

RPM Plus Technical Assistance to Establish Kenya Malaria Information Acquisition System—MIAS System Design Document

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June 2007



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This report was made possible through support provided by the U.S. Agency for International Development, under the terms of cooperative agreement number HRN-A-00-00-00016-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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Krystal, Paul. 2007. *RPM Plus Technical Assistance to Establish Kenya Malaria Information Acquisition System—MIAS System Design Document*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

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ACKNOWLEDGMENTS

This document has been prepared through assistance from U.S. Agency for International Development and Management Sciences for Health Rational Pharmaceutical Management Plus as part of the assessment phase of the Malaria Information Acquisition System project.

ACRONYMS

AOP	annual operation plan
DMO	district medical officer
DOMC	Division of Malaria Control
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOK	Government of Kenya
INRUD	International Network for Rational Use of Drugs
KEDL	Kenya Essential Drugs List
MTEF	medium-term expenditure framework
MIAS	Malaria Information Acquisition System
MoH	Ministry of Health
MSH	Management Sciences for Health
NMS	national malaria strategy
PTC	Pharmacy and Therapeutics Committee
RPM Plus	Rational Pharmaceutical Management Plus Program
STG	standard treatment guideline
TWG	technical working group
USAID	U.S. Agency for International Development
WHO	World Health Organization

1. INTRODUCTION

RPM Plus has prepared this system design document for the Malaria Information Acquisition System (MIAS), which is proposed for the Division of Malaria Control (DOMC), Ministry of Health (MoH), Kenya. It defines the inputs (information going into the system) and outputs (information generated by the system) for the proposed tools to assist the DOMC to plan and monitor the performance of malaria activities in Kenya. In addition, it is designed to track the survey data for the key National Malaria Strategy NMS and supplementary indicators, and to track training.

The MIAS is made up of a number of different components, including—

- Electronic planning budgeting and monitoring tool to monitor the performance of malaria program activities
- Survey tracking tool to track the effectiveness of the malaria program according to the indicators
- Training information system to track and report on malaria-related training and determine future training needs

This document provides DOMC with the outline of a functional MIAS system, which can be used as a tender document system development. It shows how the work done at DOMC can be put in an information system, and what other information is needed for the tendering and project process.

During the project's assessment phase, a prototype of the information system was developed to do a limited number of tasks. As this prototype system exists, a number of details that would normally be contained in this design document are instead found in the prototype. For example, full details of field data types and lengths are found in the prototype system in file MIAS.MDB.

The assessment report recommends that the DOMC should engage a local computer software firm to program the customized multi-user MIAS using a Microsoft Access/SQL Server database to capture, store, and report on the activities in the malaria business plan and annual workplans. The system would also store key NMS and supplementary indicators and training information data.

Using the prototype, the selected firm can build on it to develop the full working system. Until the working system is completed, the DOMC will use the prototype system for a limited number of tasks.

This document fits into the system development process as follows—

- Proposal/business requirements/user requirements research
- System design—based on user needs



We are here!

- System design—technical
- Baseline data
- System development and testing
- System training and implementation
- System institutionalization
- System maintenance

This document defines the inputs, outputs, and system processes; how documents and other reports should be named, and other rules.

Specifically, the Electronic Planning Budgeting and Monitoring Tool will be used—

- During the planning and budgeting cycle of the business plan to enhance planning and budgeting of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other Government of Kenya (GOK) and donor-funded activities to facilitate the work and to rationalize the planning process
- During the implementation stage to generate reporting formats for districts and recipients that list their specific activities and budgets to make reporting easier and clearer
- During the reporting stage for the DOMC to enter financial and technical information on work completed and money spent
- To report to the GOK and funders on how money was spent and targets were reached

Table 1. List of MIAS System Components for the DOMC

<i>Section in Document</i>	<i>Description of Component</i>	<i>Input/Output</i>	<i>Table</i>
2	System Components for all of DOMC		
1	Screen for maintaining organizations	Input	Organizations
2	Screen for maintaining meetings	Input	Meetings
3	Screen for maintaining field trips	Input	Field Trips
3	Business Plan Component		
1	Module for maintaining strategic approaches	Input	BP ⁺ -Approaches
2	Module for maintaining objectives	Input	BP_Objectives
3	Module for maintaining outputs	Input	BP_Outputs
4	Module for maintaining activities	Input	BP_Activities
5	Module for producing all business plan reports	Output	
4	Workplan Component		
1	Module for workplan funding sources	Input	WP ^{**} _Fund Sources
2	Module for workplan objectives and sub-objectives	Input	WP_Objectives
3	Module for workplan activities	Input	WP_Activities
4	Module for producing all workplan reports	Output	

<i>Section in Document</i>	<i>Description of Component</i>	<i>Input/Output</i>	<i>Table</i>
5 Annual Operational Plan Component			
1	Module for linking workplan Activities to Business Plan Activities	Input	BP_Activities and WP_Activities
2	Module for generating BP activities from existing workplan activities and vice versa	Input	BP_Activities and WP_Activities
3	Annual Operational Plan (AOP) outputs	Output	
4	Outputs for analyzing funding gaps/producing medium-term expenditure framework (MTEF) reports	Output	
6 Performance Monitoring Component			
1	Module for reporting on the activities	Output	
2	Module for confirmation of disbursement of funds	Input	WP_Disbursements
3	Module for quarterly printing of reporting formats	Output	
4	Module for entering financial and technical reports received	Input	
5	Information for monitoring visits	Output	
6	Results of monitoring visits	Input	Monitoring Visits
7	Activity completion/termination	Input/output	WP Activity
8	Evaluations	Input/output	
9	Overall project reporting	Output	Targets + all files
7 Target and Survey Tracking Component			
1	Module for targets	Input	tbl_Surv_1Targets
2	Module for indicators	Input	Tbl_Surv_2Indicators
3	Module for surveys and survey results and citations—existing and upcoming	Input	tbl_Surv_4Results and tbl_Surv_5Citations
4	Module for reporting of survey and indicator data	Output	
8 Training Information System Component			
1	Module for training events	Input	
2	Module for training participants and trainers	Input	
3	Module for training reporting – Detailed and summary	Output	
4	Module for training follow-up	Input/output	

System Rules

System Tools

The electronic tool must use a relational database system and visual application development tool. The preferred choice is MS-Access for the user interface and SQL-Server for the data engine. A relational database will allow separate datasets to be stored in separate, but related tables. For example, all of the business plan activities will be stored on the business plan activities table while all of the workplan activities will have their own table, as will the targets. This is a very efficient way to store data. As far as possible, the system should be built with standard tools widely known by programmers in Kenya, the simpler the better.

Splitting the Databases

The system must be split between two databases—

Front-end database application (MIAS.MDB). This will contain—

- System tables
- All queries
- All forms
- All reports
- All modules

Back-end database (DOMC_Data.MDB) / or SQL Server. This will contain—

- Data tables

The front end will start with a Sys_Startup form that will display a “splash” or introductory screen and link to the back end. If it cannot find the back end, a screen will be displayed that will prompt the user to identify the back end. Then the switchboard will be displayed.

Naming Rules

In the back-end database, all main tables shall be called tbl_xxxx and all lookups shall be called tlkp_xxxxxx.

When these are linked into the front end, they shall be called Link_tbl_xxxx and Link_tlkp_xxxx.

There shall be a query for each of the linked tables that just contains all fields of the table (using the *). This query shall have the original name of the table.

Examples—

- The back end will contain a table called tbl_BP_Activities
- The front end will contain a link to this table called Link_tbl_BP_Activities
- The front end will contain a query containing Link_tbl_BP_Activities.* called tbl_BP_Targets

The front end will also contain a query called tbl_BP_Activities_Show_All_Data that will show all data records and related fields from lookups (data searches) expanded with full names from lookups. This will ensure that we show ALL records from tbl_BP_Activities_Show_All_Data and only records from other tables that have related records.

Project Phases

Desired Accomplishments in the First Three Months—

- The baseline data will be in the computer database and will have been checked for accuracy. It will include—
 - The business plan's approaches, objectives, outputs, and activities for 2006-07, 2007-08, and 2008-09
 - All the known workplans for 2006-07, with the activities in the workplans linked to and apportioned to specific business plan activities
 - The GFATM objectives and activities in the workplans for Round 2 phase 2 and Round 4 phase 1 linked to and apportioned to specific business plan activities
 - The NMS targets and supplementary indicators, and all known surveys that track these indicators, as prepared for the Monitoring and Evaluation (M&E) TWG for the Abuja report
- The system will generate activity lists for the various units in DOMC, which will use these lists as their workplans. The results of the activities will be entered into the system and used as the basis for their performance reports.
- The system will generate quarterly reporting formats for all recipients of funds on the workplans and these reporting formats will be distributed. The system will be updated from the quarterly returns.
- All quarterly information is disseminated to the funding sources and other stakeholders as per dissemination schedule.

- The system will also help the M&E working group track the surveys that have been done or need to be done to report on the key NMS and supplementary indicators.
- All DOMC staff will be trained on the system and will rely it to produce and store their activity and indicator information.

Second Three Months

The system will generate outputs which will update the website (this should be included in the programming contract). Core system improvements could include decentralization of computerization of returns to districts/facilities. The system would be very useful to the districts and facilities if they have a simple database software (subset of the main DOMC system), by which they can maintain their own activity records on their own computers. Some MoH and hospital administrators would welcome a software program that would help them maintain records on planned versus actual activities, and the financial returns. The systems would not only be limited to malaria activities, but could be used for any activities in their AOP.

2. GENERAL MODULES FOR THE DOMC MIAS

Organizations

This table will be a master contact list for DOMC, and will contain addresses and contact information of all organizations DOMC deals with. Entries will be classified to allow separation between general contacts and suppliers, district health offices, partners, nongovernmental organizations (NGOs), and other groups.

The table will contain the following fields—

- Name of organization
- Section in DOMC (Case Management, Vector Control, General, etc.)—choose multiple
- DOMC Interest—One or more choices from partner, NGO, MoH, supplier, general contact, technical working group (TWG) member
- Mailing address
- City
- State/Province/Code
- Country
- Physical address
- Phone
- Fax
- E-mail
- Contact 1
- Title
- Contact 2
- Title
- Contact 3
- Title
- Year of creation
- Provinces of operation
- Geographical coverage (special codes for districts)
- Main donors
- Main projects implemented
- Type of operations as per questionnaire, question 9 (Annex 1)
- Categorization of organization as per questionnaire, question 6 (Annex 1)
- Categorization of clients as per questionnaire, question 10 (Annex 1)
- Categorization of work as per questionnaire, question 14 (Annex 1)
- Categorization of training as per questionnaire, question 15 (Annex 1)
- Comments

Reports will be available listing the organizations using various filters and sorting methods.

Meetings

The MIAS will have a meeting database. The following details are entered for each meeting held—

- Meeting title
- Section in DOMC (Case Management, Vector Control., General, etc)—choose multiple
- Type of meeting—technical working group meeting, general, etc.
- Date
- Participants
- Discussion topics
- Actions to follow
- Next meeting date
- Link to file containing meeting minutes

Reports are available using various filters and sorts (Figure 1).

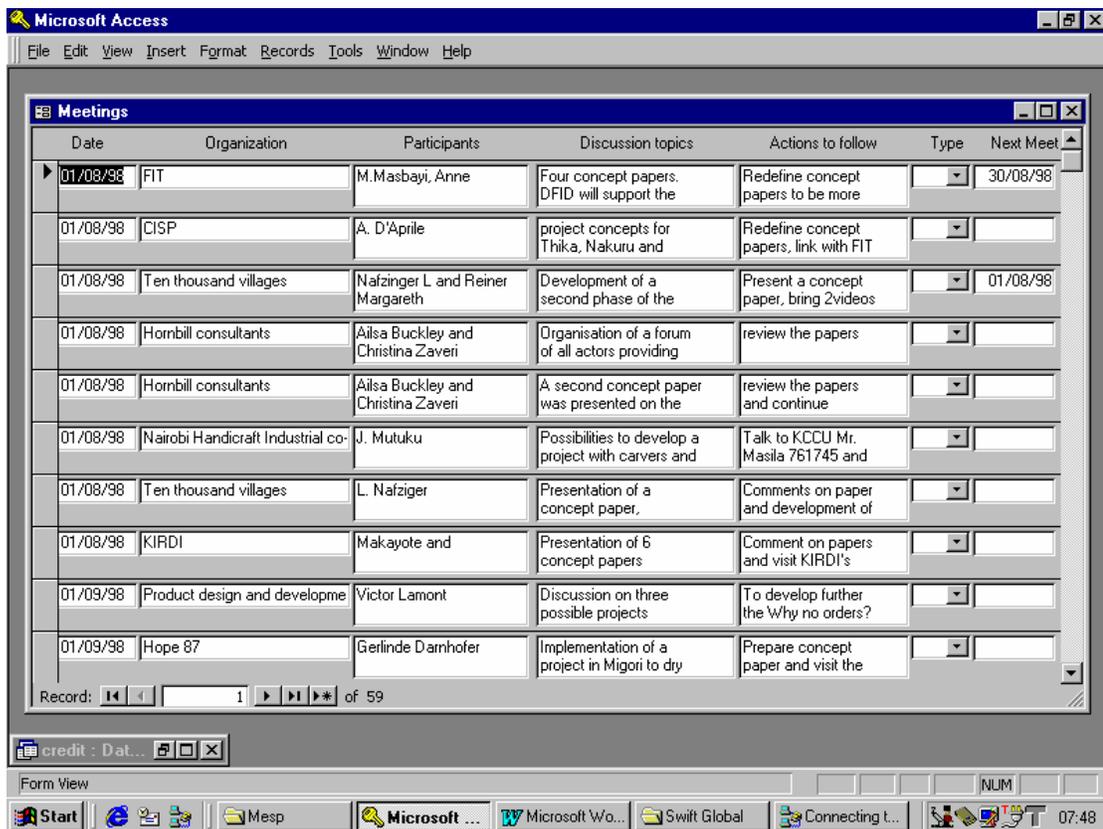


Figure 1. Sample Shot of Meeting Report

Trip Reports

The MIAS will have a database for trips—

- Section in DOMC (Case Management, Vector Control, General, etc.)—multiple allowed
- Type of trip—monitoring, supervision, training, etc.
- Trip start date
- Trip end date
- Purpose of trip
- Results
- Follow-up actions
- Supervisor comments
- For DOMC follow-up (multiple lines allowed)
 - Who
 - Description
 - By when
 - Actions taken
 - Closed
- Itinerary (multiple lines allowed)
 - From
 - To
 - Dates
 - Km driven
- Places visited and persons met
 - Office (including coded district)
 - Person
 - Title
 - Phone contact
 - E-mail
- Officer(s) (multiple lines allowed)
 - Name
 - Allowances received
 - Purpose of allowance
- Donor
- Condition of vehicle
- Link to workplan activity

3. BUSINESS PLAN

The Malaria Business Plan will now be kept electronically. The main advantage of the electronic business plan over a printed or ‘static’ one is that once data is in the system, it can be used to produce a number of aggregate, detailed, or specialized reports at the touch of a button.

The screens showing what is stored in the databases and categorizing the business plan activities will be explained as follows—

- Module for maintaining strategic approaches
- Module for maintaining objectives
- Module for maintaining outputs
- Module for maintaining activities
- Module for producing all business plan reports

The following section outlines the structure of storing the business plan fields, and shows the main tables and main reports that have been requested by the DOMC and MoH at this stage. The system design ensures that all of these reports will be available, provided the entered data is accurate.

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
1. Strategic Approaches					
Table in Prototype (tbl_BP_1Approaches)					
Computer Identification Field	BP_APP_ID	Unique Computer Autonumber for the system's use only	103013AC00	NA	System
Approach Fields	Str_Num	Letter initial for the strategic approach	C	NA	Business Plan
	Str_Desc	Name of the strategic approach	Management of Malaria and Anemia in Pregnancy	NA	Business Plan
	Str_Desc_Short	Abbreviated version of the strategic approach	MIP		Business Plan

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
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2. Business Plan Objectives

Table in Prototype (tbl_BP_2AObjectives)

Computer Identification Field	BP_OBJ_ID	Unique Computer Autonumber for the system's use only	2135233C00	NA	System
Classification Field	BP_APP_ID	Computer identifier for the approach	102302301	On tbl_BP_1A approach	Business Plan
Objective Fields	Obj_Num	Number of the objective (within the approach)	2	NA	Business Plan
	Obj_Desc	Name of the objective	To improve case management by service providers		Business Plan
	Obj_Desc_Short	Abbreviated version of the objective	Case Management		Business Plan

3. Business Plan Outputs

Table in Prototype (tbl_BP_3Outputs)

Computer Identification Field	BP_OUT_ID	Unique Computer Autonumber for the system's use only	13213232C0	NA	System
Classification Field	BP_OBJ_ID	Computer identifier for the Objective	102302301	On tbl_BP_2O bjective	Business Plan
Output Fields	Out_Num	Number of the output (within the objective)	4	NA	Business Plan
	Out_Desc	Name of the output	Central database on malaria trends in all epidemic prone districts		Business Plan

3. Business Plan

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
4. Business Plan Activities					
Table in Prototype: (tbl_BP_4Activities)					
Computer Identification Field	BP_ACT_ID	Unique Computer Autonumber for the system's use only	13213232C0	NA	System
Classification Field	BP_OUT_ID	Computer identifier for the Output	102302301	On tbl_BP_30 output	Business Plan
Activity Fields	Act_Num	Number of the activity (within the output)	6	NA	Business Plan
	Activity	Descriptive name of the activity	Calculate IRS commodity and equipment requirements, prepare specification documents and submit to procurement agent		Business Plan
Frequency and Date Fields	Act_Frequency and Delivery Date	How often and when the activity takes place	Choose from— <ul style="list-style-type: none"> • Annual • Biannual • Triannual • Quarterly • Bimonthly • Monthly • Specific month 		Generating Gantt chart of activities
Performance Fields	Responsibility	Descriptive responsibility for the task	DOMC,DRH	(Should change to smaller separate table for responsible agencies)	
	Performance Indicator	Descriptive performance indicator	Required vector control commodities registered for sale and use		
	Target_Units	Units for the annual targets	Number of meetings held		

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
Classification Fields	ID_Act_Type	Type of activity	Procurement	tlkp_Activity_Types	Indicates activity type and whether or not it is a procurement item.
	ID_AOP_Cohort	Kenya Essential Package for Health Cohort (s)	2—early childhood	tlkp_AOP_Cohort	NHSSP/AOP Reporting
	ID_AOP_Level	Level of Intervention	1—community	tlkp_AOP_Level	NHSSP/AOP Reporting
	Recip	Recipient of Funds	District		
Indicative Budget and Funding Source	FUND_SOURCE	Main funding source(s)	DFID	Choose from WP_Fundings_Sources	Indicative Reporting (before workplans are linked)
	2005_2006_BUDGET	Budget figures for the four years	1,234,567,890	(Structure should change to a child table for budget, allocation and targets by year)	Business plan and medium-term expenditure framework (MTEF) reporting
	2006_2007_BUDGET				
	2007_2008_BUDGET	Allocation figures for the four years			
	2008_2009_BUDGET				
	2005_2006_ALLOCATION				
	2006_2007_ALLOCATION				
2007_2008_ALLOCATION					
2008_2009_ALLOCATION					
Other Fields	Notes	Any notes needed			
	BP_Status	Status of the activity's entry in the business plan	Choose from— <ul style="list-style-type: none"> • Done • Partial • Question 		

The business plan activity table contains all of the information for each activity in the business plan. (In the system, unlike the prototype, there will be a separate smaller table for the budget,

allocation, and target data for each year. In the prototype, everything is found in the single activities table.)

