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**NEEDS ASSESSMENT FOR THE MKOMANI CLINIC SOCIETY
BY PATHFINDER INTERNATIONAL AND THE FAMILY
PLANNING MANAGEMENT DEVELOPMENT PROJECT**

**MOMBASA, KENYA
MARCH 1991**

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Farmer; Pathfinder
Jean Baker and Peter
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TO: Pathfinder International and FPMD

FROM: Nelson Keyonzo and Fran Farmer, Pathfinder
Jean Baker and Peter Savosnick, FPMD

RE: Needs Assessment Visit to Mkomani Clinic Society

DATE: March 12, 1991

In late 1990, Pathfinder International began negotiations with the Mkomani Clinic Society (Mombasa) regarding development of a new project to improve and to expand family planning services with USAID/Kenya funding. Preliminary to development of the project proposal, Pathfinder conducted numerous site visits and a preliminary needs assessment. Pathfinder's findings and recommendations are outlined in the new project document that recently was approved by USAID/Kenya.

During development of the project document, Pathfinder staff met with FPMD/Kenya to discuss potential FPMD technical assistance inputs to Mkomani. These discussions centered on the need for development or improvement of management systems at Mkomani, particularly in the areas of management information systems ("MIS"), financial administration, strategic planning and CBD or field operations.

The Pathfinder Fund and Family Planning Management Development Project ("FPMD") are organizing their technical assistance, monitoring and planning activities with Mkomani Clinic Society so that they will be implemented in tandem and complement interrelated objectives of each organization. For example, Pathfinder's four monitoring and technical assistance visits are planned to lay a predicate for specific technical assistance interventions by FPMD; to participate jointly with FPMD in technical assistance and strategic planning exercises; or to evaluate changes in Mkomani's performance as a result of these inputs.

OUTCOMES OF MKOMANI NEEDS ASSESSMENT TRIP:

On March 6-8, 1991, Pathfinder and FPMD staff and consultants visited the Mkomani. The Mkomani trip had three main objectives:

- To introduce FPMD staff to Mkomani, and to ensure that technical assistance objectives and processes were clear and supported by project staff.
- To develop interim data gathering instruments and techniques that will be compatible with requirements of the NFPMIS (implemented by the

Ministry of Health), easy for Mkomani staff to understand and manage, supportive of the internal Mkomani MIS that will be developed with FPMD and that will provide more accurate and consistent data for organizational planning purposes.

- To prepare a Year One schedule of complimentary technical assistance and monitoring visits by Pathfinder and FPMD.

These three objectives were accomplished (See Appendix "A" (Integrated Year One Schedule of FPMD and Pathfinder T/A and Monitoring Activities); "B" (Weekly Reporting Form for CBD Activities) and "C" (Daily Activities Record)).

During the visit, FPMD and Pathfinder assessed clinic facilities, procedures and client loads. Community Services Workers were accompanied on home visits and supervisory reviews. Two meetings to discuss technical assistance requirements were held with senior staff and the proposed plan of action was discussed with the Chairman of the Executive Committee, Dr. John Okanga. An additional meeting was held with Mr. E. Todd of Bellhouse Mwangi, Ernst and Young, whose firm recently had completed a series of manuals for Mkomani on financial management procedures, personnel policies and income generation strategies.

It was agreed that the first strategic planning exercise will occur on April 2-4, 1991 and will coincide with a start-up visit by Pathfinder staff. This exercise will be followed by the first phase of Community Service Worker training scheduled for May, 1991. On-site MIS training and additional systems development will occur in August, 1991 after MIS training of an Mkomani staff person by FPMD in Boston. It is recommended that computerization be timed to coincide with the August FPMD technical assistance/MIS visit, and the second Pathfinder monitoring visit will occur simultaneously. These activities will be followed by the second phase of training that will build upon the MIS discussions and implementation; catchment area surveys utilizing interim data gathered by Community Service Workers for more effective project planning and workload allocations will be incorporated into this training.

FPMD and Pathfinder had opportunities to make preliminary assessments of staff readiness and to establish priorities for action that were concurred in by all parties. Priority areas identified from the Mkomani staff perspective included:

- MIS and recordkeeping;
- Personnel policies and procedures;
- Strategic planning;

- In-service training for nurses and other staff;
- Management training for senior staff;
- Communication skills;
- Clarification of the roles and responsibilities of the Executive Committee; and
- Improved cost recovery and financial sustainability.

Flexibilities may be required, but all participants agreed that maintenance of momentum and coordinated planning were essential. Although final AID/W approval for the project design has not yet been formally received, the key elements of technical assistance and training discussed during the visit can proceed because FPMD's project document (which includes Mkomani) already has been approved, and Pathfinder bridge funding for project activities is available.

