
<b>Sites</b>						
<b>Staff</b>						

(missing data not available at time of writing)

### (1) Are we working with the right organizations?

The SDA rural health services accounts for only a small percentage of the overall contraceptive prevalence in Kenya. However, because its mission is to serve the most rural areas which are often underserved, it fills an important niche in the total national program. It also offers another important contribution in being a model of a self-sufficient integrated curative/MCH/FP program which uses the curative services to cross-subsidize the MCH and family planning activities. This model may well be adopted by other NGOs, especially the church health services which overall account for 25% of non-government services.

### (2) Are we working on the right management systems?

FPMD has worked with SDA for approximately 1½ years following a management audit which was done in October, 1991. Assistance has focused primarily in the areas of strategic planning, financial management, and MIS. A substantial amount of the work focused on the **financial management** and control systems, since the organization was incurring substantial financial losses which threatened to close a significant number of their facilities. This work included a financial assessment, a workshop for staff, a financial operations manual and automated financial accounting system, and a costing model to assess unit costs and assist in setting fees. The result of this work is that the organization now balances its books with 80% of total revenues coming from user fees. This is particularly impressive given that these clinics are operating in many of the poorest areas of the country and have as a very clear mandate the provision of services to anyone who comes, regardless of whether they are able to pay. The organization has thus been able to open 15 new clinics in the past 2½ years. In the words of the director, "If we hadn't started with FPMD, we would have had to close down facilities for lack of funds."

The work in **strategic planning** has focused on the development of a sustainable program. It was in part driven by the financial difficulties which the organization faced and has now overcome, and in part by the differing visions of the SDA board which oversees the activities and the director who has a very progressive vision of the role of SDA clinics. The development of a strategic plan has provided a tool for the director to use in helping the board understand the needs for future growth and development. This has, in turn, enabled the director to expand and cross subsidize family planning services, an area where some of the more conservative board members have had reservations.

**(3) Are the management systems being developed appropriate to the organization?**

Technical Inputs					
SYSTEM	concept	devel	implem.	docum.	use
Planning	✓	✓	✓	✓	✓
Finance	✓	✓	✓	✓	✓
Personnel					
Information	✓	✓	+/-		

**PLANNING:** FPMD has worked with SDA in developing a strategic plan and an activity monitoring tool. Both of these activities are complete and are being used by the management of SDA. The strategic plan is being used by the Director to convince the board of directors of SDA of the need to expand services and cross subsidize family planning and MCH through fees for curative services. It has also been useful in communicating to the staff a sense of direction. In the view of the Director, "[The strategic planning process] helped develop a view of where we are going." The activity monitoring system has been used as a tool for supervision of peripheral health units by central staff when they travel to the field.

**FINANCE:** FPMD has worked with SDA in two areas of Finance. The first is the setting of fees and the costing of services. This was done through a consultant at Carr, Stanyer, Gitau & Co., and has been very successful. It is this system which has allowed the dramatic turn-around in the financial picture of the organization and the ability to self-finance 80% of the services provided. The cost study has also been used by the director as a management tool to sensitize staff to financial issues and make them more aware of the need to charge clients for services.

**MANAGEMENT INFORMATION SYSTEM:** FPMD is currently assisting SDA/RHS in developing a management information system that includes three sub-systems. These sub-systems will maintain databases for the following activities:

- Activity monitoring
- Service statistics for static and mobile clinics

- **Financial management**

The status of the sub-systems is that the activity monitoring, and service statistics are functioning, while the financial management system is still being implemented.

The appropriateness of the MIS system was determined by assessing:

- Whether requirements of system were established by conducting a needs assessment and system review.
- Whether steps required to establish systems (conceptualization, development, implementation, documentation and system use) were followed.
- Whether potential and actual users of the systems were included in the planning of the system.
- Whether the system has had the necessary impact to make managing more efficient and effective.

Our findings showed that one of SDA/RHS's major considerations in developing the system was its ability to produce information required by Government and donor agencies. Donor organizations' requirements regarding financial, service and supply statistics were all used in conceptualizing the system. We also found that potential and actual users of the systems were included in the planning of the systems. This has led to a very positive attitude toward the utility of the system.

The MIS subsystems have been in operation for only a short period, so their impact on managing could not accurately be assessed. Reporting by units have improved though accuracy is still a problem.

The strengths of the MIS at SDA/RHS are that the top manager and MIS staff appear to be committed to seeing that the system works and are very enthusiastic about its development. MIS staff are willing to make field visits to train staff correct data collecting and reporting techniques. Also, the MIS staff has begun to develop and distribute procedure manuals for field and headquarters staff.

Some of the weaknesses of the system which impacts on its utility are:

- Training the staff assigned to operate the MIS is slow, and SDA/RHS's inadequate staff has limited capabilities in operating the system to produce meaningful reports.
- SDA/RHS has a limited number of MIS staff and would suffer if any one left.
- There are not enough manual and computerized checks built into system to ensure accuracy of information

- Instructions, definitions, users manuals and documentation of system are insufficient
- MIS staff does not understand how missing information can impact on comparisons over time (trend data)
- The number and types of feedback reports to the field were inadequate.
- The sub-systems have not been designed to be linked to provide integrated reports.

While it is too early to assess the MIS system fully, there are some areas identified that are of particular concern and should be reviewed before further system development and documentation. An example of this difficulty is the inability of the system to produce the information which was needed for this technical review; as evidenced by the lack of data in the table on page 18.

### **Summary and Recommendations**

The SDA Rural Health Services have achieved remarkable success in the past 2½ years in expanding services while becoming increasingly self-sufficient. Thus, while still only serving a small sector of the total family planning program, SDA has provided a model for sustainability of services in remote rural areas that other organizations could emulate. This has come about largely through the efforts of their director. The challenge that now faces SDA is how to institutionalize the systems to be less reliant on an individual leader. This, also is the challenge for FPMD.

It is recommended that:

- A major focus of the work with SDA is the institutionalization of the management systems that have been developed to be less dependent on an individual manager.
- The SDA model be written up and used as a model for other organizations that are looking for fee-collection systems in remote, rural areas. This might include Maseno West and CHAK, among others.
- Continue to work with SDA/RHS staff to develop an MIS system that will meet its organizational management needs in addition to the reporting requirements of donors.
- Assignment of personnel to the MIS be reviewed to determine the number and capabilities required to operate an effective system.

## CHAK

The Christian Health Association of Kenya (CHAK) is an association of private church-related health facilities and their parent church bodies. This includes 183 dispensaries, 32 health centers and 15 hospitals. Many of these member units are engaged in community-based health care and community health services, and provide family planning as part of these integrated services. Together with its Catholic counterpart, CHAK provides over 40 percent of all health services in Kenya and approximately 8% of all family planning services (1992 DHS). CHAK is an association of Protestant health units whose member units are completely independent. They pay dues to CHAK, however, for which they receive some technical support, and contribute to the development of institutions that purchase drugs in bulk and sell them to member units (MEDS) and a central laboratory facility.

FPMT/D has provided support and technical assistance to CHAK since 1988, in the areas of planning, MIS, personnel, and finance. The most intensive interventions have been in the development of a Management Support Unit (MSU) at CHAK whose role is to provide management assistance to the member units, and MIS. In these areas, FPMD has supported staff (MIS) and a consultant (MSU) who are physically present at CHAK.

YEAR	1987	1988	1989	1990	1991	1992
Clients						
Expenditures (Kshs. '000)						
Sites						
Staff						

(missing data not available at time of writing)

### (1) Are we working with the right organizations?

CHAK is not a direct provider of family planning services, but rather serves as an umbrella organization for 230 rural health facilities, most of which do provide these services. CHAK was initially designed as a funding conduit through whom Government of Kenya funds was channeled to church health facilities. However, as the contribution by the Government to church health facilities has dwindled, and as the technical needs of the church facilities has expanded, CHAK's role has changed to one of providing these facilities, many of which are very small community owned units, with training and follow up assistance to introduce and improve the quality of the health and family planning services which are offered. Examples of how this is achieved are:

- the introduction of VSC services in many of these facilities through an AVSC financed project;

- setting and circulating of medical standards for family planning methods (in progress);
- meetings for doctors at the rural health facilities to update technical skills;
- financial bailout and financial training to 2 hospitals which were to be closed due to bank foreclosure; and
- establishment of MEDS and central laboratory facilities at subsidized rates.

There is little doubt that these rural, often isolated, facilities which provide contraceptives to a substantial percentage of the population can benefit from the types of assistance which CHAK provides. On the other hand, the question remains whether CHAK, which has no authority over these organizations, and which is searching for its niche in providing assistance to these small member units will be able to sustain its efforts over the long run. Thus, for CHAK, the challenge lies in developing the capability to sustain the services which it is providing to the small church health units after the substantial amounts of donor funding, which are now channeled through CHAK, are no longer available. In our view, this level of sustainability will depend on whether CHAK can develop the technical capability to provide high quality, low cost assistance to the member units, in a way that the member units will be both able and willing to buy them. For this to happen, CHAK will both need to consolidate its technical assistance to member units so that the product is clearly beneficial to these institutions, and must address issues of cost, and cost recovery which will be crucial to making these services affordable to health units that have very few resources to spare.

