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EVALUATION REPORT:
FPMD ASSISTANCE IN KENYA

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ACRONYMS

CA	Cooperating Agency
CAMEO	Continuing Assessment of Management Effectiveness and Organizational Change
CBD	Community-based Distribution/Distributor
CEDPA	Centre for Development and Population Activities
CHAK	Christian Health Association of Kenya
CPK	Church of the Province of Kenya
DFH	Division of Family Health
DHS	Demographic and Health Surveys
ELCO	Eligible Couple
FPAK	Family Planning Association of Kenya
FPMD	Family Planning Management Development
FPMT	Family Planning Management Training
GOK	Government of Kenya
MDP	Management Development Plan
MIS	Management Information System
MOH	Ministry of Health
MSH	Management Sciences for Health
MWORA	Men and Women of Reproductive Age
MYWO	Maendeleyo ya Warawake Organization
NCPD	National Council for Population and Development
NGO	Non-governmental Organization
NIP	National Implementation Plan
RHS	Rural Health Services
SDA	Seventh Day Adventist
USAID	United States Agency for International Development

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I. EXECUTIVE SUMMARY

The work of the Family Planning Management Development (FPMD) project in Kenya followed and built on the successful assistance provided in that country by FPMD's predecessor project, Family Planning Management Training (FPMT). During FPMD, activities from FPMT continued with one governmental and three large national non-governmental organizations (NGO). In addition, new partnerships were forged with three additional NGOs and another governmental agency, bringing the total number of FPMD partners in Kenya to eight.

Technical assistance interventions focused on three main areas of management--strategy, structure and systems--with specific activities undertaken in several sub-categories in each of these areas. In the strategy area, FPMD assisted five of its partners with strategic planning and four with strategies for financial sustainability/cost recovery. Under the structure rubric, assistance focused on organizational structure (four partners), personnel management (five partners) and board/staff relations (three partners). Systems development activities concentrated on developing and/or revising systems for management information (six partners), finance (six partners), monitoring and evaluation (four partners), supervision (two partners), and logistics (one partner).

In addition to the above management development interventions, significant financial resources were devoted to training Kenyans in improved management skills, both in Kenya and overseas. FPMD also assisted the Government of Kenya, during the final year of the project contract, with the development of a National Implementation Plan (NIP) for Family Planning which is aimed at providing guidance for direction of the national family planning program and for decentralizing some responsibility for program implementation and supervision to provinces and districts.

Kenya was unique in the FPMD experience in that project activities there were coordinated and implemented through a local office staffed primarily by Kenyans. Much of the FPMD technical assistance in Kenya was provided by local consultants, especially during the latter years of the project when nearly two-thirds of the project's consultant level-of-effort was provided by Kenyan consultants.

In the course of this evaluation, several impediments to drawing strong conclusions about the impact of FPMD's work in Kenya were identified. These were the absence of a country strategy or framework with objectives and indicators for management development assistance in Kenya and the overlapping roles of the various cooperating agencies (CA) working with the same partner organizations. Nevertheless, several conclusions can be drawn by looking at the project impact on several different levels.

First, at the level of the national family planning program, FPMD's assistance with the development of the NIP has the potential for the greatest impact on the national program. Individuals consulted in this evaluation conclude that the NIP process has enhanced awareness that family planning should be viewed and implemented as a national program. It also appears

to have prompted new thinking within the government about the need to review its overall population policy as well as application of principles used in the NIP process in other national development planning activities. However, because the request for this assistance came late in the FPMD contract, it is still too early to judge the full impact of this activity. A recommendation related to the NIP is that FPMD must make every effort to see that the plan is finalized, approved and that it has found an appropriate home to ensure its institutionalization prior to the end of FPMD's assistance in Kenya.

FPMD also provided assistance at the national level to introduce and develop a computer unit, management information system and to train staff in computer skills within the National Council for Population and Development (NCPD)--the government's population policy and coordinating body. These activities, while appropriate in type and timing of the assistance, produced an impact that was confined largely to the NCPD itself rather than affecting the national program.

FPMD also assisted several national NGOs in Kenya. All three of these partner organizations credit FPMD's interventions with enhancing their own institutional capacity as well as their efficiency and effectiveness in delivering family planning services. However, quantifying this impact in any meaningful way is complicated either by the recent timing of the interventions so that it is too early to measure impact or by the assistance of several CAs working with the same partners so that FPMD's specific contributions to impact can not be easily measured or attributed separately. A recommendation is made to produce more clearly stated contractual documents which include objectives and indicators with partner agencies so that project impact can be more clearly delineated and attributed in the future.

FPMD's assistance to regional and local NGOs in Kenya, according to the recipients themselves, had a very important impact on the improved management and enhanced capacity of these partners to deliver improved, high quality family planning services in the underserved areas of Kenya. Several illustrative examples are given in the full text to document this conclusion. The evaluation did not reach any conclusions about the impact of FPMD's activities on the overall contribution of NGOs to the performance and outputs of the national family planning effort primarily because of the absence of a countrywide strategy and objectives which would have framed and guided such an assessment.

Other findings and conclusions of the evaluation of FPMD's work in Kenya include the wide use and high value placed on FPMD's publications. Management information and other systems developed with Kenyan partner organizations have been helpful, but more assistance is needed by some in the area of using data for decision making. In future similar projects, greater attention should be given at an early stage in project implementation to the clear presentation and promotion of the project activities and its mode of operation in partner countries. Also, more cross fertilization between partner organizations within the country should be fostered. Based on the negative experience with the CAMEO evaluation initiative in Kenya, all future management development technical assistance should be firmly based on the

needs of the partner organizations which should be involved in planning and implementation of the interventions thus identified.

II. BACKGROUND

According to the USAID Evaluation Project's *Handbook of Indicators for Family Planning Program Evaluation*,

Management is a concept that applies to the national family planning program as an entity, as well as to each of the contributing organizations. (Bertrand, Magnani, and Knowles 1994, 50)

The work of the Family Planning Management Development Project (FPMD) as well as that of its predecessor project, Family Planning Management Training (FPMT), in Kenya has addressed management needs at both of these levels. The following provides an historical review of the work undertaken in Kenya during the FPMT project, much of which introduced and led up to the work undertaken during the more recent FPMD project.

A. Summary of FPMT Assistance in Kenya (1987-1990)

FPMT worked with one Government of Kenya (GOK) entity, the National Council for Population and Development (NCPD), and three non-governmental organizations (NGOs). These were the Family Planning Association of Kenya (FPAK), the Christian Health Association of Kenya (CHAK), and the premier and largest women's organization of the country, Maendeleo ya Wanawake Organization (MYWO). FPMT interventions with these organizations included three in-country courses for mid-level managers and long and short term overseas training for organizational staff.

The project assisted NCPD in the development of a management information system (MIS) comprised of several subsystems for financial management, accounting, activity monitoring, and service statistics. Also, NCPD, in liaison with the Ministry of Health (MOH), began work on the development of a National Family Planning Information System with FPMD's assistance.

FPMD worked with FPAK on strategic planning, the development of financial and personnel systems, and training for the National Executive Committee. With CHAK, areas of assistance included strategic planning; development of financial, management, and personnel systems; and cost recovery/sustainability initiatives. Finally, assistance to MYWO included training and orientation of National Executive Committee, and the development of financial and personnel systems.

Nearly all of the above FPMT interventions with NGOs originated at points of crisis in these organizations. In each case, the organizational crisis or its aftermath was responsible for focusing attention on the need for external management technical assistance.

B. Framework for FPMD in Kenya

Capitalizing on the work of FPMT in Kenya and continuing to work with the same organizations noted above, FPMD also selected additional organizations and/or activities with which it would work, based on the following criteria:

- Importance of the organization in terms of provision of family planning services in Kenya
- Significance of the organization/activity to the improvement of the family planning effort at the national level in Kenya
- The perceived potential for impact and change within the organization (based on the organization's capacity to absorb and use technical assistance)

Finally, FPMD was guided by its own capacity to provide the technical assistance required by the partner organizations in Kenya. Over the life of FPMD, activities in Kenya were expanded from the four organizations assisted during the FPMT project to the MOH Division of Family Health (DFH) and three additional NGOs. The latter were Mkomani Clinic Society (Mkomani), the Rural Health Services (RHS) of the Seventh Day Adventist (SDA) church, and the Diocese of Maseno West (Maseno West) of the Church of the Province of Kenya (CPK). All of these organizations are referred to as FPMD's partner organizations throughout this report.

The majority of FPMD/Kenya's interventions with these organizations were based in the following areas, as summarized in the table on the following page.

- **STRATEGY**
 - Strategic planning, including management audits
 - Sustainability/cost recovery
- **STRUCTURE**
 - Organizational restructuring
 - Personnel management and human resources
 - Board/staff relations

- SYSTEMS
 - Management information
 - Finance and accounting
 - Supervision
 - Logistics
 - Monitoring and evaluation
- TRAINING

Table 1
FPMD/Kenya In-Depth Evaluation
Project Intervention by Partner Organization

Intervention	Organization*						
	CHAK	FPAK	MYWO	NCPD	Mkomani	Maseno West	SDA
Strategy							
Strategic Planning ^(a)	✓	✓	✓			✓	✓
Sustainability/Cost Recovery	✓	✓			✓		✓
Structure							
Organizational Structure ^(b)	✓	✓		✓		✓ ^(d)	
Personnel Management	✓	✓	✓		✓	✓	
Board/Staff Relations	✓		✓		✓		
Systems							
MIS	✓	✓		✓	✓	✓	✓
Finance	✓	✓		✓	✓	✓	✓
Supervision		✓					✓
Logistics		✓					
Monitoring/Evaluation ^(c)	✓	✓	✓	✓			
Training	✓	✓		✓	✓	✓	✓

^(a)Includes Management Audits/Assessments

^(b)Includes development of new organizational units

^(c)Includes CAMEO, ELCO Mapping

^(d)Concept paper on regional office development

CHAK: Christian Health Association of Kenya
 FPAK: Family Planning Association of Kenya
 MYWO: Maendeleo ya Wanawake Organization
 NCPD: National Council for Population and Development

Mkomani: Mkomani Clinic Society
 Maseno West: Church of the Province of Kenya/Diocese of Maseno West
 SDA: Seventh Day Adventists

Work with the MOH/DFH began in the final year of the FPMD contract. This activity entails the development of a National Implementation Plan (NIP) for Family Planning. Since this Plan covers many of the interventions listed in the table, but only as plans at this point, the MOH/DFH is not listed in the table.

FPMD also funded specialized training for selected management staff of all of these organizations except one (MYWO). This training, in most cases, was done through the regularly scheduled courses of the Training Unit of MSH in Boston. One participant attended a regional course organized by MSH in Nairobi.

C. The Process of FPMD's Work in Kenya

A full countrywide family planning management needs assessment was never carried out to determine specific organizations or areas requiring FPMD technical assistance. Thus, countrywide strategic were never established for Kenya. The partner organizations with which both FPMT and FPMD projects collaborated in Kenya were selected primarily by USAID based on special needs or opportunities for technical assistance perceived by USAID as the donor of FPMD's Kenya funding as well as the donor for service delivery and other activities of FPMD's partner organizations. As noted above, all four organizations assisted during the FPMT project continued receiving inputs during the FPMD project.

Management audits (or management needs assessments) were performed by FPMD staff for five of the six NGOs assisted through this project. On the basis of the findings of these audits, plans were drawn up for assistance. These Management Development Plans (MDPs) outline the interventions to be addressed by FPMD with each organization over a several-year period.

A technical review of FPMD's Kenya portfolio was undertaken by FPMD staff in October 1993. This review found that, in general, the right organizations had been selected in Kenya and that the systems developed and other interventions were also appropriate. In summary, this review indicated the keys to FPMD's success in Kenya include 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 in multiple systems which all link together into an integrated management structure.
(Mitchell, et al. 1993, 1)

The technical assistance and training planned through the MDPs has been carried out through a combination of subcontracts with local organizations, contracts with local individual consultants, and regular visits and input and technical support from Boston-based staff and U.S. consultants. The relative levels-of-effort of Kenyan versus external consultants is presented in Table 2. An emphasis has been placed on continuity of this technical assistance in terms of having the same individuals involved throughout the life of a particular intervention

with a given organization to the extent possible. This aspect is much appreciated by FPMD's partner organizations and by USAID in Kenya.

Table 2
FPMD Kenya
Relative Levels-of-Effort by Kenyan
and Non-Kenyan Consultants
1991-1994

	Consultant Days*					
	Kenyan		Non-Kenyan		Total	
	No.	%	No.	%	No.	%
1991	73	21	283	79	356	100
1992	101	35	190	65	291	100
1993	289	71	117	29	406	100
1994	476	73	174	27	650	100
TOTAL	939	55	764	45	1703	100

*Numbers are rounded to closest whole number

Unlike most other countries in which it works, FPMD established an office in Kenya staffed by an expatriate manager and various other staff to oversee the many diverse technical assistance activities being carried out with the eight partner organizations. By the final year of the project, in-country staff totaled nine technical and support staff. All of these individuals, with the exception of the Project Manager and one Senior Advisor, are Kenyans.

III. THE EVALUATION METHODOLOGY

This in-depth assessment of FPMD's work in Kenya was carried out by a consultant in conjunction with the close of the present FPMD project. The consultant made a total of three trips to Kenya—in January 1994 and in February and April 1995—to interview individuals knowledgeable about the project. Documents related to FPMD's work in Kenya were also reviewed, both in Kenya and in Boston. See Annexes 2, 3, and 4 for a fuller description of the evaluation methodology, the documents reviewed, and a list of persons interviewed, respectively.

Brief descriptions of the FPMD assistance to each of the partner organizations (six NGOs and two governmental agencies) in Kenya are presented in Annex 1. These descriptions include a listing of specific interventions undertaken during the FPMD project with each organization. These interventions are summarized by organization in the table on Page 5 of this report.

IV. EVALUATION FINDINGS

The evaluation findings are discussed below under three general headings related to the specific areas of management intervention—strategy, structure and systems. These headings are further subdivided to capture the specific activities undertaken by FPMD under each of the headings. A further section on FPMD training is also included. (To determine which specific intervention headings/subheadings were undertaken with each partner organization, please refer to the table on Page 5 and to Annex 1). These sections are followed by a section about FPMD's involvement with the GOK in the development of a National Implementation Plan for Family Planning and a final section on other findings.