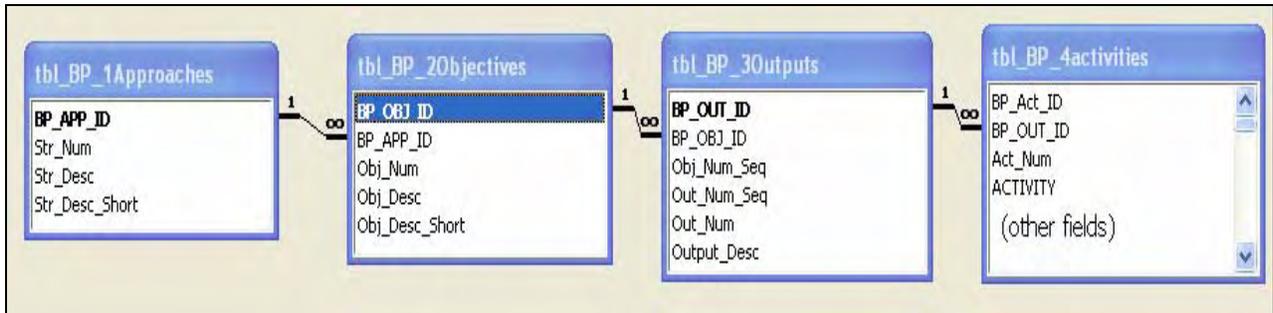


Figure 2. Relationships of business plan tables

Figures 3, 4, and 5 shows sample screens for the business plan objectives, outputs, and activities lists. They should function to keep data integrity and to make modifications and usage as easy as possible.

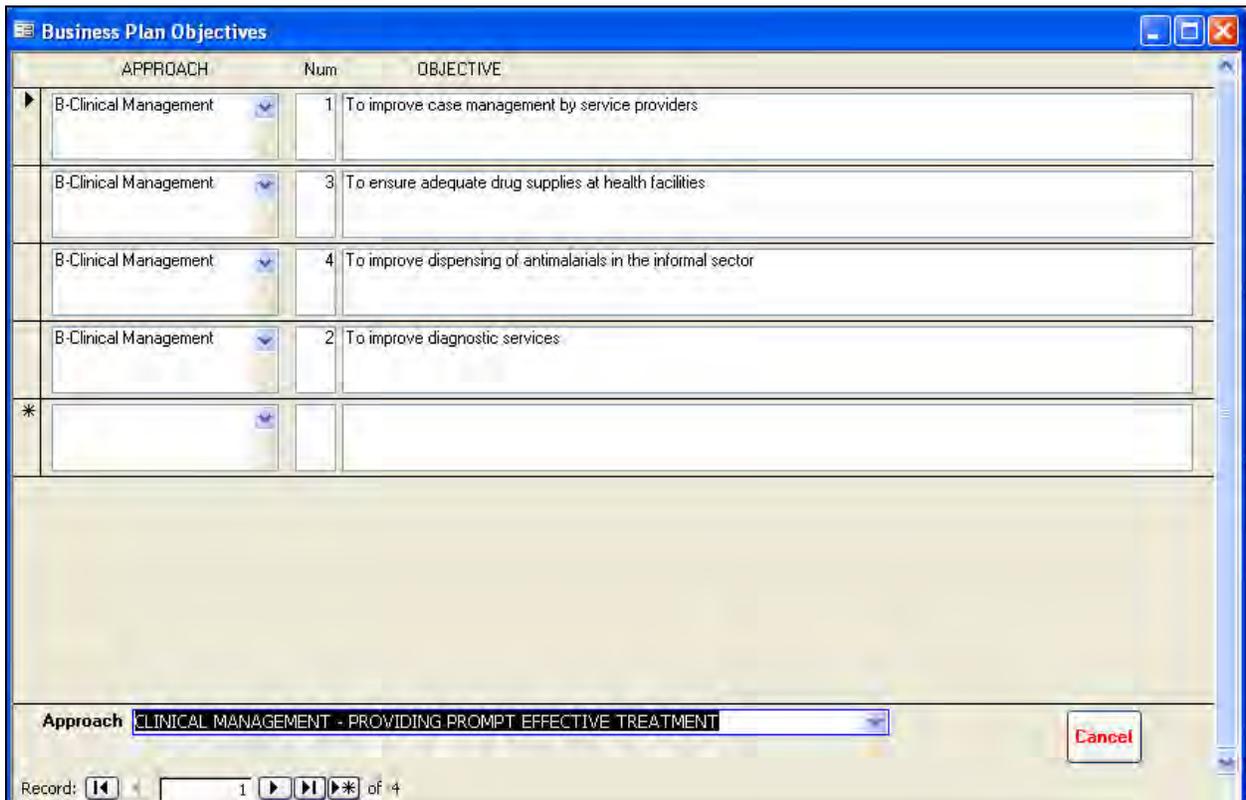


Figure 3. Business Plan Objectives

OBJECTIVE	Num	OUTPUT
B-1- To improve case management by service providers	1	Up to date drug policy
B-1- To improve case management by service providers	2	Comprehensive set of case management guidelines produced in collaboration with DCH and DPH and available in all facilities at all levels of the health system
B-1- To improve case management by service providers	3	Service providers recruited and trained on malaria case management, including Art-lumefantrine CT
B-1- To improve case management by service providers	4	Ensure supply of commodities to support case management
B-1- To improve case management by service providers	5	Appropriate malaria treatment guidelines available in all facilities at all levels of the health system
*		

Approach CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT
Objective 1 - To improve case management by service providers

Record: 1 of 5

Figure 4. Business Plan Outputs

Output	Num	Activity		
D-1-2->Vector Control-Vector control policy document and guidelines widely disseminated	1	Convene vector control policy document development meetings	Vector Policy = 3 Meetings 1 Broad Stakeholder meeting = 40	Done
			2,075,000	0
D-1-2->Vector Control-Vector control policy document and guidelines widely disseminated	2	Convene IVM strategy development meetings	IVM Strategy=6 people x 5 days Residential = \$ 6000 year 1 and \$ 2000 each year after	Done
			450,000	0
D-1-2->Vector Control-Vector control policy document and guidelines widely disseminated	3	Consensus meeting on policy and strategy and implementation framework		Done
			400,000	0
D-1-2->Vector Control-Vector control policy document and guidelines widely disseminated	5	Print and disseminate 3,000 copies of policy documents and 6000 copies of strategy document	2006/7=3000 copies policy and 6000 copies strategy = 9000 x 300 2007/8= 2000 copies strategy = 600,000	Done
			2,700,000	0
D-1-2->Vector Control-Vector control policy document and guidelines widely disseminated	6	Complete district guidelines on how to manage, implement and supervise integrated vector management, including district guidelines on mass ITN re-treatment interventions and IRS.	Consultants 30 days = \$5000 = 450,000 Residential 5 days meetings x 6 people = 100,000	Done
			566,000	0
*				

Approach VECTOR CONTROL
Objective 1 - To create an enabling environment for Integrated Vector Management (IVM)
Output 2 - Vector control policy document and guidelines widely disseminated

Record: 1 of 5

Figure 5. Business Plan Activities

Business Plan Reports

Business plan reports present the business plan in a variety of ways, depending on what the user needs to see. All information should be available as formatted reports for printing, PDF files for sending, or Excel files for further data analysis and manipulation.

Business Plan Category Report Lists

The business plan category report lists show the Approaches, Objectives, and Outputs for reference purposes (Figure 6).

Malaria Business Plan - Approaches and Objectives	
DOMC Monitoring System	
Approach A	PROGRAMME MANAGEMENT AND COORDINATION
<u>Objective 1</u>	<u>To ensure a supportive planning and implementation environment for partners</u>
<u>Objective 2</u>	<u>To ensure adequate funding for malaria control interventions</u>
<u>Objective 3</u>	<u>To ensure effective performance management and accountability for National Malaria Control Programme deliverables</u>
<u>Objective 4</u>	<u>To strengthen institutional management</u>
Approach B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT

Figure 6. Business Plan Category Report—Objectives

Figure 7 is an example of the Business Plan Outputs List.

Approach B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT
<u>Objective 1</u>	<u>To improve case management by service providers</u> <ol style="list-style-type: none">1 Upto date drug policy2 Comprehensive set of case management guidelines produced in collaboration with DCH and DRH and available in all facilities at all levels of the health system3 Service providers recruited and trained on malaria case management, including Art-Jumefantrine CT4 Ensure supply of commodities to support case management5 Appropriate malaria treatment guidelines available in all facilities at all levels of the health system
<u>Objective 2</u>	<u>To improve diagnostic services</u> <ol style="list-style-type: none">1 Improved diagnostic capacity at health facilities to support ACT introduction2 Procurement of malaria diagnostic consumables and equipment supported through NP HLS3 Quality Assurance and Quality Control
<u>Objective 3</u>	<u>To ensure adequate drug supplies at health facilities</u> <ol style="list-style-type: none">1 Uninterrupted supply of antimalarial drugs2 Coordinated antimalarial drug registration and licencing in line with ACT policy
<u>Objective 4</u>	<u>To improve dispensing of antimalarials in the informal sector</u> <ol style="list-style-type: none">1 CIMCI implemented in # districts2 Shopkeepers selling antimalarials in rural districts trained in good dispensing practice

Figure 7. Business Plan Outputs

Basic Business Plan Activity Report

The basic business plan report (Figure 8) lists out a list of activities, including budgets and targets for a specific approach or for the whole program. There are a variety of reports, depending on the information that you need to see in the output. The output should be available as formatted reports for printing, PDF files for sending, or Excel files for further data analysis and manipulation.

3. Business Plan

Malaria Business Plan - Approaches, Objectives, Outputs, Activities and Budget										
DOMC Monitoring System			2006/07	2007/8	2008 /9	Funding Source	Responsibility	Activity Type	Delivery Date	Frequency
			Budget over Allocation							
Approach	B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT								
Objective1	To improve case management by service providers									
Output 1 Up to date drug policy										
1	TVWG Meetings for reviewing of drug policy change process		Budg:	240,000	240,000	240,000	DFID	DOMC	Meetings - Other	Quarterly
	PI:		Alloc:	240,000	0	0				
2	Produce and disseminate antimalarial drug policy document		Budg:	2,000,000	2,000,000	2,000,000	DFID WHO	DOMC Case Mx & IEC co-ordinators	Printing	Jun-05 Annual
	PI: Antimalarial drug policy printed and disseminated		Alloc:	0						
Output 2 Comprehensive set of case management guidelines produced in collaboration with DCH and DRH and available in all facilities at all levels of the health system										
1	Harmonised national guidelines on: malaria treatment (including Art-Lumifantrine CT), IMCI, cIMCI & Home-based management of fever		Budg:	35,000			DFID WHO	DOMC/DCH/DHP Case Mx & IEC co-ordinators	Meetings - Central	Oct-05 Specific Month
	PI: Newguidelines		Alloc:	0						
2	Print National Guidelines on malaria treatment, IMCI, cIMCI & Home-based management of fever		Budg:	7,000,000	2,550,000	2,550,000	DFIDWHO	DCH / DOMC / DHP IEC Co-ordinator	Printing	Annual
	PI: 2006/7 = 35,000 copies of guideline, 400 copies in each district 2007-8= 8,500 copies 2008-9= 8,500 copies		Alloc:	7,000,000						
3	Distribution of national guidelines		Budg:	810,000	250,000	250,000		DHMT	Money District	Annual
	PI:		Alloc:	0	0	0				

Figure 8. Basic Business Plan Activity Report

The procurement report is the same as the activity report, except it shows only the procurement items—items with activity types that are marked as procurement (Figure 9).

Malaria Business Plan - Approaches, Objectives, Outputs, Activities and Budget Procurement List										
DOMC Monitoring System			2006/07	2007/8	2008 /9	Funding Source	Responsibility	Activity Type	Delivery Date	Frequency
			Budget over Allocation							
Objective3	To ensure adequate drug supplies at health facilities									
Output 1 Uninterrupted supply of antimalarial drugs										
5	Purchase of ACT antimalarial drugs		Budg:	1,213,386,750	1,384,650,000	1,384,650,000	GF 4 1.2	Procurement Consortium,DOMC	Procurement	throughout Annual
	PI: No stock out of antimalarials in health facilities		Alloc:	1,213,386,750	1,384,650,000					
6	Purchase of other antimalarials and adjunct commodities		Budg:				GF 2 3.6	MOH,KEMSA,DOMC	Procurement	Annual
	PI:		Alloc:	71,104,425	54,750,000	50,025,000				
7	Support distribution plan of antimalarials and adjunct commodities (figures will be budgeted under general procurement costs)		Budg:				GF II 4.2.2?	KEMSA,MEDS,DOMC	Procurement	Quarterly
	PI:		Alloc:							
8	Printing of Drug Registers and Summary Reporting Tools		Budg:	2,500,000	5,000,000	5,000,000	MSH	HMS,Pharmacy Division,DOMC	Printing	Annual
	PI:		Alloc:	500,000						
11	Construct 6 and refurbish 4 drug stores		Budg:	6,825,000	6,600,000		MoH	KEMSA,DHMT	Procurement	Quarterly
	PI: Construction / refurbishment Completed		Alloc:	6,825,000	6,600,000					
Objective3	To ensure adequate drug supplies at health facilities		Budg:	1,222,711,750	1,396,250,000	1,389,650,000				
Totals:			Alloc:	1,291,816,175	1,446,000,000	50,025,000				

Figure 9. Basic Business Plan Procurement Report

Formatted Business Plan Document

The system should also produce a formatted business plan document. The example in the prototype system produces the document with the following sections—

- Cover page
- Introductory page
- MTEF summary by approach (see Section 5.4)
- Targets by approach based on NMS
- Business plan framework (see sample below)

Malaria Business Plan 2006 - 2007																										
Approach Objective Output	Act	ACTIVITY	TIMELINE 2006 - 2007												Responsibility	2 0 0 6 - 2 0 0 7			Fund Source	Recipient	Performance Indicator					
			7 06	8 06	9 06	10 06	11 06	12 06	1 07	2 07	3 07	4 07	5 07	6 07		2006_2007 BUDGET	Allocated 2006/7	Gap 2006/7								
MANAGEMENT OF MALARIA AND ANEMIA IN PREGNANCY																										
OBJECTIVE 1		To increase the number of pregnant women receiving effective FANC/MIP interventions																								
Output 1		C-1-1->MIP-Pregnant Women Receiving FANC-Updated and harmonized FANC/MIP guidelines, registers, job aids, training and BCC materials																								
	1	Stakeholder meeting to review/update/design FANC/MIP BCC materials, including guidelines, registers, supervision and monitoring, and review tools.															DOMC,DRH	671,000	671,000	-	DFID	National	# stakeholder meetings held			
	2	Print required FANC/MIP BCC materials and tools and ANC registers															DOMC,DRH,JHPEIG O	9,000,000	7,500,000	1,500,000	GFII	National	FANC /MIP tools printed			
	3	Review and harmonize ANC cards and print cards															DRH, DCH	31,000,000		31,000,000		National	ANC Cards reviewed and printed for 23 districts			
	4	Production of Training Materials for FANC / MIP Materials for all districts															DOMC,DRH	23,736,000	6,824,100	16,911,900	DFID	National	Training materials produced			
	5	Support quarterly technical working group meetings															DOMC	264,000	66,200	197,800	DFID	National	Quarterly meetings held and minutes produced			
Sub-totals for Output 1																	64,671,000	15,061,300	49,609,700							
Output 2		C-1-2->MIP-Pregnant Women Receiving FANC-All districts adequately prepared to deliver FANC/MIP interventions																								
	1	Development of district guidelines based on Kirinyaga model															DRH,DOMC	129,000		129,000		National	Best practices training manual developed			
	2	Documentation of best practices in FANC in Kirinyaga															DRH,DOMC	350,000		350,000		National	1 meeting / report produced			
	3	District situation analysis in all districts. FANC/MIP review needs assessment.															PHMT,DHMT,DOMC, DRH	2,400,000	1,191,419	1,208,581	DFID	District	Assessment report			
	4	Synthesise situation analyses and produce report															DOMC,DRH,DHMT	400,000	199,465	200,535	DFID	National	Report produced			
	5	Distribute FANC/MIP materials															DOMC,DRH	800,000	460,000	340,000	DFID	National	Materials in 80% of health facilities			
	6	Microplanning meetings for all districts															DOMC,DRH,DHMT	7,500,000	3,719,808	3,780,192	DFID	District	6 meetings / meeting reports			
	7	Conduct TOT at provincial level (8) including KMTC Staff															DRH,DOMC	4,800,000	495,000	4,305,000	GFII	National	40 pre-service institutional staff trained on FANC MIP			
	8	District Support Supervision in 46 districts(yr1), 72 districts (yr 2&3)															DHMT	1,265,000		1,265,000		District	Support supervision done and report produced			
Sub-totals for Output 2																	17,644,000	6,065,692	11,578,308							

Figure 10. Sample of Business Plan Framework

Here is the menu from the prototype system from which the business plan reports are produced (Figure 11).

The screenshot shows a software interface titled "Business Plan Reports" with a blue header. The main content area has a light gray background and contains the following elements:

- Level:** A dropdown menu currently set to "National".
- Strategic Approach:** A dropdown menu currently set to "B - CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT".
- Select:** A list of four options with checkboxes:
 - Global Fund 2 and 4
 - DFID/WHO and WHO
 - GOK
 - All
- Business Plan Lists:** A list of five options with checkboxes:
 - Approaches
 - Objectives
 - Outputs
 - Activities
 - Targets
- MTEF Summaries:** A list of two options with checkboxes:
 - (unlabeled)
 - (unlabeled)
- Detailed Activity List:** A list of two options with checkboxes:
 - (unlabeled)
 - (unlabeled)
- Detailed Procure List:** A single option with a checkbox:
 - (unlabeled)
- Buttons:** Four buttons are located on the right side:
 - Output Excel File:** A red button with white text.
 - Report:** A white button with a purple border and purple text.
 - Datasheet:** A white button with a blue border and blue text.
 - Cancel:** A white button with a red border and red text.

Figure 11. Sample Business Plan Reports

4. WORK PLANS

All of the funded workplans and the DOMC workplan from GOK funds will also be stored electronically in the system. There will be screens to show where the work plans are kept and how they are categorized by activities—

- Module for maintaining funding sources
- Module for maintaining workplan objectives and sub-objectives
- Module for maintaining activities
- Module for producing all workplan reports

This section outlines the structure of storing the workplan fields, showing the main tables and the main reports that have been requested by the DOMC and MoH at this stage. The design of the system ensures that all of these reports will be available, provided the data is entered and accurate.

