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SUSTAINABILITY AND MIS ASSISTANCE
TO
CHRISTIAN HEALTH ASSOCIATION OF KENYA

JANUARY - FEBRUARY, 1989

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Executive Summary

The consultants, P. Savosnick and P. Hume, spent 3 weeks and 2 weeks respectively working with the Christian Health Association of Kenya. Although their scopes of work were initially seen as distinct and separable, it became clear within the first few days that they were interdependent, with the conceptualization of an appropriate management information system for CHAK critically linked to CHAK's progress toward sustainability. The result is a single report and a consolidated set of recommendations for FPMT assistance to CHAK.

Meetings with senior managers of CHAK Secretariat and field visits to a number of CHAK member units suggested that CHAK's continuing ability to provide health and family planning services in Kenya is at a critical juncture for several important reasons: 1) The need for services, and for these services to be better managed, is increasing; and 2) traditional sources of financial support, from the Ministry of Health and from overseas Protestant Missions, are threatened. Given these factors, in order for CHAK to continue as an important health and family planning service provider in Kenya, the Association is challenged to adapt its strategies with a greater emphasis on long-term sustainability.

It is recommended that the sustainable strategy involves the strengthening of CHAK Secretariat so that it in turn has the capability to provide support and assistance to member units. Working with CHAK senior managers, the consultants elaborated a program of activities in support of this goal. The workplan covers FPMT assistance to CHAK over the next 12 months.

1. Background

The Christian Health Association of Kenya (CHAK) is an association of 252 Mission supported health units -- 17 hospitals, 30 health centers, and 205 dispensaries -- providing health and family planning services. With service delivery units located all around the country, many in rural areas where no other health services are available, and with many of the units engaged in community-based health care and/or mobile community health activities, CHAK is an important service provider. The activities of CHAK, combined with those of the Kenya Catholic Secretariat, provide what has been estimated to be 40% of rural health services in Kenya.

CHAK, which until recently was known as the Protestant Church Medical Association (PCMA), was started in 1946. The major role of the association has been to distribute annual Government grants to the mission hospitals and later to the mission health centers and dispensaries. This has now expanded to include the management of several donor funded projects, which include Family Planning and IEC activities.

Organizationally, CHAK is a loose association, with the Secretariat having some influence but little authority over the health units. The influence that the Secretariat has had is largely due to the role CHAK has played in distributing the Government grants. In many cases the influence has also been a product of personal relationships between individuals within the Secretariat and at some of the units (usually the larger hospitals).

The units themselves are extremely diverse, belonging to over 10 church denominations, and organized, staffed, and managed independently (and many times differently). The Secretariat's role has evolved beyond distribution of the Government grant to include coordination of the health units, liaison with the Government and other non-government organizations, and service (broadly defined) to the units.

A portion of the annual Government grant has traditionally been retained at the Secretariat to support "core activities" and the bulk allocated to the units on the basis of their reported service statistics. Of significant interest is the fact that as CHAK has become better organized, especially during last year, new health units by rights belonging to the Association are still being "discovered." (These have probably been excluded from past direct grant allocations.)

CHAK has also written proposals for and been awarded a number of contracts from international and church-related donors to carry out specific projects. These projects have benefitted selected units. Current projects include the following:

- Part A, Program for Responsible Adulthood
- Part B, Integrated Rural Health Project
- Family Planning Private Sector (AID)

- The Voluntary Surgical Contraception Project (AID)
- The Rehabilitation of Health Units Project

CHAK is also in a period of rapid growth and will shortly start projects in the following areas:

- AIDS
- HIS
- Training
- Community Based Health Care (project recently approved by AID)

As the Secretariat has felt increasingly burdened by the costs of administering these projects, they have recently established an overhead rate which they intend to apply to project budgets beginning next fiscal year in order to support core activities.

In addition to these project funds which are directed toward benefitting the units, CHAK Secretariat has received a series of technical assistance interventions through the Family Planning Management Training Project over the past 12 months. These have included the following:

- Technical assistance on procurement, procedures, and personnel (Jenny Huddart)
- Management audit (CORATAFRICA)
- Cash flow analysis (Carr, Staryer, Sims)

Over this same time period, and partly as a result of recommendations made in the Management Audit, CHAK has undergone a number of changes and is in the process of rethinking its strategies for the future. There is a new recently appointed Executive Director (Mr. James Khachina), and a new organizational structure for the Secretariat which has been approved.