A. Strategy

1. Strategic Planning

FPMD assisted five of the six partner NGOs in Kenya with some aspect of strategic planning. In some cases, interventions in this category involved undertaking a management audit/assessment or management planning and review workshops only. In others, the audit was followed by a strategic planning workshop to provide training in this management concept and to develop a strategic plan. Finally, some of the NGOs assisted by MSH during the FPMD project undertook the review and revision of a strategic plan which had been developed prior to the FPMD project.

In all cases, FPMD's assistance with strategic planning was highly valued and was felt by the recipient organizations to be one of the most helpful interventions of the project. For example, the Resident Advisor of a USAID-funded cooperating agency (CA) which also assists one of the NGOs noted the management assessment carried out with FPMD assistance is "the most referenced document in (the organization) in the past few years." This sentiment was echoed by the Family Planning Project Director of the same NGO who felt that both the assessment process and its resulting document had helped her personally as a manager. Strategic planning assistance was to have taken place with the same organization in the final year of the FPMD project. However, this activity was postponed indefinitely due to delayed elections of officers who are critical to the development of a successful planning exercise.

Another NGO, which was assisted by FPMD to develop a strategic plan for its rural health and family planning services, reported that other units of the same organization

now seek assistance from the staff trained by FPMD for preparation of their own strategic plans. Area managers of another NGO stated that the strategic planning exercise built ownership among the participants because FPMD's style of assistance forced them to do the work of developing the plan while at the same time always being there to assist in the process when needed. This group finds the resulting plan to be an exceptionally useful document.

Based on the initial management audit, one rural-based NGO immediately began to take action on the findings independent of FPMD or other donor technical assistance. The organization's management indicated that they had been encouraged to take this action based on their full participation in diagnosing their problems through the audit process.

Other partner organizations have not received direct assistance with strategic planning; however, they recognize the importance of this management tool. For example, the management of one NGO assisted by FPMD through a recent major organizational restructuring effort listed strategic planning as the next area in which they wish technical assistance if the FPMD contract is extended.

2. Sustainability/Cost Recovery

Using a broad definition of sustainability as the full institutional, managerial and financial self-sufficiency of an organization, all FPMD interventions—in Kenya and elsewhere—can be considered to have sustainability as an underlying goal. Unfortunately, in Kenya as elsewhere, the donor community tends to refer to sustainability primarily in its latter sense, i.e., the achievement of financial self-sufficiency. Several FPMD efforts in Kenya have addressed this aspect of sustainability specifically.

Interventions in this area, carried out with four of FPMD's partner organizations in Kenya, are categorized for the purpose of this evaluation as strategic interventions because the assistance has been provided in the form of developing strategies for this critical aspect of sustainability. Cost recovery has become an even more important area of work with partner organizations, given the increased emphasis recently placed on this aspect of sustainability by USAID and other donors in Kenya.

FPMD sponsored and provided consultants for workshops on cost recovery for three partner NGOs. Cost recovery models were developed for another NGO which provides management assistance for its many affiliated partner health service providers. This latter intervention led to the financial bail-out of two affiliated hospitals slated for bank foreclosure. Six other hospitals established fee collection and cost-control measures as a result of FPMD's technical assistance in this area.

A local FPMD consultant has prepared a feasibility study for the establishment of a commercial laboratory as an income-generating activity for another NGO. Several partner NGOs have been encouraged and assisted with modifications in their fee structures to bring them more in line with the actual cost of providing services and to allow cross-subsidization of family planning services through fees for integrated curative services. One NGO, serving especially poor rural communities, has managed to cover the operating costs of most of its integrated curative and family planning services through these mechanisms. (Computerized financial management systems, discussed below under the Systems heading, have enhanced and supported the documentation of these cost recovery efforts).

B. Structure

1. Restructuring

FPMD played a key advisory role in a multi-year process for the restructuring of one NGO in Kenya. This activity was necessitated by the changed status of the organization from one which channeled grant funding to its affiliated health service agencies to one providing technical assistance and advice, but no funding, to these same agencies. This process entailed the involvement of several local consultants, some working for a period of time within the partner organization, to gradually assist with the conversion of the organization's mission and its supporting structure.

Another NGO requested FPMD assistance with the development of a regional office plan sanctioned by their national body. This organization was assisted by FPMD with the development of a concept paper for the regionalization plan. However, when disagreements arose between FPMD and the USAID-designated "lead CA" for this NGO over the timing of further FPMD inputs on this intervention, the NGO moved ahead, based on skills imparted earlier by FPMD, to develop a constitution and strategic plan for the regional office independent of technical assistance from either FPMD or the "lead CA."

In another case, FPMD assisted a governmental agency with the development of a computer unit. This unit now provides for the multiple management information needs of the agency, but it has also become a resource for training in computer skills both within the agency and for other governmental units and agencies. More than 120 individuals have been trained in various computer skills by this unit to date. Also the computer unit has enabled this agency to attract additional funds and grants. For example, having this unit allowed the agency to become an important partner in the implementation of the 1993 DHS and other USAID-funded research and computer modeling projects in Kenya.

2. Personnel Management

FPMD assisted five partner organizations in Kenya with various aspects of personnel and human resource management. In all cases these were NGOs, several of which had very little experience with the use of formalized personnel structures prior to FPMD's interventions.

In connection with the restructuring of the NGO discussed above, a new organizational structure and new staffing pattern were developed. This activity also entailed the creation of new job descriptions for all positions and recommendations for the redeployment or dismissal of several staff members. Full implementation of the personnel aspects the restructuring is incomplete as of this writing, because acceptance of the new structure by the Board was only recently finalized.

Another urban-based NGO indicated that before FPMD's technical assistance they had no formal personnel system. This system is now being formalized and a personnel handbook is being developed. Included in the personnel changes has been the creation of a management team that meets on a regular basis for joint planning and problem solving.

FPMD assisted a large, national NGO to develop job descriptions and terms and conditions of service for all staff and elected leaders at all levels of the organization—from headquarters to grassroots. This intervention has had an important impact during a time of general political upheaval for the organization. Management attributes the continuation of many important development activities during this time of crisis in large part to having concise, written personnel guidelines with agreed-upon roles and responsibilities for all staff and elected leaders.

Both organizational structure and personnel management were addressed together in an early FPMD intervention with another national NGO. Included as part of this intervention was the development of a Staff Code of Regulations handbook. Prior to FPMD's assistance, these regulations existed in various forms and formats scattered throughout organizational files and in the memory of various staff members. Pulling these together into a collection produced the first-ever operations manual for this organization, which had been working for several decades without one.

Finally, FPMD's assistance in the area of clarification of organizational structure and job descriptions with one unit of a large national organization created a wide recognition and interest among other units of the organization in undertaking a similar look at their structure and personnel. Several units have made visits at their own expense to the FPMD-assisted unit to observe how the FPMD activities might be replicated elsewhere in Kenya.

3. Board/Staff Relations

A special structural issue, which affects NGOs in particular, was addressed by FPMD in Kenya. That is the relations between boards of directors, most of which are volunteer, and organizational staff. Technical assistance was provided in this area for three organizations. One situation, described in part above, was the clarification and codification of the role of elected officials as part of a review of organizational structure and job descriptions for staff.

In another urban-based NGO, board/staff relations were felt to be hampering the delivery of health services. FPMD facilitated several workshops to encourage a review and revision of operating procedures and roles and responsibilities of staff and board members. This situation is judged to be much improved now by both groups. The Chairman of the NGO Board indicated to the evaluator that "I now leave day-to-day management to the Project Director as much as possible as I do not feel the Board should interfere in this area."

Finally, with the NGO assisted in full organizational restructuring by FPMD, Board and staff of the organization were full partners in the restructuring process. Their relations and responsibilities within the restructured organization were clarified and strengthened as part of this process. In addition, staff of the newly created Management Support Services Directorate of the restructured organization were trained by FPMD in providing technical assistance in a number of management areas, including board/staff relations, to this association's affiliated hospitals and other health facilities.

C. Systems

FPMD's technical assistance in systems development or enhancement is perhaps its most comprehensive and broad-reaching area of activities in Kenya. In some cases assistance was provided to establish within a partner organization a complete computer unit for management systems. This assistance often included providing computer equipment and software and the development of several systems. In other instances, FPMD worked with the organization to enhance one or more existing systems. Separate systems are discussed below.

The lack of adequate documentation for the various systems introduced by FPMD was a criticism of both FPMD's internal technical review and the mid-term external evaluation. However, none of the partner organizations complained of this problem to the evaluator. In fact, one recently appointed MIS program officer interviewed extensively about this subject felt the documentation for FPMD-assisted systems was excellent and allowed him to begin his work in MIS very smoothly and with full and adequate information about the systems he is using. In another interview with area (mid-level) managers of a partner NGO, the financial

manual developed with FPMD's assistance was cited as being a very helpful tool that these individuals are able to use quite easily on their own.

1. Management Information Systems

FPMD assisted the majority of its partner organizations in Kenya in the development and implementation of some type of management information system (MIS). In most cases, this involved the enhancement, streamlining, and/or computerization of data collection and management activities already in use by the partner organization—for activity tracking, service data, personnel databases, and/or project monitoring and other personnel assignments. The fact that FPMD did not impose or try to introduce alien systems was much appreciated by these organizations as exemplified by the following statements: "FPMD helped us make sense of what we were already doing, but doing poorly" and "FPMD doesn't impose an external system, but it works to streamline and improve our existing systems."

In two cases—one NGO and one governmental agency—FPMD funded full time MIS consultants to work within the partner organization on the development of their MIS/computer units and systems. In addition, the FPMD project has had, at various times, one or two expatriate and Kenyan MIS specialists on its Kenya office staff. While still at FPMD, the expatriate former MIS Program Officer worked part-time for another CA with a regional office in Kenya. In 1994, he left the staff of FPMD to join that other CA on a full-time basis. This caused confusion among several of FPMD's partner organizations which also receive subproject funding and technical support from that CA. This transfer of staff from one organization to another led to the transfer of responsibilities for technical assistance in MIS in some cases; however, which CA had responsibility for what specific activity was not clearly delineated at the time of this transfer. The transfer also held up planned MIS activities in a few instances, since the new position is regional in scope so the individual in question is less available to make a ready response to the needs of Kenya-based partner organizations, even if he has been charged with the particular assistance in question.

Provision of computer hardware and software has been a critical part of FPMD's assistance in the whole area of systems development, but especially so in MIS. The example given above of the computer unit established with FPMD's assistance in the government agency is an interesting case in point. In 1987, before FPMD's assistance, the whole agency had only one Apple computer. They now have 26 computers provided by FPMD and by several other donors in connection with research and other projects. This equipment has enhanced the agency's capacity to carry out its role of coordination of population and development activities and to serve as a leader in computerization among all government agencies in Kenya. However, given staff mobility and the inability of government agencies to get new or additional positions sanctioned, staffing the computer unit remains a problem.

Several of the partner NGOs indicated they would have been unable to purchase computer equipment provided by FPMD with their own limited resources. Some concern was expressed about maintenance and replacement and/or updating equipment and software after the end of FPMD's assistance.

2. Finance and Accounting Systems

FPMD provided assistance to nearly all partner organizations in the development or revision of their financial systems. One NGO, assisted in the development of its financial management system during the FPMT project, feels the need for a review of its system and possible updating and computerization. However, this was not done by FPMD due to agreements about the division of responsibilities with the FPMD project subcontractor responsible for interventions with this NGO and the other CA assisting the NGO.

One rural-based NGO readily admitted it was at a point of financial collapse when FPMD's assistance began. Management now feels much better prepared to do financial planning and trouble shooting since any pending financial difficulties are documented through the system and corrected early. Use of this financial system led the managers of this organization to realize that some rural clinics were having difficulty collecting fees for services provided to students and employees of some institutional payers such as schools, hotels and other businesses. This led to group problem solving and instructions to clinic managers about the importance of approaching the defaulting institutions and how to successfully do this.

Participation by the accountant of one small NGO in an MSH-sponsored regional training course on financial management has enhanced that individual's skills as well as the organizational capacity of this FPMD partner organization. This participant is preparing a financial procedures manual and is working to upgrade the accounting and payroll systems of the organization. Assistance in these activities is being provided by FPMD and another CA which funds the NGO; however, difficulties in coordinating these efforts with the other CA have delayed progress in this area.

Two potential problem areas were pointed out with regard to financial systems developed by FPMD. One relates to the need to train more staff of the partner organizations in the use and maintenance of these systems. The other has to do with the lack of cooperation or obstacles placed in the way of desired development of financial systems between FPMD and other CAs working with partner organizations. In most cases, the other CAs are funding subprojects with the partner organizations and feel they have the right to determine which financial systems are developed and the timing of the same. This is not always the view of the partner organizations who recognize that sometimes FPMD has more technical resources more readily available for these tasks. Furthermore, several partner organizations revealed that systems developed with

FPMD's assistance are sometimes more relevant to the partner organization's needs than those imposed by CAs to meet their own reporting needs. FPMD has been unable to fulfill some of its planned activities in this area in Kenya due to these constraints imposed by other CAs.

An interesting paradox has been presented by FPMD's development of the computerized financial management system with a government agency. While this system is much appreciated by the partner organization, it is more sophisticated than the system being used by the agency's parent ministry and by other governmental units. Thus, the FPMD-assisted agency must maintain a parallel manual financial system to satisfy reporting needs of its own ministry and the Ministry of Finance. However, the computerized system developed with FPMD has caught the attention of the Ministry of Finance, which has requested that their staff be trained in its use by the FPMD-assisted agency. Finance officers of other ministries have also made similar requests.

3. Supervision

FPMD's technical assistance in the area of supervision is relatively recent in Kenya, possibly because the need for supervisory systems has only recently come to the fore in these organizations. To date, only two NGOs have been assisted in the area of supervision. Both of these organizations recently introduced a decentralized structure with formation of regional or area offices. The middle level managers in charge of these regional offices were brought together, with staff from the headquarters of their respective organizations, to discuss plans and to design a system for supportive supervision in their newly decentralized structure. While the workshops were well received, these activities only began in early 1995 so it is too early to predict the direction or outcome of this intervention.