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
1. Funding Sources					
Table in Prototype (tbl_WP_1FundSources)					
Computer Identification Field	BP_FUND_SOURCE	Unique Computer Autonumber for the system's use only	103013AC00	-	System
Funding Source Fields	Title Title_Short Level 1 Level 2 Level 3	Full name and short name of the funding source and three descriptive lines for reporting	GFATM Round 2 Phase 2	-	Workplan
Funding Source Fields	ID_Currency	Currency of the funding	U.S.dollars	Tlkp_currencies	Workplan
Funding Source Fields	Start_Date End_Date	Start and end dates of the workplan	01/07/2006		Workplan
Funding Source Fields	Year 1 Year 2 Year 3 Year 4 Year 5	Link between years of the workplan to financial years of the business plan	2006-07		Workplan's link to business plan

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
2. Workplan Objectives					
Table in Prototype: (tbl_WP_2Objectives)					
Computer Identification Field	ID_Objective	Unique Computer Autonumber for the system's use only	2135233C00	NA	System
Classification Field	ID_Fund_Source	Computer identifier for the funding source	102302301	On tbl_WP_1FundSource	Workplan
Objective Fields	Obj_Num	Number of the objective (within the funding source)	2	NA	Workplan
	Obj_Desc	Name of the objective	To improve case management by service providers		Workplan

3. Workplan Sub-Objectives

Table in Prototype: (tbl_WP_3Objectives_Sub)

Computer Identification Field	ID_Objective_Sub	Unique Computer Autonumber for the system's use only	13213232C0	NA	System
Classification Field	BP_Objective	Computer identifier for the objective	102302301	On tbl_WP_2Objectives	Workplan
Output Fields	Obj_Sub_Num	Number of the sub-objective (within the objective)	1.5	NA	Workplan
	Obj_Sub_Desc	Name of the sub-objective	Number of free re-treatment kits accessed by pregnant women and children under age five.		Workplan

4. Work Plans

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
4. Workplan Activities					
Table in Prototype (tbl_WP_4Budgets)					
Computer Identification Field	ID_Budget_Line	Unique Computer Autonumber for the system's use only	13213232C0	NA	System
Classification Field	ID_Objective_Sub	Computer identifier for the sub-objective	102302301	On tbl_WP_30 bjectives_Sub	Workplan
Activity Fields	Act_No	Number of the activity (within the sub-objective)	6	NA	Workplan
	Activities	Descriptive name of the activity	Calculate IRS commodity and equipment requirements, prepare specification documents, and submit to procurement agent		Workplan
Fields for Targets and	Target_Desc	Description relating to the numeric quarterly targets	Train district health management teams, health workers, and store keepers on medicine supply and management		Workplan
	Activity_Target	(Do not need—in the existing data, these targets need to be broken down into quarterly targets)			

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
Classification Fields	ID_Recipient	How often and when the activity takes place	Choose from: <ul style="list-style-type: none"> • Annual • Biannually • Triannually • Quarterly • Bimonthly • Monthly • Specific Month 		Generating Gantt chart of activities
	Procure				
	Responsibility				
Target and Budget Fields	Q1_Targ_Tot	Quarterly target figures relating to Target_Desc	50		Workplan
	Q1_Targ_MOH		50		
	Q1_Targ_NGO		0		
	Q1_Budg_Tot	Quarterly budget figures	15,000		
	Q1_Budg_MoH		15,000		
Q1_Budg_NGO	0				
	(And same for Q2,Q3,Q4)		Etc.		
Disbursement Fields	Q_1_and_2_Disbursement1	Disbursement figures will go into their own table where they show disbursements against workplan budget (activity) lines			Monitoring
	Q_3_and_4_Disbursement2				(see monitoring section)
Actual Activity and Expenditure Fields	Act_Q1	Actual figures will go into their own table where they show actuals against workplan budget (activity) lines			Monitoring
	Act_Q2				(see monitoring section)
	Act_Cum_Q2				
	Fin_Q1				
	Fin_Q2				
	Fin_Cum_Q2				
	(and same for Q3 and Q4)				

The workplan activities are also classified by the following fields.

4. Work Plans

Classification Fields	ID_Act_Type	Type of activity (Also linked to categories of activity)	Procurement	tlkp_Activities_WP	Indicates activity type and whether or not it is a procurement item
	ID_AOP_Cohort	The KEPH Cohort (s)	2 – early childhood	tlkp_AOP_Cohort	NHSSP/AOP reporting
	ID_AOP_Level	Level of intervention	1 – community	tlkp_AOP_Level	NHSSP/AOP reporting

The following diagrams showing the relationships between the workplan tables (Figures 12, 13).

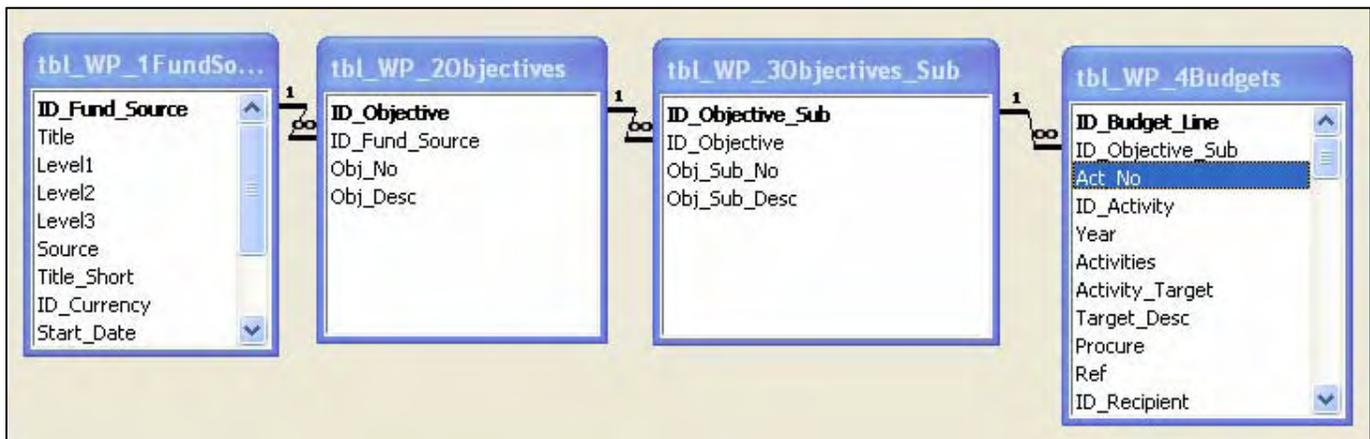


Figure 12. Relationship of Workplan Tables

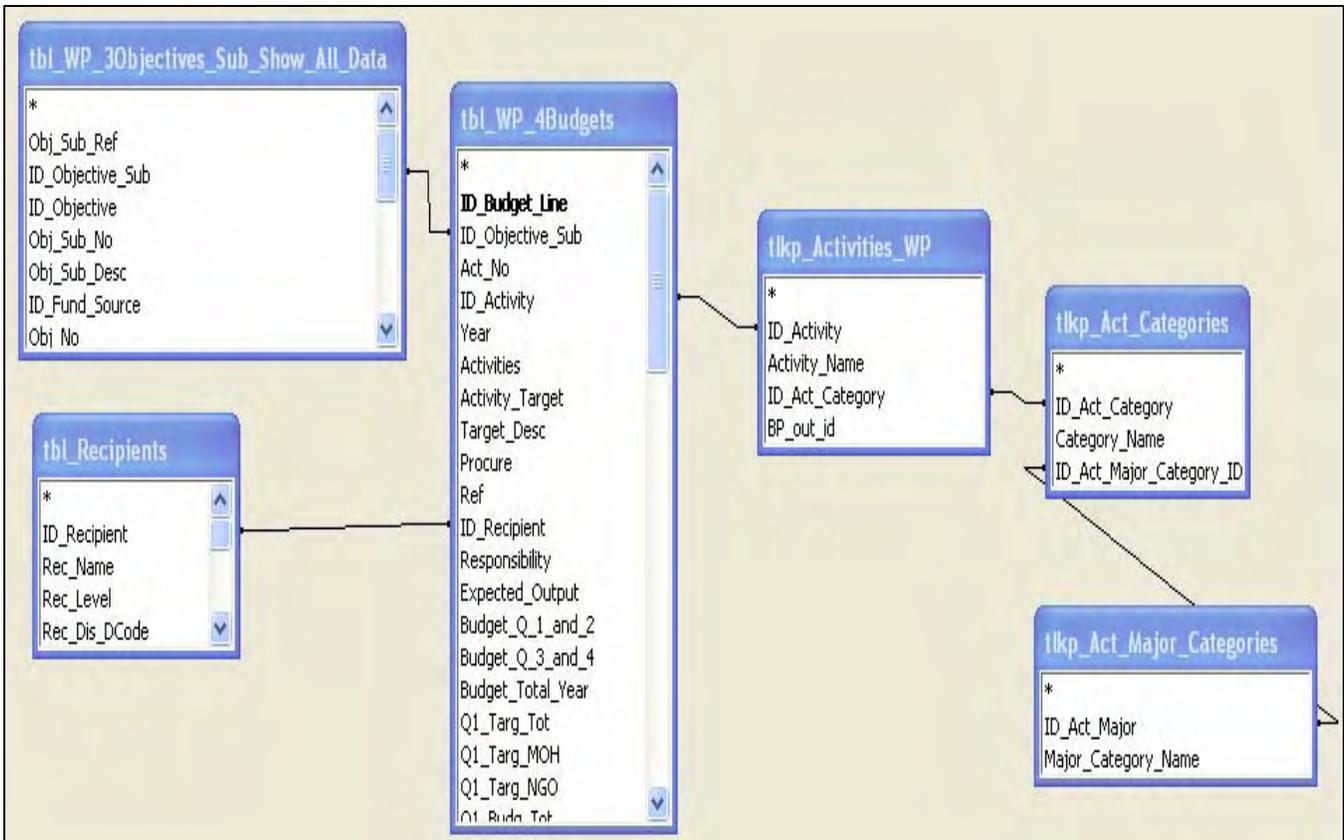


Figure 13. Relationships of Workplan Tables with Activity Classification Detail

Workplan Reports

Workplan reports present the different workplans in a variety of ways, depending on what the user needs. All information should be available as formatted reports for printing, PDF files for sending, or Excel files for further data analysis and manipulation.

Basic Workplan Activity Report

The basic workplan report lists out a list of activities, budgets and targets for a specific funding source. For example, the GFATM Round 4 Phase 1 report might look like Figure 14.

4. Work Plans

Global Fund Round 4 Phase 1		Country: Kenya		Disease : Malaria								
DOMC Monitoring System		Principal Recipient: Ministry of Finance										
Activity Description	Year	Activities					Budgets in Currency - US Dollars					
		Q1	Q2	Q3	Q4	Total Targets	Q1	Q2	Q3	Q4	Total Budget	
Objective 1 - Implementation of the new malaria treatment policy using ACTs												
Main Activities 1.1 - Training of service providers on the malaria treatment policy change												
1	Workshops Conducted - MOH	Year 1	12	46	46	12	116	66,780	255,990	255,990	66,780	645,540
Main Activities 1.2 - Procuring and distribution of Artemether-Lumefantrine to public health facilities												
		Year 2	0	0	0	0	0	0	0	0	0	0
2	Drug procured and distributed to all public health facilities - MOH	Year 1	0	0	0	0	0	0	16,178,490	0	0	16,178,490
		Year 2	0	0	0	0	0	0	18,462,000	0	0	18,462,000
Totals for Objective 1 - Implementation of the new malaria treatment policy using ACTs								66,780	34,896,480	255,990	66,780	35,286,030
Objective 2 - To reduce morbidity and mortality associated with malaria epidemics in 16 epidemic prone districts												
Main Activities 2.1 - Training of spraymen												
1	IRS teams trained - MOH	Year 1	28	222	222	83	555	4,882	38,710	38,710	14,473	96,775
Main Activities 2.2 - Strengthening of communication between health facilities, DHMTs, PHMTs and DOMC												
1	Health facilities in epidemic prone districts provided with resources for communication - MOH	Year 1	16	0	0	0	16	86,400	0	0	0	86,400
		Year 2	0	0	0	0	0	95,040	95,040	95,040	95,040	380,160

Figure 14. Basic Workplan Report Showing Quarterly Targets and Budgets

The basic workplan activity report should be available according to the following selections—

- By source of funds
- By year of funding
- By recipient of funds
- By level of recipient of funds (district, provincial, national, NGO)
- By KEPH Cohort
- By level of service
- By type of activity

Basic Workplan Procurement List

The procurement list is the same report as the basic workplan activity report, except it only shows items that are on the procurement list. The same selections apply as in the activity report.

Summary Workplan Reports

The workplan summary reports summarizes by a number of different options:

- By workplan objective
- By workplan subobjective
- By source of funds
- By year of funding
- By recipient of funds
- By level of recipient of funds (district, provincial, national, NGO)
- By KEPH cohort
- By level of service
- By type of activity
- By service delivery category

Here are some examples of the summary workplan reports (Figures 15, 16, 17, 18, 19).

Budget and Disbursement Summary by Objective : NATIONAL LEVEL				
Global Fund Round 2 Phase 1				
Country: Kenya Disease : Malaria				
Principal Recipient: Ministry of Finance				
DOMC Monitoring System				
Objective	Financial (KSHS)			
	Year 1 Budget for Activity	Initial Disbursement	Second Disbursement	Total Disbursed
2 - To Increase the percentage of pregnant women accessing IPT to 20% in at least 40 districts by 2007	14,975,892	859,896	12,263,540	13,123,436
3 - To Improve case management and effective treatment of malaria	76,934,800	8,017,168	58,762,432	66,773,600
5 - To Improve community access to malaria control and prevention information	75,912,150	3,779,528	60,888,772	64,668,300
6 - Monitoring and evaluation (including administration)	13,190,000	60,414	8,369,586	8,430,000
Report Total	181,012,842	12,717,006	140,284,330	152,995,336

Figure 15. Workplan Summary by Objective—GFATM Round 2 Phase 1

Budget and Disbursement Summary by Sub-Objective : NATIONAL LEVEL				
Global Fund Round 2 Phase 1				
Country: Kenya Disease : Malaria				
Principal Recipient: Ministry of Finance				
DOMC Monitoring System				
Objective	Financial (KSHS)			
	Year 1 Budget for Activity	Initial Disbursement	Second Disbursement	Total Disbursed
2 - To Increase the percentage of pregnant women accessing IPT to 20% in at least 40 districts by 2007				
1 - Number of TOTs trained in FANC/MIP	12,331,192	29,500	10,673,044	10,702,544
2 - Number of IPT Service Providers trained	1,319,700	20,500	1,124,900	1,145,400
4 - Number of CORPs/TBAs trained on IPT promotion at community level	1,325,000	809,896	465,596	1,275,492
	14,975,892	859,896	12,263,540	13,123,436

Figure 16. Workplan Summary by Sub-Objective—GFATM Round 2 Phase 1

Budget and Disbursement Summary by Recipient Level : NATIONAL LEVEL				
Global Fund Round 2 Phase 1				
Country: Kenya Disease : Malaria				
Principal Recipient: Ministry of Finance				
DOMC Monitoring System				
LEVEL OF RECIPIENT	Financial (KSHS)			
	Year 1 Budget for Activity	Initial Disbursement	Second Disbursement	Total Disbursed
DMOs	164,222,842	12,711,006	130,684,330	143,395,336
DOMC	14,390,000		7,200,000	7,200,000
PMOs	2,400,000		2,400,000	2,400,000
Report Total	181,012,842	12,711,006	140,284,330	152,995,336

Figure 17. Workplan Summary by Level of Recipient—GFATM Round 2 Phase 1

Budget and Disbursement Summary by Recipient : NATIONAL LEVEL				
Global Fund Round 2 Phase 1				
Country: Kenya Disease : Malaria				
Principal Recipient: Ministry of Finance				
DOMC Monitoring System				
RECIPIENT	Financial (KSHS)			
	Year 1 Budget for Activity	Initial Disbursement	Second Disbursement	Total Disbursed
DMOs				
DMO Baringo	3,095,714	179,647	2,916,067	3,095,714
DMO Bomet	3,095,714	330,547	2,765,167	3,095,714
DMO Bondo	3,095,714	420,171	2,675,543	3,095,714
DMO Bungoma	3,095,714	110,447	2,985,267	3,095,714
DMO Buret	3,095,714	110,447	2,985,267	3,095,714
DMO Busia	3,095,714	2,155,514	940,200	3,095,714
DMO Butere	3,095,714	229,811	2,865,903	3,095,714

Figure 18. Workplan Summary by Recipient—GFATM Round 2 Phase 1

Budget and Disbursement Summary by Service Delivery Category NATIONAL LEVEL

Global Fund Round 2 Phase 1

Country: Kenya Disease : Malaria

Principal Recipient: Ministry of Finance

DOMC Monitoring System

SERVICE DELIVERY CATEGORY	Financial (KSHS)			
	Year 1 Budget for Activity	Initial Disbursement	Second Disbursement	Total Disbursed
Administration				
Administration	4,790,000		1,800,000	1,800,000
	4,790,000		1,800,000	1,800,000
Monitoring and Evaluation				
M&E	2,057,350	335,700	1,643,500	1,979,200
	2,057,350	335,700	1,643,500	1,979,200
Printing and Stationary				
Printing and Stationary	3,200,000		3,200,000	3,200,000
	3,200,000		3,200,000	3,200,000
Supervision				
Supervisory	12,190,000	60,414	7,369,586	7,430,000
	12,190,000	60,414	7,369,586	7,430,000
Training				
Advocacy	18,126,000	534,400	15,286,100	15,820,500

Figure 19. Workplan Summary by Service Delivery Category—GFATM Round 2 Phase 1

5. ANNUAL OPERATIONAL PLAN

The business plan module stores projected business plan activities for next three or four years. Items have budgets that are indicated as “allocated” (if there is a funding source confirmed) or “unfunded” if there is no funding source. This field gives an indication of the costing gaps. The workplan module stores workplan activities from the various funding sources, including GOK.

The system becomes more powerful when the business plan activities are combined with the workplan activities. This combination will create the Annual Operational Plan. The procedure is simple—allocate an activity from a workplan to a business plan activity.

- One workplan activity can be allocated to one or more business plan activities (and a percentage will apportion the targets/budget figure between business plan activities).
- Similarly, one business plan activity can be met by one or more workplan activities.

The data is stored in a many-to-many relationship table that links business plan activities and workplan activities.

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
1. Linking Workplan Activities to Business Plan Activities					
Table in Prototype: (tbl_BP_5Activities_WPLink)					
Computer Identification Field	ID_BP_WP	Unique Computer Autonumber for the system's use only	13213232C0	-	System
Classification Field	BP_Act_ID	Computer identifier for the business plan activity	102302301	On tbl_BP_4activities	AOP
	ID_Budget_Line	Computer identifier for the workplan activity	102302232	tbl_WP_4B budgets	
Allocation Field	Percent	Percent of the workplan activity budget and target to allocate to the business plan	50%		AOP

The system should allow you to allocate the workplan activities to the business plan from either the business plan activity screen or the workplan activity screen. For example, Figure 20 shows a business plan activity and the section at the bottom allows the entry (and allocation) of multiple workplan activities that should be allocated to this activity.

The screenshot shows a Microsoft Access window titled "Microsoft Access - [Enter Details on one Business Plan Activity]". The interface includes a menu bar (File, Data, Administration, Records, System Menu) and a toolbar. The main form displays the following information:

- Output:** Administrative Costs for GFATM met
- Activity # 1:** GFATM Rnd II NGO personnel costs to provide district activities.
- Funding Source:** GF II 6.2.2
- 2005 / 2006:** 33,322,200
- 2006 / 2007:** 22,200,000
- 2007 / 2008:** 22,200,000
- 2008 / 2009:** 22,200,000
- Responsibility:** MoF, FMA, NGOs
- Notes:** 296,000 * 75 = 22,000,000 per year is a 'ngo personnel

Below the funding details is a table showing the allocation of workplan activities to the business plan activity:

Business Plan	Workplans	Percent
A-3-2-1	901 - GF R2 P2 - 6 - 0 - YEAR: 3 - alloc US\$ - 296,000	100
A-3-2-1	952 - GF R2 P2 - 6 - 0 - YEAR: 4 - alloc US\$ - 296,000	100
A-3-2-1	1002 - GF R2 P2 - 6 - 0 - YEAR: 5 - alloc US\$ - 296,000	100

Record: 2 of 3

Figure 20. Three Workplan Activities Are Allocated to the Business Plan Activity

Figure 21 shows the link between the relationships of the business plan tables and the workplan tables.