**(2) Are we working on the right management systems?**

The challenge for CHAK is to successfully make the transition from a secretariat responsible only for channeling funds to member organizations to that of providing technical assistance to a wide variety of member health units. To support this effort, FPMD has worked with CHAK in the areas of planning, MIS, personnel, and finance, focusing to a large extent on the development of a capacity to provide and eventually market services to the member units. Some aspects of this has clearly been successful. CHAK has begun to function as a central data collection point for all church run health units, providing information both to the NCPD on all church health activities, and to the member units showing comparisons and trends among the various clinics. However, at the present time, only 50% of member units are sending their data to CHAK. The Management Support Unit, funded through FPMD has provided financial assistance and a unit costing methodology to the larger facilities as a basis to set fees for cost recovery. This activity has been sufficiently well received so that other health units have agreed to buy these services from CHAK. Systems have been developed to allow CHAK to track staff at peripheral facilities in order to target training and follow-up assistance to those areas with particular needs; but high turnover rates at clinics has made it difficult to maintain a cadre of well-trained staff. The setting of medical standards for member units could provide an excellent opportunity to improve the quality of care at the facilities, but with no authority over the individual health units, it is unclear the extent to which these standards will be followed. Thus, while FPMD has certainly contributed to the ability of CHAK to provide high quality assistance to the member units, it remains to be seen

whether these skills will be sufficient for CHAK to remain a credible and therefore sustainable institution through which the delivery of family planning services at the church health facilities can be expanded and improved. The strategy of enhancing CHAK's technical ability and credibility through the development of systems, support of staff, and by providing highly qualified consultants for CHAK to use with their member units seems to be the right approach. The extent to which this will contribute to expansion and quality improvements in service delivery is, as yet, not clear. The determining factor will be the extent to which CHAK itself is able to influence the practices of the member units over which they have no direct authority.

**(3) Are the management systems being developed appropriate to the organization?**

Technical Inputs					
SYSTEM	concept	devel	implem.	docum.	use
Planning	✓	✓	✓		+/-
Finance	✓	✓		✓	
Personnel					
Information	✓	✓	+/-		

**PLANNING:** FPMD has worked with CHAK in the development of an activity monitoring system. The activity monitoring system was developed to respond to the need for providing data about ongoing activities funded through NCPD by donors. Thus, it is tied into the system developed for NCPD and seems to be functioning relatively well although there are problems with the completeness of the information. Another indication of the success of the operational planning assistance is the monthly management of objective meetings that take place and which seem to be a productive forum for CHAK to discuss plans and review progress of its activities.

The work that was done in strategic planning is somewhat more problematic. The organization has gone through a major change in its role, from that of a secretariat to that of a technical supervisory unit; but CHAK seems reluctant to implement the fundamental changes that this shift will imply. Their systems and their structure still reflect their focus on individual projects funded through outside donors, although there is some evidence that this is gradually changing, for example the discussion of moving toward a more decentralized structure. Indeed, the perspective of the organization seems more focused on operational issues rather than on strategic ones, at a time when strategic issues such as the future role of CHAK, the ability to sustain its program, and the need to develop expertise in a whole new set of areas predominate. Thus, while strategic planning would appear to be one of the critical areas for assistance to CHAK, it is unclear the extent to which CHAK is willing to

address these kinds of issues in other than a passive way. The measure of this will be their ability to document and then implement the types of strategic changes that are needed.

**FINANCE:** FPMD has worked with CHAK in the development of financial tools for the member units of CHAK to be implemented through the management support unit. The financial management system has been fully developed and documented, but has not yet been implemented. For some reason, the accounts department of CHAK has been reluctant to shift from a manual to a computerized system, so that data has not been entered into the computerized system, and it cannot therefore be used. However, it is projected that the CHAK MIS Unit, with assistance from FPMD, will provide TA in the computerization of the payroll system.

The development of financial tools for the member units of CHAK has focused on a model developed for FPMD by Carr, Stanyer, Gitau & Co. for the costing of services and the setting of fees at hospitals which operate under the CHAK umbrella. The purpose of this intervention was twofold. First, it was to provide a way for member units to begin to raise revenues through user fees, and to provide a management tool to improve operating efficiency of the health units. This has been successful, and the hospitals that have implemented the system are using it to increase their ability to self-finance. The second purpose of the intervention was to provide a set of technical skills within CHAK which would be in demand by member units. This is consistent with the overall approach to the development of the management support unit as a technical assistance unit to the member units. In this role, CHAK has yet to demonstrate success. While there is certainly demand by member units for the types of financial assistance that was provided through an FPMD consultant, it is less clear whether CHAK is prepared to make the commitment necessary for the institutionalization of this skill within CHAK. One measure of this commitment would be the hiring by CHAK of the consultant which FPMD has previously funded for this work. Another would be the training of other CHAK staff in the methodology. Thus, it is not yet possible to determine whether this intervention will be successful.

**MANAGEMENT INFORMATION SYSTEM:** CHAK like FPAK and NCPD is one of the large umbrella organizations that has the need and capability to operate a comprehensive MIS system. If the appropriate sub-systems are put into operation, management could become more efficient and effective. FPMD has assisted CHAK with the development of a management information system that includes six sub-systems.

The status of the sub-systems is as follows:

Activity monitoring - this sub-system is functional and running. It is being used for generating reports and for monthly management by objective meetings.

Service statistics for static and mobile clinics - this sub-system has been developed, is functional, and data is being entered for many facilities. However, only 112 out of 224 units are reporting. In many cases, this is due to unavailability of the data at the health unit.

**Financial management** - this sub-system has been developed and is functional, but data is not being entered and it is therefore not being used. It is unclear why this system is not being brought on-line at the present time.

**Personnel Management** - this sub-system has been developed and is functional. It provides basic data on staff at each facility.

**Facilities management** - this sub-system has been developed and is functional. It provides basic data on the physical facilities of each health unit.

**CAMEO** - this is discussed in section V:Evaluation Efforts: CAMEO on page 45.

Although some of these systems were in the developmental stage prior to FPMD participation, some technical assistance was provided. FPMD is providing CHAK with a MIS consultant to assist in the development and institutionalization of the sub-systems.

Our findings showed that one of CHAK's major considerations in developing the system was its ability to produce information required by Government and donor agencies. Donor organizations' requirements regarding financial, service and supply statistics were all used in conceptualizing the system. We also found that potential and actual users of the systems were included in the planning of the systems. This has led to a very positive attitude toward the utility of the system.

The strengths of the MIS at CHAK are the competency of its staff in the operation of computers and database management. Also, the enthusiasm of the program managers to become involved and to learn how to use output from the system to manage more effectively. There appears to be more interaction between the MIS operators and program managers at CHAK than any of the other organizations visited, except, perhaps FPAK.

Some of the weaknesses of the systems are:

- Several of the systems, notably the financial management and service statistics systems are not yet being used.
- The different sub-systems as they are currently operated are not linked. This is especially critical since most of the systems such as the facilities management and personnel management are closely linked.
- There are a large number of units not reporting. This is critical if the system is to provide meaningful data. One reason for this is that not enough field visits are made to ensure that reporting units are properly collecting and reporting information. Another is that CHAK has no authority over the member units, and thus cannot fully supervise them nor provide incentives for reporting.

- There are not enough manual and computerized checks built into system to ensure accuracy of information.
- Instructions, definitions, users manuals and documentation of system are insufficient

In sum, while there are many aspects of the MIS system which were clearly very useful to CHAK and of which they were rightfully proud, we felt that there was significant room for improvement. Perhaps an example of this difficulty is the inability of the system to produce the information which was needed for this technical review as evidenced by the lack of data in the first table of this section on CHAK.

### **Summary and Recommendations**

CHAK has made a transition from a very small secretariat whose role was to channel government funds to church health facilities, to that of a much larger organization which provides technical assistance to its member units, and acts as a conduit for both funds and information between multiple donors and a myriad of individual health units. The challenge now for CHAK is how to sustain this new role. To achieve this they will need to develop the technical capability to provide high quality, low cost assistance to the member units in a way that the member units are able and willing to buy them. For this to happen, CHAK will need to both consolidate its technical assistance to member units so that the product is clearly beneficial to these institutions, and addresses issues of cost, and cost recovery which will be crucial to making these services affordable to health units with very few resources to spare. FPMD has clearly helped CHAK develop this capability through its assistance in MIS and personnel, and the support for the development of the management support unit. The question which now faces both FPMD and CHAK is how to prepare CHAK for the transition to a self-sustaining organization able to maintain their expertise and niche with out the same level of assistance currently being provided by FPMD.