4. Logistics

Throughout its work in Kenya in both the FPMT and FPMD projects, MSH resisted many requests to work in commodity logistics management because another CA has an agreement with USAID to provide technical assistance in this area. However, one large national NGO with which FPMT/D worked extensively persisted in its requests for assistance with the development of a logistics system. By mutual agreement between USAID, MSH and the local NGO, FPMD began testing a modification of their computerized logistics management system in late 1994 with this organization in Kenya. The system has been enthusiastically embraced and warehouse staff as well as upper level management are very pleased about progress to date. It is anticipated the systems will be fully installed and in use by this NGO for its national operations by the end of the current FPMD contract.

5. Monitoring and Evaluation

The major monitoring/evaluation effort undertaken in Kenya was advanced by evaluation staff from FPMD headquarters, rather than arising from a need felt in the field. This is the system referred to as Continuing Assessment of Management Effectiveness and Organizational Change (CAMEO). This system was introduced for application in two large NGOs and one government agency in Kenya between September 1992 and late 1993. Local consultants were employed to manage the application of CAMEO. A full assessment of the outcome and impact of this activity was undertaken by the evaluator in January 1994 and is presented in a trip report of that visit. (Huber 1994)

In general, CAMEO was felt to have some merit in promoting analytical thinking among management staff of the three organizations. However, the process by which the system was developed and applied was felt to be largely for the purpose of assisting FPMD monitor and evaluate its own interventions rather than a system designed primarily to enhance the monitoring and evaluation skills of management staff within the partner organizations. Essentially, CAMEO was felt to be an externally imposed system having limited relevance to needs of the partner organizations in which it was applied.

The adaptation and introduction of a specialized monitoring system—Eligible Couple (ELCO) mapping—in Kenya presents a particularly interesting story. This is described in Box 1.

Box 1 Elco Mapping: The Successful Transfer of Simple Technology

The November-December 1992 issue of FPMD's bi-monthly newsletter, *The Family Planning Manager*, was titled "Using Maps to Improve Services." This issue described the use of simple maps as management tools for community based family planning workers in Indonesia and Bangladesh. This concept caught the attention of several managers at the Family Planning Association of Kenya (FPAK) who, in January 1994, requested FPMD to assist with the introduction of this technology for their organization.

In April 1994, a Senior Program Officer from FPMD's Local Initiatives Project in Bangladesh went to Kenya to assist with the establishment of a pilot test of the mapping system in one of FPAK's community based distribution (CBD) project sites. This process went very smoothly and was especially well-accepted because the Bangladeshi trainer recognized the importance of flexibility in adapting the system to the needs of a different program and culture. [In Kenya, the name of the tool has been changed to Men and Women of Reproductive Age (MWORA) mapping.] An assessment of this first visit led FPMD to develop a training module on ELCO mapping which can be used worldwide.

The pilot ended successfully and, as a result of a second visit in May 1995, MWORA mapping has been extended widely within the FPAK system. This concept has also gained the attention of other NGOs in Kenya and a second partner organization solicited the assistance of the Senior Program Officer from Bangladesh to introduce MWORA mapping within their CBD program. FPMD partner organizations in other countries have also heard about the transfer of technology from Indonesia to Bangladesh and then to Kenya and several have requested similar assistance.

6. Use of Data

The experience with use of the data produced by the various systems outlined above is mixed. Several partner organizations expressed the need for more assistance and training in the use of data produced through newly developed systems. Others felt these systems had improved management of their programs through better access to, and more regular use of, data for planning, monitoring, supervising, and reporting. Most appreciate the more rapid turnaround time for information and the ability to provide rapid feedback to field level staff. This aspect of data management becomes all the more important as more organizations in Kenya fall in line with the Government's mandate to decentralize the implementation and management of health-related activities.

The connection between monitoring, supervision, and adequate management information is clearly understood by many of the managers interviewed for this evaluation. Several pointed out specific ways in which the introduction and use of the FPMD-assisted MIS has enhanced service delivery. Field staff are more aware of their own comparative performance and the data they produce are being used by their supervisors to discuss and improve their performance. Many persons interviewed expressed a direct connection between better data management, analysis, and use in planning and monitoring and improved delivery of high quality services.

D. Training

In Kenya, much of the technical assistance provided by FPMD has been provided through training in workshops attended by those staff of partner organizations who are directly affected or involved in the particular intervention area. For example, the supervision workshops cited in the previous section were attended by central and mid-level (decentralized) managers. Workshops on board/staff relations and on sustainability and cost recovery are often attended by senior management staff and volunteer board members.

Others from Kenya have been funded by FPMD to attend MSH-sponsored courses in Boston or in the region. The total number of Kenyans trained in these external/regional courses during the FPMD project was 14. A list of these trainees, their organizational affiliation and the name and date of the course they attended is appended to this report (see Annex 5). Also, these same individuals are noted in Annex 1, which describes FPMD's activities with each partner organization.

E. National Implementation Plan for Family Planning

As discussed in detail in Annex 1, Pages 24-26, FPMD was invited in late 1993 by USAID/Kenya to provide technical assistance to the Ministry of Health/Division of Family Health (MOH/DFH) of the Government of Kenya (GOK) in the development of a National

Implementation Plan (NIP) for Family Planning. This process has been one of collaboration and cooperation between several public sector agencies and the private (NGO) sector. The donor community and population CAs also participated in some steps of the process. Some persons interviewed felt that FPMD's long-term relationship and demonstrated capacity to work with the National Council for Population and Development (NCPD) may have been a key factor in generating the invitation from the MOH for FPMD's assistance with the NIP even though NCPD and the MOH have not worked closely in the past. In any case, this intensive process of developing the NIP has spurred communication between bodies and agencies in Kenya that had never before worked together.

According to a member of FPMD/Kenya staff intimately involved with the NIP development, the process "has led to a conversion of thinking among most of the participants from one of viewing family planning in Kenya as isolated activities to thinking of a coordinated National Family Planning Program in which there are many participants and players." The NGO participants involved in the process echo this sentiment and indicate they are pleased they have gotten to know the key players in the government through working with them on the planning of the NIP. CA representatives had interesting comments about the NIP process. One said "FPMD has done much to bring all the parties together for family planning rather than working in their own little boxes." Another stated "our participation in some of the NIP deliberations has helped us view the broader picture of family planning in Kenya. It has been a very positive experience for us."

An additional advantage of the process fostered by FPMD's technical assistance has been an increased focus on service delivery at the district level. This decentralized focus has been a GOK principle for more than a decade, but NIP is the first real effort to apply the principle to family planning. Within two weeks of a NIP workshop focusing on the district level approach in April 1995, the district family planning team from one of the seven participating districts had already held an implementation planning meeting. This team is comprised of representatives of the MOH/DFH, NCPD and the NGOs active in family planning in the district.

Two concerns were expressed by several participants in the NIP development process. One is that the process has been very rushed, with inadequate time allowed to reflect and digest the results of each stage of the process. The other is that FPMD's contract will come to an end before the Plan is fully institutionalized. While FPMD staff are fully cognizant of the latter possibility, they are also moving forward as rapidly as possible to complete all planned activities prior to the end of the contract so that the finished product will be in the best possible position for survival and utilization at that time.

F. Other Findings

1. Institutional Development

All of the above findings relate to FPMD's interventions aimed at enhancing management capabilities to address the various strategic, structural, and systems needs of the partner organizations in Kenya. However, the purpose of the FPMD project as stated in its contract is "to promote institutional development" of these organizations in addition to strengthening their management capabilities. According to the external mid-term evaluation of FPMD's worldwide contract, true institutional development is exemplified by one of the NGOs they visited which was found to be

...truly a 'star' in the FPMD portfolio. With strong leadership, a committed and supportive board, and offices filled with activities charts, yearly planners and maps, management organization is readily evident. [This NGO] also demonstrates FPMD's contention that by addressing the 'width and breadth' of an institution's management, positive outcomes can be achieved at the service delivery level. (Trayfors, et al. 1994, Appendix D, p. 8)

FPMD followed a very logical pattern of assisting this NGO with the development of management improvements undertaking one activity at a time, each of which led quite naturally, and was linked, to the next. For example, the development of the MIS and use of data feedback in supervision was tied to the implementation of a supervisory workshop. The personnel appraisal system has also been developed to link closely with the supervision system.

This evaluator believes that institutional development can best be appraised through the reports of the managers themselves. Some of these assessments are noted in the quotations presented in Box 2, most of which speak for themselves. (An identification of the type of organization and position of the speaker is indicated in parentheses following each quotation.)

Box 2 Some Reflections on Institutional Development by FPMD/Kenya Partners

FPMD doesn't just give us fish as do some other donors, but they show us how to fish. (Rural-based NGO, Executive Director)

Having good management systems is critical to the improvement of health services—both quality and logistics are affected. (GOK Agency, Planning Officer)

Now is the time to move from implementation to facilitation. We need to determine how we can develop our own resources within Kenya and within our member units as well as how we can move beyond dependency on donors. Our member units can and should be encouraged to contribute to the support of the Association. (National NGO, Board Member/Area Chairman)

FPMD is the only agency which makes development of our institution a focus of its training. All the others (donors/CAs) do project-specific training. That is, they train us to better manage their projects; rather than to develop our own institution. (National NGO, Executive Director)

FPMD does more "supportive TA" than the other CAs. (National NGO, Area Manager)

FPMD is our best friend. It has helped us rethink and consolidate our development activities. (National NGO Association, Program Manager)

FPMD has taught us (NGO senior staff) to reduce our stress levels through better management and use of delegation thus causing us to live longer and happier lives. (Rural-based NGO, Business Manager)

MIS activities started as a single activity with FPMD's assistance, but now the resultant unit is being utilized for multiple purposes. It is a unit and a resource for the entire agency and beyond. (GOK Agency, Senior Program Officer)

2. FPMD's Local Management

During the evaluation interviews several comments were made by USAID, the family planning CAs, and the partner organizations about the way in which FPMD has done business in Kenya. The extensive use of local (Kenyan) consultants is illustrated in Table 2 on Page 7, as is the growth of in their use over time during the first four years of the project. There was a very positive attitude expressed by many persons interviewed about FPMD's extensive use of local consultants, which was felt to both enhance local capacity building and give attention to the local pool of skilled consultants. Attention was also given to the continuity of the consultants used, which was felt to contribute to the effectiveness and efficiency of the technical assistance provided by local consultants.

Frequent staff turnover in the FPMD/Kenya office was acknowledged, but the partner organizations did not feel this generally affected assistance provided by FPMD. They felt that FPMD did a good job of keeping them informed about changes to reassure them and that FPMD staff were generally very sensitive about not disrupting ongoing or planned activities unnecessarily. The one exception to this is the case of the FPMD expatriate staff member who joined another CA which also provided assistance to many of the same partner organizations, as noted above in the section about MIS.

A number of individuals interviewed, including USAID and other CAs, felt FPMD should have done a better job of public relations and marketing its activities in Kenya. This seem related to the fact that FPMD's role as a technical assistance project, as opposed to a service agency providing subproject grants, was not clearly understood within the population community. Staff of one CA noted, for example, that it was confusing for FPMD to refer to its activities as projects and pointed out that FPMD should refer to its activities as technical assistance rather than projects.

Another criticism of local management mentioned in an earlier visit, and also reflected in the FPMD mid-term evaluation, was that decision-making was too centralized in the FPMD project. While recognizing that this may be somewhat more necessary in a contract situation, and also when there was a different staffing pattern responsible for the Kenya program, this situation appears to have improved in the latter years of the contract under new management of the Kenya activities both at headquarters and in the country office.

3. FPMD's Processes and Procedures

The first MDPs, covering the initial years of the FPMD project, lacked clearly stated objectives and indicators for their achievement. This situation improved in the set of plans for the final years of the project. FPMD considers these MDPs to be partnership agreements. Partner organizations noted, however, that FPMD's project agreements are not as formal as the subproject agreements with other USAID-funded CAs. In particular, FPMD's Kenya MDPs have not always contained specific goals, objectives, and indicators for evaluation. None have included workplans, timelines, or budgetary and staffing implications for the partner organizations.

While recognizing that the technical assistance offered by FPMD is often more valuable and ultimately more important to the institutional development of the partner organization, this lack of formal, detailed partnership agreements creates a dilemma for the partners. FPMD activities sometimes receive a lower priority for attention because agreements with other CAs are more specific and detailed and thus tend to take precedence. Also, because the agreements with other CAs often involve funding, this is another incentive for giving them priority attention.

The absence of formal agreements with timelines and specific workplans, in particular, also creates difficulties when FPMD is expected to collaborate with another CA or CAs in working with the same partner organization. Sequencing of activities is critically important to this collaboration, especially when the intervention or technical assistance of one CA depends on inputs from another CA in a specified sequence. This collaboration has not gone as smoothly as some of the partner organizations would have hoped and has led to some concern about whether systems developed with technical assistance from different CAs are fully integrated or linked to serve the partner organization. One NGO Director indicated frustration with this situation by stating "donors (and CAs) do their planning in a vacuum. This should be with the recipients and done on a regular basis. Ideally, all donors involved with a recipient should come together to coordinate planning with the recipient."

V. CONCLUSIONS ABOUT FPMD'S IMPACT IN KENYA AND RECOMMENDATIONS FOR FUTURE ASSISTANCE

The introductory statement of this report that the concept of management can be applied to both the national family planning program as well as to each of the contributing organizations seems to suggest one way to view the impact of FPMD's work in Kenya. FPMD's interventions can be assessed from the global or national as well as from the local or organizational perspective. Further, to assist in this analysis, the individual partner organizations with which FPMD worked can be categorized into those which are national in scope and those which operate at the regional or local level.

There are two distinct impediments to drawing strong conclusions about the impact of FPMD's work in Kenya. These are:

- The absence of a FPMD country strategy or framework with stated objectives and indicators for management development assistance in Kenya and
- Overlapping roles and responsibilities of various USAID-funded CAs working with the same partner organizations.

A. FPMD's Impact on the National Family Planning Program

Over the course of the FPMD contract, the technical assistance provided to two governmental agencies in Kenya—the MOH/DFH and NCPD—might be assumed to have had the greatest impact on the national family planning program. However, some observers would question whether Kenya's family planning efforts, as they are now organized and implemented, can even be called a national program. FPMD's assistance to the MOH/DFH in the preparation of a National Implementation Plan for Family Planning has the potential for the largest impact on these national efforts of any of FPMD's interventions in Kenya and may, in fact, result in the

creation of a fully coordinated national program. Unfortunately, the request for this assistance came to FPMD in late 1993 as the project moved into its final contract year. Prior to that time, implementation planning was not an interest of the MOH, nor a possibility. Therefore, FPMD cannot be faulted for the timing of this activity. Concerns remain about continuation of the process and institutionalization of the NIP if FPMD activities in Kenya are discontinued at the end of the present contract.