Recruiting is underway for a new Medical Coordinator (following the retirement of Dr. Geoffrey Irvine), a Finance/Administrative Coordinator, and several Project Directors. A Five Year Plan (1988-93) has recently been drafted and approved by the Executive Committee. Membership on the Executive Committee itself has been strategically changed with the addition of several outside (non-CHAK) members.

2. Current Problems

Although there have been some very positive benefits (a greater range of health and family planning services available at CHAK units) with the addition of several new projects at CHAK, there is no doubt that this rapid growth coupled with the drastic reduction of Government grants has

had negative consequences for CHAK. The reduction in Government grants has forced the CHAK Secretariat into the unfortunate situation of having to increase the portion of money retained from the grants at the same time as the amount being distributed to the units has been reduced. The growth in the number of Secretariat employees during this period has not necessarily improved the Secretariat's credibility amongst all the units who have expressed some concern for this expansion without any resulting impact in many units. Although the Secretariat is aware of some of the problems that the units are facing, they are not presently in a position to provide much of the assistance that the units require. There is a need on the part of CHAK to better understand the problems and needs at unit level and to strengthen the ties between the health units and the Secretariat.

The credibility of CHAK will undoubtedly improve as its ability to address some of the immediate problems that the health units are facing increases.

3. CHAK's Current Challenge

CHAK's continuing ability to provide health and family planning services in Kenya is at a critical juncture for several important reasons:

1) The need for services and better managed services is increasing. The population growth rate in Kenya is among the highest in the world, and health and family planning services provided through government-run facilities are not keeping pace. The increased demand suggests a critical need for better management of limited resources. But many CHAK units are struggling now to retain staff and pay for basic drug supplies. With demand only increasing, if they are going to continue providing services, they will need good staff (and sufficient income to be able to retain them), effective supervision systems, improved MIS, good drug supply, etc.

2) Traditional sources of support are threatened. The annual grant received from the Ministry of Health for support of CHAK health units has decreased from approximately KSh 10 million (in 1986-87) to 4 million, a drop the magnitude of which casts doubt on the reliability of any government funding for the future. Furthermore, support from overseas Protestant Missions seems to be declining, as many Missionaries leave the country and even financial support is reduced.

CHAK will need to adapt its strategies to this changing environment if it is to continue to provide the health and family planning services for which it is known and relied on.

4. Meeting the Challenge

With the continuing -- in fact, growing -- need for its services and the precarious nature of traditional sources of financial support, CHAK must adapt its strategies, taking steps it has not had to take before, to develop the Association as a health and family planning service provider which is viable and sustainable for the long term.

It is our recommendation that the sustainable strategy involves as a first step the strengthening of CHAK Secretariat so that it in turn has the capability to provide support and assistance to member units.

Strengthening the Secretariat will require addressing some of the problems that were identified during the Management Audit and in subsequent FPMT visits. This can be accomplished through:

improving (implementing) the accounting and reporting practices;

improving project reporting;

developing a better understanding of the organizational and management structures of the different health units;

improving the understanding of the needs and problems facing the units;

improving the information system at the Secretariat through the development of a database on CHAK member units, and improving the computer skills of the Secretariat through training;

improving the relationship between the Secretariat and the different health units through their participation in the development of future long term strategies;

reaching agreement on and commitment to a strategic plan.

The steps that will be taken to address these issues are outlined in the workplan below. Concepts and issues related to CHAK's sustainability and Management Information Systems at CHAK are discussed in Annexes I and II, respectively.

5. Workplan

I. Financial Management assistance (anticipated start March 89)

Financial management assistance will be provided by an FPMT consultant who will work together with the staff in the accounts department of CHAK to review the accounts and to ensure that the accounts are brought up to date. The consultant will provide training to the accounts staff in the new procedures, will assist in the development of budget and cash flow projections, and will provide monitoring on a weekly or bi-monthly basis until the new Finance and Administration Manager is in place. The consultant will assist the current management team at CHAK to recruit a suitable Finance and Administration Manager and will also hand over the developed system once the new Finance and Administration Manager is in place. The scope of work for this consultant is outlined in Annex III.