It is recommended that:

- Attention focus on the phasing out of financial assistance to the Management Support Unit during the next 12-18 months;
- A fee structure be established with CHAK for the provision of services to its member units based on the value to these units and their ability to pay;
- A study be conducted detailing member units' perception of CHAK, and the units' needs for assistance. This will enable CHAK to move into new areas where demand is high. It could be done in the context of a planning exercise as part of an assessment of the external environment which CHAK faces.
- CHAK should be assisted in working with the smaller units to develop appropriate fee structures so that these units can continue to provide the types of services required at the village level. One model to look at might be that of the SDA facilities which are largely self-sufficient, including overhead support from headquarters.

- CHAK explore ways that they can cross subsidize assistance to the small units that are perhaps most in need of assistance but will be unable to pay for technical assistance from CHAK for the foreseeable future.
- FPMD provide full documentation of the information systems that have been developed and identify the training needs of staff to ensure the sustainability of the systems which have been developed.

## Mkomani

The Mkomani Clinic Society was founded as a community association in 1980, by a coalition of Asian and African community groups in Mombasa, to provide quality integrated family health care to the poor and underserved populations in Mombasa and its environs. It provides clinical services, through two clinics based in Mombasa, as well as the only urban based CBD program in Mombasa; and enjoys a reputation for high quality service.

YEAR	1987	1988	1989	1990	1991	1992
Clients			14,318*	13,626*	11,297*	9,851*
Expenditures						
Sites			2	2	2	2
Staff			43	42	45	52

(missing data not available at time of writing) \*Not including CBD

### (1) Are we working with the right organizations?

Mkomani is not a large organization, primarily serving only the population of Mombasa, and despite considerable inputs from Pathfinder, FPIA, and FPMD, it continues to have significant management issues, many of which arise from considerable conflict between the staff and the board of directors. At the heart of this conflict is a different vision of what Mkomani is to become. The board members, many of whom have served since the early years feels the role of the clinics are to serve the Mombasa population and are not particularly supportive of significant expansion of service delivery, particularly if this is fueled by donor organizations. The staff, on the other hand, feel that expansion is crucial if Mkomani is to meet the needs of the area, and that for this expansion to take place, Mkomani will need to adopt new policies with regard to cost recovery, physical facilities, and use of personnel.

It is clear that the resolution of this crucial issue will determine the extent to which Mkomani will make a significant contribution to the growth of the national program, particularly because the Coastal District, where Mkomani is located, has the lowest contraceptive prevalence in Kenya. It will also determine whether further investments in Mkomani, beyond those currently planned, are warranted.

### (2) Are we working on the right management systems?

FPMD inputs have focused on two areas: MIS and personnel, including staff-board relations. This latter work has become critical in helping to resolve the conflict which threatens the organization. It has both helped clarify the staff position, and tried to facilitate a shared vision between staff and board. The director told us, "The most important thing FPMD has done is to create a management team.... You are an invisible link between the staff and the board...like a marriage counselor. If you weren't there it would be much worse."

In addition to the board-staff issues, the management team has had a direct impact on service delivery. One discussion led to changes in patient flow reducing client waiting time. Another discussion led to a more equitable fee structure for clients. A third meeting focused on how to get two difficult CBD workers to improve (one left, one is now a model CBD worker).

An area where FPMD has not worked with Mkomani, but is clearly a problem area, is in finance. Though TA in the area of financial systems has been in the plans since the beginning, due to a number of "irregularities" this work was never conducted and is planned for in the January - June, 1994 six month plan. There has been considerable controversy about the financial management of Mkomani by donors, resulting in the dismissal of some accounting staff, and the current management of the financial accounts by the board. The development of an appropriate and transparent financial management system is required for sustained growth of Mkomani, and is an area where FPMD assistance may be helpful.

**(3) Are the management systems being developed appropriate to the organization?**

Technical Inputs					
SYSTEM	concept	devel	implem.	docum.	use
Planning					
Finance					
Personnel		✓	✓		
Information	✓	✓	✓		

**PERSONNEL:** A major focus for work with Mkomani has been staff-board relations. At this point, the major issue remains the respective roles of the board of directors and the senior management staff. The board remains very much involved in the day to day running of the clinics as well as developing broad policy initiatives. Examples of this include the board's direct involvement in hiring and firing decisions and in fiscal management. Indeed, things have apparently gotten worse in recent months with the board's direct control over the budget and activity programming. While this area is clearly a critical need for the organization, it is as yet unclear how much impact FPMD has or will have in this area.

**MANAGEMENT INFORMATION SYSTEM:** FPMD has assisted Mkomani in developing a service statistics system. Our findings showed that one of Mkomani's major considerations in developing the system was its ability to produce information required by Government and donor agencies. Financial, service and supplies statistics requirements by the donor organizations were all used in conceptualizing the system. We also found that potential and actual users of the systems were included in the planning of the systems. This has led to a very positive attitude toward the utility of the system.

Some of the weaknesses of the system which impact on its utility are:

- MIS staff has limited training in how to use the system. As a result there is limited capabilities in producing meaningful statistics and reports.
- There is too much manual processing envisioned for final activity monitoring and service statistics sub-systems to make them efficient and effective. Maintenance of the service statistics database is also too manual. A clerk takes the daily register and manually tallies the number of clients for the day and month and then reconciles the row and column totals prior to entering them on a summary sheet. These figures are then entered into the database. The possibility for making errors using this process is tremendous. A more efficient and less labor intensive process would be to daily enter the information directly into the database from the register and let the computer do the checks and reconciliations. Not only would this reduce the error rate, but would also increase the utility of the database since descriptive data on patients, e.g., age, parity, residence, etc., could then be linked to clinical information.
- Mkomani still has a cumbersome CBD/CHW reporting and data management system. It requires that the CBD worker keep a meticulous diary of their activities and then manually code and compile statistics to be entered into the database. The system is conducive to errors being made at a number of points during recording and reporting. The time required to record and report the information is too long.
- The computerization of the system has progressed too slowly.
- There are not enough manual and computerized checks built into system to ensure accuracy of information.
- MIS staff does not understand how missing information can impact on comparisons over time (trend data).
- Instructions, definitions, users manuals and documentation of system are insufficient

### **Summary and Recommendations**

Mkomani has demonstrated that high quality health and family planning services can be made available to the poor sectors of the population in an urban area. However, their ability to continue to provide these high quality services is being challenged by the broad dissension between the board and staff of the clinic society. Further, this issue significantly limits their ability to expand services, or even to continue to provide their current services without the continuing substantial subsidization by donors of these services. A six month workplan has been developed with Pathfinder and agreed upon by Mkomani. However, it is incumbent on Mkomani to address these issues before further investments by FPMD are warranted.

**It is recommended that:**

- **FPMD review the MISs to determine whether further automation of the data collection system would be more efficient.**
- **FPMD provide full documentation of the information systems that have been developed and identify the training needs of staff to ensure the sustainability of the systems which have been developed.**
- **Other work with Mkomani be contingent on a meeting between Pathfinder, USAID, FPMD, the board and senior staff to address how the current issues between the board and staff are to be resolved. This must include benchmarks for progress and a timetable for achieving these benchmarks which will be the determinants for further funding.**
- **FPMD continue to work with Mkomani only if Mkomani can commit to significant expansion of their services to meet the growing demand in the entire coast region. This would include expansion of the number of clinics, a much broader outreach program, and the development of management systems appropriate to a large and healthy organization.**
- **It is suggested that FPMD and Pathfinder revisit the CBD information gathering and reporting system to determine if it can be streamlined and made more effective and efficient in accurately reporting their activities.**
- **It is recommended that Mkomani look into the feasibility of computerizing the registration process to make it more efficient and less time consuming to prepare reports**

## Maseno West

The Diocese of Maseno West was established in 1987, following the sub-division of the Church of the Province of Kenya's Diocese of Maseno South. Within the Diocese of Maseno West, the Christian Community Services (CCS) Department acts as the development arm. Its overall goal is "to improve the standards of living for poor rural residents of the Diocese through better health, agriculture and provision of clean drinking water." CCS works to accomplish this goal through the activities of four major programs: Water Development; Agriculture; Training (Gender) and Community-Based Health Care (CBHC), which is by far the largest, incorporating the delivery of family planning services into its eight static clinics, twenty-nine mobile sites, and approximately five hundred Community Health Workers. In collaboration with Pathfinder FPMD has been working with Maseno West for about 1 year, primarily in the areas of planning, MIS, and personnel.