According to many persons interviewed for this evaluation, *the NIP process has been a resounding success to date*. It has enhanced awareness of all the participating parties (the MOH, NCPD, donors, CAs, and NGOs) that family planning should be viewed and implemented as a national program rather than a collection of isolated efforts. NIP appears also to have prompted a broader process as the GOK is now considering undertaking a review and revision of its 1984 population policy. Also, the NCPD is planning to include NIP objectives as part of the next national development plan as well as replicating aspects of the NIP process in the development planning process. The full impact of the NIP or of these possible spin-offs, however, cannot be measured for several more years.

Recommendation Every effort should be made to ensure that the NIP is finalized and approved by the GOK and that it has found an appropriate institutional "home" prior to the end of FPMD's work in Kenya.

Assistance to the NCPD was aimed primarily at the establishment of a computer unit and the development of several information systems. These particular interventions are judged to have been successful in and of themselves as noted above in the findings section. In particular, the existence of a computer unit and trained staff enabled NCPD to attract additional funding, including the DHS contract for Kenya and other research contracts. Also, NCPD seems to be leading the rest of the GOK into the computer age through demonstrating the usefulness of this unit and through training staff from other government units. NCPD staff expressed concerns about maintenance of the unit and its equipment after FPMD assistance ends.

Since the mission and role of the NCPD with regard to the national program has remained unclear during the period of the FPMT/D projects assistance in Kenya, it would not be reasonable to expect that management development inputs to this organization necessarily would have resulted in an impact on the national program. In conclusion, *the type and timing of assistance provided to NCPD was appropriate and had considerable impact. Under the prevailing circumstances, however, this impact was largely confined to the agency itself rather than to the national program.*

Recommendation NCPD, with FPMD's assistance if required, should explore the feasibility of generating income from the computer unit through charging a fee for training and performing other work on a contractual basis. Funds thus generated could be utilized to maintain the unit.

NGOs, including church and mission hospitals and the FPAK, were found to be the source of more than 13 percent of modern contraceptive use in Kenya, according to the 1993 DHS [Page Reference]. FPMD has assisted all the major national family planning NGOs in Kenya, all of which attribute enhanced delivery of quality family planning services to management improvements achieved with FPMD's assistance. However, *quantifying the impact of FPMD's assistance to NGOs in relation to their overall contribution to the national family planning program in Kenya is not feasible considering the intervening variables such as other CA inputs which also undoubtedly affect NGO performance.*

B. Impact of FPMD's Assistance to National NGOs

FPMD's long term assistance (since the FPMT project) to three national NGOs has addressed many and varied management needs of these organizations. FPAK and MYWO are national family planning service-providing agencies which receive funding and technical assistance from several CAs. CHAK is an association of hospitals and clinics many of which offer family planning and other reproductive health services. In recent years, FPMD has been CHAK's only provider of external technical assistance.

FPMD's interventions directed at improving the strategic planning and sustainability of these partner organizations has positioned them, in their own estimation and according to other sources, to provide enhanced services, either directly to clients or to their member agencies, with greater efficiency. Extensive assistance has also been provided to FPAK and CHAK in the areas of structure and in systems development, but the approach has differed. With FPAK, FPMD has often been called upon to fill gaps in management technical assistance which were not otherwise being filled or which had been inadequately provided by other USAID-funded CAs or other donors. CHAK, on the other hand, was not receiving technical assistance from any other CAs and was assisted by FPMD to undertake organizational restructuring, only recently completed. This effort was mandated by USAID as a condition for funding CHAK's family planning activities and was reluctantly agreed to by CHAK. MYWO was assisted indirectly by FPMD, through its subcontractor the Centre for Development and Population Activities (CEDPA).

All three national NGOs credit FPMD's management development interventions with enhancing their institutional capacity as well as their efficiency and effectiveness in the delivery of family planning services. However, as noted above, the fact that interventions have either been too recent (CHAK) or that the other two NGOs (FPAK and MYWO) were assisted by several CAs precludes quantification or direct attribution of the impact of FPMD's interventions on the services provided by these national NGOs.

Recommendation Clearly stated strategies, including objectives with indicators for their achievement in all FPMD agreements with partner organizations and coordinated workplans specifying the division of labor between USAID-funded CAs working

with the same partner organizations should be a requirement of all future management development assistance.

C. Impact of FPMD's Assistance to Regional and Local NGOs

The three NGOs added to FPMD's Kenya portfolio since the beginning of the FPMD project are regional or local in scope. Assistance to these three organizations has been relatively less extensive than that given to the partner organizations continuing since the FPMT project. However, the impact has been considerable and all three attribute improvements in overall organizational management and institutional development to the assistance provided by FPMD. While these three NGOs serve relatively fewer family planning clients due to their limited areas of coverage, they are providing the only family planning services in many of the areas in which they work, and one organization in particular is serving extremely poor and very remote rural communities.

Perhaps because the individuals interviewed in connection with the evaluation of the work with these three organizations are closer to the everyday activities of these NGOs, they were able to provide the most concrete examples of the impact of FPMD's interventions on their family planning services. For example, one cited the use of service statistics data generated by the MIS to discuss field worker performance during supervision meetings. The data are also used by the workers themselves as an incentive and an inspiration for improved performance. Friendly competition created by data feedback has served to enhance performance of all workers.

The recognition of the need for and the creation of a functioning management team in one of these NGOs has been a major positive development resulting from FPMD's assistance. Instead of meeting only for crisis management as in the past, this new team now meets on a regular basis. The team "plays a real management role," in the words of the executive director, by its involvement in planning, implementing, monitoring, and generally controlling activities of the organization.

The third NGO reported that a staff review of service statistics data from the MIS revealed a lack of referrals for long-term and permanent methods. This led to problem solving meetings with family planning motivators, clinic staff and other clinical service providers to discuss the findings and possible solutions. This action led to an improved method mix and therefore to an enhanced level of quality of care in this program.

The latter organization, which is serving health needs in the poorest areas of Kenya, has been assisted by FPMD with the creation of community health management committees and a financial system so that it has now established and can account for its very successful cost recovery efforts. More than 90 percent of operating expenses for its 45 fixed sites and 46 family planning field workers are recovered through fees for health services.

These examples indicate that *FPMD has had a very important impact on the improved management and enhanced capacity of these several regional and local NGOs to deliver improved, high quality family planning services in the underserved areas of Kenya.*

D. Other Recommendations

FPMD publications are widely read and highly valued by staff in FPMD's partner organizations in Kenya.

Recommendation Publication activities should continue as in the past and all current recipients on FPMD's mailing list should continue to receive publications even if FPMD no longer works directly with the individuals or organizations on the list.

While FPMD provided extensive assistance in Kenya in the area of systems development, some partner organizations still feel less than completely able to use the data produced by these systems for management decision-making.

Recommendation Training in the use of data for management decision-making should be an integral part of all management development assistance plans.

Some confusion remains among the donor and CA community as well as among the partner organizations in Kenya about FPMD's mandate and *modus operandi*, which differs considerably from that of other CAs. This suggests the need for better public relations by FPMD staff both in Kenya and at headquarters.

Recommendation FPMD should promote its work and accomplishments within the family planning/population community in recipient countries and support increased cross-fertilization about its activities between its partner organizations.

The one less than fully successful FPMD intervention in Kenya was the CAMEO evaluation initiative. Partner organizations felt this intervention was imposed to meet FPMD's own needs rather than being a felt need or request of the partners.

Recommendation All management development technical assistance should be based on the needs of each partner organization and planning for interventions and activities should include and fully involve representatives of the partner.

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ANNEX 1

ORGANIZATION BACKGROUND INFORMATION

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THE CHRISTIAN HEALTH ASSOCIATION OF KENYA

BACKGROUND

The Christian Health Association of Kenya (CHAK) is an association of 230 private church-related health facilities and their parent church bodies. These facilities include 183 dispensaries, 32 health centers and 15 hospitals; about 10 percent of which provide family planning among the other preventive and curative services they offer. Nationally, approximately eight percent of all modern family planning method users receive their services from mission/church hospitals according to the 1993 DHS.

CHAK itself provides no health services. Rather its member churches/facilities pay dues to CHAK, which provides various types of technical support to these member units. In addition, CHAK members benefit from a central drug purchasing arrangement and a central laboratory facility. However, member health units operate completely independent of CHAK.

Support to CHAK predates the FPMD contract; technical assistance activities began in 1988 under the Family Planning Management Training (FPMT) project. Activities carried out under the FPMD contract have included assistance with planning, organizational restructuring, development of several systems and training for staff.

FPMD INTERVENTIONS

Interventions and dates of the FPMD technical assistance activities include the following (FPMT activities are not included in this list):

Strategy

Planning

- Semi-Annual Planning and Review Meetings-November 1991, June 1992, and October 1992

Cost Recovery/Resource Expansion

- Setting and assessing fee models developed and implemented in ten member hospitals and five health centers-October 1992 to July 1993

Structure

Development of a Management Support Unit-Proposal and pilot plan of action developed in March 1993. (Efforts continuing to date through the newly created Management Support Services Directorate.)

Restructuring of the CHAK organization focused on the three organizational components listed below—1994 to present:

- New organizational structure
- Budget in support of the new structure
- New staffing pattern

Systems

MIS

- MIS Consultant funded by FPMD-November 1991 to November 1994
- MIS, including service statistics and activity monitoring components-March 1992 to present
- Computer system developed-October 1993;
- Computer hardware and software provided-July 1994

Monitoring and Evaluation

- Development and introduction of CAMEO system-May 1992-September 1993

Training

- Joseph Mwangi (MIS Consultant) attended MIS course at MSH- July 1994

Other Technical Assistance

FPMD also assisted CHAK with the preparation of a family planning project proposal for submission to USAID/Kenya between October 1991 and February 1992. This proposal was turned down. In conjunction with the restructuring process, a second CHAK proposal for a consolidated, one-year family planning project was prepared with assistance from FPMD in mid-1994. This proposal was funded by USAID/Kenya and is ongoing.

FINDINGS

The challenge in FPMD's technical assistance to CHAK was the conversion of an organization which previously provided or channeled funding to its member health units to one which provides technical assistance services for a fee to its member units. This conversion was time-consuming, labor intensive and not without some difficulties. Key to this conversion was FPMD's assistance in the restructuring of CHAK, which was undertaken by a team of three local consultants. This lengthy and sometimes painful process was carried out as a result of considerable prodding by USAID because restructuring was felt to be key to the provision of USAID support for a consolidated family planning services project with CHAK as well as to the future sustainability of the organization. A fourth local consultant assisted with preparation

of the proposal to USAID. Both the restructuring and implementation of the family planning project are in process during the last year of the FPMD contract with limited time remaining for both activities to prove themselves.

A number of FPMD activities with CHAK began prior to the restructuring. These include assistance in the development of management information system (MIS), development and pilot testing of a management support unit (MSU) and a process for program planning and review. Efforts were also made to improve the cost recovery and sustainability of CHAK member units through a process of setting and assessing fees at selected CHAK member health units. The assessment of these efforts was hampered by the restructuring process and the fact that new staff have been added and others have been reassigned to new responsibilities. However, some areas of success and progress can be noted and virtually all of the above-mentioned activities are continuing under the new structure.

FPMD's assistance in MIS included the funding of a full time MIS consultant for three years from 1991 to 1994. This individual assisted the organization in the creation of a number of computerized sub-systems. With restructuring, a review of these systems and which units in the new structure have responsibility for their maintenance is being undertaken. Additional training may be required as a result of the changes in the organization and personnel responsibilities.

The sub-systems of the MIS are as follows. An activity monitoring sub-system was designed to assist staff in tracking organizational activities and for planning purposes. The Activity Monitoring System, originally developed for family planning project monitoring, is now used for monitoring and reporting on the CHAK AIDS project as well. The service statistics sub-system (Healthware) is operational with member units reporting to headquarters on a regular basis. However, the report generation and analysis as well as the feedback aspects of this sub-system require additional work. The facilities management sub-system provides basic information about the physical plant and staff at each facility. Data from this system are used to determine grant allocations and for program activity targeting. A financial management sub-system, which includes both payroll and accounting components, has been developed; however, responsibility for the maintenance and use of these systems in the restructured organization needs clarification. A skills audit and retraining in MIS may be warranted.

The Management Support Unit (MSU) was pilot tested within CHAK with technical assistance of a local consultant during 1992-93. The pilot involved assisting six selected hospitals in the development of workplans and providing technical assistance in the areas of financial planning and management, MIS, personnel systems and staffing patterns, program planning and board/staff relations. This successful pilot led to the creation of the Management Support Services Directorate within the restructured CHAK.

IMPACT OF FPMD'S ASSISTANCE

CHAK has received no technical assistance from donors other than FPMD for about 10 years, although USAID and UNICEF have funded their family planning and AIDS projects, respectively. The Executive Director expressed gratitude for the interest FPMD has shown the organization and the resources devoted to this assistance.

As noted above, FPMD assistance to CHAK has culminated in the restructuring of the organization, the funding of a consolidated family planning project by USAID/Kenya, an enhanced MIS and the establishment of the MSSD. However, these significant activities have been finalized largely within the final year of the FPMD contract. Therefore, the ultimate impact of these outcomes will not be fully measurable within the lifetime of the current FPMD contract. The fact that the organization has been restructured is in itself a milestone which should not be dismissed as unimportant or insignificant. Real concerns were expressed by Board members and staff alike about FPMD coming to the end of its current contract at this very crucial point in CHAK's restructuring process.

Some other areas of impact attributable to the FPMD technical assistance to CHAK can be noted. These include the recognition of the importance of having better information (through the enhanced MIS) to guide the activities of this large, diverse organization. Through the development of the pilot MSU and the new MSSD, CHAK is now recognized by its members as having the capability and credibility to respond to the management needs of the member units. For example, the recent implementation of health orientation workshops for the health boards of member units has helped these boards to define their roles and responsibilities as board members as well as educating them about the availability of technical assistance from the CHAK headquarters.

At an FPMD-funded workshop in February 1995, CHAK management staff and representatives of the family planning project member units were provided summarized service statistics. These statistics, produced by CHAK's MSSD unit, indicated that after only six months of operation the family planning project had exceeded all of its targeted objectives. At the same workshop there was also a general understanding that additional member units--both those providing family planning outside the current USAID project and those who are not--want to be brought into the consolidated family planning project. They recognize the importance of this health intervention and also the significance of CHAK headquarters support to the successful achievement of family planning goals and objectives.

