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REPORT ON THE DISTRICT WORKSHOP FOR THE NATIONAL IMPLEMENTATION PLAN

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EXECUTIVE SUMMARY

From April 7 to April 13, 1995, Sylvia Vriesendorp and Marjorie Smit travelled to Nairobi, Kenya to facilitate and participate in the National Implementation Program (NIP) District Workshop. The two and a half day workshop for district staff was held to identify major issues and constraints to program expansion at the district level and to make recommendations that may be used by the central level to guide the allocation of family planning resources in the next 5 years. It also served as an opportunity to introduce the districts to the National Implementation plan and to benefit from their input into the NIP process.

I. BACKGROUND

Through the process of developing the NIP as well as other studies done recently, the district has been identified as the area where the family planning program needs strengthening. The 1993 DHS showed wide differentials in contraceptive prevalence rates among the different regions of the country. This is a clear indication that more efforts will need to be directed towards improving the program and raising the CPR in those areas where it is lower than the national average. This will involve a review of the current status of the program at the district level and identifying the level of resource input that will be required in the next five years. Previously, planning has been done at the central level with the districts involved in the implementation, without any contribution from those at the ground level. This has resulted in numerous cases of overlap and duplication as each agency works alone to identify and map out its area of operation.

II. PURPOSE AND OBJECTIVES OF THE WORKSHOP

The Kenya Health Policy Framework recently released by the Ministry of Health has also identified the district as having a key role to play in mobilizing the communities for more participation in health care delivery. The district differentials in contraceptive prevalence rates identified in the DHS of 1993 need to be addressed at the district level. In order to take on the increased responsibility, the district teams need to be strengthened, both in skills and resources if the program has to maintain the momentum that it has gained over the last ten years. As part of NIP development process, it was felt that a two and a half day workshop for district staff be held to identify the major issues and constraints to program expansion at the district level and to make recommendations that may be used by the central level to guide the allocation of family planning resources in the next five years. The workshop would thus provide district inputs into the NIP process which is part of developing the implementation steps for the NIP.

Objectives:

- To orient the district teams on the NIP process;
- To review the district family planning Action Plans to see how they fit with the objectives of the NIP;
- To develop district based priorities for the family planning program for the next five years;
- To discuss the implications of the three Strategic Direction foci for NIP for the district level management; and
- To develop implementation steps based on inputs from the districts.

III. PARTICIPANTS

The workshop participants represented 7 districts, one from each of 7 provinces (Nairobi is considered a province because of its population.) No representation was present from the North Eastern province, because it does not have an active family planning program. Districts were selected in such a way that the entire group would represent an equal number of districts with high contraceptive prevalence (Nyeri and Meru), medium prevalence (Kakamega and Uasin Gishu) and low prevalence rates (Siaya and Mombasa). For each district invitations were sent out to the Medical Officer of Health, the District Public Health Nurse, the District Population Officer and a representative from an NGO with a strong presence in the province. All 7 of the MOH, the DPHN and the DPOs accepted and were present. Unfortunately, only 3 of the 7 districts brought with them an NGO representative: (See Annex 7 for a complete list of participants).

Province	District	NGO
Western	Kakamega	MYWO
Nyanza	Siaya	Diocese of Maseno West
Rift Valley	Uasin Gishu	CHAK (did not come)
Central	Nyeri	FPAK
Eastern	Nairobi	Nairobi City Council
Coast	Mombasa	Mkomani (did not come)

From the Central level, two of the representatives attended from the DFH and two from NCPD. The facilitation team consisted of three FPMD staff members, one of whom is based in Boston, the other two based in Nairobi.

IV. WORKSHOP DESIGN AND PROGRAM

A. Design

The workshop was planned for a total of two-and-a-half days, starting on Monday evening and finishing on Thursday morning. The design was based on the following principles and assumptions:

1. Participation does not happen by itself but needs to be carefully structured.
2. There is a lot of energy and passion for the work to be done in the districts.
3. This (energy and passion) can be harnessed to find solutions to many problems at the district level.
4. The specific inputs (into the N.I.P process) from the districts would be anchored in their respective (district) visions.

The design followed a logical flow: (1) from an **update** on the NIP process and its **accomplishments** so far, to (2) an **articulation of the vision** by each district team. From there the district teams moved back to the present and (3) **assessed their current situation** with respect to family planning. By (4) **comparing the current situation with the vision**, each district (5) then **choose the its key priorities** for action. These priorities were then (6) **analyzed to identify the major constraints** to accomplishing them. A (7) **review of these constraints** led to a juncture in the process as the districts determined which of the constraints needed to be addressed at the central government level, and which could be dealt with at the district level. **Two sets of recommendations** were then proposed: (8A) **one directed towards the central government levels in Nairobi.** This was the input the NIP Taskforce had requested from the districts for the development of Phase II - Implementation Steps. The other set of recommendations (8B) were in effect **proposals to the districts themselves**: actions which the districts could apply without central government support to solve problems at their level. Out of these, each district then selected the proposed actions applicable to their specific circumstances and presented to their colleagues a series of "**district intentions**".

B. Expectations

The expectations of the facilitation team were that, at the end of the workshop...

- the participants would know what the NIP is, what had happened so far, what was planned for the near future, and what the implications of the NIP would be for their districts and the family planning activities;
- the participants would have an interest in the NIP process and its outcome;
- the participants would feel responsible for what happens in the area of family planning in their districts;
- the NIP team would have an indication of the types of resources the districts would need to implement the Phase I Strategic Directions;
- each district would have articulated a vision of what it wants to have accomplished (in FP) in the district, and priority actions that would need to be implemented to get there;
- the districts (and the representatives from the central level) would have a better idea of the implications of district level management;
- the districts would have proposed a series of activities to be considered for inclusion into the Phase II implementation steps by the NIP Task Force
- the districts would have selected a series of actions which can remove some of the obstacles they have identified to realizing their visions.

C. Progress

To measure progress towards these expected outcomes, a simple monitoring tool was devised. Each (district) participant was asked to fill in a short questionnaire, using a 4-point scale at the beginning of each day. The aggregate answers were charted each day on a large graph, showing progress in meeting the expectations. The questions were:

1. I can describe to others the essence of the NIP.
2. I know the three levels of the strategic approach of the NIP.
3. I can make a difference in the way the FP program in my district is managed.
4. I have a clear picture (vision) of the FP situation we are trying to create in my district in the year 2000.
5. I can describe how the DPO, the MOH, the DPHN and the NGO staff can work together to improve FP in my district.
6. I believe that I have opportunities to provide input in the way the FP program is implemented in my district.
7. I have a clear idea of what the priorities are to improve the FP program in my district.

The participants answered these same questions three times during the workshop, on Monday evening, Tuesday afternoon and Wednesday afternoon. The results are shown in Figure 1.

D. Program

The detailed program of the workshop was as follows:

Monday (1 hour):

- Welcome words by Barbara Tobin (FPMD/Kenya) and Dr. Makhulo (DFH)
- Who is in the room (introductions)
- Presentation of workshop objectives
- Participant expectations
- Expectations of facilitation team; monitoring progress towards meeting expectations
- Presentation of the workshop program and logic
- Norms and expectations regarding time

Tuesday (8 hours):

- NIP review (process and document phase I; implications for the districts)
- What's a vision; articulating district visions
- Review of the current situation (situational analysis)
- District priorities
- Constraints (elephants on the road)

Wednesday (8 hours):

- Overcoming the constraints: central versus district level action
- Brainstorming and recommendations for central-level action
- Brainstorming and recommendations for district-level action
- Review of service delivery point (SDP) standards proposed in Phase I Strategic Directions
- Districts select proposals for action.

Thursday (2 hours):

- Review of progress
- Districts present plans
- Closing words by Ambassador Bullut, Director of NCPD
- Review of workshop objectives and participant expectations
- Next steps in NIP process
- Review of the workshop, closing reflection
- Evaluation
- Distribution of workshop products, ***The Family Planning Manager, The Family Planning Manager's Handbook*** and other documents.