II. Strengthen the MIS capabilities at CHAK Secretariat (start March 89)

A local consultant will be recruited to work with the Management Information Systems at CHAK. This work will entail the development and improvement of the current and potential flow of management information. A job description for the systems analyst is included in this report and can be found in Annex IV.

III. Organizational Structure Survey. (Feb. - March 89)

A survey of the organizational structure of CHAK health units will be conducted by members of the CHAK management team. The scope of work for the organizational structure survey is given in Annex V.

IV. Key Issues Workshop (May 89)

A key issues workshop will be held to review concepts of Institutional Sustainability and to formulate the key issues that CHAK needs to address both in the short term and in the long term. The proposed objectives and content of this workshop are outlined in Annex VI.

V. Concept Paper (June - July 89)

FPMT will assist CHAK in developing a concept paper aimed at institutional strengthening at CHAK, for submission to USAID/Kenya as the first step in the proposal process for a PVO grant.

VI. Seminar/Workshop on problems and needs at Unit level (June - July 89)

A seminar/workshop will be held to bring together representatives from the different units to discuss the problems and needs at unit level. The proposed objectives and content of this workshop are outlined in Annex VII.

VII. Needs Assessment at Unit level (July - Sept. 89)

A needs assessment will be carried out on a representative sample of CHAK health units. The assessment will be important in assisting CHAK to develop realistic long term strategies as well as broadening the organization's understanding of its environment. A draft scope of work for this needs assessment is included in Annex VIII.

VIII. Project Proposal

FPMT will assist CHAK in developing a project proposal which will be based upon the Key Issues Workshop, Unit level workshop/seminar and the Needs Assessment at unit level. The project proposal has as its ultimate goal to provide a plan for long term institutional strengthening at CHAK.

IX. Logistics (if approved, early 1990)

CHAK has requested contraceptive logistics management training from FPMT. This will be raised by CHAK with USAID/Kenya for discussion with USAID/W. Assistance is available if this request is approved.

ANNEX I

PLANNING FOR CHAK'S SUSTAINABILITY

CHAK plays an important role in providing health services in Kenya. The 252 health units that belong to the Association — hospitals, health centers, and dispensaries — are located throughout the country, many in otherwise underserved rural areas. When considered alongside the Kenya Catholic Secretariat (KCS), church-related health services are thought to provide up to 40% of total health services in the rural areas, and these services are generally acknowledged to be of relatively high quality.

Given the continuing motivation of church groups to provide health services, and the bleak outlook for significant strengthening of the government-run services, it is vitally important for church-related programs to survive. Yet they are at a critical juncture, with their own government funding reduced, support from overseas church groups declining, and the management requirements for improving and expanding service delivery becoming more and more critical.

To ensure its continued role in providing health services, CHAK is challenged to plan for sustainability in the midst of these changing circumstances.

Sustainability Concepts

A health or family planning program is considered sustainable if it is able to continue to deliver its services after donors end their major financial, managerial, and technical support. CHAK may not yet be facing the end of this support — in fact, some new projects offer new support — but CHAK is experiencing a decline in some of its traditional sources. After this support is ended, what is left? Will the CHAK units be strong enough to continue on their own without compromising their mission and turning away their intended beneficiaries? Will they have sufficient funding? Will systems be in place for managing the accounts, the drug supplies, the personnel? Will the managerial and technical skills have been institutionalized? This is what CHAK must begin now to plan for.

Program sustainability, as it has come to be understood for health and family planning programs, requires efforts toward 3 ends: furthering of the program's mission, financial stability, and development of management systems. Specifically:

Mission — continuing and increasing access to services for the intended beneficiaries of those services (e.g., the poor and/or underserved)

Financial stability — increasing the degree to which services become self-financing (not necessarily total self-sufficiency, but with realistic targets which allow for continued service delivery)

Management systems — creating the management systems needed to enhance institutional continuity and stability (e.g., financial management systems, MIS, drug supply systems, personnel management systems, in-service training programs)

For CHAK, sustainability means different things at different levels. At the level of the CHAK Secretariat, the mission would be defined as providing service to the member units so that they in turn can provide service to clients; financial stability would involve support of the Secretariat office and staff in order that they can adequately fulfill the Secretariat's mission; and the management systems that are required would be defined by those needs.