FOCUS FOR YEAR ONE ACTIVITIES:

There are five key areas on which Pathfinder and FPMD will concentrate in Year One. The Integrated Schedule of Technical Assistance and Monitoring Activities describes both the timing and expected outputs for Year One. (See Appendix "A".)

Pathfinder will take the lead in the first activity, organizing appropriate training for key management and field staff. In one instance--training of the Community Service Workers and Supervisors--Pathfinder will work with a training consultant to identify training resources and to develop appropriate curriculum. As described in the project document, this training will occur in three phases. During the recent planning visit to Mkomani, it was suggested that training begin in May, 1991 (contraceptive technology and general health issues), continue in September (MIS implementation, recordkeeping and the catchment area survey) and end in January or February, 1992 (a practical on-site visit to observe another organization with a successful CBD program).

In other instances--principally training of the Community Service Coordinator or other management staff--Pathfinder will identify and help to support training opportunities with other organizations that provide management training including FPMD which offers a comprehensive course on MIS in Boston, MA that should be attended by a designated Mkomani manager. Dates for this training are contingent upon schedules of course offerings by other organizations.

The second key area is designing and implementing an internal MIS and a financial management system for Mkomani. FPMD will take the

lead in this aspect of the technical assistance to be provided. The MIS will be tailored to Mkomani's specific programmatic and planning needs and will include formats, computerization, implementation strategies and assessment of systems effectiveness or refinements required. Training for all affected staff--from those who manage systems to those who gather data for inputs--is a logical component of the MIS activity. It is anticipated that systems design work will commence with interim CBD data collection and daily activities formats (See Appendix "B" and "C".) These will be introduced in late March to key staff and to field staff in early April. They are designed to improve and to consolidate the existing data base for project activities, especially those related to CBD, and to familiarize staff with regular and accurate data collection techniques.

Substantial design work also will occur during the MIS course offered by FPMD in Boston. Introduction of the more comprehensive system will occur in August; Pathfinder will participate in the introductory sessions and will include monitoring of systems implementation in its ongoing project oversight. Based on past experience, FPMD and Pathfinder anticipate that systems implementation and assessment will bridge Year One and Year Two, and plan to use the MIS outputs as key elements in developing a long-term strategic plan for Mkomani.

A third key area is improving Mkomani's income generation activities. Initially, Pathfinder will fund additional laboratory equipment and services and will assist the organization in advertising its new capabilities and soliciting physicians and others to use them. Surveys of employers to determine their interest in becoming depot holders or in using Mkomani as a health care resource for employees will be conducted in Year One. Pathfinder will participate with FPMD in defining specific fund-raising activities with the Executive Committee as part of a longer-range Mkomani Strategic Plan, and will evaluate the impact of new outreach initiatives in bolstering client loads. Fees already have been increased in the project document, and Pathfinder and FPMD will work together to strengthen Mkomani's financial management systems so that these funds can be recorded more accurately and projections of income over time can be made on a more firm basis.

A fourth key area is to review staff deployment and utilization, since malallocations of workload exist in both clinics and in the field. Pathfinder will work closely with Mkomani in recruiting and hiring new staff for critical positions, ensuring that personnel policies and procedures--a focus for FPMD technical assistance--are appropriately implemented and utilized. Selection criteria for recruitment, a vital element of this initiative, will be jointly prepared, and candidate qualifications and experience will be screened with Pathfinder assistance. A phased selection process, timed to select the most important new employees first, and to

ensure maximum benefits to these new employees from FPMD and Pathfinder technical assistance, will be developed.

The fifth key area is improving Mkomani's physical facilities, including renovation of laboratories and clinics to provide adequate space for project administration, IEC and clients. Many problems related to quality of project performance and efficiency will be remedied by these modest, but urgently needed, renovations and changes. Pathfinder will work with Mkomani to make sure that clinic procedures, especially with regard to client intake, counselling, management of client workload and provision of on-site IEC keep pace with new facilities or spacial configurations.

APPENDIX A:
PATHFINDER/FPMD YEAR ONE SCHEDULE OF ACTIVITIES

PATHFINDER/FPMD

MKOMANI IMPLEMENTATION SCHEDULE (Year 1)

ACTIVITY	DATE	EXPECTED OUTCOMES	LEAD AGENCY
1. CBD Service Statistics Workshop	March 21-22, 1991	<ul style="list-style-type: none"> ● Acquaint key Mkomani staff with requirements, forms and procedures of the NFPIS. 	FPMD
		<ul style="list-style-type: none"> ● Introduce interim Mkomani data collection procedures and formats jointly developed by FPMD and Pathfinder. 	FPMD/ PF
		<ul style="list-style-type: none"> ● Plan for a half-day orientation session in-house at Mkomani for Community Service workers and other key staff on new reporting procedures. 	Mkomani
2. Strategic Planning Workshop	April 2-4 1991	<ul style="list-style-type: none"> ● Understanding of the Strategic Planning process. 	FPMD
		<ul style="list-style-type: none"> ● A draft Mkomani Plan outline for 1991-93. 	
		<ul style="list-style-type: none"> ● Identification of outstanding issues needing further investigation or study before inclusion in the Plan. 	