V. SUMMARY OF PROCEEDINGS

A. Participant Expectations

In small groups the participants were asked to articulate the expectations with which they had come to the workshop. Fourteen expectations emerged from that process, which fell into the following four categories:

* Understanding the NIP process and strategic directions
* Giving input into the next phase (Implementation steps)
* Developing strategies and action plans for the districts
* Sharing of information, accomplishments and ideas with other districts.

The proposed workshop program addressed all these expectations and a quick review Thursday morning showed that all expectations were met (see Annex 1 for list of expectations).

B. Workshop Proceedings

1. NIP Process and outcome Phase I

After an intensive period of preparation, the previous evening, in which the MOH, NCPD and FPMD were involved, FPMD and NCPD staff presented the process followed so far in preparing the NIP Phase I: Strategic Directions (see Annex 2 for the various events that have led up to this point). An outline of the document ***The National Implementation Plan for the Kenya Family Planning Program - 1995-2000*** was presented as well.

The review of the NIP process and the document crowning Phase I - Strategic Directions, took off in an atmosphere that was somewhat tense. Several district representatives lamented the fact that they had not been included earlier in the process and some expressed confusion as to the implications of the strategic directions. Some of the interpretations that emerged from the group

seemed to indicate that the priorities[1] listed in the NIP Phase I - Strategic Directions document were very loose and of no particular consequence for the districts. Thus it became necessary to explain the concept of priorities and what the consequences are when funding decisions are made. Once it was explained how these decisions had come to pass and what their basis was (extensive research and multiple consultations with a wide variety of actors) the districts agreed in principle, and realized that if their priorities did not coincide, the burden was on them to either justify their choices convincingly to the central level or obtain funds from elsewhere to pursue their choices.

The preceding conversation led to a discussion on the roles and responsibilities of central versus district levels and as such, was a tentative first step in clarifying what district level management might mean in practice. The distinction between policy-making and operational levels became clearer in the ensuing discussions.

The session was important and neutralized some of the tensions that were apparent between the district and central levels. The seven districts represented in the workshop acknowledged that they were pleased to be consulted for this second phase of the NIP process, and in the work sessions that followed they showed how seriously they took that task!

2. Vision

The concept of a vision was presented as a magnetic force that pulls energies and efforts of the people working towards the vision. Examples of people with powerful visions were used such as Nelson Mandela and J.F.Kennedy who had articulated visions which were, at the time, a considerable stretch away from the reality they lived in. However, they weren't just dreams or castles in the air, as they were both anchored in an accurate assessment of current reality. This "anchor" forces one to start working towards the vision from today's reality as a point of departure.

The districts teams (MOH, DPHN, DPO and, where present, the NGO representative) were asked to articulate a shared vision of family planning in the year 2000 for their district. The visions were presented to the rest of the group. Although some districts had difficulty expressing their vision as a desired end result (things, accomplishments that are in place in the year 2000), others came up with clear and evocative images (such as: ask anyone on the streets of Nairobi, even beggars, about family planning and they can tell you what it is and where the closest service delivery point is!), or: each SDP will have two complete family planning kits. Male involvement, community support (family planning is always on the agenda of any community meeting!) and close collaboration with the NGOs were among the common elements of the various districts visions.

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[1] These priorities are:

* Improve the quality of existing SDPs (SDP means family planning is among the services delivered)
* Upgrade existing facilities to SDPs
* Establish new facilities.

3. Current reality (situation analysis)

To make sure that the vision would be solidly anchored in today's reality, all districts undertook a preliminary review of the current family planning situation in their districts. For this purpose a questionnaire was used, asking each team to estimate current figures and percentages of service availability, method mix, demand, etc. Even though many of the districts did not have complete or exact figures about the current family planning situation, the exercise was useful in that it demonstrated that one does not need to be paralyzed by incomplete data. The resulting "sketch" of the family planning situation in each district allowed the teams to make some preliminary judgements about where they needed to pay attention in order to move towards the vision, while at the same time indicating where additional data collection needed to be done.

4. Priorities

The establishment of the vision (endpoint) and current reality (starting point), allowed the teams to choose priorities for action. Each district was told to select 3 broad sets of actions: 2 in the area of service delivery, and one in another area (training, IEC, logistics, etc.). This forced choice was intentional in order to avoid the common problem of "selecting" too many priority actions, which tends to paralyze even the most well-intentioned because of the sheer size of work to be done. The selected priorities of all the districts are presented in Annex 4B. A review of these priorities shows that there are many commonalities among the districts and that they are more or less in line with the general strategic directions established by the NIP Taskforce.

5. Constraints

Constraints were presented as "elephants on the road". A metaphor that stresses the importance of constraints as being obstacles that can be removed, rather than voids, or "lack of" situations. It turns the usual litany of listing the various resources that are missing into a more constructive search for obstacles that currently block progress. The districts were asked to group their "elephants" in 4 categories: those constraints related to the ENVIRONMENT, those related to POLICY, those related to INFORMATION and those related to COORDINATION. Annex $C presents the constraints per district. Many of the elephants are common to all districts, such as bad roads, dormant committees, interference from religious and political leaders, and differential remuneration of CBD workers. However, some teams listed specific constraints to their work environment, such as the high mobility of urban CBD clients in Nairobi.

6. Central level versus District level Constraints

The next series of activities was designed to ensure constructive proposals from the districts to the central level to be considered for inclusion in Phase II - Implementation Steps of the NIP.

The participants regrouped themselves into 3 groups, representing the 3 levels articulated in the NIP Strategic Directions:

Service Delivery Points
District Level Management
Community Involvement

Participants were asked to choose a group based on their particular interest while ensuring that their district was represented in each of the three groups. Each group reviewed the constraints pertaining to their particular topic and sorted the constraints in two categories: those that could only be overcome or resolved with help from the central level (DFH, NCPD, other Ministries at the central government level) and those constraints that the districts could tackle at their own level. According to the participants it was a revealing exercise, as the district managers realized how much they could do at their own level. Participants realized how much can be done at the district level, even if additional resources weren't forthcoming. In some cases constraints appeared in both categories, as action was needed at the district level with support from the central level.

7. Recommendations to the Central level

The three groups brainstormed on the possible actions the central level could take that would help them remove the elephants at the districts. Each group presented their recommendations to the other groups and, after some discussion, the districts agreed to present these recommendations to the NIP Taskforce for consideration in the development of the implementation stages. The recommendations are presented in Annex 3.

8. Recommendations to the districts

The 3 groups then brainstormed on the kinds of actions the districts themselves could take to remove "elephants" at their level. This activity was designed to allow for cross fertilization of ideas among districts and make available to each district the combined expertise and experience of their peers from other districts. A series of recommended actions emerged out of this exercise (see Annex 5).

9. Review of SDP standards

The Phase I - Strategic Directions document contains the drafts of 3 proposed sets of standards, for (a) type of services per facility; (b) staffing requirements per facility (in light of proposed types of services); and (c) equipment requirements. Participants regrouped according to function: an MOH group, a DPHN group and a group of DPO/NGO representatives. Each group reviewed the drafts and proposed additions, and changes to the drafts. All groups agreed that much needed to be added to the standards, thus leading to the kind of SDPs that they felt appropriate and feasible in the year 2000. It was a considerable display of optimism and energy, which might have been fueled by their ambitious visions, articulated earlier in the workshop.

The suggested changes and additions were recorded by the facilitation team and will be submitted to the NIP Taskforce for consideration in the revision of the drafted standards.

10. Individual district action plans

Each district met separately, combining the recommendations made in the three groups (see 8. Recommendations to the Districts) and distilled out of all of these ideas a set of actions they felt they could initiate immediately or in the near future to move towards the realization of their vision. These "intentions" will be taken back to the district and shared with other important actors on the district family planning scene. Annex 4 presents the plans for each district.

C. Input into NIP Phase II

It was obvious from the discussions that there is a lot of practical experience in the districts in delivering family planning services. The workshop was designed in such a way that this rich source of experience was tapped for the purpose of making the NIP realistic and responsive to the needs of the districts. Particular recommendations relate to policies regarding CBD remuneration, contraceptive supply flows, changes in the government tender system, standardization of certain procedures and better communication between the central level and the districts. The recommendations were made in a spirit of collaboration, with the district realizing that each level has its particular role to fulfill.