YEAR	1987	1988	1989	1990	1991	1992
<b>Clients</b>			3,171	4,114	10,330	25,946
<b>Expenditures (Kshs. '000)</b>						
<b>Sites</b>						
<b>Staff</b>			28	460	586	627

(missing data not available at time of writing)

### (1) Are we working with the right organizations?

The Diocese of Maseno West includes one denomination (Church of the Province of Kenya [Anglican]) in one district in Kenya where the contraceptive prevalence is relatively high. On the other hand, the relative paucity of government services in this area, due to political considerations, and the presence of a dynamic and interested Bishop and an excellent program manager have shown that, with minimal interventions, a substantial improvement in services can be made leading to an increase in clients served as evidenced by the figures for clients in the table above. Furthermore, the successes that have been achieved in this one Diocese can be replicated throughout the country as the Bishop spearheads the formation of a regional group that will transfer the lessons of Maseno in program expansion to other neighboring areas. Thus, while the total population which is covered by the program in Maseno West is relatively small, the impact on the national program will be substantial if other Diocese can and will learn from the successes of Maseno West.

### (2) Are we working on the right management systems?

When FPMD began its work with Maseno West, a significant change in donor support had occurred. Previously, one clinic, Saradidi, has received donor funds to expand their family planning program through CBD and mobile clinics. However, this approach had changed, so

that funding was given instead to the entire Diocese of Maseno West, the parent organization to the Saradidi clinic. This necessitated changes in the structure of both Saradidi, and Maseno West and resolution of some of the conflict resulting from this change. This transition has been remarkably smooth due, in part, to the excellent management of the director and the support of the Bishop. As an example of how this change has been managed, the three most senior staff of Saradidi were promoted and given more responsibility in the Maseno program, resulting in minimal staff dissatisfaction at Saradidi, and an overall stronger program.

FPMD's work with Maseno West began with a comprehensive "management audit" done by two Kenya based consultants. This document identified many areas where management systems could be improved. One year later, many of these recommendations have been implemented with only minimal assistance being provided. This remarkable achievement is due to the strong leadership at Maseno, and the timing of the assessment which "came at a time when restructuring was needed; when change was possible." (Director) These changes have been in the areas of:

- **Personnel:** Clarification of roles, writing of job descriptions, development of staff appraisal system, changes in incentive system for CBD workers;
- **Strategic Planning:** mission statement written, structure decentralized, focus on towns as well as rural areas, use of church structure to support ongoing programs (e.g. recent pastoral letter from Bishop on AIDS control including use of condoms);
- **MIS:** use of feedback to add accountability to supervisors and CBD agents

Because Maseno was so open to change, these types of changes have yielded several improvements in service delivery in a very short time.

- A large clinic (Ngya) was identified by the audit as very underutilized (3-4 clients/day) due to poor quality and management. As a result of the audit, staff were changed, hours were expanded to coincide with market times, and services were improved. This clinic is now one of the busiest, and plans are underway to make this a VSC site.
- As a result of decentralization, transportation facilities are now decentralized allowing for expansion of the number of mobile clinics at no additional cost.
- A result of the management audit was a plan to pay CBD workers a small stipend (approximately U.S.\$3.75) each month to cover expenses. However, to do this, the number of CBD agents had to be reduced from 600 to 400. This was done on the basis of community recommendations and performance. The result has been much better supervision of the 400 agents, much better reporting on service statistics, and a significant increase in the client base.

While it has been only a year since FPMD began to work with Maseno West, there have been several noteworthy achievements. However, it is really too early to determine the impact of the work that has been done.

**(3) Are the management systems being developed appropriate to the organization?**

Technical Inputs					
SYSTEM	concept	devel	implem.	docum.	use
Planning	✓	✓	✓	✓	✓
Finance					
Personnel		✓	✓		✓
Information	✓	✓	✓		✓

**PLANNING:** FPMD has provided three types of assistance to the Diocese of Maseno West in planning. These are the management audit, which helped Maseno identify some of the issues that they must face in incorporating Saradidi into the program, the development of an activity monitoring system, and most recently in strategic planning. The management audit made several recommendations which were implemented without further assistance. These included the decentralization of many of the operational management functions, the focus on urban as well as rural areas, and the improvement of several clinics. The activity monitoring system is functional and is being used to generate reports for donors. The strategic planning exercise, although recent, is on-going and has already been used by the director to develop new approaches to program implementation. One new approach is to look for new ways in which the clergy and lay church members can be used more effectively to support health and family planning activities. One output has been a pastoral letter by the Bishop on AIDS promoting the use of condoms. The strategic planning has also caused a reformulation of fees since one of the threats which was identified was the lack of sustainability of the family planning program.

**PERSONNEL:** FPMD has worked with Maseno West in two areas of personnel, the development of job descriptions and a staff appraisal form. While the staff at Maseno West is not large, the development of job descriptions has been important in defining the areas of responsibility of the senior staff and of integrating the staff of Saradidi into the overall Maseno structure. The director, who has been a strong supporter of these interventions said about the job descriptions, "Before these existed, I tried to do everything myself — I was burning out." Now staff have clear responsibilities and there is substantial delegation of authority. The initiation of staff appraisals has been more difficult, requiring a sustained effort by the director to implement them. Staff were reluctant to be judged, as they were not used to this type of system, but now see it as more supportive and are willing to participate.

This has been helped by integrating the MIS data into the supervision system, so feedback is more data based than subjective. What remains is the complete documentation of the personnel system.

**MANAGEMENT INFORMATION SYSTEM:** FPMD is currently assisting Maseno West in developing a management information system that includes five sub-systems.

- Activity monitoring
- Service statistics for static and mobile clinics
- Financial management
- CBD/CHW statistics
- Personnel evaluation and management

The status of the sub-systems is that the activity monitoring, service statistics and personnel evaluation systems are functioning, while the financial and commodities monitoring systems are still at the conceptualization stage.

Our findings show that one of Maseno West's major considerations in developing the system was its ability to produce information required by Government and donor agencies. Donor organizations' requirements regarding financial, service and supply statistics were all used in conceptualizing the system. We also found that potential and actual users of the systems were included in the planning of the systems. This has led to a very positive attitude toward the utility of the system.

The strengths of the MIS at Maseno West are that the top managers and MIS staff appear to be committed to seeing that the system works and are very enthusiastic about its development. Also the reporting forms used by the reporting units are translated into the local language, a major plus in an area where English is not universally spoken.

Some of the weaknesses of the system are:

- Maseno West's MIS staff has limited training in how to use the system. As a result there is limited capabilities in producing meaningful statistics and reports.
- There is too much manual processing envisioned for final activity monitoring and service statistics sub-systems to make them efficient and effective.
- There are not enough manual and computerized checks built into system to ensure accuracy of information.
- The computerization of the system has progressed too slowly (Pathfinder has been slow in making hardware available).

- Instructions, definitions, users manuals and documentation of system are insufficient.
- MIS staff does not understand how missing information can impact on comparisons over time (trend data).

### **Summary and Recommendations**

While the Diocese of Maseno West includes only one district in Kenya, FPMD has been able to demonstrate remarkable success with a minimum of interventions due to the presence of a dynamic and interested Bishop and an excellent program manager. This is particularly important as the Church of the Province of Kenya (CPK) is the largest single church in Kenya and has the potential to become a very significant provider of family planning services.

It is recommended that:

- FPMD support the Bishop's effort to spearhead the formation of a regional group that will transfer the lessons of Maseno to other neighboring areas of the country.
- Maseno West is one of the few organizations providing family planning services through static clinics, mobile clinics, and CBD, and has a good financial management system. This would make it an ideal organization to do a comparison of costs of service delivery for each of these 3 modalities.
- FPMD provide complete documentation of the personnel and information systems to ensure the full institutionalization of these systems.
- It is suggested that FPMD and Pathfinder revisit the CBD information gathering and reporting system to determine if it can be streamlined and made more effective and efficient in accurately reporting their activities.

# MYWO

Maendeleo Ya Wanawake (MYWO) is the largest women's organization in Kenya with a membership of over 1.5 million women and branches throughout the country. Since 1975, MYWO has provided family planning services through a grant from Pathfinder International, and currently provides CBD services in 10 districts through funding from Pathfinder and CEDPA. FPMD, through a subcontract with CEDPA, has been working with MYWO to strengthen their institutional planning, MIS, and financial management.

YEAR	1987	1988	1989	1990	1991	1992
New Clients				21,328	66,309	120,364
Expenditures (Kshs. '000)				34,000		92,000

(missing data not available at time of writing)

## (1) Are we working with the right organizations?

As the largest Women's organization in Kenya, MYWO has a very important role to play in mobilizing women to demand that high quality family planning services be made available throughout the country. This is particularly true, given the political support that the organization has enjoyed throughout its existence. This is clearly part of MYWO's mandate and one that they are trying to realize in part through the provision of CBD of contraceptives. However, there remains a question whether the organization, which has been seen in the past as a highly politicized rural based institution, will be able to broaden its appeal to the younger, more sophisticated women who are likely to become the primary constituents of social change in the area of family planning and women's rights.