For member units, the mission is to deliver health and family planning services; financial stability means assuring adequate income to retain good staff and pay for drugs and supplies; and the management systems that are required again are defined by needs.

Among the units, there will be great diversity in what is required to achieve sustainability. What target group(s) is each trying to serve? Will financial stability be required at the unit level or within clusters of units belonging to the same Mission group? Likewise, will accounting, staffing, and drug supply systems be managed at the unit, Mission, or some other level?

Planning for sustainability requires developing answers to these questions, i.e., setting goals, and then taking steps to achieve them. In other words, it requires developing and implementing a strategic plan. Only when a strategic plan has been developed and agreed to by senior management will the organization or program be positioned for sustainability.

Strategic Planning

Strategic planning involves what is often referred to as a SWOT analysis — analysis of an institution's strengths, weaknesses, opportunities, and threats. Beginning with the latter two, opportunities and threats, it means assessing the "environment." Who are current and potential clients or target groups? What is the social/political/economic climate? Who are current and potential donors, and what is the trend in their support? Who are competitors? Looking at strengths and weaknesses means assessing the institution itself. What is the current and future financial picture? In providing services, what does the institution do well? What does it do poorly? Why? How effective is the institution's management? Its structure? Its systems?

A true assessment of an institution's strengths and weaknesses, and of environmental opportunities and threats, leads to development of a strategic plan, which should include the following components:

1. Mission statement
2. Five-year institutional goals

3. Programmatic and financial objectives
4. Decision on new markets and services
5. Design of specific strategies for achieving objectives
6. Restructuring of the organization, management systems, and services for effective implementation of the strategies

Planning can be a painful and difficult process, particularly when an organization is faced with immediate financial or management problems, or when the organization initially views business-like approaches as incompatible with its "culture." For planning to succeed in either of these environments, it needs top level commitment and leadership. When planning does succeed, it can be expected to have the following results:

- increased availability of services to intended beneficiaries;
- decreased financial dependency on external funding sources;
- stable organizations able to determine their own futures; and
- institutions able to adapt to changing client needs and environment.

Development of CHAK's Strategic Plan

CHAK's Secretariat and member units are fortunate to be tied together by common values and a shared sense of mission, as well as 5-year goals which were recently articulated in a Five-Year Plan (1988-93). These incorporate the first two of the 6 components (listed above) of CHAK's strategic plan. Further specification of the strategic plan — the plan for sustainability — demands recognition of CHAK's unique organizational structure. The Core Secretariat and the 252 diverse member units have different programmatic and financial objectives and need different strategies, structures, and management systems.

The CHAK Secretariat is the administrative body set up, primarily for coordination of member units and liaison with the Government of Kenya. Objectives of the Association are listed in the CHAK Constitution as follows:

- a) To further the work of Christian Health Services....
- b) To develop...the highest level of...health care.
- c) To facilitate and coordinate the medical and health work of its members.
- d) To speak on health matters to the Ministry of Health and other related organizations and on behalf of the member churches....

- e) To assist members in connection with staffing and supplies plus other ways when requested to do so by the members concerned.
- f) To undertake, on behalf of the member churches, all such other activities....

With this set of objectives, the CHAK Secretariat is mandated to assist member units in development of their own plans for sustainability -- to identify their own programmatic and financial objectives and to develop their own strategies, structures, and management systems -- when requested to do so. Part of the Secretariat's strategic plan, then, should be development of the Secretariat's capacity to offer this assistance to members.

While this programmatic objective for CHAK Secretariat (component #3 of its strategic plan) seems fairly well agreed, it will be reinforced by a thorough SWOT analysis. What are the Secretariat's current and potential strengths which favor this role? What other roles are appropriate? What are the Secretariat's weaknesses and how can they be addressed? What are the opportunities and threats in the environment (i.e., what are the needs) that suggest such a role is appropriate?