D. District-level proposals

The recommendations to themselves showed that, as one participant expressed in the evaluation: "most elephants can be removed by using bulldozers already existing in the districts." There was a lot of energy in the room, and the dependency on central level for resources (and by extension, for action) was reduced to its minimum (there is a legitimate need for resources in certain cases). For example, the cry for more vehicles was transferred into an inquiry into the way vehicles are managed. A call for better planning and an action orientation of district level managers was joined to a resolution to wake up dormant committees or, if impossible, to organize informal get-togethers with NGOs and other family planning providers.

VI. WORKSHOP EVALUATION

At the end of the workshop participants were asked to complete a short evaluation questionnaire. The individual answers to each question are presented in Annex 6. The following is a synopsis of their answers for each question:

What was most useful: Most participants told us that they had found the (concept and articulation of the) vision and the constraints (elephants) very useful. Also mentioned were the NIP process, the situational analysis and the coming together of district teams.

What was least useful: Very few answers to this question. No clear trend.

Suggestions for follow-up: There seems to be a clear need for some sort of contact between districts on the one hand, and between staff from the central level and the districts to follow-up on the plans made during this workshop. A wish was also expressed to remain henceforth "in the loop" of the NIP development process by receiving documents and chances for more input. The exchange between districts was valued highly, and several participants would like to

see more opportunities for these exchanges in the future, either in the form of visits or short workshops.

Materials: Few people had an opinion on this question. They requested mostly more up front statistical and survey data to help in the planning.

Additional topics: Too few answers to discern any trends.

Facility: A more or less equal split among people who loved it and those who felt it was too far and too hot. Some complaints about its remoteness from shopping places and major transit routes.

Other comments: Several participants expressed how they had liked the workshop and how it had "cleared their mind" on FP issues, how applicable it had been to their work and how they had been stimulated. Some offered congratulations to the facilitation team and a few participants complained about the size of the allowance given to them for incidental expenses.

VII. REFLECTIONS OF THE FACILITATION TEAM

Over the years, an enormous dependence has been created, both by the donors and by the central level on initiatives for action. The general battle cry ***"we need more people, more vehicles, more money"*** has been accepted as an excuse for blatant mismanagement at all levels. Even though most of the people who work in the trenches, the service providers, the CBD agents, and the district managers, certainly those who were in the workshop, believe in their work, and are committed to improving the health of Kenyan families, it has become difficult to keep their eyes focused on this prize. The enormity of the task, combined with the many obstacles constantly put in their way make it hard to maintain optimism, hope, and the energy that they need to do the work.

This workshop intended to tap into the passion and the commitment that has always been there and we believe that it has succeeded in doing so. The ideas, the intentions for actions at the district level were witness to the commitment. However, the energy will only stay so long, before it gets buried under the stresses of everyday work and the frustrations of the many obstacles found on the road. Some individuals in the group showed considerable strength, resourcefulness and inventiveness. These are the people that need all the support they can get from the central levels, not necessarily in terms of resources, but rather in terms of *acknowledgement, attention and encouragement*, 3 things that don't necessarily cost much money

but that require central level staff to visit the districts from time to time and show a genuine interest in their work. This workshop has helped to further clarify what the roles are of the central level and how it can best support service delivery in the districts. It was clear from the many discussions that it is not just a matter of funneling more resources to the districts (although it remains part of the picture of course).

The workshop also helped the districts to see that, although their perspective is important, it is limited to their one district. As such, their views cannot become the one that Nairobi should adopt in its entirety. The commonalities in the perspectives of the seven represented districts is what is important at the central level, not the individual idiosyncracies. When the levels do not realize what they can contribute and where they are limited, clashes occur. This was the conflict we saw lurking under the surface at the beginning of the workshop, a conflict that is so common between central and district levels. We hope that this workshop has helped the two parties get a bit closer, although the very limited representation of the central level may have kept us from being very successful in that respect.

At times participants expressed discomfort with the lack of a standard planning format and the looseness of the product (we preferred the word "intentions" rather than action plans) and some asked who this "plan" was going to be submitted to. It illustrated the dependency on others and how the multiple (donor-driven) planning schemes have robbed the lower levels of both ownership and accountability. All too often plans are developed to please a higher authority, rather than to fulfill a management need at the level where the action is proposed. Our response was that the "plan" was for themselves and that they could use whatever format, size or shape they wished, as long as it was "owned" by the people who had to implement it. We emphasized repeatedly that the bottom line would always be: ***if YOU don't do what you plan, no one else is going to do it for you***. For some people this created anxiety for others it was exciting.

The team noticed that an important resource available to the districts in pursuing their vision remains unused. Six drivers were lodged during the workshop with nothing to do. Since one of the "elephants" identified by the district teams was inadequate vehicle maintenance, this "idle driver time" could be used in a productive way by giving them training in vehicle management for example. Or, where that is inappropriate, drivers could be trained as health or family planning educators. After all, drivers constantly talk to people when they are waiting for their passengers to complete their work. It has been done in other places, and could be done here as well.

VIII. RECOMMENDATIONS: NEXT STEPS IN THE NIP DEVELOPMENT PROCESS

The district workshop was meant to tap the expertise available at the district level for developing the implementation steps for NIP and to also prepare the district teams for their role in its implementation. The district teams provided invaluable insights into issues relating to program implementation and management at the district level which are often missed out by central level planners. This interactive participation in the planning process means that those responsible for

program implementation make inputs into the planning process to reflect the needs and priorities of the districts. Now that the districts have become involved, it is imperative that they stay involved. There is still considerable skepticism at the lower levels about the willingness of the central level to listen to the lower levels. Those people in the workshop who were inspired and encouraged by their involvement are nursing a fragile sense of ownership that can be easily wiped out.

The participants were very keen on having some sort of follow-up to this workshop. We believe that this is a good idea. This follow-up could take various forms, or even a combination of several, depending on the resources available. We believe it is important that the staff from the DFH make periodical visits to the districts. The districts are crying out for this kind of attention. District staff has proven to us that they are resourceful, innovative and creative. This mindset might well be the greatest resource that the Kenyan Family Planning program has. It needs to be nurtured carefully. If the districts feel unacknowledged, or unnoticed, some of the enthusiasm might disappear. Allowing the district staff to "show off" what they are accomplishing (other than through the routine reporting channels) is important. Opportunities for showing accomplishment combined with some practical problem-solving could be created as well by organizing visits from one DHMT to another. The exchanges we witnessed during the workshop were very stimulating and highly appreciated by the participants.

Short workshops, if structured carefully, can accomplish a great deal in a short span of time. If time is managed well (and this workshop showed how time management is a collective responsibility that everyone took seriously) and the focus is kept on a desired future state that everyone present want to help create, much can be done.

There is a wealth of information and expertise related to family planning (or preventive health) service delivery at the district level. The central level needs to stay in touch with that reservoir not only during the planning process but also during implementation.

There has not been much continuity at the central level from the DFH, with different people participating in different events. Although it is understandable that senior officials have many obligations and duties aside from the NIP it would be advisable to maintain some degree of continuity so that a number of people from the DFH remain involved in this elaborate process.

The first phase of the NIP process has been accomplished in one year's time using a very participatory process. It has been time consuming and slow for those who have been closely involved. However, the payback is that it is truly a concerted effort and the plan is more likely to be implemented (assuming that the level of commitment of all parties remains high). It is important that the participatory character of the process be maintained.

The enthusiasm of the districts for the NIP was considerable. It would be important to try to maintain the momentum by staying in touch (by phone, through letters, or visits) with the districts to keep the fires burning. Since the DPOs meet periodically in Nairobi, the FPMD staff should arrange a meeting to obtain feedback on this workshop after a period of time has lapsed.