FPMD's early technical assistance in funding Program Planning and Review workshops in 1991 and 1992 as well as the CAMEO exercise has increased the level of confidence of the CHAK headquarters staff in their abilities to undertake regular program performance monitoring activities as an internal management tool. Also, FPMD's assistance in the preparation of the current USAID project proposal has increased staff confidence in their abilities to develop future proposals on their own.

DIocese of Maseno West-CHRISTIAN COMMUNITY SERVICES

BACKGROUND

The Christian Community Services (CCS) department of the Diocese of Maseno West, Church of the Province of Kenya, was established in 1987. Four major programs are sponsored through this department--community-based health care (CBHC), water development, agriculture and gender training. Of these, the CBHC is the largest and most developed activity, providing preventive (including family planning) and curative services to the rural population in Siaya District. These services are available through nine clinics and 33 mobile outreach units. Approximately 400 volunteer community-based distributors (CBD) provide health outreach and motivation through this project. These family planning service activities, funded by Pathfinder International, are supported by a staff of 37. FPMD was encouraged by Pathfinder and USAID/Nairobi to provide technical assistance in management to Maseno West CCS. Assistance began with a management review undertaken jointly by FPMD and Pathfinder.

FPMD INTERVENTIONS

Interventions and dates of the FPMD technical assistance activities include the following:

Strategy

Strategic Planning

- Management Review-September 1992
- Strategic Planning Workshop and development of a strategic plan-September/October 1993

Structure

Organizational Structure

- Development of a concept paper on the formation of a Regional CCS Office for Dioceses of Maseno West, Maseno South, and Southern Nyanza-December 1994

Personnel Management

- Development of staff job descriptions-May 1993

Systems

MIS

- Analysis of MIS, including resent status and priorities for development and DRAFT performance planning and review policies and procedures manual- October 1992

Training

- Josiah Osiri attended MIS course at MSH-July 1994

FINDINGS

According to the external, mid-term evaluation of FPMD's worldwide contract

[Maseno West CCS]...is truly a 'star' in the FPMD portfolio. With strong leadership, a committed and supportive board, and offices filled with activities charts, yearly planners and maps, management organization is readily evident. Maseno West also demonstrates FPMD's contention that by addressing the 'width and breadth' of an institution's management, positive outcomes can be achieved at the service delivery level. (Trayfors et al., 1994, Appendix D, p. 8)

The Director states that the staff of the Maseno West CCS are the magic of the project. They are its inspiration and what makes it successful. Therefore, incentives are important to keep this group activated and involved. A significant part of the continuing incentives for the staff comes from the successful installation and use of the FPMD-assisted MIS. Data produced through this system are used throughout the project to assist in the daily management of the project--for planning, supervision, and to encourage friendly competition and incentives to grassroots level staff.

An idea for the establishment of three Regional Development Offices to be created by grouping together the existing CCS offices of several CPK dioceses was sanctioned by the CPK authorities in 1993. The church agreed to fund the infrastructure for these offices. In early 1994, the Maseno West CCS requested FPMD assistance with developing the structure and staffing plan for the first of these regional offices which had been designated for the region in which Maseno West is located. However, due to disagreements or possibly misunderstandings with the USAID designated "lead CA" for Maseno West's family planning activities (Pathfinder International), there was a delay of more than one year in the implementation of this work by FPMD.

In the meantime, based on the skills imparted earlier by FPMD, Maseno West CCS staff have moved ahead on the development of a constitution and strategic plan for the formation of this first regional office without technical assistance. Rather belatedly, FPMD has now begun to

work with Maseno West and the broader CPK on a concept paper for the formation of the first regional office, but events may have superceded further technical assistance on this activity in the time remaining in the FPMD contract. However, the Maseno West CCS team is still hoping for and expecting FPMD assistance with the development of job descriptions, a personnel system and an organizational structure for this regional office.

In addition to the above regionalization assistance requirements, Maseno West CCS also feels there are some outstanding technical assistance requirements from FPMD to complete work begun on its financial system (they acknowledge this work is being held up by Pathfinder) and on strategic planning. The latter activity was begun when a staff member who is now at Pathfinder was still employed by FPMD. Therefore, there is confusion about which organization is responsible for completion of this task.

While FPMD assistance with computerization of Maseno West CCS's information and financial systems is much appreciated, the CCS Director and Acting Program Manager are concerned that so far only one staff member has been trained to use and maintain these systems. They feel the organization is vulnerable to losing its edge in use of these systems if more staff are not trained.

IMPACT OF FPMD'S ASSISTANCE

Due to the introduction of the FPMD-assisted MIS and the development of a system for regular feedback to fieldworkers, discussions with these workers about their performance and the details of their work has served as an incentive and an inspiration to better performance. The friendly competition which has been fostered through this use of service data has served to enhance performance of all workers.

Unlike many of the other organizations being assisted in Kenya by FPMD, Maseno West CCS appears to be very capable of taking ideas conveyed by FPMD and moving ahead somewhat independently on its own. An example is the original management audit and needs assessment done jointly by FPMD and Pathfinder International. Maseno West CCS accepted the findings as very important and useful to them and began taking action on a number of recommendations before the next steps of technical assistance had even been worked out with FPMD.

Maseno West CCS has followed a very logical pattern of development of management improvements with one activity leading quite logically and naturally to another. For example, the development of the MIS and use of data feedback in supervision was tied to the implementation of a supervisory workshop. The development and application of a personnel appraisal system is linked closely with the supervisory system as well.

Other CPK dioceses recognize that Maseno West CCS has a clear organizational structure and job descriptions which they do not have. Several have sent teams to visit Maseno West at their

own expense to observe and learn about the organizational structure and personnel system which FPMD has helped Maseno West develop.

FPMD's contribution to institutional development of the Maseno West CCS has been invaluable to the growth and development of the organization and to the successful implementation of its various projects.

FAMILY PLANNING ASSOCIATION OF KENYA

BACKGROUND

The Family Planning Association of Kenya (FPAK) is the International Planned Parenthood Federation (IPPF) affiliate in Kenya. This largest non-governmental organization (NGO) provider of family planning, founded more than 30 years ago, provides approximately five percent of current modern contraceptive method use in the country according to the 1993 DHS. Headquartered in Nairobi with eight decentralized Area Offices, FPAK provides both clinical and community based services; family planning information and education; and both clinical and non-clinical training.

The FPMT and later the FPMD projects have provided technical assistance, training and other support to FPAK since 1987. These interventions, during the two projects, have covered nearly all the areas of management assistance currently provided by FPMD.

FPMD INTERVENTIONS

Interventions and dates of the FPMD technical assistance activities include the following: (Activities carried out under the FPMT contract are not included in this list).

Strategy

Strategic Planning

- FPAK Project Planning, Monitoring and Evaluation Workshop- August 1993
- Development of a Strategic Plan-December 1993 (approved by FPAK Board of Directors-February 1994)

Sustainability/Cost Recovery

- Resource Expansion Workshop-August 1993

Structure

Organizational Structure

- Development of revised organizational structure and salary scale-July/October 1991

Systems

MIS

- Designed and developed MIS System-August 1991
- Designed and developed Activity Monitoring System-May 1992
- Review of FPMD strategy and technical assistance in MIS in Kenya (This general report gives special attention to the MIS needs of FPAK)-July 1994

Finance

- Technical Assistance to the Finance and Internal Audit Departments-November 1992-January 1993 (Phase 1); August 1993 (Phase 2)
- Development of Internal Audit Manual-August 1993
- Development of Financial Procedures Manual-September 1994 (Second Edition)

Supervision

- Workshop on the delegation of decision-making and supportive facilitative supervision systems-February 1993

Logistics

- Implementation of pilot commodities and logistics management system-November 1994 to present

Monitoring and Evaluation

- Workshop on Monitoring and Evaluation-November 1991
- Development and introduction of CAMEO system-May 1992 to September 1993
- South to South transfer of technology from Bangladesh on ELCO mapping-April 1994 to present

Training

- Gilbert Magiri attended MIS course at MSH-May/June 1991
- Grace Amurle attended financial management course at MSH-June/July 1992
- Thomas Chuma attended sustainability course at MSH-April/May 1993
- Charles Onoka attended MIS course at MSH-May/June 1993
- Margaret Thuo attended effective management skills course at MSH-May/June 1994

FINDINGS

Of the agencies with which FPMD has worked in Kenya, its relationship with the FPAK is perhaps the oldest, dating from the early stages of the FPMT project, and the most

comprehensive. Interventions and activities have been numerous as indicated above with involvement in nearly every area of FPMD expertise including logistics management and the transfer of mapping as a monitoring and management information tool from FPMD's Bangladesh program.

FPAK receives technical assistance and funding from a number of donors and USAID-funded CAs. FPAK staff seem to have developed remarkable skills in managing their donors and collaborators and in coordinating their activities better than most partner organizations. However, this situation has sometimes complicated FPMD's planned assistance to FPAK.

FPAK gives FPMD a great deal of credit as "the only agency which makes development of our institution a focus of its training. All the others do project-specific training. That is, they train us to better manage their projects rather than to develop our institution." Supportive technical assistance was the term used by FPAK's mid-level managers to describe how FPMD works with them.

A major contribution attributed to FPMD's technical assistance is the preparation of the first ever organizational Staff Code of Regulations manual. Apparently, prior to FPMD's intervention, these regulations existed in many forms and formats which were scattered throughout the various organizational files and in the memory of various staff members. FPMD's assistance was helpful in pulling all these regulations together in a standardized format and converting them into an operations manual for the staff.

The experience with the introduction and testing of the CAMEO monitoring system was felt by the FPAK staff and consultants involved to have been too centralized. The purpose and usefulness of the system was not clarified to FPAK staff. Staff who were involved pointed out that CAMEO was useful to monitor process while the activity monitoring system, also developed with assistance from FPMD, monitors program performance. The latter was felt to be more important and more useful to most FPAK managers. The step of how to use data generated by CAMEO was never completed by FPMD. However, the CAMEO model was used internally by staff who devised and applied a smaller version to their own monitoring of compliance with the quarterly reporting system designed with FPMD's assistance.

Staff of FPAK were able to point out several ways in which FPMD's assistance has enhanced service delivery. For example, FPMD's assistance with revising FPAK's quarterly reporting system to link their activity monitoring, service statistics and financial data was felt to clearly increase and improve area managers' awareness of and accountability for their actions at field level. Also introduction of the CAMEO monitoring system, with all its problems, was felt to increase management's awareness of differences between planned and actual levels of services. The system prompted a review of the efficiency of service data collection and submission.

FPMD's assistance with MIS has been much appreciated by FPAK. The organization is now using data regularly for planning and supervision. Even service providers are regularly using

data and because data turn around is much faster as a result of FPMD's assistance, the data are felt to be all the more useful. However, one area of weakness cited by several respondents is that of the use of data for decision-making. Several requested continued assistance and training in this area.

For several years, FPAK requested FPMD's assistance with a logistics system and improved commodities management. However, these requests were not met because another USAID-funded CA was responsible for this area and logistics was not considered a part of FPMD's mandate. In the final year of the contract, a fortuitous meeting of MSH's desire to test a new logistics information system and FPAK's continued appeals for this assistance allowed the pilot test of this computerized system with FPAK. Warehouse staff are very enthusiastic about this assistance and the pilot appears to be going well--meeting the long-term felt needs of FPAK to improve its commodity management.

FPMD's assistance with mapping of CBD clients--technology transferred from Bangladesh--and its assistance with the development of a user-friendly financial manual were both cited by several interviewees as important contributions of the project. Documentation about the various systems developed with FPMD's assistance is felt to be complete and very useful.

IMPACT OF FPMD's ASSISTANCE

Establishing the overall impact of FPMD's assistance with FPAK is complex and complicated by the fact that this assistance has touched many aspects of FPAK's work. Furthermore, the assistance has continued for eight years and has been provided alongside that of many other donors and CAs.

The quotation provided above about FPMD's concern and interest in institutional development rather than project-specific training may best summarize the general attitude about FPMD's assistance to this organization. Certainly those interviewed for this evaluation contend that the organization has benefitted greatly from this capacity-building type of assistance and they appreciate the supportive style, flexibility, and continuity of FPMD's assistance as well.

MAENDELEO YA WANAWAKE ORGANIZATION (MYWO)

BACKGROUND

MYWO, established in 1952, is the largest grassroots women's organization in Kenya with more than 40 district branches and a membership of about two million. The organization's overall goal is to increase the social, economic and political status of women in Kenya. It carries out numerous projects aimed at attainment of this goal including leadership training, energy and environment, nutrition, harmful traditional practices and maternal/child health and family planning.

In family planning, MYWO has implemented community based distribution (CBD) activities since 1979 with support from several donors including Pathfinder International, Norwegian Organization for International Development and the Centre for Development and Population Activities (CEDPA). CBD activities are now funded by Pathfinder and CEDPA and are being implemented in ten districts through more than 1,000 CBD workers.

Responsibilities have been divided between these two donors. Pathfinder supports core staff and headquarters operations as well as operating costs and staff in seven districts. They also provide technical assistance in MIS, financial systems and a baseline survey of the overall project. CEDPA has responsibility for improving the management of the project at headquarters and the district level, decentralization of training to the district level and providing operating costs and staff for three districts. Commodities are provided by the MOH.

CEDPA's SUBCONTRACT FOR ASSISTANCE TO MYWO

CEDPA is a subcontractor to FPMD and collaborative activities in Kenya have utilized this subcontract mechanism for funding assistance to MYWO. A management assessment of MYWO was carried out by local consultants in 1992-93. Job descriptions of all positions from headquarters, district and divisional levels were developed and implemented. Terms and conditions of service were also developed. Roles of elected leaders and project staff were clarified leading to improved management.

Another activity, development of a strategic plan, was also planned for implementation with funding from FPMD. However, this activity was postponed pending clarification of MYWO's political status and a general election of national and local officers of the organization. These elections, slated for the end of 1994, still have not been held so this strategic planning activity was not undertaken with FPMD funds.

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FPMD-FUNDED INTERVENTIONS (IMPLEMENTED BY CEDPA)

Interventions and dates of the CEDPA's technical assistance to MYWO include the following: (Activities carried out under the FPMT contract are not included in this list).