## (2) Are we working on the right management systems?

During the past 5 years, Maendeleo has tried to change from a loosely organized political group to a more professional organization with tighter programmatic and financial management. Toward this end, FPMD has helped them define their organizational structure and mission, develop sound financial practices, and develop an effective MIS system for program monitoring and reporting on family planning clients. There have been several notable accomplishments in these areas.

- In 1990, FPMD assisted with the development and installation of an accounting system for Maendeleo, following many years of irregular financial management. Since then, the level of expenditures has increased from approximately K.Shillings 34 million to K.Shillings 92 million, and Maendeleo has for the first time had a "clean audit" during the past fiscal year.

- Work with the local boards and local managers has led to a more professional staff and better focus on client services. This has led to a substantial increase in the numbers of family planning clients.
- With the development of a MIS system, Maendeleo is now able to report on the numbers of clients they are serving, and use this information as a basis of feedback to area supervisors.

Nevertheless, Maendeleo still has a long way to go to become a professional organization that is making major contributions to the National family planning program.

**(3) Are the management systems being developed appropriate to the organization?**

Technical Interventions					
SYSTEM	concept	devel	implem.	docum.	use
Planning					
Finance	✓	✓	✓	✓	✓
Personnel		✓	✓		✓
Information					

**FINANCE:** FPMD has worked with Maendeleo in the development and installation of an accounting and financial system, at a time when there were many questions about the accounting practices at MYWO and donors were beginning to threaten to withdraw all funding to this organization. As with FPAK, the work in this area was comprehensive and included the design and implementation of a financial transaction processing system, the drafting of financial operations manuals and accounting job descriptions, recruitment of staff, and on site training of both headquarters and field staff. The result of this effort is that last year Maendeleo has for the first time had a "clean audit," and donor funding is no longer threatened.

**PERSONNEL:** Most of the work in the area of personnel with Maendeleo has focused on the board-staff relations. This has been a particularly difficult area for the organization, given its political nature and prior connection with the KANU party. Local board members saw the staff and equipment as their personal resources, and totally disregarded any programmatic needs. Remarkably, an intervention by an FPMD consultant has significantly improved this situation, and while there still remain many instances of board interference with program activities, this now seems to be the exception rather than the rule. This is consistent with MYWO's overall aim of becoming more of a professional organization representing women, and less of a highly visible political force. What remains is to document the system so that it can be fully institutionalized.

## **Summary and Recommendations**

Maendeleo is at a crossroads as it strives to change its role from a highly political organization to a professional service organization. This will require a change in staff-board relations, a change in how the organization is promoted to potential members, and in the management systems that support the growth of programs like family planning. FPMD, through CEDPA, has helped facilitate this transition, and the types of assistance in finance and board-staff relations should be continued. However, the bigger challenge will be to assist MYWO further this transition by helping with strategic planning which pushes the organization to identify what they want to be in 5-10 years, and what their potential niche is likely to become. It is noteworthy that one strategic planning effort in July was abandoned by MYWO due in part to frictions between the board and staff. Yet, it is exactly these issues, of MYWO's future, that will need to be addressed before the organization is to realize its potential to make a major contribution to the national family planning program. It is recommended that:

- FPMD continue its assistance to MYWO but push to facilitate in-depth strategic planning to help the organization further define its new role and strategies to attract new urban, professional members of both its general membership and of its board.
- FPMD provide complete documentation of the personnel and information systems to ensure the full institutionalization of these systems.

## NCPD

The National Council for Population and Development is the policy and coordinating body for the Government of Kenya. As such, it has a central role to play in the national program. It is charged with the collection of national family planning service statistics, the coordination of activities among both the private and public sectors, the monitoring of donor funds to non-government organizations, and the planning and support of family planning activities by NGOs which receive direct funds from them. FPMD activities with NCPD have focused primarily in the area of MIS.

YEAR	1987	1988	1989	1990	1991	1992
Budget (Kshs. '000)	57,902	48,134	114,218			121,181
Sites	18	20	24			46

### (1) Are we working with the right organizations?

There can be little doubt that the National Council for Population and Development should play a central role in the National family planning program. Charged with the coordination of both government and non-government programs, the collection and monitoring of all data on service delivery, the setting of policy and standards regarding population and family planning, and the monitoring of all family planning projects which are donor funded, the NCPD would appear to be the critical organization in the expansion of the Kenya program. Unfortunately, numerous constraints within the organization prevent it from accomplishing its role. Indeed, so problematic has been the situation of NCPD, that a recent senior level meeting of all population donors in Kenya has recommended that NCPD substantially change its role and structure and be made an autonomous commission concerned only with policy and coordination.

Despite the many concerns about the future role of NCPD, it will likely remain as a key player in the collection and processing of national service statistics, and the setting of national policy and standards, and thus justify the efforts that have gone into the assistance to NCPD.

### (2) Are we working on the right management systems?

FPMD has had a longstanding and intensive relationship with NCPD in an effort to develop its capacity in the area of MIS. As a government body, the effort has at times been difficult and the results less immediate than with other institutions. However, the systems which have been developed have ultimately yielded some results. A recent appraisal of NCPD by the World Bank, while generally skeptical of the progress that NCPD had made, commended them for their MIS which was one of the few functioning systems they had in place. Indeed, the systems that have been developed for NCPD have the potential to monitor and track both financial and programmatic activities by all NGOs throughout the country. The problem is

that many NGOs do not report to NCPD, and do not even use the categories that have been established for national reporting. Furthermore, the systems which have been developed were designed for close monitoring and management of these activities, a role which NCPD has never been able to perform adequately, and which is unlikely to continue if the donors' group recommendations regarding NCPD's future role are adopted by the government. Thus, the question is whether the systems should continue to be maintained or should be modified to meet the future needs of NCPD. This is discussed further below and under "Summary and recommendations".

**(3) Are the management systems being developed appropriate to the organization?**

Technical Inputs					
SYSTEM	concept	devel	implem.	docum.	use
Planning					
Finance		✓	+/-		
Personnel					
Information	✓	✓	✓		

**FINANCE:** The work that FPMD has done in the area of finance is the development of a financial information system, the votebook system. This system is used to track expenditures against the amount allocated through the budget. The system is being used by NCPD to track both their own expenditures and those of the organizations whose activities they fund. Senior managers at NCPD did seem pleased with the system, and felt that for the first time, they had information about expenditures. However, because of the difficulty of releasing funds through the Kenya Government system, there were still many unresolved issues in financial management.

**MANAGEMENT INFORMATION SYSTEM:** NCPD probably has the most comprehensive MIS system of all those reviewed by the technical review team. The system is designed to assist in the management of all programmatic and financial activities. While there are many concerns about the systems and the extent to which they are being used, the MIS department of NCPD is probably, in the words of the second in charge of NCPD, "the best working unit in NCPD." This comment was supported by the findings of the World Bank team who reviewed NCPD.

FPMD has assisted NCPD in the development of the following sub-systems:

- Activities monitoring
- Service statistics for static and mobile clinics
- Project Budget Reports
- Population Database
- Votebook
- Population Bibliography

One of NCPD's major considerations in developing the system was its ability to produce information required by donor agencies. While this may seem unusual for a government body, NCPD's role was largely one of monitoring the finances and activities of a large number of NGOs who received donor support through NCPD. This necessitated a complex monitoring system that could produce reports on individual projects and individual NGOs to a wide array of donors, each with different reporting requirements. This system was developed, but since the NGOs had little incentive to support the system, they did not provide information to NCPD. Further, since NCPD never had the resources to closely monitor the NGOs' activities, the system was never really utilized as it was intended.

The strength of the MIS at NCPD is its staff. The staff know how to operate MIS systems using many different software packages (Dbase, QuattroPro, EPI-Info, and Lotus 123). This is due to extensive training of staff by the FPMD consultant at NCPD and has been one of the successes of the program. There are probably few government bodies in Kenya with more computer literate staff than NCPD. Another strength is the interest shown by program managers to use the output from the systems to manage projects.

Despite the strength of the MIS staff, few of the systems which have been developed are being used. There are many reasons for this.