Once the implementation steps have been formulated and the Phase II completed, a series of implementation workshops could be considered for a limited number of districts (based on their strategic importance). These workshops could follow a similar format as this one, with a focus on the vision and what people can do at their own level to move towards the vision. The provincial authorities should be involved as well in such an initiative. As it came out clearly during the workshop, developing and strengthening the capacity at the district level must be a major priority in the implementation of the NIP. This should include development of tools for effective program implementation such as:

- Management systems that allow quick problem identification and solutions;
- planning and budgeting systems;
- field supervision systems;
- logistics and supplies systems to SDPs;
- reporting systems from the SDPs to the districts and headquarters

IX. ANNEXES

ANNEX 1. PARTICIPANTS' EXPECTATIONS

ANNEX 2. SEQUENCE OF EVENTS IN NIP

ANNEX 3. INPUT INTO PHASE II - Recommendations to the NIP Taskforce

ANNEX 4. DISTRICT PLANNING
A. District visions
B. District priorities
C. District constraints
D. Proposals for action

ANNEX 5. RECOMMENDATIONS TO THE DISTRICTS

ANNEX 6. END OF WORKSHOP EVALUATION

ANNEX 7. LIST OF PARTICIPANTS

ANNEX 8. WORKSHOP PROGRAM

ANNEX 1. Participants' expectations

- to understand the NIP Process
- learn more about NIP Process
- to be briefed about NIP
- to understand the NIP Process
- selection criteria for the invited districts
- strategy of improving and expanding the CBD programme
- develop specific strategies for expansion of family planning programme at the district level
- to participate and define the implementation process steps by the DHMT or local authorities
- input on the NIP task force report
- sharing of experiences and constraints and achievements implementation of FP
- sharing ideals and experiences so as to enable us to plan for FP implementation in our districts
- the best way to achieve NIP objectives in the districts
- develop 5 year FP district implementation plan

ANNEX 2. SEQUENCE OF EVENTS IN NIP DEVELOPMENT PROCESS

1. Consultative meetings with the government (March 1994)

2. Process Development:
GOK, NGOs and donors meet to brainstorm about the process to be used in developing the NIP (April 1994)

3. Development of the vision for the year 2000 for the FP program - GOK, NGOs and donors meet to articulate the vision and the obstacles and identify the 8 areas of intervention (June 1994)

4. Management of the process: Task Force set up to guide the process. First meeting in August 1994 and set up four working committees:
-Service Expansion
-Quality of Care
-IEC
-Resource Requirements

5. Working committees:
Committees started work by determining the strategic questions that need to be answered through data collected from the service providers. These were in the four areas identified by the Task Force (Oct/Nov 1994). Researchers were hired and attached to each of the four committees.

6. Researchers collect and analyze data and the results are presented at the second meeting of the working committees (Nov/Dec 1994)

7. Working committees draft recommendations to resolve strategic issues and submit these recommendations to the Task Force (Nov/dec 1994)

8. Task Force reviews recommendations from the four working committees and puts all the recommendations together. These recommendations are presented to official of NCPD and DFH. (Dec. 1994)

9. Draft NIP Report for Phase I informally discussed with the donors (USAID) Jan 1995

10. Third Task Force meeting review the recommendations of Phase I. Start planning for Phase II for the implementation steps. Recommends that working committees meet to review the necessary recommendations in their areas. Also recommends getting the view from the program implementers at the district level. (March 1995)

11. Committees meets to prepare implementation steps (April 1995)

12. District Level Planning Workshop (April 1995)

13. Task Force meeting to compile the outputs of working committees and recommendations of the district workshop - Phase II (April 1995)

Upcoming Activities:

14. To meet with those key players who have not yet been involved in the process

15. The Drafting Committee to meet and combine Phase I and II into a single NIP document (May 1995)

16. Completed NIP document submitted to GOK for approval (June 1995)

17. Next Task Force meeting (June 1995)

18. National Seminar for Key Players in FP in Kenya (end June 1995)

19. Government starts planning to set up mechanism for monitoring the implementation of NIP

20 Launching of the NIP (July 1995)

ANNEX 3. INPUT INTO PHASE II - Recommendations to the NIP Taskforce

1. ON COMMUNITY INVOLVEMENT

Constraints:

(A) *Socio-economic factors in some parts of the country leading to high IMR*
- Poor health education
- Inadequate FP supplies
- Low status of women
- Explore possibilities for IGA in community
- Sustainable development through local resources
- Policy flexible - make basic education affordable for majority of population, especially girls
- Preventive health through PHC strategies

(B) *High drop-out rate of CBDs due to lack of renumeration*
- Make clear policy on incentives and renumeration for CBDs
- Develop guidelines and strategies for involving the community in sustaining CBD programme
- Organize CBD into manageable groups/IGA
- Fee for service as incentive

(C) *Politicians not in favor of family planning*
- Enhance involvement of political leaders
- Sensitize political leaders

(D) *Religion as barrier*
- Highlight current problems through multi-media
- Continue community and individual approach

2. ON DISTRICT LEVEL MANAGEMENT

(A) *Different forms of incentives to CBDs by NGOs*
- Standardize CBD programme including the issue of workload and incentives

(B) *District Team Managers are not trained on FP, program management, logistics management*
- Re-train personnel in management especially for FP programs
- Set a standardized criteria for selecting managers

(C) *Bureaucracy in getting contraceptives*
- Plan and make early requisition
- Develop comprehensive and realistic logistic supply system of contraceptives

(D) *No supervision of district level by central level*

- provide technical back-up from central level
- Regular reports to and feedback from central to facilitate increased communication between district and central
- Conduct regular (quarterly) meetings between district and central

(E) *Irregular supplies to districts*
- Planned and realistic requisition at both central and district levels
- Improve MIS to facilitate constant feedback to central level to enhance plans for requisition

(F) *Different procedures by different agencies*
- Formulate clear policy guidelines on standardization of procedures

(G) *High turn-over (attrition) of health managers*
- Motivate officers by offering better terms of service - i.e. higher salaries, allowances, promotion, etc...

(H) *Government tender system makes prices of commodities high*
- Leeway to the tender system at the district level
- Health management boards should be empowered to take certain decisions on budget
- Government tender system be reviewed to take into account current changes

(I) *Poor/bad roads*
- Priority should be given to upgrading of roads leading to health facilities/SDPs

(J) *Inadequate training venues - review policy on training centers and upgrade the existing ones*
- Give District Tender Boards leeway to identify venues for such training where no adequate government facilities/venues exist

3. ON SERVICE DELIVERY POINTS

(A) *Inadequate training of service providers*
- Review curriculum for trainees and make it uniform
- Those involved in training should themselves have adequate training

(B) *Insufficient, irregular and unbalanced supply of contraceptives and consumables*
- Procurement to be adequate and timely
- User-fee to be introduced for FP services to sustain the procurement
- Bureaucracy in the procurement to be re-addressed and shortened
- Re-introduce a line item under recurrent allocation for consumables

(C) *Inadequate and out-dated IEC materials*
- Out-dated materials should be updated
- Headquarters to liaise with the districts before production of materials

- Production to be decentralized to the districts
- Quality of materials should be improved

(D) *Inadequate number of trained staff*

- Strengthen the FP component (content) in the basic curriculum for nurses, Registered Clinical Officers and medical students
- Re-activate and increase number of training centers for FP
- Equal distribution of the available trained staff in the country
- Selection of trainees to be decentralized to the districts

(E) *Poor roads - especially during rainy seasons*

- The Minister for Public Works and the Minister for Health to take the issue up at the cabinet level

(F) *Lack of trainers (TOTs)*

- HQs to train more, or the training to be strengthened at district level
- Selection to be decentralized
- Incentive to be introduced to reduce drop-outs

ANNEX 4. DISTRICT PLANNING

A. District Visions for the Future

Kakamega District

Community Participation

- To have more active participation by the community in the fp program

SDPs:

- Quality of service - by having more equipment and a better trained staff

District Management

- A well co-ordinated district management team
- No overlaps

Nairobi Province

Community Involvement:

- FP discussions in all groups including women, men and youth
  FP discussions in all community meetings including Chief's barazas
- Have 100% awareness of value and available of FP services. Know where the SDPs are located in Nairobi