Strategy

- Management assessment-August 1992
- Project Management Coordination Workshop-October 1992

Structure

Personnel Management

- Preparation of staff job descriptions (including clarification of board responsibilities)-October 1992
- Development of letters of employment and staff terms of service-November 1992

Monitoring and Evaluation

- Plans developed for South to South transfer of technology of ELCO mapping from Bangladesh-May 1995

FINDINGS

The management assessment carried out with FPMD funding is "the most referenced document in MYWO" in the past few years. It is truly a working document. This assessment, by the CEDPA Resident Advisor, was echoed by the MYWO Project Director who stated that the assessment has been extremely helpful to her as a manager. Before the assessment and the related job description development, MYWO never had formal job descriptions. MYWO truly values the management assessment and job clarification assistance provided by the consultants identified and funded by FPMD through the CEDPA subcontract.

MYWO managers expressed confusion about the relationships between the various USAID-funded CAs who provide funding and technical assistance. They are generally unclear about which organization should be approached for what type of assistance. For example, MYWO requested MIS technical assistance several years ago from the consultant then employed by FPMD to work at NCPD (he has since joined FPMD/Kenya staff). This request was refused by the then FPMD Resident Advisor who indicated this was Pathfinder's responsibility. Some of this confusion may result from organizational difficulties (political interventions and postponement of elections) experienced over the past few years. MYWO project staff, however, have remained stable throughout this period. The role of FPMD, in relation to its subcontract with CEDPA, remains confusing to MYWO even at this late stage in the project.

Pathfinder International and CEDPA's original division of responsibilities, with CEDPA given responsibility for management, has somewhat broken down since Pathfinder has recently focused more attention on management. (This situation with the change in Pathfinder's mandate has affected several other partner organizations with which FPMD works in Kenya.) As noted above, long term strategic planning with MYWO was postponed indefinitely due to the organization's political situation and lack of general elections of new officers. However, this activity was taken over by Pathfinder and implemented during April 1995 even though elections have not yet been held.

During the FPMT project, assistance was given to the MYWO to improve its financial management system. Although this system is still in place and the organization is getting "clean audits", there is need for review of the system and possible updating and computerization. MYWO is not clear which of its donor/technical assistance organizations can/will do this task.

IMPACT OF FPMD's ASSISTANCE

The direct impact of FPMD's assistance with MYWO is difficult to assess for several reasons. First, the implementation of this assistance has been done through CEDPA, FPMD's subcontractor, and FPMD was not part of the regular consultations and other interactions related to decisions and activities under the subcontract. Also, the involvement of various CAs with this organization, means that separating the impact of the various inputs by multiple donors and technical assistance agencies is nearly impossible. Comments made to the evaluator, however, would indicate that the limited interventions funded by FPMD have been of great assistance to the management of MYWO during a time of uncertain leadership and general organizational turmoil.

At the time of the FPMT evaluation CEDPA reported that "both financially and structurally, the FPMT interventions have had a positive impact on MYWO." The present assessment would seem to corroborate this point for interventions carried out during the FPMD project.

MKOMANI CLINIC SOCIETY

BACKGROUND

Mkomani Clinic Society was founded by a group of community leaders in Mombasa in 1980. Its purpose is to provide quality integrated health care primarily to the poor and underserved residents of Mombasa city. Mkomani currently operates two clinic facilities in different parts of Mombasa City each with a dispensary, operating room and laboratory. Services provided include curative, maternal and child health, and comprehensive reproductive health services. The latter activity includes the provision of all family planning methods, male and female voluntary surgical contraception, and a community based distribution (CBD) program.

Operating costs of the Society are financed by user fees for services provided, individual and corporate donations and project funding primarily from Pathfinder International (since 1991). Current annual operating costs are approximately Kenya Shillings (KSh) 22 million of which about KSh 16 million is donor funded.

FPMD INTERVENTIONS

Interventions and dates of FPMD technical assistance activities include the following:

Strategy

Sustainability/Cost Recovery

- Resource expansion workshop-August 1993
- Feasibility study for a Mkomani Laboratory Project-April 1995

Structure

Personnel Management

- Development of personnel system and procedures-December 1991
- Development of job descriptions and a salary structure-January 1992

Board/Staff Relations

- Seminar for Board and Senior Staff-August 1992
- Retreat on Mkomani's vision and roles of board and management staff-March 1994

Systems

MIS

- Development of a MIS, including provision of equipment and software-1991 to present

Training

- Victor Were attended MIS course at MSH-May/June 1991
- Rose Wasunna attended management skills course at MSH-March/April 1993
- Omar Baasba attended MSH regional financing course in Nairobi-October 1994

FINDINGS

According to Mkomani staff, FPMD has assisted this partner organization to improve its efficiency through team building. A management team was created coincident with the appointment of the current project director in 1994. This move is attributed to the creation of awareness by FPMD of the importance to Mkomani of having such a structure. This team meets on a regular basis and is having an important impact on improved communications and general organizational operations. Formerly, the managers met irregularly only for crisis resolution and problem solving. The new team now sees itself as playing a "real management role" through their involvement in planning, implementing, monitoring and generally controlling activities of the organization. Data produced by the FPMD-assisted MIS is regularly reviewed and used by this team for improved management of its programs. This extends to data used for planning, monitoring and supervision. Data have also been used to redeploy workers as needed and to report to the Board.

Before FPMD's technical assistance, Mkomani had no personnel system. Their personnel system is now being formalized and a handbook developed by staff based on FPMD's technical assistance. Also, FPMD interventions have greatly improved board/staff relations. By clarifying roles and responsibilities of each group, working relationships are much smoother.

FPMD has assisted Mkomani in several ways with regard to financial sustainability. A workshop on resource expansion helped to identify the need to review and revise Mkomani's fee structure. This revision has now been implemented. Discussions at this workshop also assisted the staff and board to see that they can expand services within their existing space without the need to build new or additional clinics. This workshop recommended an exploration of an external business to generate income in support of the work of Mkomani. FPMD funded a feasibility study on the establishment of a commercial laboratory by Mkomani. This study is now to be reviewed and approved for implementation by the Board of Directors.

Mkomani's accountant attended an MSH-sponsored regional course on finance held in Nairobi. As a result, he is developing a financial procedures and policy manual with input from the Mkomani management team. He is also working with both Pathfinder and FPMD advisors on the computerization of Mkomani's accounting and payroll systems, respectively.

Computer equipment was imported for Mkomani by Pathfinder after computers bought by FPMD were stolen during shipment. These are being used in the development and implementation of several Mkomani management systems which have been created with assistance from FPMD. Delays due to the theft and in Pathfinder's procurement of replacement equipment delayed somewhat the introduction of these new systems. Now that they have computer capability, however, Mkomani staff see a need to plan for additional use of this equipment. For example, logistics management could be usefully computerized.

Sharing staff between Mkomani's two technical assistance/donor agencies (FPMD and Pathfinder) was very confusing to Mkomani. Several activities begun by this person while still at FPMD were then transferred to Pathfinder when he changed jobs. At the present time, however, Mkomani still does not always know which organization to call for technical assistance in relation to particular activities.

On the issue of documentation of FPMD's interventions, Mkomani expressed some disappointment that not all reports and documents of FPMD work have been completed. Some still remain in draft form. This is true for some reports even months or years after they are handed over to Mkomani to review. It is unclear to Mkomani whose responsibility it is to complete these reports and reproduce them for distribution and/or regular use by Mkomani.

IMPACT OF FPMD'S ASSISTANCE

The Mkomani management team is better able to track overall performance of its services since the development with FPMD and introduction of its MIS. They also use MIS output for planning and supervision as well as for reporting on a regular basis to the Board of Directors. Mkomani reports a marked improvement in its implementation of all the management tasks noted above as a result of FPMD's technical assistance in institutional development.

Mkomani knows now that it has a right to be "in control" of its destiny and to ask for technical assistance rather than to wait for it to be offered. The management team plans to encourage its various donors to plan together with Mkomani and to coordinate better with each other. This lesson has been learned the hard way in relation to the confusion over Pathfinder and FPMD's roles with regard to technical assistance to Mkomani.

Training provided by FPMD has had a positive impact on the skills of staff and on the organization, as a whole, even though some trained staff have since left the organization. The Chairman of the Board reported that after the various board/staff workshops he now realizes

the day-to-day management should be left up to the project director without interference of the volunteer board. The project director also reports improved relations between board and staff which leads to much smoother operation of the organization's activities.

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT

BACKGROUND

The National Council for Population and Development (NCPD), formerly part of the Ministry of Home Affairs, is now a unit of the Planning Ministry. It is the policy and coordinating body for national population and family planning efforts in the Government of Kenya. While its mission has been poorly defined and responsibilities have changed periodically since its creation, it now undertakes the collection of family planning service statistics, coordination of family planning activities, monitoring of donor funds to non-governmental organizations (NGO), and the planning and support of family planning projects for which they are directly funded such as national IEC activities, implementation of the Demographic and Health Survey and others.

Assistance to the NCPD began during the Family Planning Management Training project (FPMT) to build up the organization's computer capacity through training and provision of equipment. More recent assistance has focused on achievement of the several objectives stated in the current FPMD Management Development Plan. These include the integration of management systems in the overall management of the Council to ensure that Senior Management and Project Officers have accurate information to improve coordination of the activities of all population related NGOs working in Kenya. The second is to assist in the development and implementation of the National Implementation Plan (NIP) for Family Planning in Kenya, which is being carried out in collaboration with the Ministry of Health/Division of Family Health.

FPMD INTERVENTIONS

Interventions and dates of the FPMD technical assistance activities include the following (FPMT activities are not included in this list):

Structure

Two locally hired consultants were funded to assist NCPD in the development of a computer/MIS unit-1991 to 1994 and 1992 to 1994, respectively.

Systems

MIS

- Development and institutionalization of an MIS unit and sub-systems including Votebook (accounting system), NGO Financial and Budget Report, NGO Service Statistics, Activities Monitoring and Family Planning Database,

Documentation (of ongoing NCPD activities), and Population Research Bibliography-December 1990 to present

- Computers, software and related equipment provided to-1990 to present

Monitoring and Evaluation

- Development and introduction of CAMEO-May 1992-September 1993

Training

- Peter Kibunga attended MIS course at MSH June/July 1991
- Margaret Chamerigich attended MIS course at MSH-July/August 1992
- Peter Kagwe attended MIS course at MSH-July 1994

FINDINGS

Technical assistance to NCPD, which began during the FPMT project, has been extensive and continuous over the life of the FPMD project. While considerable progress has been made in establishing a computer/MIS unit within the Council; developing a multi-component MIS; and training a significant number of staff, these efforts have been hampered by extensive turnover of staff at NCPD. This situation is attributed in part to the normal turnover of government staff who are reassigned on a regular basis. This situation, however, has been exacerbated by the provision of donor support for external degree training (six senior level NCPD staff are away pursuing doctoral degrees as of April 1995) and others who leave to take up more lucrative positions in the private and NGO sectors.

NCPD's computer unit has grown, with FPMD and other donor assistance, from having one Apple computer in all of the organization in 1987, to having 26 computers now and a capacity to provide training and to assist with a considerable number of research projects in addition to meeting the operational management needs for computer analysis and output for the organization itself. The computer/MIS unit is firmly established as an operating division of the Council, but its staffing is felt to be incomplete due to absences for training and the lack of sanctioned/budgeted positions.

Documentation of the MIS sub-systems has been prepared with assistance from FPMD. Present staff recognize the importance of manuals and guidelines to the maintenance of the system, especially in light of high staff turnover. They feel the existing technical and user documentation is adequate, both for their own use and in training others.

Of the three organizations participating in the CAMEO pilot, NCPD's experience was the most negative. According to the consultant who worked with NCPD, this activity may have been prematurely introduced during a time when NCPD's overall role was being reassessed. Also, because the Council saw this as an externally imposed system, the responsible staff were less

than fully committed to its application.

IMPACT OF FPMD's ASSISTANCE

Of all the assistance given by FPMD, that to NCPD may appear to have had the least impact—due largely to situations beyond the control of FPMD such as staff turnover, poor identification or selection of areas of intervention, and lack of a clear organizational mission. However, interviews with NCPD staff indicate that FPMD's assistance has had considerable impact in spite of the difficulties mentioned above.

The training in MIS and computer skills at NCPD is one of the most successful activities of FPMD. By the end of 1994, MIS staff at NCPD had trained 120 individuals in various computer skills. These included senior officers as well as support staff from the Ministry of Health (Division of Family Health), the National Archives, the Children's Department, the Ministry of Education and the Prison Department as well as individuals from NCPD and persons from the Ministry of Home Affairs (NCPD's former parent ministry).

This training is still very much in demand, and NCPD tries to accommodate external requests to the extent possible. Thus, FPMD's assistance in the form of equipping the unit, training staff and providing consultants/trainers to work in the unit has had a much broader impact than originally anticipated through enhancing the computer skills of other GOK units as well as those of the NCPD itself. One staff member commented that computer training is "portable" so even those who may leave the NCPD through transfer to other government units or to take up employment outside government still transfer these skills with them, thus contributing to the wider impact of FPMD's investment in the development of the computer unit and in MIS training through the NCPD.

Nearly all NCPD staff members interviewed commented spontaneously about the importance of this training to them personally and to the Council as an institution. Favorable comments were also made about the appropriateness of this training and the fact that it was adapted to the special needs of each individual being trained. Most officers view the MIS unit as a vitally important resource of the Council and regularly call upon it to provide reports and other data for improved management and decision making. During the 1994 calendar year, the unit produced an average of 10 documents per month. These included project proposals, documents related to the International Conference on Population and Development in Cairo, project reports, the Council's magazine, various database statistical reports and others.

Having a fully equipped computer unit and trained staff has enabled NCPD to attract the attention of other donors and to compete for other projects. For example, NCPD was one of the collaborators on the 1993 Demographic and Health Survey. It has also attracted project support for several collaborative activities with the Futures Group. These include participation in the AIDS Impact Model project, FAMPLAN and development and use of the Target-Cost

Model in Kenya. These other CAs and projects were criticized for their lack of documentation and in-house training for staff--unlike FPMD which was felt to do both documentation and training very well.