With regard to financial objectives, how will the Secretariat be supported over the long run? It is important that this question be addressed seriously and realistically. To what extent should the Secretariat depend on the Government of Kenya for support? On Church-related donors? On international assistance agencies? On overhead charges on projects?

For component #4 of the strategic plan, should the Secretariat consider any new markets or services to meet either programmatic or financial objectives? For example, if the Secretariat develops a strong capacity in a particular type of training, should it consider "selling" this service to non-CHAK units? Should the Secretariat run a hotel or a training center in Nairobi or elsewhere to supplement its income?

For components #5 and #6, how exactly will the Secretariat implement its objectives? Who specifically will do what by what dates? Which systems will be strengthened first and how?

CHAK is well on its way to answering these questions. Senior staff of the Secretariat and members of the Executive Committee as well have begun to develop a vision of what the Secretariat could and should be in order to support member units. Many of the units themselves have offered suggestions. The challenge now is for CHAK to consolidate these visions into a single long-term view, and to develop a workplan for moving toward this goal within the Secretariat -- a workplan to which all members of the Management Team will dedicate themselves.

This commitment to a strategic plan for CHAK will certainly require some modification of priorities. Development of the CHAK Secretariat as a sustainable and viable institution capable of providing technical assistance to member units is a long-term process. If taken seriously, it will divert some attention and resources away from current activities

toward future ones. Stated differently, it will require some "investment" rather than just "consumption" of resources. The result will be an Association able to face the future with confidence.

As the Secretariat develops its management capabilities, it will be increasingly able to offer support to member units. For each unit or church group, what are its strengths and weaknesses, and the opportunities and threats in its environment which might suggest what its programmatic and financial objectives should be? What range of services should it provide? What are its current sources of support? Are there potential sources of support as yet untapped? What management systems need to be upgraded which will improve the unit's ability to deliver services?

There seems to be wide agreement that at least some units need help in answering these questions and in improving their management systems. There seems also to be a growing consensus that CHAK Secretariat is well suited to offer this assistance. What is needed now is for the Secretariat itself to be strengthened as a sustainable institution, in order to be able to provide this assistance. It can do this by developing and gaining commitment to a strategic plan.

ANNEX II

MANAGEMENT INFORMATION SYSTEMS AT CHAK

Health care programs everywhere have come to realize that effective management is a priority in rational resource utilization. Managing effectively requires good and reliable information on which to base management decisions. This is especially true in environments with scarce and diminishing resources. The systematic collection and interpretation of the information needed for decision making is what is here referred to as a MIS. Last but not least is the importance of understanding that a MIS can only function if and when managers have the capability and authority to use this information to make management decisions.

CHAK's most important concerns must be to insure that project and core resources are being effectively utilized and to take appropriate corrective action when they are not being effectively used. When defining the environment that the Christian Health Association of Kenya (CHAK) operates in there are in fact three distinct decision areas that should be addressed:

- The projects that are managed by the CHAK Secretariat;
- The day to day operations of the health units; and
- The core activities of the CHAK Secretariat.

One of the needs of any organization is for its managers have the information required to make management decisions. Improving the efficiency of the management of available resources is one way of effectively adding to their relative impact. However, to expect personnel to spontaneously use data even where appropriate reporting systems have been designed is unrealistic.

To encourage managers to use reports in improving the effectiveness of their own actions often requires a whole new orientation. It is also important to understand the conditions that an organization and its managers must ensure before an information system can become useful.

Condition 1. Responsibility

There must be clear lines of responsibility for results. The type of reporting we have been discussing is designed to be used in identifying problems and taking corrective action. For each project, each health unit and for the core activities carried out by CHAK, there must be an individual who can do this. When there are clusters of health units within a Church denomination for example, there must also be a supervisor whose responsibility goes beyond a single area or unit who is in other words responsible for the performance of a group of clinics.

Condition 2. Authority

It is not enough to have responsibility without accompanying authority, therefore each person with program or operation responsibility must also have sufficient authority to take appropriate actions based on the operating results. Supervisors for example must have sufficient influence on higher levels of the organization to be able to get central office or organization support when required to deal with situations at the clinic level.