- Virtually all of the systems have been developed to track activities being undertaken by NGOs in the field. They were designed for very close monitoring of finances and activities according to a set of uniform definitions of budget categories, service statistic categories, and type of intervention. Yet, the NGOs have been reluctant to accept these uniform categories, in part driven by donors who themselves demand different types of information. Thus, the uniform categories which have been developed are largely ignored and data is not forwarded to NCPD for entry. This issue is compounded by the fact that definitions are not documented for use by the NGOs, so even if they wanted to use the system, they would have difficulty doing so. The result is that data meant for entry into the systems designed for NCPD is not available, making the systems much less useful.
- As the role of the NCPD has shifted from a monitoring body to a coordinating body, the type of system that is required has also shifted. At the time of the initial conceptualization of the system, this role was not envisioned, so the system would need to be revised to incorporate this new role. As an example, the current system does not include fields for an activity location or a technical identifier. Thus, if NCPD were to try to coordinate the training of providers in Norplant so that multiple organizations were not doing redundant training in the same location, they would have no way of identifying either Norplant training as an activity nor the location. Note that this is not a fault of the system as it was originally envisioned. Rather it is an outcome of the changing role of NCPD and its information needs.
- Some of the systems which are being developed address perceived needs of the MIS department, but are not priority activities for the project. One example of this is the Research bibliography which is used to keep track of reports and papers done by

NCPD staff. While this may be a useful database to NCPD, given that NCPD is not doing research, it contributes little to the national program, and is not a priority.

- The staffing issues at NCPD are legendary, and have been discussed in many previous reports. Half the headquarters positions are vacant, and many of the staff do not have the necessary qualifications for their positions. While there is hope to redress this problem with the appointment of a new director of NCPD, this has had a dramatic and unfortunate impact on the ability to use any of the information systems which have been developed.
- Instructions, definitions, users manuals and documentation of system are insufficient.

### **Summary and Recommendations**

As the central policy and coordinating agency of the Government of Kenya in Population, NCPD would appear to be at the center of the Kenya family planning program. Unfortunately, numerous constraints within the organization prevent it from accomplishing its role. Nevertheless, it is important that there be a central coordinating organization which collects and monitors service and population based data as a basis for national policy. Accordingly, despite significant issues in the implementation of new information systems developed for its use, FPMD should have a continuing role in assisting NCPD. However, given the changes in the role that NCPD is likely to play, it would appear that the systems may not be the most appropriate to support the types of broad policy initiatives that are envisioned for NCPD. Accordingly, it is recommended that:

- As the role of NCPD is clarified in the national program, a review of the systems that have been developed should be done to determine what modifications, if any, should be made. This review should include a participant from MIS/Boston who will be responsible for technical oversight of the products and for the process of systems development.

### **III. Evaluation Efforts: CAMEO**

The CAMEO (Continuing Assessment of Management Effectiveness and Organizational Change) system was designed to provide a continuous assessment of the impact of FPMD interventions and activities, and to guide organizations in the development of the capability to deliver services to its clients. The CAMEO was developed by the FPMD Evaluation Unit to provide a rigorous method for determining what does and does not work. The basis of the system is to link FPMD interventions to expected results and indicators for each of these results. These indicators are then tracked by each organization on a monthly basis to see the extent to which planned interventions are achieving the expected results. Thus, the system is in essence an activity monitoring system which tracks indicators of implementation against expected results. The CAMEO is different from an evaluation system in that it is a continuous process rather than a periodic one, it assesses progress on individual activities to determine what changes and actions are needed in problem areas, and it does not attempt to measure the extent to which these inputs have contributed to the overall development of the organization or contributed to the expansion and improvement in quality of the national program.

FPMD selected three separate organizations in Kenya (CHAK, FPAK, NCPD) to test the feasibility of using and operationalizing the CAMEO system. A separate set of activities, objectives, expected results and indicators were developed for each organization. Because the system is designed to monitor progress in those systems in which FPMD worked, the indicators track those functional areas where FPMD has focused. For FPAK, these areas include; structure, planning and monitoring of activities, and financial management. For NCPD, the focus is the design and development of information systems. For CHAK, indicators were directed toward the development of activities and appropriate and useful management information systems, as well as the strengthening of CHAK's performance through restructuring, strategic planning, and semi-annual program planning and review meetings.

The introduction of the CAMEO system met differing successes at the various organizations. At CHAK and FPAK, the prospective users felt that the system provided useful information but was not as user-friendly as expected. They felt that a slower evolution of the system, i.e., bringing on-line fewer activities and indicators would have made the system more palatable. At NCPD, testing of the system was less successful than at FPAK and CHAK. Managers and staff were less enthusiastic and seem to understand its utility less than those at the other two organizations.

Major strengths and weaknesses of the system are given below.

#### **Strengths**

- The system definitely serves a managerial need that the organizations have to monitor the implementation of management interventions.

- The system is rigorous in its approach, defining objectives, expected results, and indicators required to determine if an activity is producing positive results.
- The system is flexible and can be customized to fit a particular program of activities, varying the number of indicators to meet the needs of the users.

### **Weaknesses**

- The system is not user-friendly; it requires extensive training and continued outside support for its use.
- The system requires persons with the ability to understand the relationship between activities, objectives, expected results, and indicators to be able to operate and maintain it.
- Because the system is based on inputs from FPMD, it does not provide a comprehensive monitoring system of organizational management.
- The system is key to individual activities rather than global objectives, so it does not measure the extent to which inputs have contributed to the overall development of the organization or contributed to the expansion and improvement in the quality of the national program.
- Many of the indicator measures are subjective and can be manipulated to show positive results, when in fact they are not.
- Although FPMD contracted with consultants to evaluate the CAMEO program, not enough monitoring took place by FPMD Kenya. Evidence of this is demonstrated by the paucity of coverage given to it in the Quarterly Report.

In conclusion, the CAMEO system was developed as a continuous monitoring system of FPMD activities in Kenya. It was rigorously developed and designed so that organizations could and would use it on a regular basis to monitor the progress of the development of their management systems as they worked with FPMD. However, due to its complex conceptual structure, the system has been difficult for organizations to implement on their own without significant and continued assistance from FPMD consultants. Furthermore, while it closely monitors the expected results of individual inputs, it does not capture the extent to which the sum of these inputs have contributed to the overall development of the organization or contributed to the expansion and improvement in quality of the national program. For these reasons, the following recommendations are made.

- In order to institutionalize the internal monitoring of CAMEO, it is recommended that the system be merged with the much simpler activity monitoring system developed by FPMD/Kenya for these organizations. This integrated system should be achieved within the next few months with inputs from the MIS specialist in Kenya, and any additional assistance required from FPMD/Boston. The goal is the development of an

integrated activity monitoring system, for the organizations, that responds to their own internal management needs as well as developing progress reports on specific activities for external donors and for the National Activity Monitoring System developed for NCPD.

- It is imperative that an evaluation of our work in Kenya makes the linkage between our work with organizations and the result that it has had on the organization's ability to deliver services. To ensure that this type of evaluation is being carried out, it is recommended that a methodological framework be developed which identifies the specific linkages in each organization between FPMD interventions and organizational outputs.

## **IV. Summary and Recommendations**

### **Strengths and Weaknesses**

In reviewing the strengths and weaknesses of the FPMT/D program in Kenya, a number of findings were consistent among all of the interventions.

#### **Strengths**

- In general, interventions have focused on those management systems and activities which will have the most direct effect on improvement and expansion of service delivery. While many interventions support systems that only indirectly affect service provision, consultants and staff have been conscientious in not developing systems for systems sake, but of ensuring that systems which are developed can and are used to support service improvements. Examples of this are cited in the section of links to service delivery which follows.
- The approach to the design and implementation of interventions has been extremely flexible in selecting which systems to work on, and how the interventions would be structured. Thus, the work has responded to the needs of the client organization rather than to the needs of the consultant. A good example of this is the support of the Management Support Unit at CHAK to develop their institutional capability. This intervention was designed to meet the unique needs of the organization. Another example is the way in which FPAK was supported in the redesign of their financial control system, following an initial design by another donor which did not suit their needs.
- FPMT/D has been able to establish long term commitments with the organizations. This was cited by every organization with which we work as a key to the success of our work. This has included both an institutional commitment of FPMD, through our resident advisor, and a personal commitment by the individual consultants who are most often locally recruited. This has led to a consistency of approach in the development and implementation of core management systems.
- FPMD has used an approach and consultants who have been able to work on multiple systems as needed by the organization. Since management systems are so interrelated, it has been critical that the consultants who have been used have had the breadth to develop entire systems or even multiple systems which all link together into an integrated management structure. An example of this is the financial management consultant for FPAK who was able to conceptualize the system, specify software and hardware requirements, write job descriptions for accounting unit staff, assist in the recruitment of qualified staff, and write the operations manual for how the whole system operates.

FPMD has used local expertise, maintained a continuity in TA from the same consultants, and has an FPMD presence in-country.