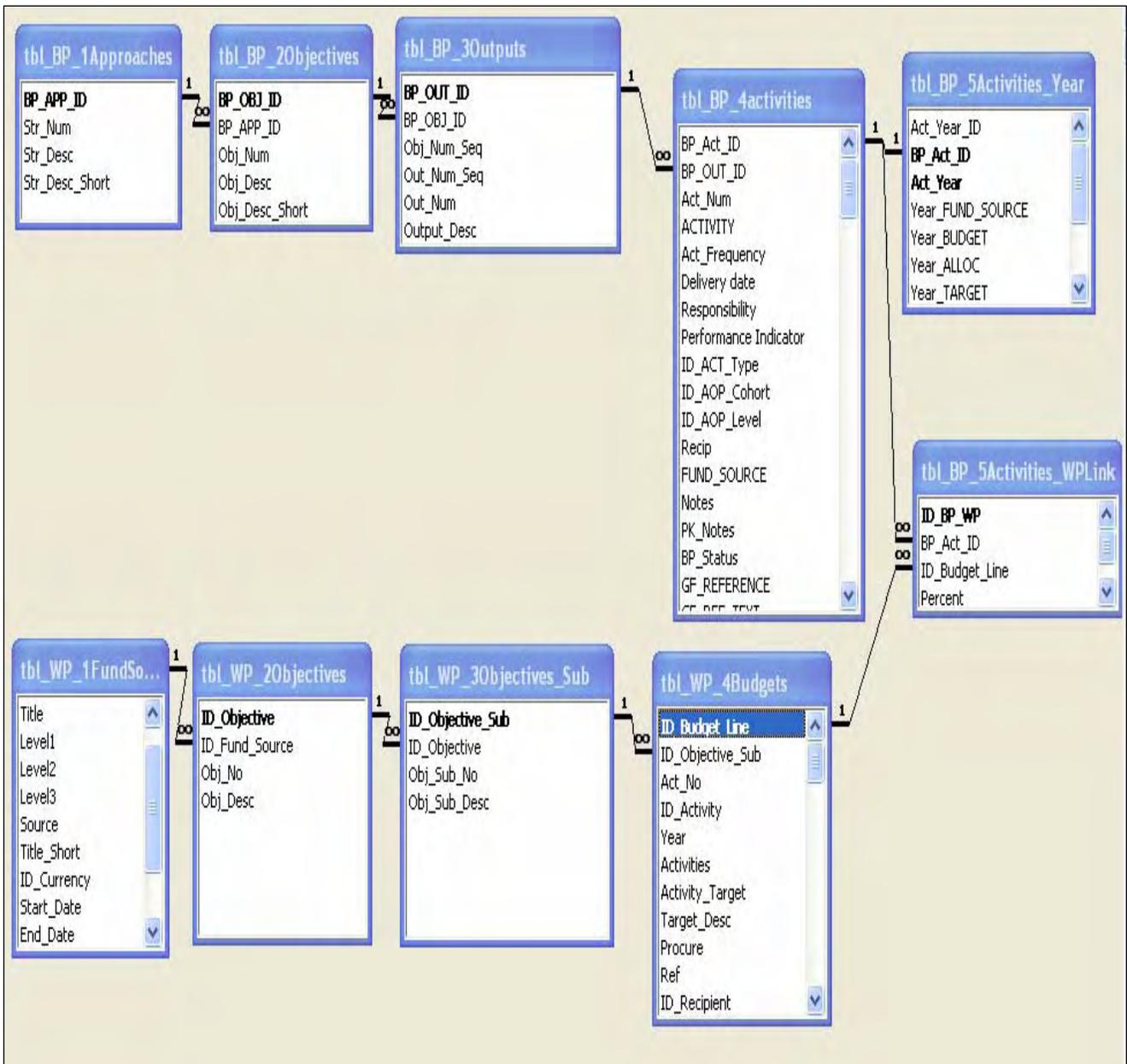


Figure 21. Relationships of Business Plan and Workplan Tables

Generating Business Plan Activities from Workplan Activities (and vice versa)

Sometimes it will be necessary to generate a workplan activity line from an existing business plan activity line, and sometimes an existing workplan activity will need a line in the business plan.

The system should have a module that would make this easy to do. For example, if you are viewing a workplan activity for a given year, there should be a button that allows you to

“generate business plan activity.” The system would let you add a new business plan activity (choosing the Approach/Objective/Output) and then ask you a year and whether you would want to allocate the whole of the workplan activity to the business plan activity or not. (Records would be generated on Tbl_BP_4Activities and TBL_BP_5Activities_WPLink.)

Similarly, if you are viewing a business plan line item, you will have a button to generate a new workplan line item based on the business plan activity.

Annual Operational Plan Outputs

Annual Operational Plan Outputs are essentially Business Plan Outputs that show—

- The activities for a specific year only
- The activities where funds have been allocated

For these activities, the AOP would list the quarterly budgets and targets as per the workplan items that have been allocated to the business plan item. The annual operational plans can be printed by strategic approach and by quarter, and will be used by DOMC staff as workplan tools.

Fixing, Clearing, and Archiving Data

The system will need a number of functions that deal with data storage and long-term maintenance of the database. The details will be worked out during development, but the system must include—

- A module to fix annual operational plan activities so the monitoring can occur against a set of data that is not changing
- A module to run at the end of a year to archive and clear records that are no longer needed.
- A module to renumber the business plan activities

Outputs for Analyzing Funding Gaps

The MTEF reports are produced to show the overall funding picture and to look for funding gaps. The reports can be produced in a number of ways. Figures 22, 23, and 24 are examples.

This report shows the whole malaria program’s MTEF for two years with the budgeted annual amounts, the allocated (funded) annual amounts, and the funding gaps. The report is summarized by strategic approach.

Malaria Business Plan - INDICATIVE MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) 2006 - 2008			2006/07 Budget	2006/07 Allocated	2006/07 GAP	2007/08 Budget	2007/08 Allocated	2007/08 GAP
DOMC Monitoring System								
Approach	A	PROGRAMME MANAGEMENT AND COORDINATION	273,484,325	227,022,825	46,461,500	155,359,950	107,482,950	47,877,000
Approach	B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT	2,416,496,110	1,659,248,675	757,247,435	2,464,955,760	1,691,775,000	773,180,760
Approach	C	MANAGEMENT of MALARIA and ANAEMIA in PREGNANCY	191,155,800	32,415,992	158,739,808	141,199,600	19,395,000	121,804,600
Approach	D	VECTOR CONTROL	2,406,764,275	2,398,193,275	8,571,000	633,700,000	631,290,000	2,410,000
Approach	E	EPIDEMIC PREAREDNESS AND RESPONSE	191,490,760	187,479,825	4,010,935	2,499,000	0	2,499,000
Approach	F	INFORMATION, EDUCATION and COMMUNICATION	57,661,675	20,537,379	37,124,297	2,700,000		
Approach	G	MONITORING, EVALUATION and RESEARCH	135,887,225	44,722,825	91,164,400	29,034,000	3,000,000	26,034,000
Approach	H	PROCUREMENT PLAN	10,737,500	4,500,000	6,237,500			
Totals			5,683,677,670	4,574,120,796	1,109,556,875	3,429,448,310	2,452,942,950	976,505,360

Figure 22. MTEF by Approach

Here is the same report, summarized by objective and then by output, shown for clinical management only (Figures 23, 24).

Malaria Business Plan - INDICATIVE MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) 2006 - 2008			2006/07 Budget	2006/07 Allocated	2006/07 GAP	2007/08 Budget	2007/08 Allocated	2007/08 GAP
DOMC Monitoring System								
Approach	B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT						
Objective	1	To improve case management by service providers	378,145,360	301,255,500	76,889,860	292,327,760	179,100,000	113,227,760
Objective	2	To improve diagnostic services	701,641,000	25,250,000	676,391,000	715,700,000	38,250,000	677,450,000
Objective	3	To ensure adequate drug supplies at health facilities	1,277,381,750	1,303,943,175	-26,561,425	1,404,125,000	1,451,625,000	-47,500,000
Objective	4	To improve dispensing of antimalarials in the informal sector	59,328,000	28,800,000	30,528,000	52,803,000	22,800,000	30,003,000
Totals	B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT	2,416,496,110	1,659,248,675	757,247,435	2,464,955,760	1,691,775,000	773,180,760
Totals			2,416,496,110	1,659,248,675	757,247,435	2,464,955,760	1,691,775,000	773,180,760

Figure 23. MTEF by Objective

Malaria Business Plan - INDICATIVE MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) 2005 - 2007			2006/07 Budget	2006/07 Allocated	2006/07 GAP	2007/08 Budget	2007/08 Allocated	2007/08 GAP
DOMC Monitoring System								
Approach	B	CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT						
Objective	1	To improve case management by service providers						
Output	1	Up to date drug policy	2,240,000	240,000	2,000,000	2,240,000	0	2,240,000
Output	2	Comprehensive set of case management guidelines produced in collaboration with DCH and DRH and available in all facilities at all levels of the health system	7,845,000	7,000,000	845,000	2,800,000	0	2,800,000
Output	3	Service providers recruited and trained on malaria case management, including Art-tumefantrine CT	368,060,360	294,015,500	74,044,860	287,287,760	179,100,000	108,187,760
Objective	1	Totals:	378,145,360	301,255,500	76,889,860	292,327,760	179,100,000	113,227,760
Objective	2	To improve diagnostic services						
Output	1	Improved diagnostic capacity at health facilities to support ACT introduction	4,976,000	3,500,000	1,476,000	0		
Output	2	Procurement of malaria diagnostic consumables and equipment supported through HPHLS	643,365,000	0	643,365,000	642,150,000		
Output	3	Quality Assurance and Quality Control	53,300,000	21,750,000	31,550,000	73,550,000	38,250,000	35,300,000
Objective	2	Totals:	701,641,000	25,250,000	676,391,000	715,700,000	38,250,000	677,450,000

Figure 24. MTEF by Output

6. PERFORMANCE MONITORING COMPONENT

One of the most important aspects of the system is the performance monitoring. The system will be used for monitoring activities in the annual workplans. As these activities are linked to the business plan, the business plan will be monitored also.

The monitoring system methodology follows—

- All of the funded workplans will be entered into the system and linked to the business plan at the start of each year.
- All activities that are in the business plan and not linked to a funded workplan but are to be done from the GOK budget (or no cost) will be generated as a DOMC workplan.
- When workplans are completed and disbursements begin, the workplans are fixed. This means that a snapshot of the workplans is made on the system, against which reporting will be done. (Once the workplans are fixed, changes can still be made, but they will have to follow more rules than simple editing).
- Reporting baseline of the workplan activities should encompass all malaria activities for the year.
- All disbursements of funds must be entered into the system. This information must be obtained from the original authority to incur expenditures (for GFATM and other disbursements going through the GOK accounting system), and from partner information for other disbursements.
- On a quarterly basis, the system will generate reporting formats. These formats—either hard-copy or electronic, or both—will be sent to the fund recipients to complete. The reporting formats will list the budgets and targets and monies disbursed. The recipients will complete the formats with their actual achievements and expenditure summaries. They will return the formats to DOMC, together with their narrative reports. The reporting formats will make it easier to report in a standardized way against the targets and budgets.
- When the reporting formats are returned to DOMC, they are entered into the system by the M&E unit. The information will then be available to all DOMC staff on the network. The system will generate outputs that will be discussed internally and disseminated to the stakeholders. (Note that the system is a monitoring and information system, not an accounting system. As outlined, the system does not replace the MoH or other partner accounting systems. Rather, it supplements the accounting systems by linking financial summaries to activities, and breaking down expenditure into program areas.)

- The system will also generate reporting formats that have all baseline and reported information to be used as the basis of the monitoring visits by DOMC.

This monitoring process is shown in Figures 25, 26, 27, 28.

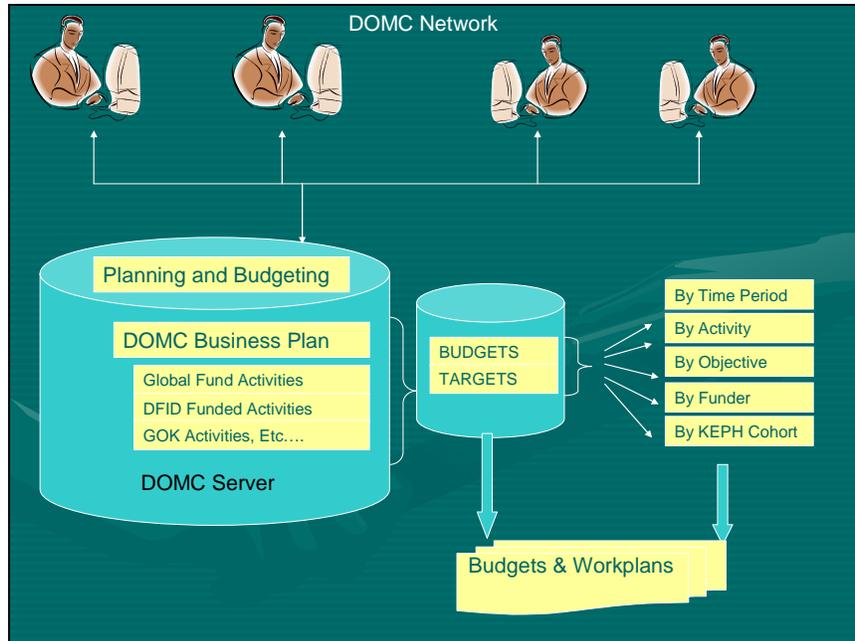


Figure 25. System Stores Business Plans and Workplans

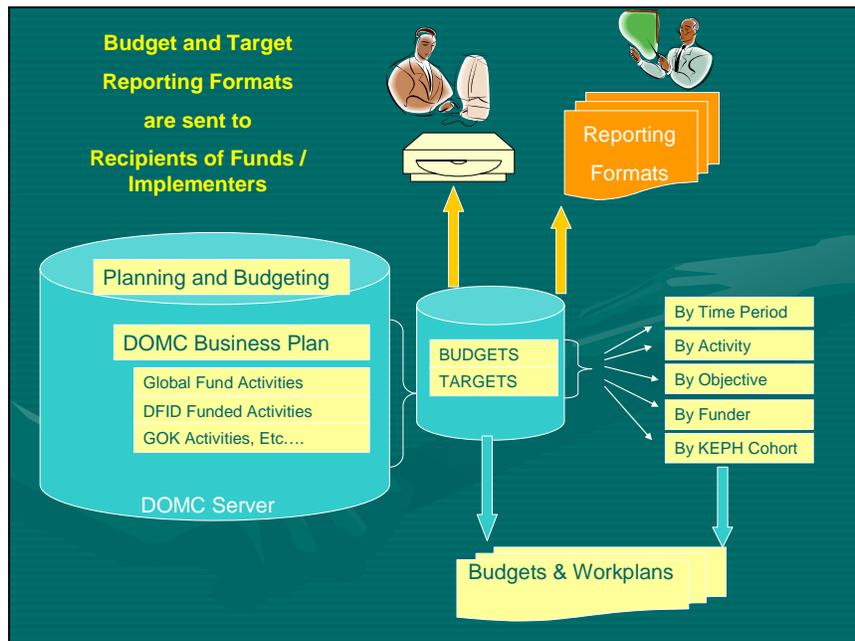


Figure 26. System Generates Reporting Formats for Implementers/Funds Recipients

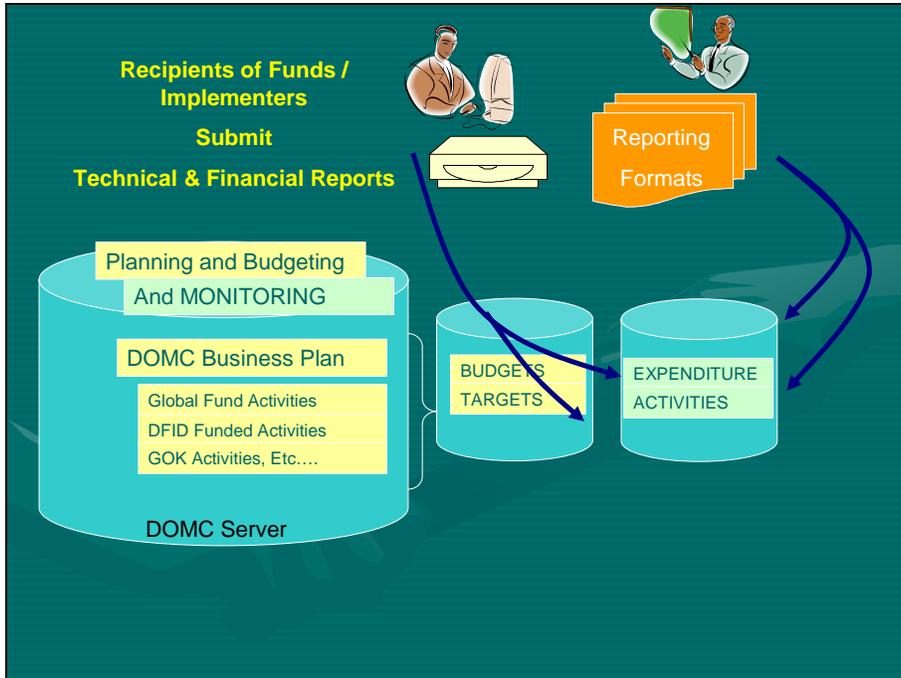


Figure 27. Reporting Formats Returned and Entered into the System

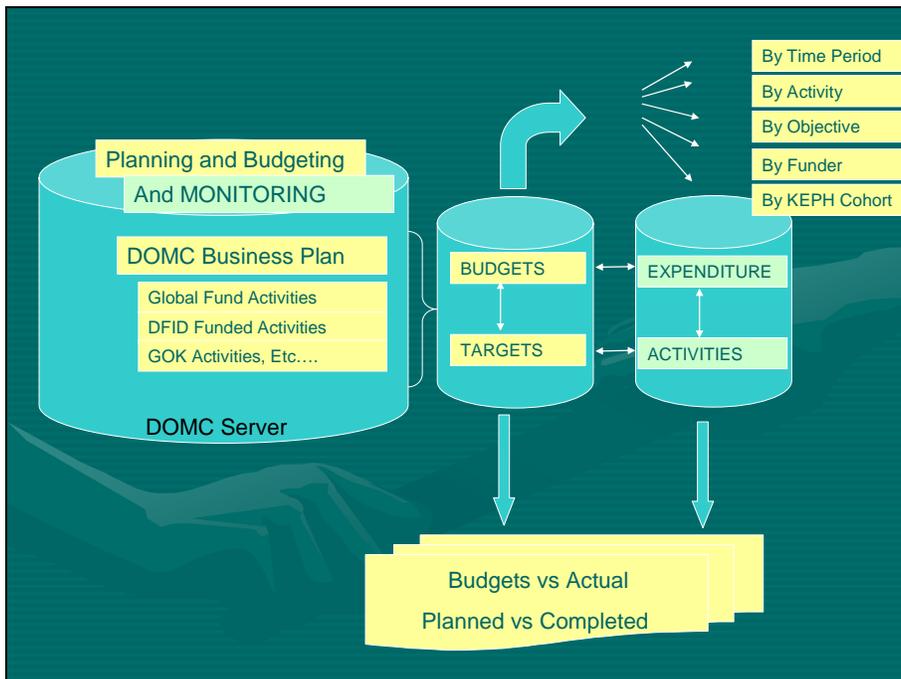


Figure 28. Summary Performance Reports Generated

Module for Reporting on the Activities

A comprehensive reporting module will produce reports on all aspects of the business plan and workplan activities, and any data that has been entered on them including disbursements, actual achievements, and expenditure.