Condition 3. Participation

It is important that program and health unit personnel participate and be involved in developing the management information system. A major contribution will be their involvement in forming their own targets and action plans. Clear performance targets can be a useful way to focus the attention of personnel on what is expected of them-but they are useful only to the degree that the personnel are committed to them. This commitment can be developed when personnel at each level and in this case at each unit become involved in setting their own targets for future performance and in developing their own action plans to achieve those targets.

Condition 4. Training

The personnel at the source of data must be given training in generating accurate data, in using the reports they receive, and in setting realistic targets. Once personnel find that the data system has relevance to their own work, they are likely to take more care to insure the accuracy of their data. Finally, the personnel need practice in reading the reports they receive and in interpreting the results in terms of potential action they themselves might take. Often personnel are not aware of the variety of action alternatives open to them.

The development of an information system is a complex and very expensive activity that requires the coordination and close collaboration of several areas of expertise (managers, programmers, analysts, operation personnel, users, etc.). Although a successful system is not necessarily guaranteed by preparing and using a methodical, well defined work plan, without such a plan. failure is almost always inevitable.

Any attempt to develop a GLOBAL information system for CHAK is unrealistic if we consider the fact that CHAK is a relatively loose association of many different health units; they in turn belong to different Church denominations and are organized and managed differently. However, by reviewing the management planning, control and decision activities (actions as a result of the decisions taken) a set of well defined subsystems can be listed:

- Management of projects;
- Management of core activities, and;
- Management of Health units.

(There will be subsystems within the systems like, finance, personnel, drugs, etc)

Management of Projects and Core Activities

The management of project activities will undoubtedly improve and project resources can be more effectively utilized if the existing management information system is improved upon. This is also true for CHAK core activities. In modifying systems already in place, managers need the knowledge and skills to:

communicate their requirements clearly;

determine whether current information needs are being met adequately;

define their expectations of new or modified information systems in ways that can direct any experts who assist them; and,

continue the development of information systems over time.

A review must be made of the relevance of the data being collected to the operating decisions that are made. Measurable indices must be specified that adequately reflect operations and the purpose of the output. Data must be presented in a way that gives personnel at all levels clear, timely and easily interpretable feedback on the aspects of their performance over which they have some control.

The objective of modifying the management systems and procedures must be to support efforts to improve performance, and this should result in improved health and family planning service delivery to an increasing target population.

A small survey was carried out on the flow of project related information (Family Planning) from the health units to CHAK Secretariat. This showed that the information is often incomplete, sometimes wrong and often late. The survey also showed that there is concern on the part of the Secretariat about the lack of involvement of health unit staff in the information system (development, design, application).

Although the development process is often a long and complex process, we believe that by improving the in-house capabilities of the association (firstly by hiring an MIS consultant to work in CHAK for a year) the first steps can be taken to review and modify the existing system.

Management of Health Units

It is unrealistic to expect CHAK to manage the 252 different health units. However, CHAK can play an important role in assisting the health units to improve their management information systems. The first steps in this process, the organizational structure survey and a needs assessment at health unit level have already been outlined in the workplan. For many of the health units, management systems and procedures must be designed to facilitate the use of information for improved management decision-making and therefore performance. This will also include the provision of training in the interpretation and use of data and in many cases training in basic management concepts. Although it will take time before these services are available at CHAK, it should be the ultimate goal of the Association to be the main provider of this expertise.

ANNEX III

FINANCIAL MANAGEMENT ASSISTANCE

SCOPE OF WORK

1. Review all the flows of the funds to and from CHAK for each of the following:
 - Projects
 - Grants
 - Others
2. Develop standardized procedures for the above and for reporting to CHAK management on a regular basis.
3. Implement the developed system.
4. Train the accounts clerks in the use of the system.
5. Document all the work related to the review and system development.
6. Hand over the operating system to the new Finance and Administration Manager.

ANNEX IV

Job Description

Job Title: System Analyst

The systems analyst provides technical assistance in the areas of Management Information Systems (MIS) and the use of microcomputers.