MKOMANI IMPLEMENTATION SCHEDULE (Year 1)contd.

ACTIVITY	DATE	EXPECTED OUTCOMES	LEAD AGENCY
3. Start up/ Monitoring Visit	April 2-6 1991	<ul style="list-style-type: none"> ● Explanation and review of Pathfinder grant requirements. ● Identification of training course dates/topics/lectures. ● Training Needs Assessment. ● Observation of the strategic planning process. 	Pathfinder
4. Phase I Community Service Worker Training	May, 1991	<ul style="list-style-type: none"> ● Provision of intensive training on contraceptive technology and general health issues. ● Refresher training on reporting formats, etc. 	Pathfinder FPMD
5. Quality of Care Assessment/ Situation Analysis	May 1991	<ul style="list-style-type: none"> ● Baseline data against which TA and inputs can be measured. 	FPMD/ Pathfinder

MKOMANI IMPLEMENTATION SCHEDULE (Year 1)contd.

ACTIVITY	DATE	EXPECTED OUTCOMES	LEAD AGENCY
6. MIS Development & Design for Health & FP Organiz."Course (MSH/Boston)	June 16 - July 17, 1991	<ul style="list-style-type: none"> ● Intensive training in MIS develop. and design for an Mkomani staff person. ● Initiation of MIS design strategy for Mkomani. 	FPMD
7. Introduction of microcomputer and in-house computer training; Pathfinder monitoring and TA visit	Aug 1991 (on-going)	<ul style="list-style-type: none"> ● Mkomani and Bomu staff (Deputy, Acct., Clerks, Clinic Adm., CS Coordinator, Secretaries) trained in introductory computer use/applications. ● Computerized system for CBD and clinic services including development of computer applications for personnel, stocks, accounts, and service statistics. ● Assessment of additional MIS components and workplan for MIS development. ● Review and finalization of Strategic Plan and one-year operational workplan. 	FPMD/ Pathfinder
8. Phase II Community Service Worker Training	Sept 1991	<ul style="list-style-type: none"> ● Familiarization with new MIS. ● Catchment area survey. 	Pathfinder

2

MKOMANI IMPLEMENTATION SCHEDULE (Year 1)contd.

ACTIVITY	DATE	EXPECTED OUTCOMES	LEAD AGENCY
11. Phase III Community Service Worker Training	Feb 1992	<ul style="list-style-type: none"> ● Evaluation of CBD program effectiveness. ● Review of compliance with MIS. 	Pathfinder
12. Joint Review/ Planning Session for Year 2	Feb 1992	<ul style="list-style-type: none"> ● Formal assessment of Year 1. ● Plan for Year 2. ● Strategy for involvement of Mkomani Executive Committee in Strategic Plan. ● New Pathfinder project document/budget for Year 2. 	Pathfinder/ FPMD

APPENDIX B:
WEEKLY CBD ACTIVITY FORMAT AND INSTRUCTIONS

INSTRUCTIONS:

WEEKLY REPORTING FORM FOR CBD ACTIVITIES

1. All parts of the form must be completed daily and turned in to your Community Service Supervisor on a weekly basis. Please write your name and area(s) covered at the top of the form. Before submitting the completed form to your Supervisor, please sign at the bottom.
2. You must record the start and end dates of each week (day/month/year) at the top and place the date next to each day of the week as it appears on the format.
3. You should record the number of pill cycles by type distributed each day and total the amounts at the end of each day and at the end of the week in columns 1-7.
4. It also is important to record the number of clients both new to modern methods of family planning and clients who have used any modern FP method at any time before. NOTE: A "NEW ACCEPTOR" IS SOMEONE WHO HAS NEVER USED A MODERN FAMILY PLANNING METHOD, AND A "REVISIT" IS SOMEONE WHO IS BEING RESUPPLIED AND IS NOT A NEW ACCEPTOR.
5. All referrals for any purpose should be noted on lines 12-15, whether the referral is to Mkomani and Bomu, or to another clinic. Referrals can be for VSC, examination, side effects or "other". If you are not clear about the purpose of the referral, use the "other" column.
6. You should record the number of home visits (line 16), IEC sessions, village meetings or other group sessions that you conduct or participate in for each week on lines 17-24. The number of participants should be noted in the column under each kind of meeting that you record.
7. If you visit depot holders, write down the number of depot holders you have visited on line 21. If an IEC session is held during your visit, write the number of participants on line 22. The number of condoms (or other contraceptives) that are given should be recorded on line 9 (kind of contraceptive/#).
8. A home visit is a personal contact to discuss family planning, general health issues or to resupply contraceptives in a person's primary residence. A home visit can occur whether or not he or she is an Mkomani/Bomu client or a modern FP method user. When visiting one structure that houses several families, count each family or client contacted as a separate home visit. All home visits should be recorded daily on line 16.