Module for Confirmation of Disbursement of Funds

When funds are actually disbursed, the amounts to recipients (against workplan activity lines) will be entered into the system. DOMC must liaise with the MoH or partners' accounting departments to obtain the information. The system will have a simple screen that will allow entry of disbursements against workplan budget lines.

Module for Quarterly Printing of Reporting Formats

Figure 29 shows a sample of the reporting formats piloted during the assessment phase.

REPORTING FORMAT FOR RECIPIENTS OF FUNDS : DMO Baringo									REPORT FOR QUARTER 1 2006 : 1st January 2006 to 31st March 2006	
Global Fund Round 2 Phase 1			Country: Kenya Disease : Malaria			Principal Recipient: Ministry of Finance				
DOMC Monitoring System										
Activity Description	Activities				Financial (KShs)				COMMENTS Provide comments on whether target outputs were achieved, and why if not. Also whether expenditure on the activity was within the budgeted amount, and why if not.	
	Total Expected Target Ph1	Actual Cumulative to 31/Dec/05	Actual in Quarter 1 2006	Actual Cumulative to 31/Mar/06	Funds Allocated to Date	Spent Cumulative to 31/Dec/05	Spent in Quarter 1 2006	Spent Cumulative to 31/Mar/06		
Objective 2 - To Increase the percentage of pregnant women accessing IPT to 20% in at least 40 districts by 2007										
Training minimum of 20 service providers	20				# 1 :					
					# 2 :					24,900
					Tot :					24,900
Training minimum of 20 TOTs in FANC	20				# 1 :					
					# 2 :					232,664
					Tot :					232,664
Training minimum of 20 CORPs in ITNs & IPT	20				# 1 :					
					# 2 :					25,000
					Tot :					25,000

Figure 29. Report for Recipient of Funds

The format is for a single recipient of funds—the Baringo district medical officer (DMO)—from the GFATM Round 2 Phase 1. The report shows the targets and budgets for each activity and the amounts disbursed. The reporting format is printed for the DMO, who is asked to fill in the following information—

- Actual activities cumulative to start of quarterly reporting period
- Actual activities done in reporting period
- Actual activities completed to end of reporting period
- Actual expenditures to start of quarterly reporting period
- Actual expenditures made in reporting period
- Actual expenditure made to end of reporting period

The formats could also be sent electronically as MS-Word or MS-Excel documents.

Module for Entering Financial and Technical Reports Received

When the reports are returned, the system should have a simple way to find the fund recipient and source of funding. In addition, the system should allow for easy viewing and updating of additional information received. Figure 30 shows the prototype budget report.

REPORTS ON FILE: Budgets										
Year	Obj	Act	Description	Act at End	Act Q 3	Act Q 4	Budget Year	Fin End Q2	Fin Q3	Fin Q4
▶ 1	2	1	Training minimum of 20 TOTs in FANC	0	0		232,664	0		
1	2	2	Training minimum of 20 service providers	0	0		24,900	0		
1	2	4	Training minimum of 20 CORPs in ITNs & IPT	0	22		25,000	0	24,960	
1	3	0	Training minimum of 50 CORPs in IMCI	0	0		342,000	0		
1	3	1	Training minimum of 10 TOTs in IMCI	0	0		456,000	0		
1	3	2	Training minimum of 20 H/workers in IMCI	0	0		456,000	0		
1	3	3	Training minimum of 50 shopkeepers	0	68		76,000	0	74,520	
1	3	4	Training minimum of 10 shopkeeper TOTs and co-trainers	34	13		121,600	39,460	81,560	
1	5	0	Establishment of at least 6 divisional ITN advocacy groups	1	8		342,000	14,750	224,120	
1	5	0	Support at least 10 local groups to disseminate messages through performances	0	0		760,000	0		
1	5	2	Stakeholders meeting to review Joint district implementation plans (results achieved at)	1	0		19,950	10,250		
1	5	7	Social mobilisation for mass net retreatment . Hold at least 3 malaria field days	1	0		159,600	44,200	0	
1	6	2	Undertake supervisory visits to assess implementation of FANC and IMCI activities and	0	10		80,000	0	50,000	

Record: 1 of 13

Recipient: DMO Rachuonyo

Fund Src: Global Fund Round 2 Phase 1

Budgeted: 3,095,714 Spent: 563,820

Report of 31 Mar: 04/05/2006 Receive Report

Report of 30 Jun: []

Add Activity Edit Activity Delete Activity View Activity Cancel

Figure 30. Report for Funds’ Recipients and Sources

The user should be able to select an activity and enter the data that is reported on the actual expenditure and activities. There should be an option to “flag” a reported activity in case of a question, and an exception report should list all flagged transactions. There should also be a section where the user notes when a report was received. This information will be used to show who has reported and who has not reported in a given quarter.

6. Performance Monitoring Component

Budgets and Actuals

Recipient: **DMO Rachuonyo**

Year: **1**

Activity: **Training minimum of [x] shopkeeper TOTs and co-trainers**

This section is for entering reports received in 2006 May->

Targets	Cum to Dec	Jan - Mar	Cum to Mar	Disbursed	Cum to Dec	Jan - Mar	Cum to Mar
10	34	13	47	121600	39,460	81,560	121,020
							121,020

	Actuals			Expenditure		Budgets
	Actual in Qtr.	Act. Cum End Qtr.	Spent in Qtr.	Cum. End Qtr.		
Quarter 1 - July-Sep						
Quarter 2 - Oct-Dec		34			39,460	121,600
Quarter 3 - Jan-Mar	34	13	47	39,460	81,560	121,020
Quarter 4 - Apr-Jun	47			121,020		
Targets		10				121,600

Rejected for Query?

Query Notes

Close

Figure 31. Entering Quarterly Report Results

Figure 32 shows who has sent in the quarterly report and who has not.

List of Reports Received at DOMC
Malaria Information System

Recipient Level and Name and Dates the Reports were Received

Report of 31 Mar: **Report of 30 Jun:** **Follow Up on Missing Reports ?**

District

District	Report of 31 Mar	Report of 30 Jun	Follow Up on Missing Reports ?
Central			
DMO Kirinyaga			
DMO Maragua			
DMO Muranga			
DMO Thika			
Coast			
DMO Kilifi	22.05/2006		
DMO Kwale			
DMO Lamu			
DMO Malindi	30.04/2006		
DMO Mombasa			
DMO Taita-Tavata			
DMO Tana River			
Eastern			
DMO Isiolo			
DMO Kitui			
DMO Machakos	22.05/2006		

Figure 32. Report Noting Quarterly Responses

Information for Monitoring Visits and Results of Monitoring Visits

The system should be able to provide data for monitoring visits by producing a report on the status of all activities for a particular fund recipient. This information will be used in the field to verify the data and to collect missing data. The results of the monitoring visits will also be entered into the system.

Activity Completion and Evaluations

Many monitoring systems include verification of activity completion and evaluations of specific tasks. Although it is not desirable to verify all malaria activities, key activities of monitoring visits should be evaluated and the system should permit evaluation results to be recorded.

Overall Program Reporting

Regular reports should go out to the MoH, the funders, and fund recipients to show how the program is performing. The database system stores many classifications on each activity, all for the purpose of generating the required reports.

A key function of the system is to provide GFATM reporting (although the same methodology can be used for all activities). Figures 33a and 33b show how recipients of GFATM monies must report their financial returns to the MoH accounting system and their technical reports to the DOMC.

There are two challenges with this reporting system. First, there is no real reconciliation between the financial returns and the performance reports. Second, the Administrative Support Unit must use the financial vouchers to prepare quarterly returns on how money was spent by GFATM objective which is a difficult task.

Using the proposed system, the DOMC will be able to provide a “reasonableness” analysis of amounts spent versus the work done, thereby combining the activities and the expenditure against targets.

The DOMC will then produce a quarterly report on money spent, sorted by GFATM Objective. This report will be given to the ASU who will reconcile the totals against their reports from the MoH accounting system, and then be able to use the report instead of having to perform a duplicate analysis.

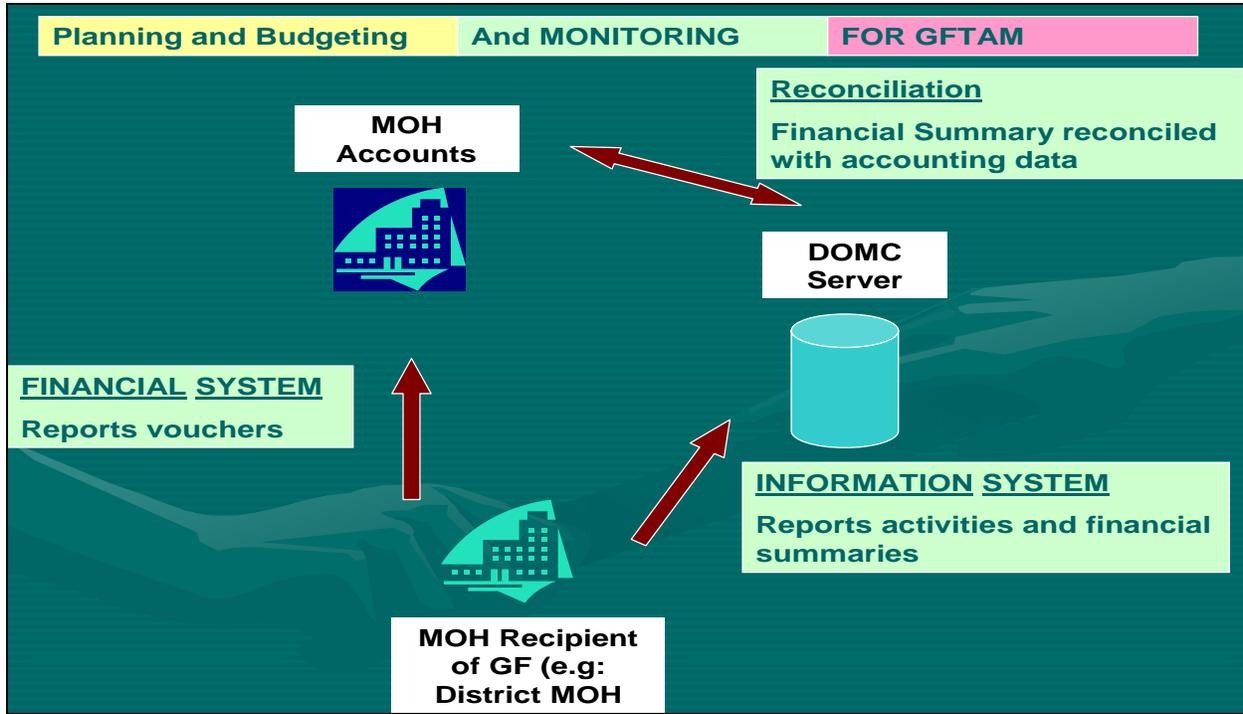


Figure 33a. The GFATM Reporting Flow

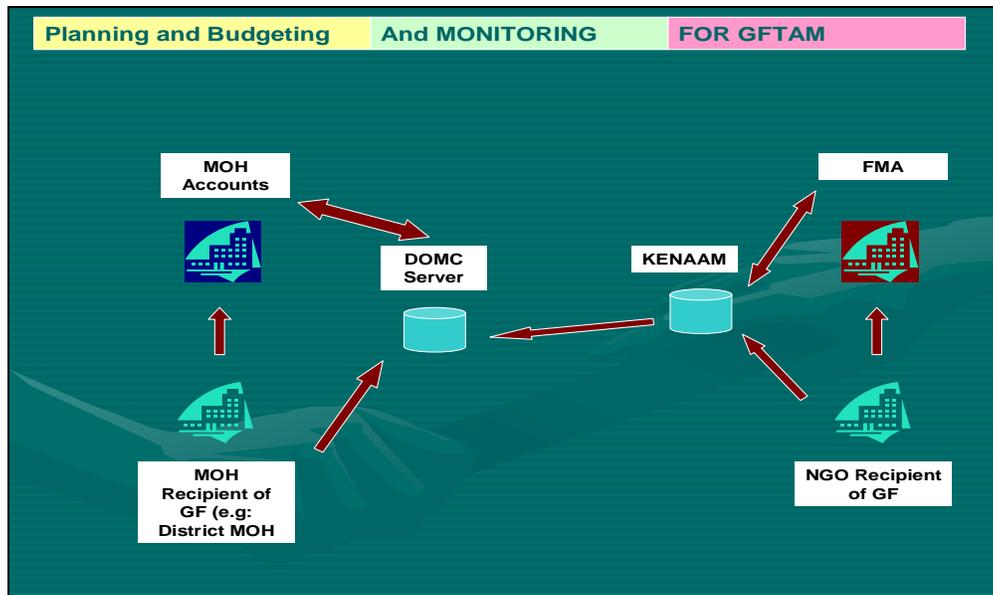


Figure 33b. The GFATM Reporting Flow

7. TARGET AND SURVEY TRACKING COMPONENT

Related to the performance system to monitor activities is the effectiveness system to track the progress towards targets. The main targets are the key NMS indicators, but also include supplementary indicators that the DOMC has agreed upon with the M&E technical working group.

Malaria targets are currently linked to the business plan strategic approach areas. The system should allow linking targets to business plan objectives, and even outputs. The major workplans, like the GFATM, also have target indicators for the objectives, so these too should be stored in the system.

The major uses of this part of the system are to—

- Store, in one accessible place, all of the NMS and supplementary indicators and the results
- Produce reports on progress towards targets that can be disseminated to stakeholders and used to update the website
- Enter details of which indicators will be covered by which upcoming surveys, and to produce reports showing which key indicators have a gap and need surveys commissioned

It should be emphasized that the system is just a tool to store the summary results of the surveys. The main work of deciding which surveys need to be done, doing the surveys, and extracting the data for entry into the system will need to be managed by the DOMC M&E unit, with input from the M&E technical working group.

The prototype system has three reports that can be produced—showing all surveys, national surveys, or sentinel surveys.

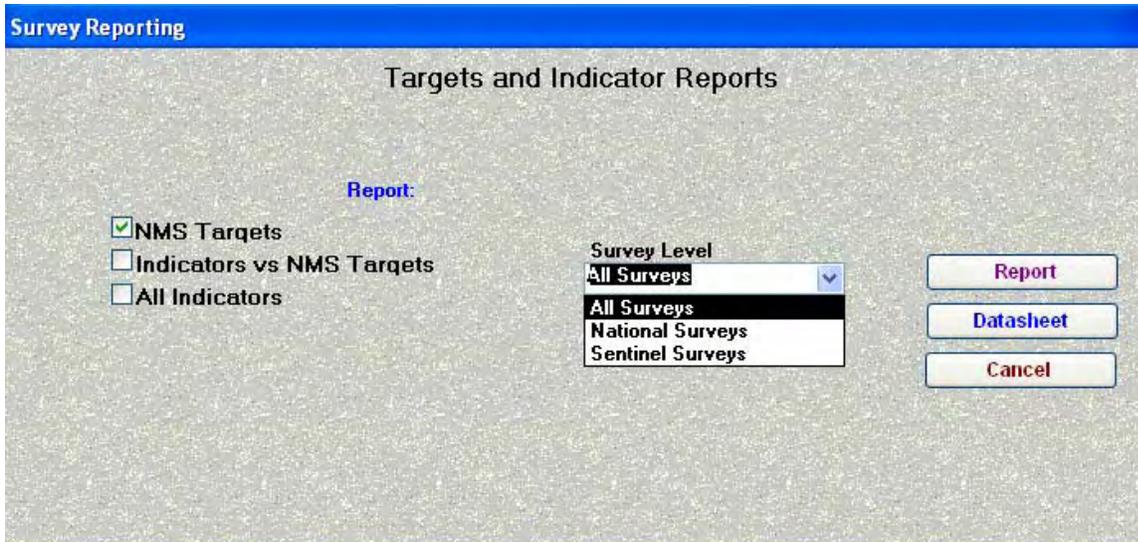


Figure 34. Prototype Report Showing Different Types of Surveys Available

Figure 35 shows the report listing the key NMS targets by Strategic Approach area.

Malaria Key NMS Indicators DOMC Monitoring System						
INDICATOR	Year	Hot or Sentinel	Sample Size	Indicator Value	HMS 2006 Target	Citation Ref
Approach B CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT						
Proportion of under fives with malaria/fever receiving SP/AQ within 48 hours of onset of attack	2001-2002	S	301/2655	11.3	60%	1
	2003	N	267/2313	11.5		2
Proportion of paediatric fevers managed at a health facility according to existing national guidelines (SP) with the correct dose	2001-2002	S	201/1040	19.3	80%	3
	2005-2006	S	213/1292	16.5		4
Proportion of OPD HW with access to:					80%	
- National Malaria Guidelines	2001-2002	S	77/135	57		6
	2005-2006	S	153/231	66.2		4
- IMCI Guidelines	2001-2002	S	0/135	0		6
	2004	N	46/417	11		8
	2005-2006	S	45/231	19.5		4
Proportion of OPD facilities reporting no stock-out during the last 6 months of					80%	
- SP	2001-2002	S	72/81	88.9		6
	2005-2006	S	156/185	84.3		4
- AQ	2001-2002	S	25/81	30.9		6
	2005-2006	S	83/185	44.9		4
- Quinine tablets	2001-2002	S	11/81	13.6		6
	2005-2006	S	56/185	30.3		4
- Quinine injections	2001-2002	S	30/81	37		6
	2005-2006	S	39/185	21.1		4

Figure 35. Selection Screen for Survey Reports

Figure 36 shows the results towards the key NMS targets.

Malaria Business Plan—Approaches and Targets

DOMC Monitoring System

Approach A. PROGRAM MANAGEMENT AND COORDINATION

- > **A Division of Malaria Control that ensures a coordinated, multilateral, national response which harnesses RBM and reflects Kenya's policies on health sector reform and poverty alleviation**

Approach B. CLINICAL MANAGEMENT— PROVIDING PROMPT EFFECTIVE TREATMENT

- > **80% of first line therapeutic failures and severe, complicated malaria cases correctly managed by health personnel in appropriate health facilities**
- > **60% of fever case which are treated at home by family members or caretakers will be managed appropriately**
- > **80% of GoK health facilities to have continuous and adequate supplies of drugs essential for management of malaria**
- > **80% of all cases treated by CHWs or at outpatient facilities will be managed according to national recommendations.**

Approach C. MANAGEMENT of MALARIA AND ANEMIA IN PREGNANCY

- > **60% of pregnant women will sleep under treated nets during their confinement**
- > **80% of fever or anemia cases will be appropriately managed at ANC services**
- > **60% of pregnant women will have at least two IPT of SP in the second and third trimesters**

Approach D. VECTOR CONTROL

- > **At least 50% of these nets will be regularly treated by 2006**
- > **60% of the at risk population will sleep under nets by 2006**

Approach E. EPIDEMIC PREAREDNESS AND RESPONSE

- > **60% of confirmed epidemics will be effectively contained through selective interventions**
- > **60% of districts will respond to reliable warning signals through their DOMT and POMT**
- > **80% of epidemic prone districts will have an early warning and detection system for local malaria epidemics**

Approach F. INFORMATION, EDUCATION, AND COMMUNICATION

- > **By 2006 outcomes and process of the National Malaria Strategy measured to inform and redefine strategy to 2010**
- > **80% of households nation-wide should have received targeted IEC on all key messages form at least one source every 6 months**

Figure 36. Report of Key NMS Results

Figure 37 shows supplementary indicators and the NMS key indicators.