NCPD is making good use of the financial management sub-system of its MIS to analyze the financial status of the NCPD's overall budget as well as the project budgets for its two World Bank projects. One possible drawback to the development of a MIS unit within the NCPD and this financial sub-system, however, is that the Council is now more advanced in the computerization of its accounting system than its parent Ministry (Planning) and the GOK as a whole. Thus, the Council must maintain a parallel manual accounting system since that is the form in which financial data must be turned over to the Ministry for consolidation and reporting upward through the government system. However, the NCPD financial sub-system has caught the attention of the Ministry of Finance, which has made a request for training by NCPD, as have Finance Officers from other ministries including the Home Ministry.

While staff turnover is a problem at NCPD, having a MIS that contains databases on personnel and project assignments assists management to reassign responsibilities easily. This ensures that gaps do not occur in monitoring of projects and activities. This system allows management to update program officer assignments with ease.

The NGO financial and service statistics sub-systems of the NCPD's MIS were designed at a time that NCPD had much greater responsibility for channeling funds to and monitoring the activities of the NGOs than it does now. These sub-systems now suffer from lack of and/or incomplete reporting from the NGOs. This situation raises questions about the necessity of continued maintenance of these sub-systems in light of NCPD's changing responsibilities.

The MIS helps the NCPD manage a complex GOK filing system. Much time was lost searching for files and for documents in the files before NCPD had the capacity to maintain so much information and data by computer.

In the case of CAMEO, the Council did not feel a part of the process; they did not appreciate the objectives of the exercise or its application to their needs; and were not really interested in participating in the exercise. Therefore this effort had the least impact on NCPD of the three participating agencies. Despite its shortcomings, however, CAMEO was felt to assist in structuring FPMD's interventions with NCPD. It forced NCPD to think about FPMD's interventions and fostered analytical thinking among some staff.

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NATIONAL IMPLEMENTATION PLAN **(Ministry of Health/Division of Family Health)**

BACKGROUND

The Ministry of Health (MOH), through the Division of Family Health (DFH), coordinates all of Kenya's public sector family planning service delivery. The National Council for Population and Development (NCPD) has the responsibility for coordination of donor funding and NGO activities. Donors prepare their own respective country programs based on their particular areas of focus, while those agencies which provide services prepare their own workplans. While these diverse activities have had a certain impact on contraceptive knowledge and use, several recent assessments of family planning in Kenya have recommended the need for an implementation plan for the national family planning program. In particular, AVSC's 1992 Kenya Needs Assessment recommended the development of a National Implementation Plan (NIP) to provide future program direction for the donors and provider agencies. [This Needs Assessment was carried out by a very large team of about 30 persons including FPMD/Kenya's Resident Advisor]. The DFH was identified as the most appropriate body to initiate this endeavor and, in late 1993, FPMD was invited to assist in the process.

It is anticipated that the NIP will provide guidance for directing program efforts and for decentralizing some of the responsibility for program implementation and supervision to provinces and districts. This shift in responsibilities is anticipated to improve program impact at the grassroots level and to provide for a more coordinated use of bilateral and multilateral assistance. The goal of the five-year (1995-2000) NIP is to provide quality family planning services to all Kenyans desiring them, in order to make significant progress toward meeting the unmet need in family planning by the year 2000. A distinguishing feature of the NIP has been the active participation by government, donors, NGOs, and cooperating agencies in various aspects of the development process.

FPMD INTERVENTIONS

Interventions are not listed separately because all activities are part of the process leading up to the design, production and approval of the National Implementation Plan for Family Planning.

FINDINGS

The NIP development process only began in the second quarter of 1994 so results at this point relate exclusively to the completion of steps in the process rather than to outputs or outcomes. Many participants in the process were interviewed in the course of the in-country evaluation.

Most spoke very favorably of the importance of FPMD's role in providing the technical assistance and other support necessary to keeping the NIP development process on track. Several also commended the involvement in the NIP process of numerous representatives of the family planning community as important to grasping the broader picture of family planning in the country and to creating a sense of ownership of the final document. Several said that without FPMD's input the NGO community as well as the CAs might not have participated in the process to the extent that they did.

FPMD was commended for its good organization of the NIP process. Special note was made of the well organized meetings, agendas, and timely documentation provided by FPMD. FPMD was also commended for its flexibility and patience in bearing with the GOK organizational participants as they slowly wend their way through the requirements of the bureaucracy. Some interviewees felt the GOK participants were not strongly committed to the process and that they may try to soften the language of the Plan.

One specific complaint expressed by several participants in the NIP process was about the facilitators of the second strategic planning workshop who did not entirely meet the expectations of some participants. As this was a critical step in the overall NIP process, it is unfortunate that FPMD was unable to select stronger consultants or use some with a proven track record. Also, some participants (especially those in government) feel that designing the NIP has been a high pressure process which has not allowed enough time for thoughtful reflection. The meeting at which the taskforces presented their reports was mentioned as an example in this regard. Some also felt this rushed meeting led to a first draft of the plan which was not very focused. Satisfaction was expressed by several participants with a later, revised (January 26) draft.

Several persons interviewed expressed concern that the end of the FPMD contract and the closing of its Kenya office may occur before the NIP is "institutionalized". FPMD is seen as the "safety net" for ensuring completion of the NIP development process. Two unanswered questions raised by participants in the NIP process are how to ensure that the NIP remains a living document which is used as expected and what will be the home of the NIP, i.e. what institution will ensure that it is used.

There is general agreement that the FPMD project was an appropriate choice to provide assistance with the creation of the NIP as FPMD is neither a donor, NGO or CA with a biased agenda in Kenya. It is seen as a neutral body. It is widely felt that an organization with the same sort of neutrality should be available to continue assistance with the process of introduction and implementation of the NIP through its first few years of existence.

Another concern expressed by a GOK official who has been very involved in the NIP process is that the policy makers at the highest level (in MOH and NCPD) have not been involved enough in the process. They need to be fully sensitized to ensure that the Plan is finalized and that they will provide full support for its implementation.

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IMPACT OF FPMD's ASSISTANCE

The NIP process has led to a conversion of thinking among most of the participants from seeing Kenyan family planning activities as isolated to thinking of a National Family Planning Program in which there are many participants and players. NIP has sensitized MOH staff to needs and problems at the field level. For example, the dialogue between headquarters and district staff which occurred at a recent district-level NIP workshop held in Baringo was very valuable to creating a better understanding of commodity and logistics issues at the district level. The NIP process has also been useful to NGOs who now know the key players in government through working with them in the development of the NIP.

Since 1983, the GOK has advocated a district focus but this has not been a reality. NIP has helped to operationalize this district focus. Emphasis in the NIP on decentralization of the family planning program stresses the importance of decentralization of resources as well as responsibilities. The Baringo workshop held in April 1995 solidified this process. Participants suggested that opportunities be made for them to visit other districts to observe different responses to and strategies for the family planning program.

Within two weeks of the Baringo workshop, the district family planning team in Siaya District met to discuss implementation of plans made at the workshop. Before the NIP, the District Population Officer (NCPD) worked with the NGOs only without any reference to the MOH staff (Medical Officer for Health and District Public Health Nurse). Now this group has formed a team and has started working together.

The NIP may have stimulated a broader process. The Government of Kenya (GOK) is now talking of a review of the national population policy which was last reviewed in 1984. Also, the NCPD, which falls under the Planning Ministry, recognizes the importance of NIP for fostering national awareness of the national family planning program and also recognizes the process as being applicable to overall development planning. It plans to include NIP objectives as part of the next national development plan and would like the process used in development of the NIP to spill over into other development planning. Recognizes the importance of using national population information/data in other areas of development planning. This would be a very rich area for further focus if FPMD were to continue in Kenya in the future.

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SEVENTH DAY ADVENTIST/RURAL HEALTH SERVICES

BACKGROUND

Until the mid-1980s, the Seventh Day Adventist (SDA) Development and Relief Agency focused exclusively on hospital-based curative health services in Kenya. With the formation of the Rural Health Services (RHS) program in 1985, attention turned to primary health care services in the rural communities that did not have access to hospitals.

Following concerns about loss of external funding which was likely to lead to discontinuation of its activities in the late 1980s, RHS introduced a fee for health services. This fee, promoted through community health committees, was meant to continue the support both for the rural-based service projects and operations support. USAID provided funding for RHS family planning activities through the Family Planning Private Sector project until 1994; however, facing the possibility of loss of that funding as well, RHS introduced fees for family planning services in 1992. While SDA/RHS staff report that their clients are willing to pay fees for primary health and family planning services because they perceive these to be quality services characterized as having "nice" staff and providing "strong medicine", funding was still insufficient and the systems for its collection and management inadequate to support these continued efforts towards self-sufficiency.

In 1991, FPMD was invited to undertake a management audit with RHS. This exercise confirmed that the quality and range of RHS services was being hampered by inadequate funding. Also, because funding was irregular and unpredictable, the program did not have a financial control system in place. The response to the audit was immediate and plans and activities began with FPMD providing technical assistance in several areas aimed at streamlining the RHS's existing systems. These included strategic planning, financial management, management information and supervisory systems.

FPMD INTERVENTIONS

Interventions and dates of the FPMD technical assistance activities include the following:

Strategy

Strategic Planning

- Management review-December 1991
- Strategic Planning Workshop-October/November 1992
- Five-Year Strategic Plan developed-February 1993

Sustainability/Cost Recovery

- Financial Management Seminar-September 1992

Systems

MIS

- Information System designed and introduced through various training activities-May 1992 to present

Finance and Accounting

- Financial Management Procedures Manual developed and introduced through various training activities and field visits-March 1993 to present

Supervision

- Supervision workplan developed-1994
- Workshop on supervision and delegation for headquarters staff and regional managers-February 1995

Training

- Joseph Keino attended management skills course at MSH-May 1995

FINDINGS

Even though the SDA/RHS supports relatively few service delivery points (about 45 fixed sites and 46 family planning motivators), these are located in some of the most remote and underserved communities in Kenya. Furthermore, these communities are some of the poorest in the country. The RHS was at a point of financial collapse when FPMD's technical assistance began in 1991. Following FPMD's assistance with developing a financial management system, RHS feels its financial situation is much improved. It is better able to do financial planning and trouble-shooting when difficulties are documented through the system in any given service unit. All clinics use the financial reporting forms developed with FPMD and work is continuing on the training of staff in the use of the system and in finalizing the financial system documentation as part of a broader management information system, also developed with FPMD's technical assistance.

Through the application of FPMD's financial management assistance to the RHS strategy of establishing community-based health committees whose role is to ensure that the units become self supporting, more than 90 percent of all operating expenses for health services are now covered by fees collected for services and drugs. Fees for family planning services have now been introduced in all RHS clinics. In some sites, family planning services are cross-

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subsidized by fees collected for other services. Also, the use of local community health committees to manage the RHS service sites, instead of employing local staff, represents a cost savings thus enhancing cost recovery in this project. The financial system developed with FPMD assistance is key to tracking progress in all cost recovery activities.

FPMD's inputs in strategic planning have given staff an enhanced sense of their individual responsibility for and capacity to direct the important work of the RHS unit. Also, FPMD's assistance to RHS in role clarification as well as its inputs in the development of a supervisory system have helped RHS to clarify the roles and responsibilities of the community health committees as well as those of RHS's area managers for the monitoring and supervision of the local service sites.

FPMD's interventions in the development of an MIS have been useful and much appreciated. RHS staff feel that the fact that they have a MIS is to be fully credited to FPMD's assistance in this area, including the provision of computer hardware and software. This organization would have been unable to purchase this equipment with its own meager resources. They also acknowledge that continued assistance would be desirable in this area to ensure that the MIS is fully institutionalized.

IMPACT OF FPMD'S ASSISTANCE

As a result of FPMD's assistance in financial management, SDA/RHS is now able to analyze program costs and accurately account for the income generated by its whole health program, including family planning. This allows improved overall management of the RHS program and an ability to track the success of their cost recovery strategy.

RHS staff were able to provide several concrete examples of the direct impact of FPMD assistance on improved program management. For example, RHS staff credit their participation in the strategic planning exercise and the notable results of that activity as prompting other health institutes of the SDA to come to RHS staff for technical assistance in carrying out strategic planning exercises in their work. Participation of RHS staff in the strategic planning exercise and in the development of related plans gives them greater confidence now to diagnose their own problems and plan for their resolution. Also, as noted above, these individuals have gained an enhanced capability to assist their colleagues in strategic planning efforts as a result of their collaboration with FPMD in this area.

In another example, the monitoring and review of financial reports produced by the FPMD-assisted finance system led the RHS staff to realize that some rural clinics were having difficulty collecting fees for service from institutional payers, e.g. schools, hotels and other businesses who pay RHS for treatment of their students/staff. This led to group problem solving and the development of suggestions which were given to clinic managers about how to approach the institutions owing them money. This effort has resulted in the successful

collection of debts from the institutional payers.

Also, a staff review of service statistics led to concerns about method mix and the lack of referrals for long-term and permanent methods. Supervisory meetings with the family planning motivators, the staff in charge of RHS clinics, and other clinical service providers (in areas where RHS is unable to provide clinical methods), to discuss the MIS findings and possible solutions have resulted in more referrals and an improved method mix. This change in method mix is felt to be an important proxy indicator for improved quality of care.

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ANNEX 2
METHODOLOGY

This primarily qualitative evaluation effort entailed the review of many project documents, both in Boston and in Kenya, which are listed in Annex 3. Also, during three trips to Kenya in January 1994 and February and April 1995, the evaluator interviewed more than 70 individuals, some more than once, representing various aspects of the project. These included present and former staff of the eight partner organizations assisted by the project, donor representatives, present and past FPMD staff, representatives of other USAID cooperating agencies working in Kenya, and local consultants. A complete list of these individuals is included in Annex 4.

In most cases, individuals were interviewed separately; however, there were a few opportunities to speak with groups of individuals in a focus group type setting, e.g. the Area Managers of the Family Planning Association of Kenya and the complete headquarters and regional management staff of the Seventh Day Adventists/Rural Health Services. Both of these groups were interviewed while they were attending workshops which brought them all together into one place. The interview guides for these group discussions are attached to this annex.

Brief descriptions of the eight individual partner organizations in Kenya and the assistance provided by FPMD to each are presented in Annex 1. These descriptions include a listing of specific interventions undertaken during the FPMD project with each organization. The interventions are summarized by organization in the table on Page 5 of the main report.

Staff of FPMD/Kenya graciously provided feedback on the evaluator's interview notes to correct and/or provide factual detail requested by the evaluator. Africa regional staff at FPMD headquarters also reviewed a draft of this report prior to its finalization.