## **Weaknesses**

- There remains a critical need for the establishment of an evaluation system which will link improvements in management effectiveness and service delivery outputs. While there is substantial anecdotal evidence of this linkage in Kenya, it is crucial that a more rigorous system be developed that either proves or disproves these linkages. (See section V: Evaluation Efforts: CAMEQ on page 45 for further discussion of this topic.)
- Because the organizations must respond to the needs of multiple donors in providing reports there has been a tendency to design systems around these reporting requirements rather than around the internal management needs of the organization. In small organizations with one principle donor, this may not pose a problem since the information needs of the donor and of the organization may be very similar. However, as organizations grow in size and complexity, these donor driven systems no longer operate efficiently in supporting the internal management needs of the organization.
- While in general the development and implementation of systems has been very good, the documentation of systems has been less consistent. This lack of documentation makes it much more difficult for the organizations to institutionalize the systems or to modify them without assistance from the consultants who developed them.
- In some areas, notably personnel, the systems have been developed without transferring to the client organization a clear conceptualization of how the whole system will fit together. Thus, work on staff assessment is not seen as linked to job descriptions or organizational structure. This tends to make these systems less consistently used by the organization which may not see the value of some of the pieces until they can set it in the context of the overall personnel system.

## **Links to Service Delivery**

There is little doubt that the work that FPMD has done in Kenya has resulted in substantial improvements in the ability of the key organizations in the national program to develop and use management systems which support the expansion and improvement of their family planning service delivery. While direct linkages between management improvement and service delivery may appear difficult to make, there are numerous examples of precisely these linkages in Kenya. These include:

### **Financial Management**

- The development of financial control systems which has eliminated the previously routine shut down of services for the last quarter of each fiscal year due to lack of funds.(FPAK)

- Improved turn-around time for processing claims from the field which has resulted in CBD workers being reimbursed promptly leading to improved staff morale and loyalty to the organization.(FPAK)
- Development of a fee structure in which cross-subsidization of family planning services with curative services led to expansion of number of clinics which are 80% self-financed.(SDA)
- Financial bail-out of two hospitals scheduled for bank foreclosure, and establishment of fee collection and cost-control measures in 6 other hospitals to support financial sustainability.(CHAK)

### **Personnel**

- Development of job descriptions and clarification of the role of the board in staff hiring leading to the hiring of more qualified staff in key service delivery positions. (Maendeleo)
- Development and service expansion of clinic following personnel changes recommended in management audit. (Maseno West)

### **Information**

- Improvement in CBD performance (numbers of clients serviced) following introduction of service data (by provider) as supervisory tool. (Maseno West)

### **Planning**

- Expansion of mobile clinic program due to more efficient use of vehicles following recommendations of management audit. (Maseno West)
- Strategic planning leading to focus on quality and Development of family planning programs aimed at youth.(FPAK)
- Reduction in client waiting time due to changes in patient flow improvements developed in monthly management team meetings. (Mkomani)

**Appendix I: Scope of Work**  
**Family Planning Management Development**  
**Technical Review Process**

**PROCESS:**

The Family Planning Management Development project is in the process of conducting technical reviews to answer strategic questions about the impact of the work that the project has achieved, and make recommendations about how the work might be modified to further contribute to the goals of the national family planning programs with which we work. The process for the technical reviews will primarily be a review of documents which have already been written, and interviews with key personnel from client organizations, USAID, representatives of other CAs with whom we have been working, and FPMD staff and consultants. In general, two consultants from FPMD/Boston will be in country for 2 weeks. The documents to be reviewed include all Management Development Plans (MDPs), Needs Assessments (NAs), quarterly reports, and evaluation reports for the country in review, and trip and consultancy reports as appropriate.

**A. Strategic programmatic questions about FPMD's contribution:**

- (1) Does the technical content of the work that FPMD is doing remain consistent with current strategies and needs of the client organizations, USAID mission, AID/R&D/POP, and FPMD/Boston?
- (2) Has the work that has already been done been useful to our client organizations, and how has it been used?
- (3) What are the specific technical areas that FPMD has most heavily invested in? How were these areas selected and do they remain the priority needs of the client organizations?
- (4) Have there been systems that have been developed for use by client organizations? How are these systems being used?
- (5) Have we adequately documented the work that has been done, and the impact of that work on organizational effectiveness, sustainability, quality, and service expansion?
- (6) Given the limited resources available to FPMD, are we working with the most appropriate client institutions in a country? Would the impact of our work be greater or less if we focused activities on a smaller (or greater) number of client institutions?
- (7) Have the evaluation efforts of FPMD's work in country adequately demonstrated the impact of our work? Has there been an attempt to demonstrate the linkage between our work in the outcomes that have been achieved? Is the documentation sufficient?

## **B. Indicators of inputs and outputs**

The indicators of inputs and outputs will be collected primarily from service statistics/ financial management indicators and will be reviewed for the past several years to show any changes in levels of service delivery or finance. At a minimum, this would include a baseline period prior to the initiation of FPMD interventions, and the most recent year's data. These indicators would include:

- (1) Number of USERS, by sex, method
- (2) Number of STAFF, by category, location (central vs. clinic)
- (3) Number of SITES
- (4) Total REVENUES by source, site
- (5) Total EXPENDITURES by budget line item
- (6) Description and levels of NON-FP SERVICE OUTPUTS by type.

## **C. Indicators of organizational management capacity and effectiveness**

The management capacity indicators are used as a general assessment of the organizational capacity at this point in time for each of the technical areas in which we work. These are being developed for use not only by FPMD but by AID and other Cooperating Agencies as a tool for assessment of the management capacity of family planning organizations worldwide. They have been designed to include information thought to be generally useful to managers in their work. These include:

- (1) Existence of a clear mission that contributes to the achievement of national FP goals;
- (2) Existence of a realistic strategic plan that contributes to the achievement of program's mission;
- (3) Clearly defined organizational structure;
- (4) Adequacy of staffing (all positions filled by qualified, competent personnel);
- (5) Management knowledge of current financial position;
- (6) Access to current information on key areas of program functioning;
- (7) Availability of current monitoring information on progress made toward the accomplishment of program targets, objectives, and goals;
- (8) Capacity to track commodities.

## Appendix II: Organization Assessments

### ORGANIZATIONAL MANAGEMENT ASSESSMENT: FPAK

- (1) **mission: yes**  
source: strategic plan
- (2) **operational planning: excellent**  
source: 1992 annual report
- (3) **organizational structure: yes, currently being reviewed**  
source: strategic plan
- (4) **staffing fair - procedures to recruit slow; remuneration low, some board intervention**  
source: discussions with staff
- (5) **financial management: excellent**  
source: financial reports, annual report
- (6) **management information: good**  
source:
- (7) **monitoring: excellent**  
source: 1992 annual report
- (8) **commodities: excellent**  
source: discussions with staff, MIS

### ORGANIZATIONAL MANAGEMENT ASSESSMENT: SDA

- (1) **mission: yes**  
source: strategic plan
- (2) **operational planning: excellent - significantly improved now that funds are available**  
source: executive director, budget
- (3) **organizational structure: yes**  
source: strategic plan
- (4) **staffing: generally good due to training school, but salaries are low and make it difficult to attract staff**  
source: executive director
- (5) **financial management: excellent**  
source: budget, financial reports
- (6) **management information: fair - personnel tracking problematic, other parts of system currently being improved; logistics good; service statistics ??**  
source: ??
- (7) **monitoring: good**  
source: executive director
- (8) **commodities: fair**  
procurement system is a problem

### **ORGANIZATIONAL MANAGEMENT ASSESSMENT: CHAK**

- (1) **mission: yes**, CHAK's mission statement has been reviewed and changed in its most recent planning exercise.  
source: planning documents
- (2) **operational planning: partial**, have MBO meetings, generally meet planned activities, but not new client targets.  
source: director
- (3) **organizational structure: yes**, being reviewed to include plan decentralized structure.  
source: strategic plan
- (4) **staffing: yes**, fully staffed  
source: director
- (5) **financial management: tracked quarterly**  
source: accountant, MIS system
- (6) **management information: good information systems for CHAK activities, etc.** Problems with reporting of member units, but these are not under CHAKs authority.  
source: MIS system
- (7) **monitoring: MBO meetings; MIS activity monitoring system in place**  
source: director
- (8) **commodities: yes**, system in place and working  
source: director

### **ORGANIZATIONAL MANAGEMENT ASSESSMENT: MKOMANI**

- (1) **mission: yes**, has been recently changed  
source: strategic plan
- (2) **operational planning: yes**, operational plans are realized, but targets for new clients, set by Pathfinder unrealistic and not met.  
source: director
- (3) **organizational structure: no**. doesn't reflect role of board in direct operations  
source: director
- (4) **staffing: mixed**, generally qualified people hired, but current issue with board doing all hiring and accountant position unfilled.  
source: director
- (5) **financial management: no**, budget and financial data all held by board; financial management longstanding area of concern for Mkomani  
source: director
- (6) **management information: yes**, now functional for all systems except accounting  
source: director
- (7) **monitoring: yes**, until this year when budgeting, planning taken over by board with no information given to staff  
source: director
- (8) **commodities: yes**, systems work well except recent stockouts of condoms