Malaria Indicators		DOMC Monitoring System					
INDICATOR		Year	Hat/ or Sentinel	Sample Size	Indicator Value	HMS 2006 Target	Citation Ref
Approach B		CLINICAL MANAGEMENT - PROVIDING PROMPT EFFECTIVE TREATMENT					
Proportion of children aged < 5 years reporting fever in last 14 days	2001-2002	S	2655/6287	42.2		1	
	2003	N	2313/5560	41.6		2	
Proportion of under fives with malaria/fever receiving any antimalarial	2001-2002	S	804/2655	30.3		1	
	2003	N	613/2313	26.5		2	
Proportion of under fives with malaria/fever receiving SP/AQ within 48 hours of onset of attack	2001-2002	S	301/2655	11.3	60%	1	
	2003	N	267/2313	11.5		2	
Proportion of under fives with malaria/fever receiving SP/AQ within 24 hours of onset of attack	2001-2002	S	100/2655	3.8		1	
Proportion of fevers managed with an antimalarial that obtained medicines from the formal GoK/Mission health sector	2001-2002	S	406/804	50.5		1	
	2003	N	282/574	49.1		2	
Proportion of fevers managed with an antimalarial that obtained medicines from the retail sector	2001-2002	S	227/804	28.2		1	
	2003	N	128/570	22.5		2	
Proportion of paediatric fevers managed at a health facility according to existing national guidelines (SP)	2001-2002	S	583/1040	56.1		3	
	2005-2006	S	620/1292	48		4	
Proportion of paediatric fevers managed at a health facility according to existing national guidelines (SP) with the correct dose	2001-2002	S	201/1040	19.3	80%	3	
	2005-2006	S	213/1292	16.5		4	

Figure 37. Supplementary and Key NMS Indicators

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
1. Survey Targets					
Table in Prototype: (tbl_Surv_1Targets)					
Computer Identification Field	Surv_Targ_ID	Unique Computer Autunumber for the system's use only	103013AC00	NA	System
Classification Field	BP_APP_ID	Identifier for the strategic approach		On tbl_BP_1A pproach	
Target Fields	Surv_Targ_Percent	Full name and short name of the funding source and three descriptive lines for reporting.	60%	NA	Survey Targets

8. Target and Survey Tracking Component

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
	Surv_Targ_Desc	The descriptive text of the target	60% of pregnant women will sleep under treated nets during their confinement		Survey Targets

2. Survey Indicators

Table in Prototype: (tbl_Surv_2Indicators)

Computer Identification Field	Surv_Ind_ID	Unique Computer Autonumber for the system's use only	2135233C00	NA	SYSTEM
Classification Field	BP_App_ID	Computer identifier for the Strategic Approach	102302301	On tbl_BP_1A pproach	Indicators
	(System should also have classification fields to link the indicator to business plan objectives and to workplan objectives)				
Indicator Fields	Indicator	Name of the indicator	Proportion of children under the age of five with malaria/fever receiving sulfadoxine-pyrimethamine/ artesunate-amodiaquine within 24 hours of onset of attack	NA	Indicators
	Desc	General source where the information is expected to be obtained	Community-based household surveys of children under the age of five		Indicators

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
	NMS	If the indicator is an NMS target, indicate Yes here	Yes		
	NMS_Target_2006	If the indicator is an NMS target, indicate the value for the target.	60%		

3. Survey Results

Table in Prototype: (tbl_WP_3Objectives_Sub)

Computer Identification Field	Surv_Result_ID	Unique Computer Autonumber for the system's use only	13213232C0	NA	System
Classification Field	Surv_Ind_ID	Identifier for the indicator	13213232C0	On tbl_Surv_21 indicators	
	Year	Year (s) the survey was conducted	2005-2006		
	SurveySource	Survey source —S for Sentinel, N for National	S		
	Cit_ID	Identifier of the citation	4	On tbl_Surv_5 Citations	
Indicator Fields	Perc	Percentage of the indicator (not needed to store—can calculate from numerator and denominator)	47.9%		
	Nume	Numerator of the survey	620		
	Deno	Denominator of the survey	1292		
	Done	Whether or not the survey has been done?	Yes		

Category of Information	Field Name	Brief Description	Example	Links to Other Tables	Needed for
4. Survey Citations					
Table in Prototype: (tbl_Surv_5Citations)					
Computer Identification Field	CIT_ID	Unique Computer Autonumber for the system's use only	13213232C0	NA	System
	CIT_NUM		1		
Citation Fields	CIT_NAME		AA Amin et al. (2005). <i>Journal of Clinical Pharmacy and Therapeutics</i> , 30: 559-565		Indicator Reports

5. Other Survey Fields to Add

Other fields that are currently not on the prototype system but should be included in a survey table and linked to survey results and survey citations tables include—

- Survey name
- Survey managed by
- Research done by
- Research funded by
- Number of clusters
- Total sample size
- Copy of questionnaire
- Location of raw data
- Format of raw data
- Survey type
 - Household
 - Facility-based quality care
 - Facility-based audit
 - Qualitative
 - Process summary
- Links to document and raw data
- Whether or not the survey has been done? And when is it scheduled for?

8. PROJECT OUTLINE

The task of developing the MIAS includes finalizing of design, system programming and integration with other programs, implementation of the system, user training and system documentation.

1. Project Tasks

The task breakdown is shown in the following table.

Task	Description
Establish project working group	The working group will be comprised of two key contact persons at DOMC and the consultant, (and later be joined by the key contact person from the selected vendor). Working group to meet regularly throughout the lifetime of the project to discuss status, tasks, bottlenecks, and strategy.
Selection of software developers	Selection by tender, using this design document and the demonstration of the prototype in the tendering process.
Collaborative design of the systems and approval	The system design will be finalized by this design document which can be discussed, modified, and approved by DOMC
Finalize design	Ultimately, DOMC will sign off on the design document that will become the yardstick by which we will measure the completion of the job.
Programming screens and reports	Any required programming modifications will be done by the vendor. The system will be programmed by the vendor, based on the existing prototype system, according to the boundaries set forth in the approved design document.
Background coding work	Background coding work will be done by the DOMC, including modifying the lists of Job Groups, Training Courses, Trainers, etc. The vendor will provide technical assistance in this process.
Conversion of existing data	
Implementation/ training	The system modules will be installed on the DOMC network and the system users trained. Training will be for system users (staff), the users of information from the system (management), and technical support training.
Documentation	Two comprehensive manuals—a user manual and technical manual—will be prepared, which will cover every aspect of the systems, including systems operations, information available, procedures and information flows, and technical details.
Completion of system to design	The vendor will inform DOMC when they feel that the system has been completed to the approved design requirements. DOMC will confirm this completion, or state any outstanding tasks in writing. When these tasks then are done, DOMC will confirm the job completion.

Task	Description
Period 60 days for corrections/modifications within original design.	For 60 days after completion, the vendor will respond to written requests for changes and support.
On-going support period	Regular meetings during the lifetime of the project, and then periodic meetings afterwards.
Maintenance contract	Goes into effect after 60 days. Guarantees DOMC responsiveness to problems, regular meetings, and periodic updates.

The project would work in the following way—

- A contract must be signed, and a mobilization fee of 30 percent should be paid.
- The contract would include a guarantee that the system would work according to this document (including the prototype), and that it would be up and running within a certain timeframe, such as two months, with a penalty fee for late delivery.
- When the system is presented as running, and training is complete, and documentation is done, 50 percent of the total budget would be paid.
- The remaining 20 percent of the budget would be withheld for the first two months of use during which time any errors reported by the DOMC would be fixed by the vendor.
- After two months, if all outstanding problems have been fixed, the remaining 20 percent is paid.
- DOMC can then choose to enter into a maintenance agreement for the system (normally 15 percent of the system cost), or another agreement can be arranged.
- DOMC would need copies of MS-Access (Access 2000 or 2003) running on all the computers that need to use the MIAS and SQL-Server on the server. This software already exists.
- Ideally, the database should be installed on a server running one of the entry-level Windows operating systems like Windows 2003 Server. The client workstations can run any version of Windows.
- A network operating system like Windows 2003 Server will be ideal. Windows 2000 Server with the latest service packs is also acceptable for the server.
- For the workstations, Windows 2000, Windows XP, or Windows 2003 are ideal. (All with the latest service packs installed).
- All computers would require a minimum of 256 Mb of RAM.

- All staff of DOMC will be fully trained in the system operations. Everyone will be trained in entering data they need and producing reports. They will also be trained in how to extract data from the system and do further analyses and present the data in various ways, including incorporation into reports.
- The systems manager and three others would get special training in system administration and troubleshooting. They will be able to produce additional reports and queries on the data.
- The task of programming the system will not be allocated to the DOMC, but will be done by the software company selected, under a maintenance agreement. DOMC's programming capacity is minimal as is the capacity of the entire MoH. Therefore, programming will be outsourced, and the maintenance contract will include regular updates to the system, based on written requests from DOMC.

2. List of Project Outputs

STEP	DESCRIPTION	OUTPUT
1	Assignment initiation	<ul style="list-style-type: none"> • Work plan • Schedule of appointments with DOMC
2	Review of current operations including— <ul style="list-style-type: none"> • Review DOMC procedures • Review the current information flows, forms, and reporting requirements • Review current ICT environment • Internal workshop to discuss findings 	<ul style="list-style-type: none"> • System design document updated
3	Approval of system design document Define technical specification of required computer hardware, communication infrastructure, software, operating systems, databases, and interoperability.	<ul style="list-style-type: none"> • Signed system design document
4	Systems Development Develop the MIAS system	<ul style="list-style-type: none"> • System and documentation
5	Initial Database The vendor/DOMC will get the initial MIAS database functioning	<ul style="list-style-type: none"> • Initial database reports accepted
6	Systems Training User, power-user, ¹ and management level training in the system.	<ul style="list-style-type: none"> • Training documentation and exercises
7	System Completion and Final Report	<ul style="list-style-type: none"> • System completion notice • Final report

¹ A **power user** is a [personal computer](http://en.wikipedia.org/wiki/Power_user) user who can use advanced functions and programs which are outside the reach of normal users due to the complexity and advanced knowledge required to perform these tasks, and a computer user who seeks and uses products having the most features and the fastest performance. [http://en.wikipedia.org/wiki/Power_user]

3. List of Tables Needed for the DOMC MIAS

General

- Organizations
- Meetings
- Field visits

Business Plan

- Strategic approaches
- Objectives
- Outputs
- Activities
- Activity—by year

Workplans

- Funding sources
- Objectives
- Sub-objectives
- Budget lines (activities by year)

Annual Operational Plans

- Link of workplan activities/business plan activities
- Funds' recipients

Monitoring

- Disbursements
- Actuals
- Evaluations
- Monthly reports
- Monitoring visits
- Quarterly reviews

Surveys

- Targets
- Indicators
- Results
- Citations

Reference Tables

- BP —Activity Types
- WP —Activity Types
- WP—Activity Categories and Major Categories
- AOP—KEPH Cohorts
- AOP—Level of Service
- WP—Currencies
- Districts
- Provinces

9. TRAINING INFORMATION SYSTEM

The Training Information System has been adapted for DOMC from existing systems, and would be the best system for all trainings relating to malaria. The data should be captured on designed training information forms. The Division of Reproductive Health also requested this system and can use it to store focused prenatal care training information on the system and pass the data to DOMC.

Following are the system instructions for use. It is suggested that the contract with the vendor includes the support of the training information system, and links be made between the training information system and the rest of the MIAS—all training events should refer to workplan activities.

1. Input of Data into Training Information System

Whenever a training event happens, the DOMC completes registration forms and data from the forms are entered into the system. The forms have been designed and tested and should be in use for all malaria and reproductive health trainings.

Course	Start and End Dates	Venue	# Partici	Compone	Provider
CM-National TOT	11/04/2006 13/04/2006	Nairobi	1	Case Mana	Division of I
CM-National TOT	08/05/2006 12/05/2006	K.C.B. Training Centre	48	Case Mana	Division of I
DM	31/10/2005 04/11/2005	Jumuia Conference Cen	4	Pharmacy	Division of I

Figure 40. Training Information System Form

The system stores the following data—

- All training events with complete details
- All training participants and trainers with their information
- Follow-ups with the trainee

Definition of a Training Event

A training event is when a specific training course is taught at a selected training venue between a set start date and end date.

The system stores the following data for each training event. You can see this data on the summary screen (Figure 40).

- Name of training course—abbreviation used
- Course start date
- Course end date
- Training venue
- Number of participants
- Organization component (e.g., clinical management, vector control, MIP)

Adding a New Training Event

When training occurs, a training form is completed and sent to be entered into the system. Adding a training event is a process with many steps, as follows.

- Adding a training event
- Adding participants to the event, For each participant, either
 - Choose a person from the list of persons
 - Add a person to the list of persons

Adding a Training Event

To add a training event, select **Add Event**. You will see this screen (Figure 41).

Figure 41. New Training Event Screen

Then supply the following details.

Field	Details
Name of the Training Course	Type in the name of the training course you are entering. There are a number of ways to do this. Either you can start typing, and, when you have typed in enough letters, the system will fill in the correct name for you. Or you can click your mouse on the button marked as  to see a list of training courses. Then you can select one from the list.
Venue	Type in the venue of the training course you are entering. Again, either you can start typing, and, when you have typed in enough letters, the system will fill in the correct name for you. Or you can click your mouse on the button marked as  to see a list of venues. Then you can select one from the list. <i>If the venue that you are typing is not on the list then you must ask the systems administrator to add it to the list of training venues before you can proceed.</i>
Start Date	Type in the start date of the training course.
End Date	Type in the end date of the training course.
Component	Type in the component of the project that led the training course you are entering. Either you can start typing, and, when you have typed in enough letters, the system will fill in the correct name for you. Or you can click your mouse on the button marked as  to see a list of components. Then you can select one from the list.
Funder	What is the funding source of the training – reference to the Workplan System if possible.
Implementer	Which organization provided the training?

When you have finished typing in all of the information about the training event, click on the **Proceed** button. Or, if you do not want to save this event, press **Cancel**.

In order to add a new event, you must type in a unique combination of the following fields.

- Training course
- Training venue
- Training start date

This is because the system will not allow two events which have the same course at the same venue starting on the same day. If you do type a duplicate, you will get this message (Figure 42).



Figure 42. Warning Message for Duplicate Entry

When you have successfully added the event details, you will see the screen on the following page (Figure 43).

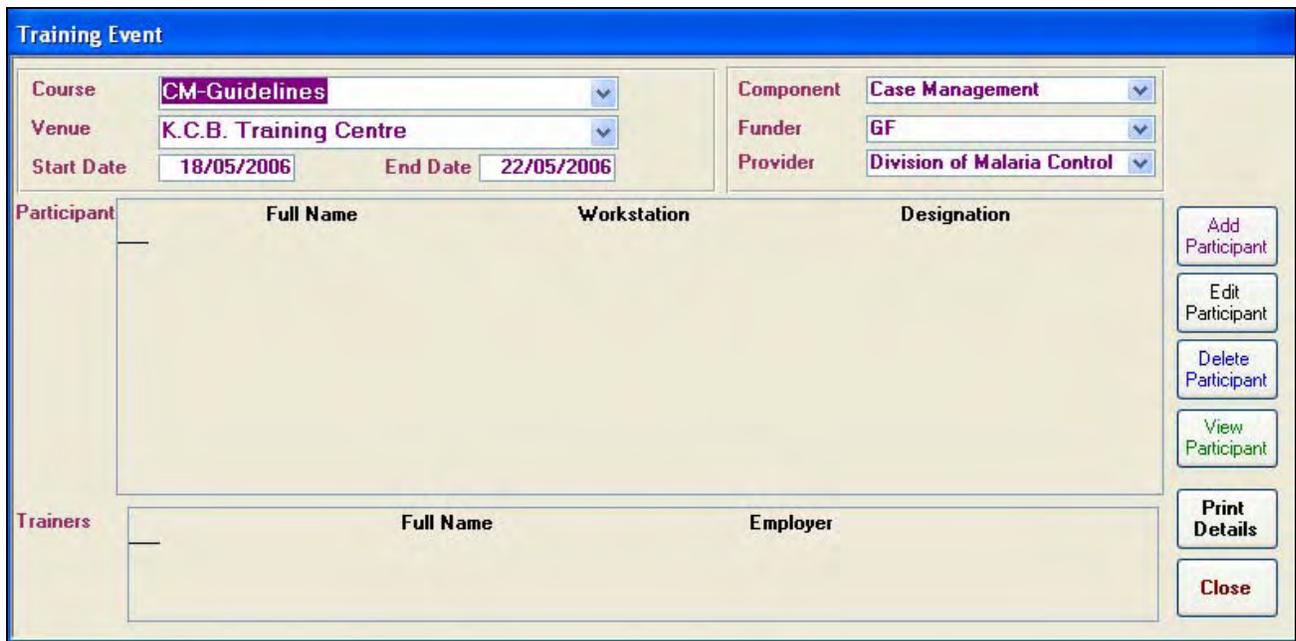


Figure 43. Training Event Screen

On this screen, you can see the training event details that you had typed in, and this is where you add training participants. To add a participant, you click **Add Participant**. You will see this screen for adding a participant (Figure 44).

Adding a Participant			
-National TOT / Venue: K.C.B. Training Centre / Dates: 08/05/2006 - 12/05/2006			
Person on Course: Name: <input type="text"/> First <input type="text"/> Middle <input type="text"/> Last			<input type="button" value="Choose an Existing Person"/> <input type="button" value="Add a New Person"/>
Sex: <input type="text"/>		Year of Birth: <input type="text"/>	
National ID: <input type="text"/>		Personnel No: <input type="text"/>	
Designation: <input type="text"/>		If the facility can not be found on the list: Choose 'UNKNOWN' and type the details here.	
Specify Other: <input type="text"/>			
Workstation: <input type="text"/>		WorkStation: <input type="text"/>	
Address: <input type="text"/>		<input type="button" value="Save"/> <input type="button" value="Cancel"/>	
District: <input type="text"/>			
Responsibility: <input type="text"/>			
Specify Other: <input type="text"/>			
Pre-Test Score: <input type="text"/>		Post-Test Score: <input type="text"/>	

Figure 44. Adding a Participant

The first thing you must do is to put in the name of the participant and you can either choose an existing person or add a new person to the system. Once added, the system keeps a list of persons on the system. Any training participant must be on this list of persons before they can become a training participant.

On the screen for adding a participant, you will see two choices—

- **Choose an Existing Person**
- **Add a New Person**

Adding a Training Participant by Choosing an Existing Person

If you select **Choose an Existing Person**, you will see this screen (Figure 45).