Specific responsibilities:

- To provide technical assistance to core activities, projects and programs in the areas of design, development, implementation and evaluation of information systems (manual and/or computerized).
- To document all the work accomplished and to maintain copies in the MIS Program files.
- To train counterparts in the operation and maintenance of information systems.
- To develop curriculum and materials for training programs in the areas of management information systems, systems analysis and microcomputer operations in health management.
- To keep himself/herself up to date on developments in the field of MIS and MIS technology.
- To investigate and develop opportunities for MIS technical assistance and training in the field.
- To conduct other internal MIS Program's activities as directed by the Director/Manager.

Qualifications and requirements:

- A Kenya citizen with a college or graduate degree preferably in one of the following fields or equivalent: Management Sciences, Management Information Systems, System Analysis.
- A minimum of two years experience in systems analysis and design preferably in Kenya.
- Must have a complete knowledge of at least one computer programming language.

- Good written and oral communication skills.
- Must be able to work under limited supervision.
- Must be able to easily adapt to new situations and work in difficult and high-pressure environment.
- A high level of cultural sensitivity and interpersonal skills are necessary to facilitate working in a variety of settings with both donor agencies and the Christian Health Association of Kenya (CHAK).

ANNEX V

ORGANIZATIONAL STRUCTURE

QUESTIONNAIRE

The questions and topics listed below are to be used as a guideline in the organizational structure survey.

1. List the number of church denominations within the Christian Health Association of Kenya (CHAK) and the number and type of health units for each church denominations.
2. A set of questions should be asked for each of the major church denomination.

The following topics should be covered:

For each major Church denomination:

- list the number of health facilities and describe with the help of an organization chart the grouping(s) of the units.
- describe each separate cluster of health units within each Church denomination and state the degree of coordination and/or cooperation in the following topics management, finance, drugs, personnel and MIS.
describe the services that are provided by each unit.
- describe the relationship between these units
- describe how these units are managed and what the limit (if any) of the managers responsibility is.
- are there health unit coordinators and if so what is their role ?
- are there management teams ? what is their role and what management responsibilities do they have?
- what personnel are there in the different facilities ?
- what is the role of the Church in the health unit ?
are there any clearly identifiable gaps in the management structures ?

ANNEX VI

De

KEY ISSUES WORKSHOP

Objectives: to review concepts of sustainability and reach agreement to the extent possible on the key strategic issues facing CHAK.

Audience: Management Team of the Secretariat
Project Directors
Chairman of the Executive Committee

Workshop Content:

1. Concepts of institutional sustainability.
2. Analysis of CHAK's Strengths, Weaknesses, Opportunities and Threats (SWOT analysis).
3. Agreement on CHAK's role vis 'a vis the health units.
4. Agreement on strategic policies to fulfill this role.
5. Action steps involved.

Tentative Date: 2-3 days early May 1989, prior to AGM

Venue: Away from the office.

ANNEX VII

WORKSHOP/SEMINAR

PROBLEMS AND NEEDS AT UNIT LEVEL

Objective: to identify the problems and needs at unit level;

to elicit ideas from the units on how these problems and needs might be met;

to strengthen the role of the units in developing long term strategies.

Audience: approximately 40-60 people from a representative sample of Projects, denominations, different sized units and different organizational structures.

Workshop Content:

1. Discussion of sustainability for CHAK Secretariat and for the units.
2. Review of major problems and needs at unit level.
3. Discussion of unit perception of what CHAK's role should be in solving these problems.
4. Response from CHAK Secretariat.

Tentative Date: 2 days June-July 1989.

Venue: Nairobi

ANNEX VIII

NEEDS ASSESSMENT AT UNIT LEVEL

DRAFT SCOPE OF WORK

Described below is a draft outline scope of work for a needs assessment at unit level. The list of questions is presented here only for the purpose of generating a discussion on the areas that should be covered in a needs assessment.

1. General:

The needs assessment will identify key problems and areas of management and operations that need improving.

2. Management:

Question: Who is making what decisions at what level and what are the implications? Are decisions being made at the correct level and if not why not?

Analyze the Management System by looking at its processes, i.e. what decisions are being made? at what level are these decisions being made?