SDPs

- More accessibility of fp services especially for slum communities - static, CBDs and mobile
- Increase CBD coverage to cover maximum 40 households
- 50% of personnel able to counsel and offer fp services
- personnel able to keep proper records
- working on set objections and targets
- regular monthly meetings of all fp service providers
- trained personnel to be doing fp work
- commodities available 100% of time and with proper mix
- at least 2 sets of fp kits available in all SDPs
- adequate facilities for all reproductive health services
- proper and effective referral system

District Management

- Motivated, trained staff
- have inventory
- receive and analyses monthly reports and use data for decision making
- trained personnel and minimize transfers
- give timely returns for commodities

Uasin Gishu District

- Increase CPR from 26 - 40%

Community Involvement:

- Mobilize the community
- Improve IEC

SDPs:

- staffing - technically trained staff
- effective MIS
- Inventory to be up-to-date

Siaya District

- CBDs/SDPs within walking distance
- have more community members recruited as CBDs, TBAs
- fp to be discussed in all the Chiefs' barazas
- through DPFPC use experiences of CPK Maseno West and Victoria Family Health Project as models for other community projects
- access to modern methods
- NGOs getting supplies through district store
- Get FPAK to provide IEC materials to other organizations
- ensure child survival to create demand for fp

Nyeri District

- Like to remain at the top

Community Involvement

- Use community leaders to do advocacy
- community willing to participate and contribute financially to fp
- Management committee at the village level for getting ideas to higher level
- Well trained community health workers.

SDPs:

- data collected at SDPs and submitted to the district level.
- all SDPs to have at least 2 trained staff
- good standards for all facilities

District Management

- IEC capacity for methods specific issues
- set up a data base at district level
- integrate FP in PHC

Meru District

Community involvement

- more community support for fp
- expand the CBD program at all levels
- community leadership with support from MOH and NCPD
- sustainability of the program in Meru
- revolving loan fund for fp
- health units run by village health committees

SDPs:

- supplies and materials to be available on request
- have SDPs in areas where they don't have
- increase access through outreach or mobile services
- improved facilities and infrastructure
- have a male clinic by the year 2000
- continuity of use of fp services

District Level Management

- have meetings for service providers in the district
- regular visits to SDPs
- referral system
- resource management at SDP level

Mombasa District

Community Involvement

- use Bamako Centers for community to decide on fp activities

SDPs:

- improved quality care
- trained know how and adjust to the needs of rural areas
- using participatory approach

B. District Priorities

1. Kakamega

- Expand fp to all health facilities
- Expansion of CBD programme to cover areas where services are not available.
- make available all fp methods in all SDPs.
- Training of services providers in family planning

2. Nairobi Province

- To improve service delivery
  - Training - updates in: - counselling, attitude, medical barriers
    - Reorientation - 1 day
    - Training (Medical Staff)
    - updates for CBDs
- Supervision
  - Objective is aimed at guiding, checking on stocks, quality assurance, staffing.
- Expand CBD coverage. Review the issue of incentives for CBD workers

3. Nyeri District

- Improve service delivery
- Upgrading and equipping existing facilities to SDPs
- Training of fp services providers in order to improve Quality of Service
- Ensure adequate supply of contraceptives and expendables

4. Siaya District

- Improve the existing service delivery points
- Strengthen Collaboration efforts among the agencies providing fp in the district
- Training of Service Providers
  - CBD
  - Service Providers (Health Workers)

5. Mombasa

- Improve and expand contraceptive storage capacity in the district
- Improve the CBD programme including training
- Improve on IEC - training of counsellors and of other service providers

6. Uasin Gishu

- Improve service delivery
- Encourage proper client - provider relationship through training of providers in methods of counselling and interpersonal communication.
- Regular supply of popular methods of contraception (method mix).
- Training of TOT - to undertake training of service providers in Uasin Gishu.
- improve logistics in the district

- Have adequate transport for commodities and supervision
- IEC - have district specific IEC materials with message targeted at various age groups.

7. **Meru**

- Improve service delivery
- Regular and balanced supplies
- expand fp coverage - more SDPs and CBDs
- improve quality of care from CBDs and service providers
- Recruitment and identification of committed CBD volunteers
- Uniformity in training
- IEC Materials
- Training
  - Resource personnel (TOT)
  - Venue
  - Inadequate substandard institution for training
  - lack of uniformity in identification and prioritization of training needs

C. District Constraints (Elephants)

Kakamega District

1. Information

- Traditional beliefs/poor knowledge which hinder Family Planning Practice by the community.

2. Coordination

- Coordination not effective as some NGOs do not provide ministry of Health office with reports.
- inadequate transport for supervision and supply of contraceptives
- Unavailability of all family planning methods to SDPs.

3. Policy

- Inadequate trained staff to provide family planning services
- Different forms of incentives by NGO's which leads to demoralization of some CBD's and hence to dropouts.

4. Environment

- Poor support from the community to existing CBD agents hence it is difficult to expand to new areas.
- Selection of the wrong CBD agents due to influence of the chief etc leading to dropout.

Uasin Gishu District

1. Information - IEC:

- Interference from church leader and politicians also cultural barriers.
- Inadequate IEC material.

2. Co-ordination:

- Mismanagement of transport- vehicles used for other purposes
- Not getting service statistics on time and lack of analysis.
- Overlapping of agencies - too many NGOs operating in one area.

3. Policy/Procedures/Regulations

- Lack of utilization of policy e.g. on selection of CBDs, training etc.

4. Environment:

- Bureaucracy - takes too long to get contraceptives (procurement and delivery to SDPs)
- Cultural Barriers to fp.

Siaya District

1. Information:

- Inadequate knowledge among the service providers

2. Co-ordination

- Irregular supplies to the districts
- Reluctancy to share information with others.

3. Policy/Procedures/Regulations

- Different procedures from different agencies

4. Environment

- Poor roads during rainy seasons
- Taboos/cultural practices
- Socio economic status leading to high infant mortality

Nyeri District

1. Information

- Lack of relevant information on unmet needs and priorities of the communities
- reasons for existence of unmet needs.

2. Co-ordination

- Poor co-ordination. NCPD should assist

3. Policy/Procedures/Regulations

- Procurement of resources and equipment is long cumbersome (not able to get in good time).
- Government tenders system makes price of commodities to be too high (inflated)

4. Environment

- Staff unwilling to work in very remote rural areas.
- Number of staff inadequate
- Religion (catholics) disapprove the use of modern fp methods

Nairobi Province

1. Information

- Training is not seen as a priority need by the management hence no vision in this area
- Out-dated IEC materials

2. Co-ordination

- Inadequate planning such that managers are not action-oriented; they have no workplans to guide their activities.
- Wrong deployment of staff that is, staff trained in fp deployed to non-fp department eg. theaters
- No supervision of district level managers by the central level management hence expectations of district level management is not always understood.

3. Policy/Procedures/Regulations

- Dormant FP committed or non existent DDC and DHMT.
- CBD high drop-out rates due to lack of remuneration
- High turn-over (attrition) of health managers going to seek for greener pastures

4. Environment

- High mobility of CBDs in an urban setting - hence difficult to retain in programme of specific catchment area.
- Managers preoccupied with activities that benefit self to make ends meet in a hostile socio economic environment.

Meru District

1.Information

- No uniformity of IEC materials

2.Co-ordination

- no uniformity of incentives
- Accessibility - wide area of coverage poor/bad roads
- Uniformity in identification of trainers.

3. Policy/Procedures/Regulations

- Inadequate Training of service providers
- Insufficient, irregular and unbalanced supply of contraceptive
- Shortage/lack of consumable like lotion, cotton wool, groves etc.
- Negative altitude of workers, community of men
- Inadequate equipment
- Recruitment and identification of committed volunteers

4. Environment

- Lack of trainers (TOTs)
- Sub-standard and inadequate training services

- Insufficient, regular of balanced supplies
- Negative attitude of some of the service providers and committing men
- Training of service providers - inadequate trained personnel.

Mombasa District

1. Information

- Inadequate information on contraceptive supply from some major organizations
- Inadequate IEC materials
- District Team managers are not trained on FP management, Logistics, T.O.T. etc. they are inadequate in planning, supervision e.t.c.