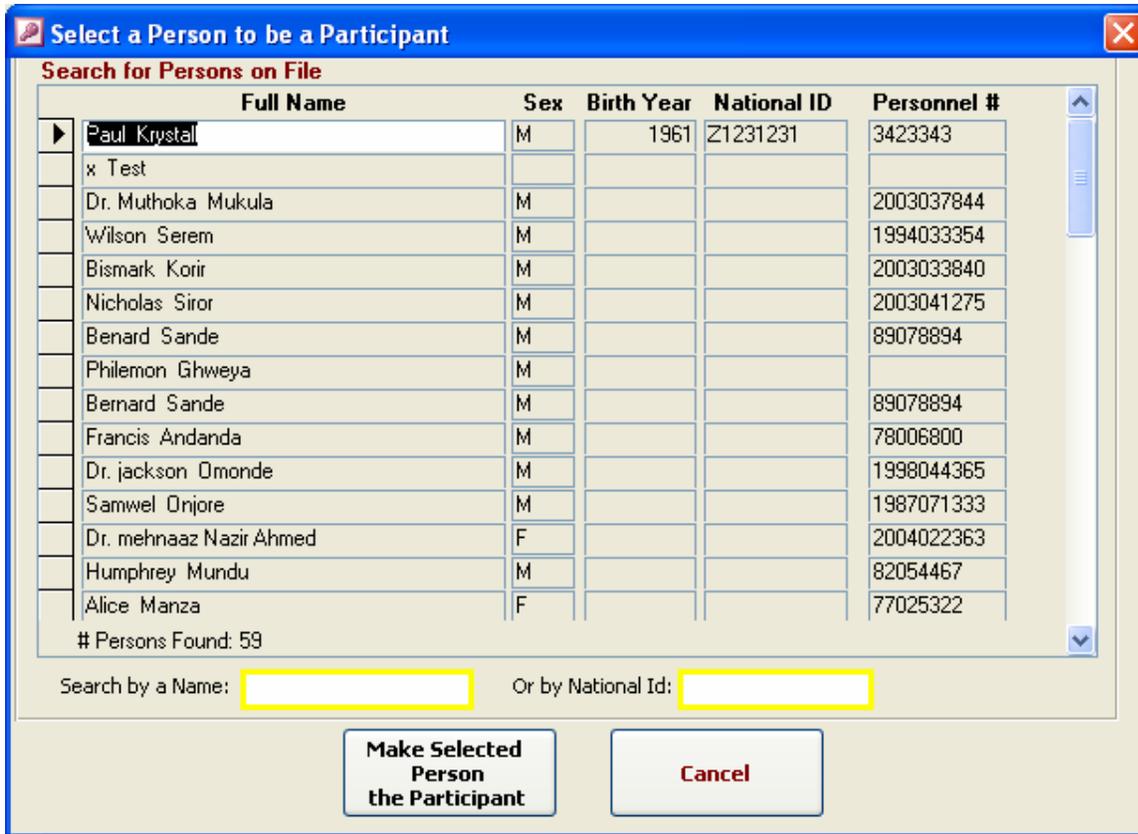


Figure 45. Existing Participant Screen

This screen allows you to find the person who is on the list of trainees and then make him or her a training participant in one of three ways.

- You can search by scrolling up and down with the scroll bars.
- You can search by typing in a part of the name in the box that says **Search by a Name** and then pressing **Tab**.
- You can search by typing in the national ID number in the box that says **Or by National ID** and then pressing **Tab**.

When you have located the person you want, make sure the person's record is highlighted and click **Make Selected Person the Participant**. This will close the screen for choosing an existing person and return you to the screen to **Add a Participant**.

The system will fill in some of the participant’s details as found on the entry on the person’s file. The details that will be inserted are—

- First Name, Middle Name, Last Name
- Sex
- Year of Birth
- National ID Number and Personnel Number

Remember that you cannot change these details from the participant’s screen. If you want to change any of the person’s details, this must be done through the option **Data: Training Data: Persons: Browse or Edit the Persons List**.

Adding a Training Participant by Adding a New Person

At the **Add Participant** screen, if you find the person is not in the system, you can chose **Add a New Person**. If you chose this option, you will see this screen (Figure 46).

Add a Person and Make as Participant

Type in the details of the person you are adding to the system and making a participant in the course..... make sure the person is not already on the system.

Name:
 First Middle Last

Sex:

Year of Birth

National ID

Personnel No

Figure 46. Add a Person Screen

You must fill in the following details.

Field	Details
Names	Type in the First Name, Middle Name and Last Name of the Person you are adding. The format used is called “Title Case” with the first letter of each name capitalized and the other letters in small case.
Sex	Choose “M”, “F” or “U” – for Male, Female or Unknown.
Year of Birth	Type in the year of birth in the format YYYY
National ID	Type in the national ID of the person you are adding.
Personnel No.	Type in the personnel number of the person you are adding. This will normally be their MOH id.

When you have finished typing in all of the details, press **Save**.

The system will not allow you to add a person with the same national ID as a person already on the system as it is probably the same person! If you try, you will get this message (Figure 47).

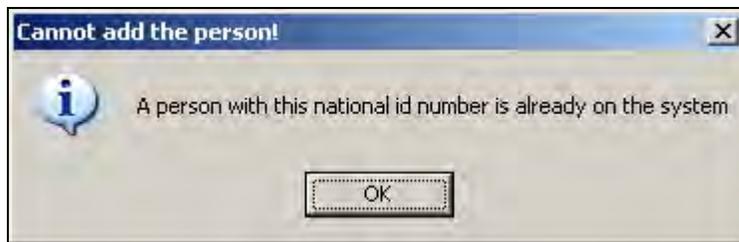


Figure 47. Warning Message for Duplicate ID Number

In this case, you should cancel your addition, select **Choose an Existing Person** and then search for that person via the national ID number. If it turns out that the person is already on the system, then make the existing person a course participant. If it is a different person, then one of the persons has an incorrect ID number, and the ID should be changed through **Data: Training Data: Persons: Browse or Edit the Persons List**.

When you save the new person, you will be returned to the “Add Participant” screen with the person’s details inserted. Once you have done this, you must now add in the training details of the person as a participant.

Entering the Details of the Training Participant

Then enter the following details for the participant.

Field	Details
Designation	Type in the designation of the training participant. Either you can start typing, and, when you have typed in enough letters, the system will fill in the correct qualification for you. Or, you can click your mouse on the button marked as  to see a list of designations. Then you can select one from the list. If you choose “Other” from the list, then you must type the designation in the next field that says “Specify Other.”
Facility	Type in the facility or station of the training participant. Again, either you can start typing, and, when you have typed in enough letters, the system will fill in the correct facility for you. Or you can click your mouse on the button marked as  to see a list of workstations. Then you can select one from the list. <i>If the facility that you are typing is not on the list then you must ask the systems administrator to add it to the list of facilities before you can proceed – or you can choose ‘UNKNOWN’ and come back to it.</i> When you have chosen or typed the name of a facility, the system will fill in some of the facility details, including: <ul style="list-style-type: none">• The facility address• The district of the facility• The type of the facility
Responsibility	Type in the responsibility of the training participant. Either you can start typing, and, when you have typed in enough letters, the system will fill in the correct responsibility for you. Or you can click your mouse on the button marked as  to see a list of job responsibilities. Then you can select one from the list. If you choose “Other” from the list, then you must type the responsibility in the next field that says “Specify Other”
Pre-Test Score	Type in the participant’s pre-test score (if applicable).
Post-Test Score	Type in the participant’s post-test score (if applicable).

When you have finished typing in the participant’s details, then press **Save**. If you do not want to save the participant, press **Cancel**.

Completing the Training Event Entry

We have shown how to add a participant—both by using an existing person from the system and entering a new person to the system. To complete the event entry you must keep adding participants until all have been added. You can also—

- Edit a participant (that had previously been entered)
- Delete a participant (that had previously been entered)

You do both of these actions by highlighting the record selector of the participant you want to edit or delete (or view) and then choose **Edit** or **Delete** (Figure 48).

The screenshot shows a 'Training Event' form with the following details:

- Course: CM-National TOT
- Venue: K.C.B. Training Centre
- Start Date: 08/05/2006
- End Date: 12/05/2006
- Component: Case Management
- Funder: WHO
- Provider: Division of Malaria Control

The 'Participant' table is as follows:

	Full Name	Workstation	Designation
<input type="checkbox"/>	Andrew M. Kairu	P.M.O Central	PHARMACEUTICAL TECHNOLOGIST
<input type="checkbox"/>	Philemon Ghweya	UNKNOWN	PHARMACEUTICAL TECHNOLOGIST
<input type="checkbox"/>	Duncan M. Miano	P.M.O Nairobi	LAB TECHNOLOGIST
<input type="checkbox"/>	Hussein M. M.	P.M.O North Eastern	RCD
<input type="checkbox"/>	Benson Njagi	P.M.O North Eastern	NURSING OFFICER
<input type="checkbox"/>	Hussein H. Ader	P.M.O North Eastern	LAB TECHNOLOGIST
<input type="checkbox"/>	Dr. Bandika	P.M.O COAST	PHYSICIAN
<input type="checkbox"/>	John O. Nyamuni	P.M.O Nairobi	LAB TECHNOLOGIST
<input type="checkbox"/>	Josephine K. Mutua	P.M.O Nairobi	NURSING OFFICER
<input type="checkbox"/>	Joseph K. Nyamweru	P.M.O Nairobi	LAB TECHNOLOGIST
<input checked="" type="checkbox"/>	Joseph K. Waweru	P.M.O Central	LAB TECHNOLOGIST
<input type="checkbox"/>	Louisa R. s. Muteti	P.M.O Eastern	NURSING OFFICER
<input type="checkbox"/>	Rose N.m. Ruthuthi	P.M.O Central	NURSING OFFICER
<input type="checkbox"/>	Monica Owour	P.M.O Nyanza	NURSING OFFICER
<input type="checkbox"/>	Peris W Gitangu	P.M.O Nyanza	RCD
<input type="checkbox"/>	Dr. b. A. Odawa	P.M.O Nyanza	PHYSICIAN

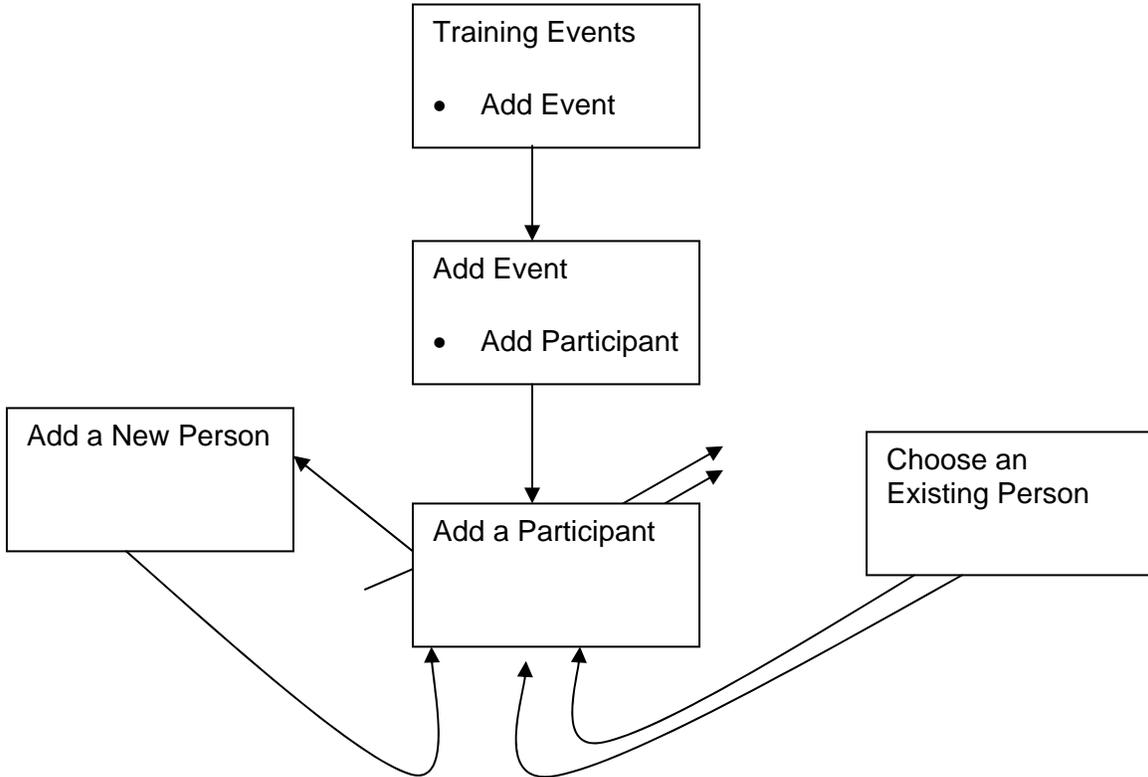
Participants: 48

The 'Trainers' section is currently empty.

Buttons on the right side include: Add Participant, Edit Participant, Delete Participant, View Participant, Print Details, and Close.

Figure 48. Record Selector

The diagram below shows the process that you would go through to create a training event, and then add three participants. One of the participants is created by adding a new person and two are created by choosing an existing person.



When you have finally completed the process of adding new participants, then you can **Close** the Training Event screen, and you will return to the screen listing all training events on file. The number of training events on file and the total participants will have increased.

Training Update

After training, you can do a follow-up that establishes whether the participants are still working in the same workstations, or have moved or changed their status. The results are entered in the **Training Update** screen (Figure 49), which is accessed through **Data: Training Data: Training Update**.

AMoS - AMKENI MONITORING SYSTEM - [Training Update]							
File Data Reports Administration Records Facility Data BCC Data Training Data							
TRAINING UPDATE							
EVENT	PERSON	Workstation	Working in Same HF?	Dept if Same HF?	Status?	New Workstation	
VCT - 24/May/2004	Frederick Nyarotho Osuni	P.G.H. (kakamega)					
VCT - 24/May/2004	Marthar Atolwa Opisa	Vihiga District Hosp.					
VCT - 24/May/2004	L Masinde Ben	Chwele H/C					
VCT - 24/May/2004	Priscillah Wangui Mundia	P.G.H. (kakamega)					
VCT - 24/May/2004	Chelule Marindany Samr	P.G.H. (kakamega)					
VCT - 24/May/2004	Meshack Osinda Musita	P.G.H. (kakamega)					
VCT - 24/May/2004	John Tilla	P.G.H. (kakamega)					
VCT - 24/May/2004	Simekha Kamusa Berida	Lyanaginga H/C					
VCT - 24/May/2004	Joyce Muhonja Bugusu	Likindu Disp.					
VCT - 24/May/2004	Agnes G. Nasike Shiundi	Likuyani H/C					
VCT - 24/May/2004	Eric Maloba Mbat	Butere DH					
VCT - 24/Jul/2003	Samson Abdullahi Ibrahim	MALINDI DISTRICT HOSP.					
VCT - 24/Jul/2003	Kepeine Otunga Atieno	Facility Not Listed on System					
VCT - 24/Jul/2003	Pascal Mrindo Rombe	LANGO BAYA DISPENSARY					
VCT - 24/Jul/2003	Sylvester Makandoh Koko	JILORE DISP.					
VCT - 24/Jul/2003	Scholastica Kioko Milka	GONGONI Health Centre					

Search by a Name: Or by an Event:

Record: 1 of 3388

Figure 49. Training Update Screen

From this screen, you select the participant(s) you want to update. You can do this by

- Searching for a participant’s name
- Searching by training event
- Setting a filter on a Health Facility, by highlighting the facility name and using the **Filter by Selection** button.



Once you have found the participants you want to update, enter the following data.

Field	Details
Working in Same Health Facility?	You can choose either: "Yes", "No", "Missing" or "Unknown"
Department if Same Health Facility?	Type in the department in which the participant is now working.
Current Status of Participant	Select the Status from one of the following choices, based on where the participant is now working: Organization or Schooling Retired or Deceased Missing or Resigned
New Workstation	Type in the workstation where the training participant is now working. Either you can start typing, and, when you have typed in enough letters, the system will fill in the correct workstation for you. Or you can click your mouse on the button marked as  to see a list of workstations. Then you can select one from the list. <i>If the workstation at which you are typing is not on the list, then you must ask the systems administrator to add it to the list of training venues before you can proceed.</i>

The Person List

The system uses a list of persons as a "pool" for training participants. Persons are added to the list when you are creating participants. If you need to edit or view the Persons List (Figure 50)., choose **Data: Training Data: Persons: Browse or Edit the Persons List.**

AMoS - AMKENI MONITORING SYSTEM - [Browse and Edit the Persons Table]									
File Data Reports Administration Records Facility Data BCC Data Training Data									
Surname	Firstname	MiddleName	Sex	BirthYear	NationalID	EmployerID	PayrollID	OtherID	Person_Is_Trainer
Amon	Nyamawi	Ziro	M	1969	11265382				<input type="checkbox"/>
Amuli	Naomi	Orao	F	1962	4377911		85059929		<input type="checkbox"/>
Amutavi	Ebby	Muhonja	M	1971	11581073				<input type="checkbox"/>
Amutayi	Ebby		F						<input type="checkbox"/>
Amwaili	Harbert	Mwanzo	M	1968	10918156		93033678		<input type="checkbox"/>
Anachoni	Rose	Katiechi	F	1968	9088616				<input type="checkbox"/>
Ananda	Bob	Spencer	M	1967	8836697		93043275		<input type="checkbox"/>
Anangwe	Rita	Kijala	F	1964	4628020		85069291		<input type="checkbox"/>
Anastasia	Nyaboke	Rianga	F	1954	0735190		80050865		<input type="checkbox"/>
Andai	Mary	Makwali	F	1952	1798873		72039732		<input type="checkbox"/>
Andalo	Hildah	Abuti	F	1964	7560426		90010948		<input type="checkbox"/>
Andalo	Paul	Clyde	M	1977	21255086				<input type="checkbox"/>
Anderson	Masha	Kirimo	M	1973	11569595		97029809		<input type="checkbox"/>
Andeso	Anne	Nyung'a	F	1962	5621590		86014621		<input type="checkbox"/>
Andole	Christopher	Lilumbi	M	1956	330499		80078638		<input type="checkbox"/>
Antony	vV	vVekesa	M		7615172				<input type="checkbox"/>
Anyango	Margaret	Mary	F	1966	9955345		2001053307		<input type="checkbox"/>
Anzere	Richard	Akwanyi	M	1971	1269745		2001054557		<input type="checkbox"/>
Apeli	Phaustine	Auma	F	1970	10905164		2001054395		<input type="checkbox"/>
Apeli	Phaustine	Auma	F	1970	10906154		2001054395		<input type="checkbox"/>
Apiyo	Beatrice	Adhiambo	F	1972	1195364				<input type="checkbox"/>
Asembo	Robert	Kennedy	M	1974	13643616		2001058983		<input type="checkbox"/>
Ashene	Robai		M				69020279		<input type="checkbox"/>
Ashibaka	Rose	Bwinyuma	F	1968	9358005		2001054688		<input type="checkbox"/>
Asiago	Mose	Bernard	M	1970	11008358		93041980		<input type="checkbox"/>
Asienwa	Petronilah	Joan	F	1958	1173140		84029573		<input type="checkbox"/>

Record: 115 of 2401

Figure 50. Persons Table

Depending on your permission (what you are allowed to do by the database manager), you can browse or edit the list. Note that you cannot delete a person who is used in a Training Event as a Training Participant.

2. Reporting with the Training Information System

The Training Reports are run by choosing **Reports: Training Reports**. The source for these reports are the Training Input Sheets.

Training Events (Figure 51).