MKOMANI CLINIC SOCIETY

Weekly Reporting Form for CBD Activities

Name: _____ Area: _____

Start Date: _____ End Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Dates ----->						
Pill Cycles:						
1 Microgynon						
2 Neogynon						
3 Eugynon						
4 Microlut						
5 Nordette						
6 Logynon						
7 Trinordial						
Total:						
Condoms:						
8 Quantity						
9 Quant. to Depot						
No. of Clients:						
10 New Acceptors						
11 Revisits						
Referrals:						
12 VSC						
3 Examination						
4 Side effects						
5 Other						
IEC:						
6 No. of Home Visits						
7 Vill. Meetings						
8 No. of Part.						
9 IEC Sessions						
0 No. of Part.						
1 Depot Visits						
2 No. of Part.						
3 Other						
4 No. of Part.						

Signature of CBD Agent: _____

Signature of Supervisor _____

APPENDIX C:
DAILY CBD ACTIVITY RECORD FORMAT AND INSTRUCTIONS

DAILY CBD ACTIVITY RECORD

PLEASE NOTE: YOU WILL BE GIVEN A NOTEBOOK AND PRE-PRINTED FORMATS IN WHICH TO RECORD SPECIFIC INFORMATION ON EACH PERSON WHOM YOU MEET. PLEASE NUMBER EACH PAGE OF YOUR NOTEBOOK AND RECORD ALL INFORMATION REQUIRED TO CONFORM WITH THE ATTACHED FORM. THESE DAILY CBD ACTIVITY RECORDS SHOULD BE HELPFUL TO YOU IN COMPLETING THE WEEKLY CBD REPORT FORMATS.

Specific Instructions:

1. Each person contacted--whether or not the person is a contraceptive user or Mkomani/Bomu client--should be recorded on the format attached to these instructions. the person should be asked their name, address (P.O. Box or area), age, "parity" (number of children), contraceptive method used (if the person does not use a method write "none."), quantities of contraceptives given (that is, number of pill cycles, condoms, foaming tablets, etc.), and any comments that seem important to you. Please (✓) in the Mko. column if the client goes to Mkomani or Bomu Clinics.
2. The amounts of contraceptives given are important. Please make sure that you give to clients, at a minimum, the following quantities:

--New pill clients:	three (3) cycles
--Pill resupply:	three (3) to six (6) cycles
--New condom clients:	25 condoms
--Condom resupply:	50 condoms
--New foam tablet clients:	25 tablets
--Foam tablet resupply:	50 tablets
3. For new pill clients, please ask the following questions to screen them for contraindications before you give the pill cycles. Follow up with the client to make sure that she has an appointment for examination before the next resupply is given. The questions are:
 1. Do you experience severe headaches accompanied by nausea, vomiting or difficulty in seeing clearly?
 2. Do you suffer from severe chest pain or breathlessness?
 3. Have you noticed any lump in your breast or any abnormal breast secretions?
 4. Have you missed your period?
 5. Do you suspect that you might be pregnant?

6. Have you ever taken the pill before? Did you bleed or spot while taking the pill or did you have any other difficulties?
7. FOR BREAST FEEDING MOTHERS: Have you noticed any change in milk flow?

NOTE: IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, OR IF YOU ARE NOT SURE ABOUT ANY RESPONSES, THE CLIENT SHOULD NOT BE GIVEN PILLS FOR THE FIRST TIME OR RESUPPLIED. THE CLIENT SHOULD BE ADVISED TO USE ANOTHER METHOD (SUCH AS CONDOMS AND FOAMING TABLETS OR FOAM), AND TO GO TO THE CLINIC IMMEDIATELY FOR FURTHER EXAMINATION.

Client Name	Age	Parity	Method	Quantity	Mko
1.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
2.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
3.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
4.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
5.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
6.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
7.					
Address/ Area:					
Comments:					

Client Name	Age	Parity	Method	Quantity	Mko
8.					
Address/ Area:					
Comments:					