2. Co-ordination

- Un-co-ordination CBD programme from different organizations
- FP programme is not well organized since the NGO's municipal council of Mombasa and the M.O.H. do not have a working committee.

3. Policy/Procedures/Regulations

- The District Population and FP Committee is dormant - This is because the DEC and the DDC in the District is not actively functional.

4. Environment

- Community/Religion - not supportive of the FP programme
- politicians not in favour.

D. Proposals for action

DISTRICT ACTION-PLANS

NYERI DISTRICT

Vision - Increase CPR to 70% from current 64.2% (purpose)

Current Situation

- CPR is 64.2%
- 33 SDP - 50% of all health facilities
- Offering most of modern methods
- There are 128 trained FP providers
- However only 100 are providing FP services

Priorities

- Upgrade the 29 facilities to SDPs
- Train 60 FP service providers to staff the new SDPs (5 years)
- Ensure adequate supply of contraceptive and expendables

Constraints

- Funds to upgrade the Health facilities to SDP
- Inadequate staff in the District
- Contraceptive insufficient, sometimes or not arrive in time from, Medical Supplies Co-coordinating Unit. (MSCU)

Solutions (actions) to overcome the constraints

1. Funds:

- Solicit fund from willing groups and organizations
- Mobilize community to raise funds to upgrade and equip their facilities.
- put it in the District Development Plan Annex for the possibility of being funded centrally.

Funds for train:

- Ask the Health Management Board approval to use 25% FIF (facility improvement fund) for training.
- More residential training to be carried out cheaper

Funds for expendables (as above)

- Make proper proposal and reports requesting an increase in the normal recurrent expenditure for FP expendables

2. Staff

- Redeploy the existing staff from places that are due staffed to the new SDPs.
- Request Nursing officer in-charge post more nurses to the district
- In order to retain the trained nurses they will be required to stay in the SDP for 2 years as a condition to qualify for training
- Ensure prompt reimbursement for spent on official duties
- Take advantage of the 8 days training programmed for dispensary nurses not trained

3. Contraceptive Logistics

- Ensure (timely) quarterly returns to ensure timely and adequate supplies
- Encourage/promote use of permanent methods for those who intend to stop child bearing.

(a) Management:

- give feedback to DHMT about NIP process
- Feedback to the DHMT
- Develop a comprehensive workplan
- take an inventory of existing SDP (staff, equipment, etc)
- constitute an action group composed of (MOH, DPHN, DPO DHEO)
- Lack of clear policy on selection of CBD - review policy

Community Involvement

(A) *Socio-Economics status - High infant mortality*

- Health education
- Adequate supplies of vaccines and drug
- Raise status of women
- IGA - Explore possibilities for IGA in community
- Sustainable development through locally available resources
- Policy on education - cheap basic education at affordable cost for majority of population
- Start preventive health (Primary Health Care) strategies

(B) *High Dropout Rate of CBD due to lack of Remuneration*

- Make clear policy on incentives and Remuneration
- Motive CBDs
- Develop Guidelines and strategies for involving the community in sustaining CBD programm
- Organize CBD into manageable groups - IGA etc.
- Fee for service as incentive for CBD

(C) *Politicians not in favour*

- Enhance involvement of political leaders in decision making and formulation of programmed both at national and community
- Sensitize political leaders on importance of fp programmed

(D) *Religion as a barrier*

- Highlight current problems of high population growth to the people including religions leaders through various media
- Continue community individual approach as opposed to religions organization

UASIN GISHU DISTRICT

SDPs

- Need for a full Baseline survey to check on Equipments and staffing both in Government and NGO SDPs.

Training

- Revitalization of the Training of staff in SDPs since the last was done in 1991 when FP training were stopped at the central level.
- Organize updates trained staff in SDPs in the current curriculum so that we get Trainers -who will assist on job training to the untrained and trained staff in SDPs.
- Follow up the issue of opening up of Eldoret District Hospital as a Training Centre for Family Planners in the North Rift.

- Use cost sharing funds to improve the shortages in supplies.
- Ensure regular distribution of contraceptives and supplies.
- Decentralize and update district specific IEC materials.
- Regular monitoring trips by MOH, DPHN and DPO.
- MOH and DPHN to deploy staff trained in fp appropriately.

District Level Management

- Convene an informal committee meeting comprising of Government and NGO staff involved in family planning service delivery. Form a district monitoring team.
- Develop a realistic and comprehensive workplan.
- District Monitoring Team to make sure that there is no overlap of Activities especially by NGO's.
- Visiting of other districts with successful programs
- Develop a standardized Reporting system and strengthening of Health information system in the District.
- Intensification of teamwork and co-ordination of resources e.g. transport and funds.

Community Participation

- Identify which particular community participation activities are useful - These should be promoted.
  - Women Groups
  - Church Organization
  - Co-operatives
- Using the groups within the community for communication of information within the community.
- Women should ne encouraged to form self help groups for income generation which is a forum through which they can disseminate information.
- Recruit and train CBDs to cover the areas with no SDPs.
- Intensification and strengthening of Rural Health Committees
- Sensitize the politicians and church leaders on issues pertaining to FP.

MERU DISTRICT

District Level Management

Poor state of roads - Raise the issue with local authority, ministry of works, through DDC to give priority to all the roads serving the health facilities.

- Use of local resources e.g. fueling of the graders.
- sensitizing the local administration to use the local people (community to work on the bad areas)

Training on FP managers.

- Train them on FP general management and logistics

Co-ordination

- Have regular meetings
- Team work
- Clearly defined working relationships

SDPs

- Shortages of Consumables Supplies
- Cost sharing of the 25%
- Community Contribution

Inadequate IEC Materials

- Organize to share whatever is available and shop around for more.

Inadequate Knowledge Among Service Providers

- On job training, and Update
- More IEC materials

Inadequate Trained Service Providers

- Organize more training

Community Involvement

- Expansion of CBD Program in the areas where they don't exists.

Motivation:

- Get uniforms, bags, training, umbrella etc.
- Transport reimbursement
- Involving the community to support the CBD.

NAIROBI PROVINCE

SDPs

- Inventory of SDPs that offer fp and analyze:
  - Equipment
  - Personnel
  - Supply

  and strengthen as per requirement (action - PMO/NCC)
- Inventory of SDP that do not offer FP in a view of introducing FP (Action - PMO in collaboration with NCC)
- Identify catchment area to facilitate management at the SDP level
- Assistance from central

- Identify number of CBDs to be trained
- Provide incentives for CBD in terms of kind - Boots, umbrella or IGA

Logistics:

- Establish adequate storage to facilitate efficient distribution (Action - NCC/PMO)
- More supervision of vehicles for effective use.
- Strengthen the existing village health committee to facilitate empowerment of the community to take up responsibility (Action - NCC)
- Reactivation of relevant provincial teams/committees (Action - PMO, DPO)
- Develop workable/realistic workplans (Action - PMO/NCC)
- Intensify co-ordination by standardize due activity reporting system
- By holding regular meetings (action - PMO, DPO)

Training

- Inventory of trained Nurses is FP and identify those requiring training and updates and redeploy appropriately (action - PMO)
- Training of managers in:
  - Management skills
  - Conduct refresher courses
  - Encourage visit

-Managers work without-plan
-Misuse of vehicles
-Unavailability of contraceptive supply
-Inadequate staff

MOMBASA DISTRICT

Mombasa Vision

High quality acceptable, easily accessible reproductive health services for urban and adjacent rural residents by the year 2000 planned and provided for at the District Level, using a participatory approach.

1. **Improve storage capacity in the District** :-

   Space - Solicit for funds from the central government to expand the existing store
   - Use the cost sharing money to expand the existing store
   - Look for a space within the district through working with other agencies
   - Use the medical Deposit for larger agencies.

2. **Improve CBD programmes:-**
   - Have a clear picture of CBD programmes for different agencies through taking an inventory.
   - Use existing TOT's in all the organizations in the CBD training
   - Have regular meetings with the different agencies i.e. revive the District Population and Family Planning Committee also to have informal meetings
   - Have a standardized information system
   - Train existing community Health workers and other field workers from the ministry of Health and CBD work.