3. Finance:

Question: Can health units continue to deliver health and family planning services and are they assured of an adequate income to retain good staff and pay for drugs and supplies?

Are the resources being efficiently managed and what can be done to improve the chances of long term sustainability?

what fees do you charge?

how did you arrive at these fees?

what is the level of consistency in charging these fees when and how is credit given?

what is the flexibility in the fee setting/structure?

how are the fees collected and recorded?

who keeps the money?

when is the money kept in the clinic and when is it given to the supervisor?

how is the money collected used, percentage spent on drugs, salaries, and other expenses?

have salaries been paid on a regular basis during the last 6 months?

are you owed any money by the dispensary/hospital etc in the form of salary?

does the clinic have any other sources of income apart from fees ?

how is the clinic financed, and what is the percentage of costs that are recovered in fees ?

are fees used exclusively for operating the health and family planning services ?

4. Drugs

Question: What is the current state of drug management and what can be done to improve upon the current situation ?

where do you get your drugs from at the moment ?

what is the percentage purchased on the open market ?

what are you out of stock of at the moment ?

what % of the total stock is nonessential drugs like multivitamins ?

how much money do you owe the drugs suppliers ?

5. Personnel

Question: Is manpower looked upon as a resource that requires good management for effective utilization ?

number and type of staff

qualifications

their salaries

staffing problems

amount and type of supervision

is there a supervisory system ?

6. Training

Question: Do the capabilities of the staff match the requirements of the jobs and is the issue being addressed ?

what in-service health training is given ?

what in-service health training has been given ?

what in-service management training is given ?

what are the perceived training needs at the moment ?

7. MIS

Question: Are project and core resources being effectively utilized through proper management procedures ?

what registers, forms, ledgers, card systems/records are kept for the following systems :

patients
drugs and other supplies
fees and other accounts
personnel
inventory

when and how are these systems used on a day to day basis and what decisions are made using this information?

what reports are generated from these record systems and who receives these reports and how often are they generated and passed on to the user ?

8. General

when was this health unit first established
does the health unit provide more services today than 5 years ago and if so what services have been added ?
what services are provided at the health unit ?
when are these services provided ?
list the sources and relative importance (%) of funds that are used to run the health unit:

fees
Government grant
contribution by local church
contribution by mother church
other sources of income, please list

have you ever tried to find alternative sources of funding for the health unit and if so what forms and what has been your experiences ?

ANNEX IX

List of Persons Contacted

USAID, Office of Health and Population Nairobi, Kenya

Ms. Molly Gingerich Population and Health Officer
Ms. Laura Slobey Deputy Chief, Office of Health &
 Population
Ms. Enid Spielman Human Resources Development Officer
Mr. David Oot Chief Health & Population Officer

Christian Health Association of Kenya (CHAK)

Mr. James Khachina
Dr. Geoffrey Irvine
Mr. Malcolm McNeil
Mrs. Sellah Makhisa
Mrs. Emily Matwale
Mr. Cor Kooi
Mr. Isaiah Kahuki
Mr. Albert Mutiga
Mr. Eduard Makhardia
Mr. Hesbon Makani
Mr. Samson Aling

Field Trips:

CPK Anglican, Diocese of Maseno North Kakamega

Rev. Livingston Mangu
Rev. Peter Chungwe

Reform Church of East Africa (RCEA)

Dr. Jan Metau, Medical Coordinator, Plateau Mission Hospital,
Eldoret.

Protestant Church of East Africa (PCEA)

Dr. Ann Wilson, Kikuyu Hospital
Dr. Colin Fishbacher, Chogoria Hospital

Other Organizations:

African Inland Mission: Dr. Charles Fraley

Family Planning Association of Kenya (FPAK): Mrs Jennifer Mukolwe

Family Planning Private Sector (FPPS): Ms. Joan Robertson

Association for Voluntary Surgical Contraception (AVSC):

Mr. Joseph Dwyer

Mrs. Grace Wambwa

Deloitte Haskins & Sells: Mr. Peter Ginnings

Thunder and Associates: Mr. Tom Caruso

Carr Stanyer Sims & Co.: Mr. Sandy Mavor