### **ORGANIZATIONAL MANAGEMENT ASSESSMENT: Maseno West/CCS**

- (1) **mission:** yes, recently reviewed and modified  
source: strategic plan
- (2) **operational planning:** yes, activity monitoring and meeting targets set by Pathfinder for new acceptors, total users  
source: director, MIS, Pathfinder
- (3) **organizational structure:** yes, recently redone  
source: strategic plan
- (4) **staffing:** yes, with few exceptions (MIS and pharmacist); salary structure is competitive  
source: director
- (5) **financial management:** yes, manual system  
source: accountant
- (6) **management information:** yes  
source: director, MIS
- (7) **monitoring:** yes, activity monitoring system in place  
source: director, MIS
- (8) **commodities:** no, system is to supply on demand with no regular supply schedule; generally works with some delays  
source: director

### **ORGANIZATIONAL MANAGEMENT ASSESSMENT: NCPD**

- (1) **mission:** No-a mission exists but it was written in 1984 and no longer reflects the role of the organization  
source: 1984 sessional paper #4
- (2) **operational planning:** No-activities are routinely not done. This year all activities were disrupted by DHS.  
source: CAMEO, FPMD activity reports
- (3) **organizational structure:** No-structure exists but it doesn't reflect reality  
source: in-charge finance and admin.
- (4) **staffing:** No-many unfilled positions due to inability to recruit and have competitive salaries within public system  
source: personnel report, in-charge finance and admin.
- (5) **financial management:** Yes-ability to track finances, but unable to get authorization for expenditures.  
source: in-charge finance and admin.
- (6) **management information:** yes - systems available  
source: records, in-charge finance and admin.
- (7) **monitoring:** partial system available  
source: activity monitoring system
- (8) **commodities:** Not applicable- NCPD does not supply commodities

### **Appendix III: List of Persons Contact**

#### **FPAK**

Godwin Msenge, Executive Director  
Margaret Thuo, Program Manager  
Grace Ambule, A/Finance and Administration Manager  
Charles Onoka, Research Manager  
Dr. Achwal, Senior Program Officer  
Joseph Kareru, Program Officer, youth  
James Maingi, Program Officer Industrial Relations  
Jonathan Kamar, Asst. Evaluation Officer

#### **NCPD**

Mr. Chepsirror, In-Charge, Finance and Administration  
Paul Kizito, In-Charge, MIS  
Alphonse Riaga, MIS staff **FPMD local hire**  
Kirogo Mwangi, MIS staff

#### **SDA**

Dr. Peter Mokaya, Director  
J. Gitabi, MIS and FP coordinator  
S. Kahinidi, Accountant

#### **Mkomani Clinic Society**

Ahmed Seif, Board Secretary  
George Dungu, Board Member  
Rose Wasunna, Project Director  
Feddis Mumba, Deputy Director  
Dr. Ochieng, clinic physician  
Dr. Twahir, clinic physician  
Dr. Mpat, clinic physician  
Mr. Mene, A/ accountant  
3 CBD workers

#### **CHAK**

James Khachina, Executive Director  
Sellah Nalehisa, Nurse Coordinator  
Emily Matusale, FP director  
Samuel Irungu, IEC director  
David Ahina, Fin. & Admin  
Isaiah Kahuki, Youth Director  
Dr. Olewlei, Medical Coordinator  
Joseph Mwangi, MIS Coordinator **FPMD local hire**  
Jean Nyami, CBD director  
Patrick Konbu, project director  
Esther Mbiyu, Devel & Proj. Coordinator

**Maendeleo ya Wanawake Organization**

Jane Kirue, Chief Executive Officer  
Seth Luvutse, Deputy Program Manager MCH/FP  
Paul Bosire, Senior Accountant  
Margaret Muchenu, Program Accountant  
Walter Muchege, Program Accountant  
Nellie Ayuma Luchemo, Nurse Trainer  
Dorcas Amolo, Research Officer  
Maina, Supplies Officer  
Mary Mbandi, Training Officer

**Diocese of Maseno West/CCS**

Rt. Rev. Joseph Otieno Wasonga, Bishop  
Lucas Wadenya, Director CCS  
Judith Atieno, Adm. Asst. CCS  
Kaleb Okaka, Asst. Acct  
Josiah Osiri, Project Coordinator  
Willis Oweno  
Medical Director CCS

**Consultants**

Stephen Musau, Carr, Stanyer, Gitau & Co.  
Amos Kimunya, Carr, Stanyer, Gitau & Co.  
Kathleen Webb, Brelan Consultants Ltd.  
Njambi Gathu, Brelan Consultants Ltd.  
J.M.C. Dondo, Three E consultants  
Amusaa Inambao, Omni Consulting  
Joseph Kapinga, private consultant  
Joseph Dwyer, AVSC  
Lalit Kraushaar, CEDPA  
Fran Farmer, private consultant

**The World Bank**

Peter Godwin, ODA

**USAID**

Gary Newton,  
Gary Leinan,  
Millie Howard,  
Angela Lord, REDSO

## Appendix IV: STAGES OF ORGANIZATIONAL DEVELOPMENT

Management Component	Emergence	Growth	Consolidation	Maturity
<b>Mission</b>	<ul style="list-style-type: none"> <li>■ Diffuse mission statement and global goals</li> <li>■ Undefined target population</li> <li>■ Limited number of services</li> <li>■ Lack of specific objectives</li> </ul>	<ul style="list-style-type: none"> <li>■ Mission statement directs growth</li> <li>■ Target population defined</li> <li>■ Specific objectives and goals for services</li> </ul>	<ul style="list-style-type: none"> <li>■ Mission expanded to consider issues of organizational sustainability</li> <li>■ Emerging capability to adjust mission, goals and objectives to changing internal and external conditions</li> </ul>	<ul style="list-style-type: none"> <li>■ Full capability to adjust mission, goals and objectives to changing internal and external conditions</li> <li>■ Mission reflects a stable organizational approach</li> </ul>
<b>Strategies</b>	<ul style="list-style-type: none"> <li>■ Donor-driven</li> <li>■ Not clearly formalized</li> <li>■ Weak focus on service delivery competence</li> <li>■ Lack of planning</li> </ul>	<ul style="list-style-type: none"> <li>■ Formal strategies that are primarily donor-driven</li> <li>■ Increased capability for planning</li> <li>■ Focus on establishing technical competence</li> <li>■ Service expansion based on the needs of target population</li> </ul>	<ul style="list-style-type: none"> <li>■ Strategies are flexible enough to ensure operationalization of mission</li> <li>■ Technical competence and quality of care given priority</li> <li>■ Emerging concern for increasing management effectiveness</li> <li>■ Quality of care becomes part of the organization's strategy</li> <li>■ Focus on gaining control over available resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Organizational capability for strategic adjustments due to changing internal and external conditions</li> <li>■ Strategies secure the achievement of objectives within a sustainable approach</li> <li>■ Significant level of control over resources (including donor's)</li> </ul>
<b>Structure</b>	<ul style="list-style-type: none"> <li>■ Decision making extremely centralized</li> <li>■ Functions not clearly defined</li> <li>■ Too dependent on one or two leaders</li> <li>■ Information monopolized by few</li> </ul>	<ul style="list-style-type: none"> <li>■ Project/Program-based structure</li> <li>■ Establishment of new levels of management</li> <li>■ Improvement in the description of functions and positions</li> <li>■ Internal communication mechanisms are inadequate to support growing complexity of organization</li> <li>■ Expanded decision making base</li> </ul>	<ul style="list-style-type: none"> <li>■ Structure reflects a significant number of functions and complex set of interactions</li> <li>■ Decision making relatively decentralized</li> <li>■ Existence of formal and regular communication mechanisms</li> <li>■ Structure capable of supporting significant service delivery expansion</li> <li>■ Objective personnel management principles applied</li> </ul>	<ul style="list-style-type: none"> <li>■ Organization has achieved a flexible structure that is consistent with strategies and the volume and complexity of services</li> <li>■ Organization has the capability for structural adjustment due to changing internal and external conditions</li> </ul>
<b>Systems</b>	<ul style="list-style-type: none"> <li>■ Very basic and informal</li> </ul>	<ul style="list-style-type: none"> <li>■ Marginal progress in developing systems such as service delivery, training and logistics</li> <li>■ Growth leads to imbalance between operational demands and capability of system to respond to them</li> </ul>	<ul style="list-style-type: none"> <li>■ Significant progress in developing systems such as finance and information</li> <li>■ Most systems functioning at the appropriate level of complexity</li> <li>■ Systems are managed and re-designed (up-graded) with organization's own resources</li> </ul>	<ul style="list-style-type: none"> <li>■ All systems in place and functioning at an appropriate level of complexity</li> <li>■ Systems still can integrate further advances and new technologies</li> </ul>

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