3. **Improve IEC Activities:-**

- Adequate relevant materials to the District
  - Most of the infor ion should be in Kiswahili
- Produce some IEC terials locally using the existing agencies
- Through proper co-ordination more IEC materials will be received from NGO's
- Training of more providers on counselling using locally available Trainers.

SIAYA DISTRICT

Elephants

The following are the major Elephants identified and suggestions on their removal :-

- **Infant Mortality**

IMR is still very high in Siaya, in fact only better than Kilifi and South Nyanza districts. This affects FP acceptance. We therefore intend to re-examine our efforts in the following socio-economic factors in order to lower the District IMR :

(i) Intensify Health Education
(ii) Improve drug supply by use of cost sharing money
(iii) Facilitate IGA to women groups through the Diocese of Maseno West, MOH, Social Services Departments, IFAD and other donors in the district.
(iv) Encourage sustainable agriculture by use of cheap organic manure and local seeds.
(v) Strengthen PHC activities with an aim of reducing preventable diseases with reduced IMR, CPR in Siaya should go higher.

- **Cultural Barriers**

We realize that behavioral change requires concerted efforts and long patency by the agencies. The Diocese of Maseno West (CPK) is already implementing a programmed involving community elders on issues of harmful traditions.

- **Training**
  - We feel members of the District Health Team could be given up-date training within the district.
  - TOTs and service providers who need re-training could also benefit from the AMREF training project and 25% cost sharing money retained by the MOH and DPO budget line on Population Education. DFH could also be approached to facilitate such training.

Supplies

- The MOH has agreed to use some of the cost sharing money to procure some items lacking in MSCU
- Health centres have committees that could raise funds from the community to by supplies.

Reporting system will be improved to enable correct orders of contraceptive from MSCU to the District.

- **Staff Deployment**

The present situation where some Health facilities have more FP trained personnel while others have inadequate staff will be looked into by the MOH in person with the assistance of District Matron to ensure each SDP has at least one nurse trained in fp.

- **Sharing Information**

Strengthen Collaboration among agencies by holding regular DPFPC meetings

Participants:

1. Director CCS Diocese of Maseno West
2. MOH - Siaya
3. DPHN - Siaya
4. DPO - Siaya

KAKAMEGA DISTRICT

1. Poor Roads

a) Approach the DDC to give priority to the roads leading to health facilities - MOH

b) Involve the community in the repair of access roads to health units (with the assistance of the local Administration)

2. FP Managers

a) Family Planning managers will be impressed upon to have a realistic and achievable work plans for their activities.

b) Conduct Refresher courses for mangers to update them on Family Planning Management and supervision

c) Conduct exchange visits of managers from one district to another to learn from their center parts.

3. Co-ordination of NGO's FP Activities.

a) Hold quarterly meetings with all agencies involved in FP program.

b) Impress on them to submit quarterly reports of their activities to MOH and DPO's office

4. CBD Dropout

a) Sensitize the community on the importance of FP before starting of CBD programmed in a given area.

b) Involve the community fully in selection of the CBD agent.

c) Through selection of the CBD agents so that the right people are selected and inform them, that the work in voluntary

d) Hold monthly meetings to encourage and supervise the agents

e) Reactivate village Health Development committees to support the CBD program

5. Cultural Beliefs hindering FP Acceptance

a) Intensify IEC activities to remove cultural barriers to FP acceptance. This will be through showing of films, video programmes, booklets, brochures etc.

6. Training

a) Updating the TOT's on the new FP methods eg. Norplant etc.

b) Undertake training of more TOT's in the District

c) Train 50 nurses in FP by the year 2000 to support the programmed.

d) Train 1000 CBD in collaboration with other NGOs to cover areas which have no CBD programmed

7. Supplies

a) Insist on regular reports from SDP's on Family Planning acceptance to be brought to the DPHN on time so that she can order for new supplies in time from Nairobi.

b) Encourage the community to allocate some funds to purchase gloves, cotton wool lotion etc. for use in the SDP (also utilize cost sharing funds for this purpose)

8. Availability of Contraceptives

a) Reinforce the "pull system" where by contraceptives are given to SDP's according to demand to avoid shortages

9. Availability of FP Services

a) Ensure that all health facilities in the District provide FP services by the year 2000.

ANNEX 5 RECOMMENDATIONS TO THE DISTRICTS

On Commumity Involvement

- impassable roads during rainy season
- lack of clear policy on selection of CBDs
- traditional beliefs and poor knowledge hindering fp practice in community
- taboos/cultural practices
- community/religion not supportive of the fp program
- interference from church leaders and politicians
- negative attitudes of workers, community and men
- poor support from community to existing CBD agents - difficult to expand to new areas
- high mobility of urban CBDs (no fixed catchment areas)
- inadequate recruitment and identification of committed volunteers
- selection of wrong CBD agents leading to dropout

On District Level Management

- lack of relevant information on unmet needs and communities' priorities - reasons for existance of unmet needs
- coordination not uniform so NGOS overlap on some areas
- insufficient or non existant coordination
- the DPFPC is dormant - this is because the DEC and the DDC in the uncoordinated cbd programme from different organisations
- fp programme not well organised - no working committee of NGO, MOH, Municipal Council
- inadequate information on contraceptive supply from some major organisations
- dormant or non-existing district committees -- DDC and DHT
- lack of uniformity of information
- managers involved in personal activities that benefit themselves only
- training not seen as a priority need by "management"
- staff unwilling to work in very rural areas
- substandard inadequate training venues
- different procedures by different agencies
- district team managers are not trained on fp management, logistics, TOT inadequate in planning supervision
- high drop-out rate of CBDs due to lack of remuneration
- reluctancy to share information with others
- managers not "action-oriented" -- no work plans to guide their activities
- staff trained in fp deployed for non-fp assignments

On Service Delivery Points

- inadequate IEC materials
- un-availability of all fp methods to SDPs
- insufficient, irregular and unbalanced supply of contraceptives
- inadequate information on contraceptive supply from some major organizations
- inadequate training of service providers
- number of staff inadequate
- inadequate trained staff to provide fp services
- lack of uniformity in identification of trainees
- lack of trainers (TOT)
- shortage/lack of consumable supplies
- mismanagement of vehicles
- managers not "action-oriented" -- no workplans to guide their activities
- training not seen as a priority need by "management"
- poor record keeping

ANNEX 6. END OF WORKSHOP EVALUATION

Question 1: What did you find most useful from the workshop?

How to arrive at the vision - Strategies to reach the vision - Identifying the elephants and looking for solutions to remove it from the way - Individual and district participation on the N.I.P. Process; the three components: community involvement, SDPs and District level management - Drawing up of the district action plans as this will assist in overcoming the elephants that have hindered proper implementation of the FP program - Solving of the obstacles in the districts in order to get to solutions for the obstacles - Joint effort - The need and usefulness of creativity - Most elephants can be removed using bulldozers already existing in the districts - Elephant (situation analysis) - Vision; picture, elephant identification - A vision for the district implementation process - N.I.P. has been understood and I am sure this will help our country to have a workplan for the next 5 years - I found elephants to be most useful - District teams getting together to set vision and to plan activities for next 5 years - Most useful: vision, situation analysis and action plans - Developing district workplan - Bringing together implementers from different parts to share experiences and gain ideas for own district. Moreover the workshop facilitated our capacity to propose our own solutions to our own elephants - The N.I.P. process - The issue of situational analysis which makes one realize that a lot still has to be worked into as lack of data - Situation analysis and identifying elephants - Explanation on the N.I.P. process, vision - The knowledge on the N.I.P. - Visioning, getting ideas from others on how to remove the elephants, to have a part in the N.I.P. process.

Question 2: What did you find least useful?

District specific action plans - Lack of formality/protocol - "Who is in the room" could have been done better than it was because relationships for some of us means a lot (next time) - Hippos - Situation analysis (we already knew this).

Question 3: What do you suggest for follow-up of this workshop?