**FPMD'S INTERNAL EVALUATION FOR KENYA
Seventh Day Adventist/Rural Health Services**

As you may have noted in your welcome letter, FPMD is in the process of undertaking a self-evaluation of the process and impact of its work here in Kenya. This is part of a larger world-wide effort to document FPMD's work with a number of organizations like your own during the past five years.

The workshop organizers--from FPAK and FPMD--were kind enough to give me this opportunity to come to the workshop to meet with you as a way of assisting with this evaluation effort. I would very much appreciate having feedback on some of the following issues--either individually or in small group discussions as and when we can conveniently meet either Tuesday or Wednesday (14 or 15 February). Some of the issues I would like to have your opinions on are as follows:

What do you see as the "end point" of specific FPMD interventions and technical assistance to your organization, i.e. do you feel these interventions have been institutionalized? If not, when do you think this will happen and how will you know when it does?

Has FPMD provided enough documentation in useable form for you to carry out these activities on your own and/or to orient other members of staff independent of external technical assistance?

Can you provide any specific examples of ways in which FPMD interventions have improved the services provided by your organization in the following areas:

- Expansion of services
- Quality of services
- Sustainability of services

Of course, I will be happy to hear any other ideas or opinions you may have of FPMD's work with SDA/RHU. I look forward to meeting you soon.



Sallie Craig Huber
Evaluation Consultant

ANNEX 3

LIST OF REPORTS

**List of Documents
Prepared for FPMD Mid-Term Evaluation**

KENYA

- 4/93 Kenya Program Management Visit, P. Hume, M. Powers
- 5/5-5/15/92 Program Management Transition Trip, J. Lambiotte, M. Powers
- 11/13-11/17 and 11/24-11/28/91 Trip Report, J. Lambiotte
- 9/6-9/8 and 9/16-9/28/91 Trip Report, J. Lambiotte

CHAK

- 6/93 Visit for Assessment of Continuing Assessment Approach NCPD-FPAK-CHAK, J. Benavente
- 9/26-10/13/92 Visit for Implementation of Continuing Assessment Approach NCPD-FPAK-CHAK, J. Benavente
- 5/92 Assessment Visit, J. Benavente, J. Baker, S. Fern, R. Sturgis

FPAK

- 8/93 Resource Expansion Workshop for FPAK, M. Hall, D. Rubs
- 7/93 Second Workshop on Strategic Planning, P. Savonick
- 9/93 CAMEO Final Report, Carr Stanyer Gitau
- 2/93 FPAK CBD Program Evaluation (with NCPD and USAID), J. Benavente, L. Ashford, P. Mott, M. Otieno
- 2-8/93 T.A. to the Finance and Internal Audit Depts. (Phase 2), Carr Stanyer Gitau
- 11/92-1/93 T.A. to the Finance and Internal Audit Depts., Carr Stanyer Gitau
- 11/23-12/4/92 Trip Report, G. McDonald
- 5/92 Draft Trip Report, P. Savonick
- 10/91 Personnel Management in the FPAK, P. Shipp
- 8/91 FPAK MIS System Design, P. Savonick

NCPD

- Monthly Reports of P. Kibunga (we have 3/91-4/92)
- 2/20-2/21/92 Final MIS Implementation Seminar
- (no date) Report of the Evaluation of FPMD Technical Assistance to the NCPD, A.W. Inambo
- 11/91 MIS Development: NCPD, P. Savonick
- 8/91 NCPD Quarterly Monitoring Visit, P. Anzila, P. Savonick
- 3/91 NCPD MIS Development and Implementation, P. Savonick

- 10/93 Setting and Assessing Fee Levels: Computer System for CHAK, Carr Stanyer Gitau
- 10/93 Member Units Management Support Program (3 vols.), A. Kapinga
- 9/93 CAMEO Final Report, Carr Stanyer Gitau
- 5/93 Setting and Assessing Fee Levels, Carr Stanyer Gitau
- 3/93 Member Unit Management Support Program: Proposal and Plan of Action, A. Kapinga
- 3/93 Setting and Assessing Fee Levels, Carr Stanyer Gitau
- 12/92 MIS Development for the Christian Health Association of Kenya, P. Savonick
- 11/92 Senior Staff Review Assessment Seminar, Carr Stanyer Gitau
- 10/92 Setting and Assessing Fee Model, Carr Stanyer Gitau
- 12/91 Proposal for a New Project Design
- 11/91 Senior Staff Review and Planning Seminar, A. Krystall
- 6/91 Senior Staff Review and Planning Seminar, A. Krystall
- 4/91 Review of Application of Cost Accounting and Fee Setting System in CHAK Hospitals, C. Stover

Mkomani

- 8/93 Resource Expansion Workshop for Mkomani Clinic Society, M. Hall, D. Rubs
- 8/8-8/9/92 Report of a Seminar of Board and Senior Staff Members of Mkomani Clinic Society, P. Shipp
- 1/92 Producing Job Descriptions and a Salary Structure for Mkomani Clinic Society, P. Shipp
- 12/91 Strengthening Personnel Systems and Procedures in Mkomani, P. Shipp
- 11/91 Mkomani MIS Development, P. Savonick

SDA

- 5/92 SDA Rural Health Services MIS Assessment, P. Savonick
- 10 and 11/92 Strategic Planning Workshops, F. Farmer
- 9/28-9/23/92 Financial Management Seminar, Carr Stanyer Gitau
- 12/91 Analyzing the Organization: Kenya SDA Health Services, J. Donda (JE Consultants)

Maseno West

- 9/28-10/1/93 Strategic Planning Workshop, P. Savonick
- 5/93 Community Health Programme: Staff Job Descriptions
- 10/92 Analysis of MIS, P. Savonick
- 9/92 Management Audit and Needs Assessment, J. Donda, F. Farmer

Addendum - Reports Prepared Since FPMD Mid-Term Evaluation

KENYA

- 5/95 FPMD Strategy and Technical Assistance in Kenya, Managment Information Systems, D. Roberts
- 2/95 Kenya Trip Report, S.C. Huber
- 1/95 Technical Assistance to FPMD Kenya, M. Mitchell
- 12/94 General Management and Supervisory Visit to FPMD Kenya, M. Smit
- 12/94 FPMD Strategy and Technical Assistance in Kenya, Managment Information Systems, D. Roberts
- 12/94 Trip Report Nairobi, Kenya, S. Solter
- 8/94 A Visit in Support of Kenya's National Implementation Plan for Family Planning (1995-2000), S. Solter
- 7/94 FPMD Strategy and Technical Assistance in Kenya, Managment Information Systems, D. Roberts
- 5/94 General Management and Supervisory Visit to FPMD Kenya, M. Smit, M. Powers
- 1/94 Program Evaluation in Kenya, S.C. Huber
- 10/93 Technical Review: Kenya, M. Mitchell, H. Davis, S. Fenn, P. Savosnick

CHAK

FPAK

NCPD

- 2/95 Field Implementation of CLM at FPAK Phase II, J. Goodman
- 12/94 Commodities Logistics Management Pilot Implementation at the Family Planning Association of Kenya Trip Report, J. Goodman
- 9/94 Financial Procedures Manual, FPAK
- 8/93 Internal Audit Manuak, FPAK

Mkomani

SDA

Maseno West

- 4/95 Mkomani Laboratory Project: Feasibility Report (Draft), Finmans Consulting
- 3/93 Financial Management for Health Units: Procedures Manual, SDA/RHS
- 2/93 Five Year Strategic Plan: 1993-1997, SDA/RHS
- 12/94 Concept Paper on the Formation of a Regional Christian Community Services Office for CPK Dioceses of Maseno West, Maseno South, and Southern Nyanza

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MYWO

- 11/92 Maendeleo ya Wanawake
Organization: Letter of Employment and Staff Terms of Service, J. Dondo
- 10/92 Maendeleo ya Wanawake
Organization: Project Management Coordination Workshop (Report) , J. Dondo
- 10/92 Maendeleo ya Wanawake
Organization FP/MCH Programme: Staff Job Descriptions, J. Dondo
- 8/92 Maendeleo ya Wanawake
Organization FP/MCH Project: Management Assessment, J. Dondo; L. Musyimi

NIP

- 12/94 Report of the Task Force on the National Implementation Plan for the Kenya Family Planning Program: 1995-2000 (Key Goals and Strategic Directions)
MOH/DFH, NCPD and FPMD
- 6/94 National Implementation Plan for the Family Planning Program in Kenya: Strategic Planning Workshop for Implementing Agencies, A. Thairu; H. Ikatukhu
- 4/94 National Implementation Plan for the Family Planning Program in Kenya: Process Development Workshop, A. Thairu; O. Achola; A. Ophwette

ANNEX 4

LIST OF PERSONS INTERVIEWED

(These individuals were interviewed during three trips to Kenya by the evaluator. Persons interviewed during January 1994 are so noted as some have changed positions since that time.)

GOVERNMENT OF KENYA

Ministry of Health/division of Family Health

Lydia Chege	Head of Family Planning Training
Achola Ominde	Maternal and Child Health/Family Planning Program Manager
Anthony Ophwette	Program Officer/Logistics Management Unit

National Council for Population and Development

S. A. Bullut	Director (Jan. 1994)
Kimeli Chipsoror	Acting Deputy Director (Jan. 1994)
Paul Kizito	Director, MIS Unit (Jan. 1994)
Muraguri Muchira	Senior Program Officer/Research, Evaluation and MIS Division
Shadrack Musandu	Deputy Secretary/Head of IEC Division
Karugu Ngatia	Assistant Director/Finance and Administration Division
Alphonse Riaga	Consultant/MIS
Annie Thairu	Head of Programs (Jan. 1994)
Peter Thumbi	Senior Assistant Director/Planning and Policy Analysis Division
K.K. Waithiru	Planning Officer/Planning and Policy Analysis Division

NON-GOVERNMENTAL ORGANIZATIONS/COOPERATING AGENCIES

AVSC International

Jan Bradley	Evaluation/Research Program Officer
Joseph Dwyer	Regional Director

Christian Health Association of Kenya

George Angila	Member of Executive Committee/Treasurer
Esther Gatua	Manager/AIDS Prevention Program
Adolph Kapinga	Management Support Unit Consultant/FPMD-funded (Jan. 1994)
Julius Karanja	Member of Executive Committee/Chair, Central and Coast Region Area Coordinating Committee
James B. Khachina	Executive Director (Jan. 1994)
Esther Mbiyu	Ag. Manager/Public Relations and Fundraising
Joseph Mwangi	MIS Coordinator/FPMD Local Hire (Jan. 1994)
Sellah Nakhisa	Ag. Manager/Clinical and Nursing Services
Jean Nyamu	Manager/Preventive Health Services
Norman Olembo	Executive Director

Diocese of Maseno West/Christian Community Services (Church of the Province of Kenya)

Lucas Wadenya Director/CCS
Josiah Osiri Acting Program Manager

Family Planning Association of Kenya

Thomas Chuma Acting Finance Officer (Jan. 1994)
Anabel Erulkar Michigan Fellow (Jan. 1994)
George Gachoki Program Officer/Management Information System
Maureen Kuyoh Senior Program Officer/Research and Evaluation
James Maingi Program Officer/Industrial Relations and Training
Godwin Mzenge Executive Director
Mr. Njenga Personnel/Administrative Officer (Jan. 1994)
Charles Onoka Research Manager (Jan. 1994)
Margaret Thuo Program Manager
Jackson Thoya Program Officer/CBD

AREA MANAGERS- Joel Kerich
 Margaret Kithinji
 Salim Mbete
 Alex Muyonga

Mkomani Clinic Society

Omar Baasba Accountant
F.H. Sherman Board Chairman
Amina Twahir Project Director

Pathfinder International

Francesta Farmer Senior Regional Technical Advisor for Institutional Development
Nelson Keyonzo Associate Regional Representative
Peter Savosnick Regional Technical Advisor/MIS

Seventh Day Adventist/rural Health Services

David Bosire Area Manager
Caesar Didi Program Officer/Family Planning
Joseph Keino Business Manager
Peter Mokaya Director
Mark Mwathi Purchasing Coordinator
Robert Njiru Area Manager
Christopher Onyuna Area Manager

Julia Otieno Program Accountant/Family Planning

Others

Jane Adar Program Manager/Family Planning, Maendeleo ya Wanawake Organization
Joseph Dondo 3E Consultants
Amusaa W. Inambao Management Development Assistance for Health (Jan. 1994)
Amos Kamunya Finman's Consultants
MacMillan Kiiru Private Consultant (Jan. 1994)
Lalit Kraushaar Resident Advisor, Centre for Development and Population Activities
Daudi Nturibi Deputy Director-JSI Family Planning Private Sector Programme
Rikka Trangsrud Program Associate, Family Care International (formerly Michigan Fellow with FPAK) (Jan. 1994)
Kathleen Webb Bredan Consultants, Ltd. (Jan. 1994)
Margot Zimmerman Country Director, PATH

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Millie Howard Office of Population and Health
Gary Leinen Office of Population and Health
Richard Sturgis Health Policy Advisor/REDSO (Jan. 1994)
Charles Thube Office of Population and Health

FPMD/KENYA

Peter Kibunga MIS Advisor
Adolph Kapinga Organizational Development Specialist
Steve Solter Senior Program Officer/Africa Region
Peter Savosnick MIS Advisor (Jan. 1994)
Barbara Tobin Project Manager
Annie Thairu Program Officer

ANNEX 5

LIST OF PERSONS TRAINED

CHAK-

Joseph Mwangi (MIS Consultant) attended MIS course at MSH- July 1994

FPAK-

Gilbert Magiri attended MIS course at MSH-May/June 1991

Grace Amurle attended financial management course at MSH-June/July 1992

Thomas Chuma attended sustainability course at MSH-April/May 1993

Charles Onoka attended MIS course at MSH-May/June 1993

Margaret Thuo attended effective management skills course at MSH-May/June 1994

Maseno West-

Josiah Osiri attended MIS course at MSH-July 1994

Mkomani-

Victor Were attended MIS course at MSH-May/June 1991

Rose Wasunna attended management skills course at MSH-March/April 1993

Omar Baasba attended MSH regional financing course in Nairobi-October 1994

NCPD-

Peter Kibunga attended MIS course at MSH-June/July 1991

Margaret Chamerigich attended MIS course at MSH-July/August 1992

Peter Kagwe attended MIS course at MSH-July 1994

SDA/RHS-

Joseph Keino attended management skills course at MSH-May 1995