Another seminar for districts to discuss what they have done as far as FP activities are concerned - For follow-up the central level needs to visit the districts and find out how they are implementing their action plan and assist them where possible - That districts share out progress reports regularly with others so that all are able to see practicability of solutions and recommendations - Evaluation: survey in the 7 districts one year from now - After document is finalized, the workshop organizers should call another meeting to brief on progress - Central managers tour to meet district managers to find out how the latter are doing - Visit from the central - Monitoring trips by the central teams; feedback from our reports in the district from the central authority - Send us the final document, visits by different district teams, visits from central, reports from the districts to the central - Mail the revised N.I.P. including the district plans; organize a follow-up workshop to this one before the final document - Need to receive the workshop document and any other materials which can assist us perform better at district level - Frequent meetings, exchange visits later on - Implementation of the recommendations - A feedback from HQ about the national action plan for coordination purposes - This group should meet again after some time and share their experiences in the field with respect to how other agencies not involved have felt about N.I.P. - Group visits - Inter-district visits; review meeting - A one-day workshop; exchange visits - There should be a feedback and then an action to be strictly done from the grassroots - To follow-up after one year to see what we are doing - District team (all) meeting once a year for sharing their progress; visits to each other; visits from HQ - Follow-up of functioning of coordinating committees and composition of the team at district level - Regular visit from DFH staff; district asked to submit their comprehensive workplans; districts required to submit their SDP inventory to the DFH.

Question 4: What other/improved materials would you have found useful?

Integration of STD/HIV/AIDS into FP activities - Films (of population activities)
-Decentralized and updated IEC materials - Copy of KDHS 1993; health document on policy[2] - Current FP data - Previous national statistics and survey reports in order to evaluate previous program, "we learn from history" - More different posters - Baseline data, statistics.

Question 5: What additional topics would you have found useful?

The other aspects of safe motherhood (apart from FP) - In future, include a brief session on task analysis - Overall policy - "Fundraising" opportunities.

Question 6: What did you think of this facility?

Fine, the birds are beautiful - Too far and too hot - Good but far - It has no entertainment -Accommodation is okay. It is too far if workshop was for one week it would have been terrible - Facility OK but environment too warm, not conducive to these kind of activity -This facility was useful to me - Okay - Good - It was very good - The facility is excellent but the location is far removed from common transit routes - Hot, humid, far (not centralized) -Far - Wonderful facility - A very wonderful facility, enjoyed all the way - Good but too far -In future consider a venue near a big town - Very lonely; far from shopping center where I would purchase things cheaply with the little money that I had; no banks around and I have no money now to use over Easter - The facility was cut off and we need time to be taken around and see the vicinity - Okay but a bit hot - Good - Beautiful! - Average Environment too hot for most of us, making us quite lethargic - especially in the afternoon; servers (during meals) were a bit sluggish, especially at dinner time - Excellent! - Was good and conducive for learning although for some of us too hot.

Question 7: Any other comments?

Pack lunches on the way back home after the workshop should have been given in the form of money to buy warm lunch on the way instead of cold meals packed in the box - cold meals may not be safe always - Everything was useful and applicable to our situation - Facilitators of workshop did very commendable work - Out of pocket should have been more than what was given to take care of incidental expenses - Everything during the workshop has been useful; topics have been well covered; as implementers we should have more such forums to discuss our constraints and successes - The workshop has been generally stimulating for me because it has cleared my mind about many issues about the Pop/FP program - Facilitators were wonderful, keep up! - This week was not the best for this workshop especially with holidays around the corner for Christians - A very useful meeting - keep it up! - Thank the trainer - Dr. Sylvia for a wonderful presentation during the workshop - Great job from N.I.P. team; presenters great as par excellence - It was indeed great to have been involved in the exercise - More NGOs need to be involved as they also have a big role to play on planning and implementations - Give some time for relaxation in between; and know that without the center we could not be here - Time too long for this activity - Out of pocket was too little compared to the place - we needed hardship allowance - Very good facilitation - Addition of allowance.

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[2] Was distributed after the evaluation

ANNEX 7. LIST OF PARTICIPANTS

Siaya

1. Dr. Olan'go Onudi (MOH)
2. Mr. John Odera (DPHN)
3. Mr. Odour Onyango (DPO)
4. Mr. Lukas Wandenya (MASENO)

Kakamega

5. Dr. Q. B. Ahindukha (MOH)
6. Mrs Enid Washika (DPHN)
7. Mr. George Kichamu (DPO)
8. Ms. Alice Shivo (MYWO)

Uasin Gishu

9. Dr. Tanui (MOH)
10. Mrs Anne Makhoha (DPHN)
11. Mr. Charles Oisebe (DPO)

Nyeri

12. Dr.(Ms) Rachel Kamau (MOH)
13. Ms. Florence Nderitu (DPHN)
14. Mr. Kirogo Mwangi (DPO)

Meru

15. Dr. Julius Ng'ira (MOH)
16. Harriet Muriithi (DPHN)
17. Mr. Willie Nyambati (DPO)
18. Ms. Jane Miriti (Tunyai Community Project)

Mombasa

19. Dr. Chidagaya (MOH)
20. Ms. Jane Oburu (DPHN)
21. Mr. Churchill Ndire (DPO)

BARINGO

22. B. Omallah Osindo (DPO)

Nairobi

23. Dr. N Kimathi (PMO)
24. Ms. Susan Otieno (Provincial Matron)
25. Ms. Collette Aloo-Obunga (DPO)
26. Ms. Joyce Kinaro (Nairobi City Council)

Division of Family Health

27. Dr. Joseph Makhulo (Deputy Director, DFH)
28. Mr. Anthony Ophwette (Logistics Coordinator)

NCPD

29. Mr Peter Thumbi (Senior Assistant Director, NCPD)
30. Mr. K. K. Waithiru (Planning Officer)

FPMD/Nairobi

31. Ms. Barbara Tobin (Project Manager)
32. Ms. Susan Mwangi (Secretariat & Logistics)

FPMD/Boston

33. Marjorie Smit (Director, Africa Unit)

Resource Persons

Ms. Sylvia Vriesendorp - FPMD/Boston
Dr. Steve Solter - FPMD/Boston
Annie Thairu - FPMD/Kenya

ANNEX 8 WORKSHOP PROGRAM

Day/Time	Session
MONDAY 10/4	Evening Program 19.00 - 21.00
	Welcome remarks - Barbara Tobin - FPMD/Kenya
	Opening Remarks - Dr J Makhulo - DFH
	Expectations
	Introductions - Who is Who in the room?
	Workshop Program and Process
	Measuring our progress: how are we doing?
	Dinner
TUESDAY 11/4	
08.15 - 08.30	Orientation to the NIP Process
08.30 - 09.00	Review of the NIP Phase I on Strategic Directions
09.00 - 10.30	Visioning the Future
10.30 - 10.45	**Coffee Break**
10.45- 11.30	Visioning (cont'd)
11.30 - 13.00	Situational Analysis
13.00 - 14.00	**Lunch**
14.00 - 15.00	Situational Analysis (cont'd)
15.00 - 16.00	Elephants on the road (constraints)
16.00 - 16.15	**Tea Break**
16.15 - 17.45	Elephants on the road (cont'd)
17.45 - 18.00	Closing reflection
19.00	**Dinner**

Day/Time	Session
Day/Time	Session
WEDNESDAY 12/4	
08.15 - 08.30	Where are We?
08.30 -10.30	Input in Phase II of the NIP
10.30 - 10.45	**Coffee Break**
10.45 - 11.45	Input (cont'd)
11.45 - 13.00	Action Planning
13.00 - 14.00	**Lunch**
14.00 - 15.30	Action Planning Review
15.30 - 15.45	**Tea Break**
15.45 - 18.00	Preparation for Evening Program
18.30 - 19.30	**Dinner**
19.30 - 21.00	Evening Program
THURSDAY 13/4	**08.15 - 10.15**
	Announcements
	Where are We? Review of Progress
	Presentation of District Plans
	Closing Remarks by Amb. SBA Bullut, Director, NCPD
	Review of Workshop Objectives and Participants Expectations
	Next Steps in the NIP Process
	Review of the Workshop, closing reflection
	Evaluation
	DEPARTURE