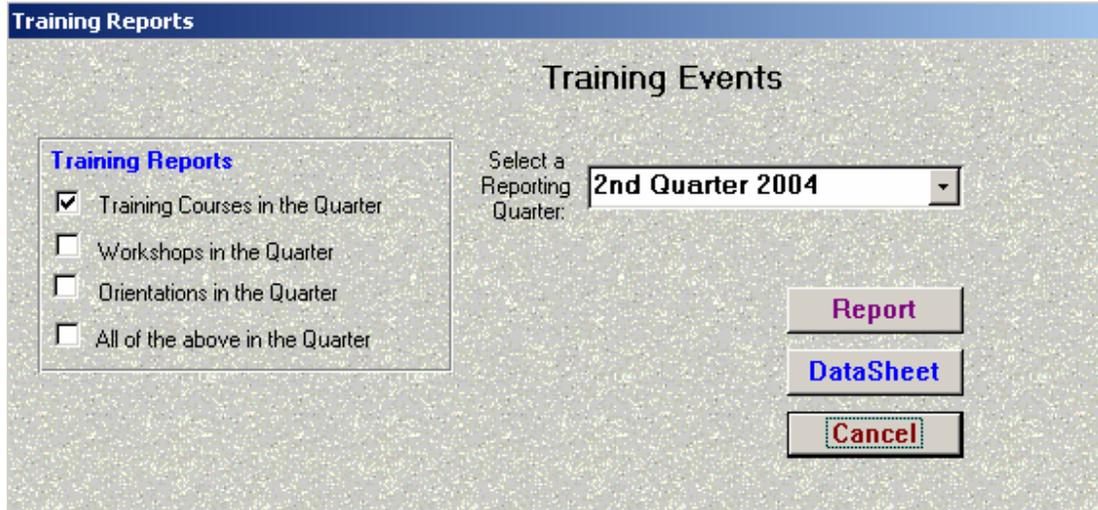


Figure 51. Training Events Reporting Options Screen

TheQuarter	Course Description	Technical Team	Training Site	Start Date	End Date	Number Trainees
2006-2	National Training of Trainers Case Management	Case Management	Nairobi	11/04/2006	13/04/2006	1 Training
2006-2	National Training of Trainers Case Management	Case Management	Nairobi	08/05/2006	12/05/2006	48 Training

Figure 52. Training Events Table

Trainees by Workstation Categories (Figure 53).

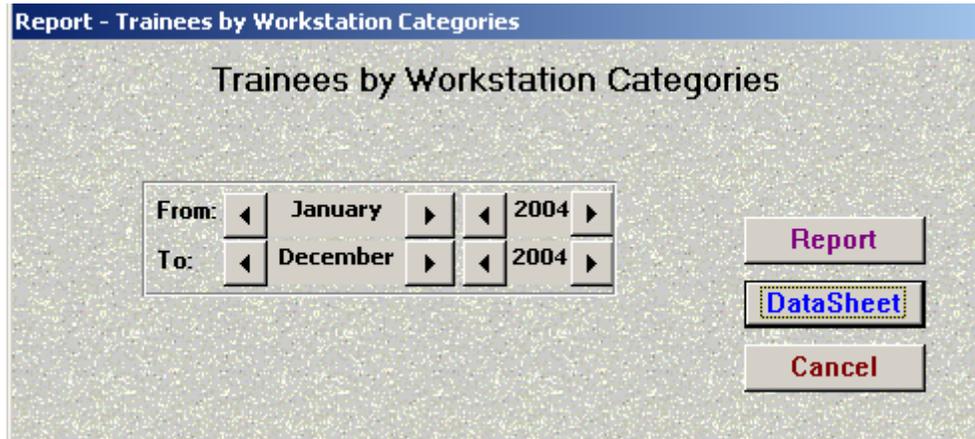


Figure 53. Workstation Categories Reporting Options Screen

Course Description	FacilityType	CourseTotals
National Training of Trainers Case Management	Hospital	1
National Training of Trainers Case Management	Office	47
National Training of Trainers Case Management	Unknown	1

Figure 54. Numbers Trained in a Particular Course by Facility Type

Training Numbers by Course (Figure 55).

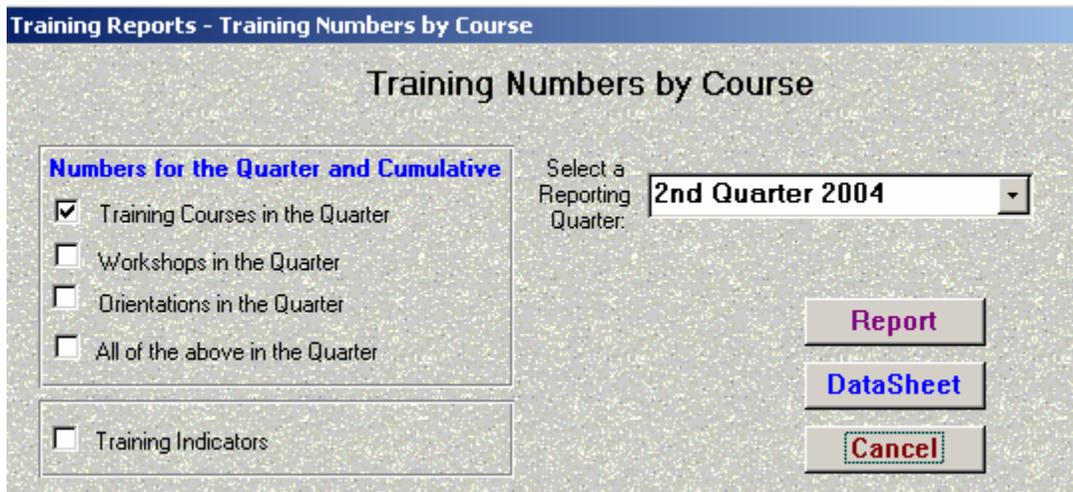


Figure 55. Training Numbers Reporting Options Screen

Trainees Summary Follow-Up (Figure 56).

Figure 57. Trainees Follow-up Summary Reporting Options Screen

Trainees Follow-Up Summary for Quarter 2004-2					
Province, District,	Trainee Name	Course Name	Course End Date	Follow- Up Date	Follow- Up Result
Western					
<u>Butere/Mumias</u>					
<u>Bukaya H/C</u>					
	Alex Taywa Ochenje	EOC	30/Apr/2004		
<u>Bungasi H/C</u>					
	Henry Omwanda Eshiwani	PMCT	23/Apr/2004		
<u>Butere DH</u>					
	Asaava Kesohole Peter	PMCT	08/May/2004		
	Catherine Wangatia Munyendo	EOC	30/Apr/2004		
	Christine Were Odhiambo	PMCT	08/May/2004		
	Eric Maloba Mbat	VCT	16/Jun/2004		
	Jairo Fredrick Songa	FS / QI	23/Apr/2004		

Figure 58. Example of Follow-Up Summary Report

Trainees by Province and Facility Type

FacilityType	Central	Coast	Eastern	Nairobi	NorthEastern	Nyanza	Other	Rift Valley	Western	Totals
Hospital		1								1
Office	5	3	5	13	6	7		5	3	47
UNKNOWN							1			1

Trainees by Course and Designation

Course Description	Course Totals	Qualification Name
National Training of Trainers Case Management	16	Lab Technologist
National Training of Trainers Case Management	10	Nursing Officer
National Training of Trainers Case Management	4	Pharmaceutical Technologist
National Training of Trainers Case Management	7	Pharmacist
National Training of Trainers Case Management	4	Physician
National Training of Trainers Case Management	8	RCO

Trainees by Designation and Province

QualificationName	Central	Coast	Eastern	Nairobi	NorthEastern	Nyanza	Other	Rift Valley	Western	Total
Lab Technologist	3	1	1	6	1	2		1	1	16
Nursing Officer	1	1	2	2	1	1		1	1	10
Pharmaceutical Technologist	1			1			1	1		4
Pharmacist		1	1	2	1	1			1	7
Physician		1		1		1		1		4
RCO			1	1	3	2		1		8

Trainee Detail by Workstation or Course (Figure 60).

Figure 61. Trainee Detail by Workstation or Course Reporting Options Screen

Trainee follow up by Workstation-DISTRICT LEVEL						
1						
For the Months : 2004-January to 2004-December						
District and Workstation and Course	Course Dates Start	Course Dates End	Trainee Name	Qualification Name	Pre-Test	Post-Test
Kwale						
KWALE - DIANI DISP						
PMCT	13/Apr/2004	23/Apr/2004	Mwatoa Johnes Mwakoma	Enrolled Nurse / Enrolled Community Nurse /	75	75
VCT	01/Mar/2004	24/Mar/2004	Bakari Tsala Omari	Other		
KWALE - KINANGO HEALTH OFFICE						
PMCT	16/May/2004	29/May/2004	Renson R Gona Nguma	Registered Nurse / Registered Community He	63	78
KWALE - KINANGO HOSP.						
EOC	27/Jun/2004	10/Jul/2004	Mwanahamisi N'kutekerwa Ali	Enrolled Nurse / Enrolled Community Nurse /		
FS / OI	08/Mar/2004	19/Mar/2004	Renson R Gona Nguma	Registered Nurse / Registered Community He		
PMCT	13/Apr/2004	23/Apr/2004	Rose Bitengo Omache	Enrolled Nurse / Enrolled Community Nurse /	50	70
	13/Apr/2004	23/Apr/2004	Grace Mnyazi Mutua	Enrolled Nurse / Enrolled Community Nurse /	55	65
VCT Supervision	13/Oct/2003	21/Feb/2004	Katsutsu Wanje Peter	Clinical Officer		

Figure 62. Example of Trainee Detail by Workstation Report

Single Training Event Detail Listing

If you want to print out a listing of the details and participants of a particular training event, first choose the course. Go to **Data: Training Data: Training Events and Participant**. Then find the event you want, choose to **View Event** (or **Edit Event**) and you will see this screen (Figure 62).

Course	CM-National TOT	Component	Case Management
Venue	K.C.B. Training Centre	Funder	WHO
Start Date	08/05/2006	End Date	12/05/2006
		Provider	Division of Malaria Control

Participant	Full Name	Workstation	Designation
<input type="checkbox"/>	Andrew M. Kairu	P.M.O Central	PHARMACEUTICAL TECHNOLOGIST
<input type="checkbox"/>	Philemon Ghweya	UNKNOWN	PHARMACEUTICAL TECHNOLOGIST
<input type="checkbox"/>	Duncan M. Miano	P.M.O Nairobi	LAB TECHNOLOGIST
<input type="checkbox"/>	Hussein M. M.	P.M.O North Eastern	RCD
<input type="checkbox"/>	Benson Njagi	P.M.O North Eastern	NURSING OFFICER
<input type="checkbox"/>	Hussein H. Aden	P.M.O North Eastern	LAB TECHNOLOGIST
<input type="checkbox"/>	Dr. Bandika	P.M.O COAST	PHYSICIAN
<input type="checkbox"/>	John O. Nyamuni	P.M.O Nairobi	LAB TECHNOLOGIST
<input type="checkbox"/>	Josephine K. Mutua	P.M.O Nairobi	NURSING OFFICER

Participants: 48

Trainers	Full Name	Employer

Add Participant

Edit Participant

Delete Participant

View Participant

Print Details

Close

Figure 63. Events Screen

Click on the button called **Print Details**. You will see this report (Figure 63).

Course Details - DOMC Training System		
Course Name:	CM-National TOT	Start: 08/05/2006
Training Center:	K.C.B. Training Centre	End: 12/05/2006
Course Length (Days):	4	
Course Description:	National Training of Trainers Case Management	
Course Participants		
Full Name	Facility	Designation
Andrew M. Kairu	P.M.O Central	PHARMACEUTICAL TECHNOLOGIST
Philemon Ghweya	UNKNOWN	PHARMACEUTICAL TECHNOLOGIST
Duncan M. Miano	P.M.O Nairobi	LAB TECHNOLOGIST
Hussein M. M.	P.M.O North Eastern	RCO
Benson Njagi	P.M.O North Eastern	NURSING OFFICER
Hussein H. Aden	P.M.O North Eastern	LAB TECHNOLOGIST
Dr. Bandika	P.M.O COAST	PHYSICIAN
John O. Nyamuni	P.M.O Nairobi	LAB TECHNOLOGIST
Josephine K. Mutua	P.M.O Nairobi	NURSING OFFICER
Joseph K. Nyamweru	P.M.O Nairobi	LAB TECHNOLOGIST
Joseph K. Waweru	P.M.O Central	LAB TECHNOLOGIST
Louisa R.s. Muteti	P.M.O Eastern	NURSING OFFICER

Figure 64. Single Event Course Details

3. Maintain Training Reference Tables

Training Courses						
Course Name	Abbrev.	Description	Content Curriculum	Training Type.	Type for Pass	
▶ CM-Comm		Case management at community level	c:\2006\do	Training	▼	Clinical
CM-Guidelines		National Guidelines for Diagnosis, Treatment, an	Documents	Training	▼	Clinical
CM-HF		Case management at health facility		Training	▼	Clinical
CM-National TOT		National Training of Trainers Case Management		Training	▼	Clinical
DM		Drug Management Training		Training	▼	Non-Clinical
EPC		Epidemic Prevention and control		Training	▼	Non-Clinical
FANC/MIP		FANC/MIP District Orientation		Training	▼	Clinical
IMCI		Integrated Management of Childhood Illness		Training	▼	Clinical
IP		Infection Prevention		Training	▼	Non-Clinical
IRS		Indoor Residual Spraying		Training	▼	Non-Clinical
ITN Treat		Net treatment techniques		Training	▼	Non-Clinical
MD		Microscopic diagnosis		Training	▼	Non-Clinical
*					▼	▼

Report Close

Record: 1 of 12

Figure 65. Maintain Training Courses

Training Venues	
Training Venue	District
▶ hello	Baringo
hello	Bondo
Malakisi Health Centre	Bungoma
Webuye	Bungoma
Bungoma	Bungoma
Naitiri Health Centre	Bungoma
Hippo Back Hotel	Bungoma
Kimilili Sub-District Hospital	Bungoma
Kabuchai HC	Bungoma
Webuye SDH	Bungoma
Naitiri HC	Bungoma
Kabuchai Health Centre	Bungoma
Chwele Health Centre	Bungoma
Matayos Health Centre	Busia
Busia	Busia
Khunyangu Health Centre	Busia
Nambale Health Centre	Busia
Khunyangu HC	Busia
Matayos HC	Busia
Nambale HC	Busia
Tanaka Maternity/Nursing Home	Busia
Tanaka Nursing Home	Busia
Sirisia Health Centre	Busia
Manyala Sub-District Hospital	Butere/Mumias
Butere Mumias District Hospital	Butere/Mumias

Report Close

Record: 1 of 85

Figure 66. Maintain Training Venues

The screenshot shows a software window titled "Training - The Implementer". It contains a table with two columns: "Name of Implementer" and "Short Name". The table has five rows. The first row is selected and highlighted in black. The second row is also highlighted. The third and fourth rows are standard white. The fifth row contains an asterisk. Below the table is a "Close" button. At the bottom, there is a record navigation bar with the text "Record: 1 of 4" and several navigation icons.

Name of Implementer	Short Name
Division of Malaria Control	DOMC
Division of Reproductive Health	DRH
UNICEF	UNICEF
JHPIEGO	JHPIEGO
*	

Figure 67. Maintain Training Implementers

The screenshot shows a software window titled "Training - The Funder". It contains a table with two columns: "Name of Funder" and "Short Name". The table has seven rows. The first row is selected and highlighted in black. The second, third, and fourth rows are highlighted in grey. The fifth and sixth rows are standard white. The seventh row contains an asterisk. Below the table is a "Close" button. At the bottom, there is a record navigation bar with the text "Record: 1 of 6" and several navigation icons.

Name of Funder	Short Name
DFID	DFID
Family Health	FHI
Global Fund	GF
Government of Kenya	GoK
UNICEF	UNICEF
World Health Organization	WHO
*	

Figure 68. Maintain Training Funders

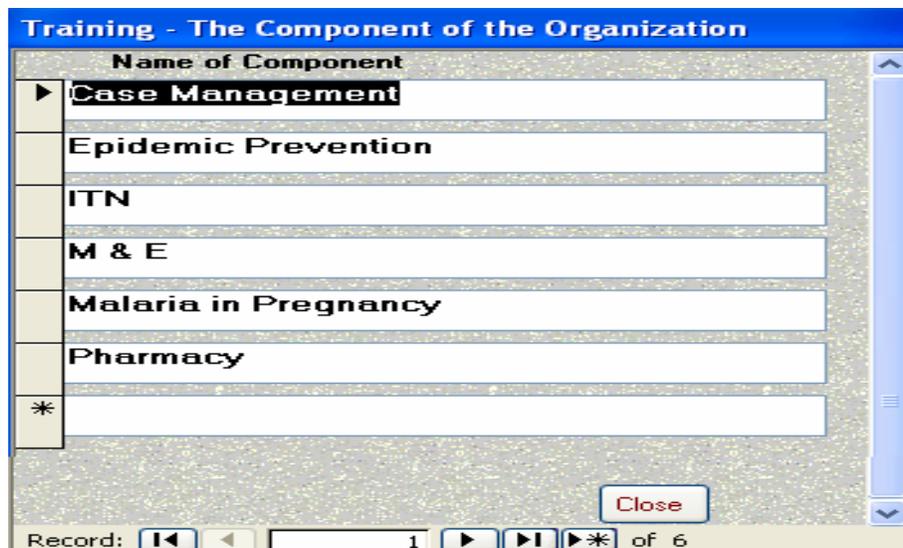


Figure 69. Maintain Training Components

Facility Listing							
District	Facility	Facil. Code	Class.	Agency	Address	Town	
Kisii	Nyagesenda (sda) Disp.	1247	Dispensary	Mission	550 Kisii	Kisii	
Kisii	Iyabe Disp.	1236	Dispensary	MOH	92 Kisii	Suneka Mkt	
Kisii	Kegogi Disp.	1237	Dispensary	MOH	92 Kisii	Kegogi Mkt	
Kisii	Kiamokama Disp.	1239	Dispensary	MOH	92 Kisii	Kiamokama Mkt	
Kisii	Kiogoro Disp.	1240	Dispensary	MOH	92 Kisii	Kiogoro Mkt	
Gucha	Magena Disp.	1241	Dispensary	MOH	92 Kisii	Kisii	
Gucha	Magenche Disp.	1242	Dispensary	MOH	92 Kisii	Magenche Mkt	
Kisii	Mosocho Mission Disp.	1244	Dispensary	Mission	520 Kisii	Mosocho Mkt	
Mandera	Arabia Disp.	1210	Dispensary	MOH		Fino	
Gucha	Nyacheiki Health Centre	1246	Dispensary	MOH	P.O.BOX 6	OGEMBO	
Gucha	Etago Disp.	1232	Dispensary	MOH	92 Kisii	Kisii	
Embu	Cpt. Matthew L. Nduva Disp.	2785	Dispensary	Private		Embu,Kanja	
Meru Central	Timau Catholic Disp.	2784	Dispensary	Mission	115 Timau		
Embu	Gatunduri Disp.	2783	Dispensary	MOH	33 Embu	Embu	
Kisii	G.K. Prison Disp.(kisii)	1249	Dispensary	MOH	92 Kisii	Kisii	
Nakuru	G.K. Max.Prison Disp.(naivasha	2780	Dispensary	MOH		Naivasha	
Nakuru	Oserian Estate Disp.	2779	Dispensary	Private		Naivasha	
Nakuru	Metta Disp.	2778	Dispensary	Private	30 Mau-Narok	Mau-Narok	

Search:

Record: 1 of 4576

Figure 70. Maintain Facility Listing

The facility listing should be kept in synchronization with HMIS.

4. Next Steps on the Training System

By storing a unique MoH personnel number for trainees and facility codes, the system is being designed in such a way that it will be able to link into data in other systems.

There are many benefits that will arise from these linkages. In some cases, such as a comparison of the trainee dataset with the MOH staff on the personnel system (IPPD), the primary benefit would be that DOMC will be able to quickly get an indication of the attrition rate after training. In addition, DOMC would be able to calculate future training needs. DOMC would be able to see which facilities have no trained staff in a certain course. To enhance the benefits of this system, the DOMC must include designations and responsibilities on the training registers/forms.

ANNEX 1. QUESTIONNAIRE FOR DOMC MASTER CONTACT LIST

1. Organization Name:

Mailing Address:			
Physical Location:			
Telephone Numbers:	Website:		
Fax Number:	Email:		
Contact Name:	Title:		
Alt. Contact Name:	Title:		

2. When was your organization created? _____

3. What are the key units or departments in your organization in relation to malaria interventions? _____

4. How many permanent staff do you have right now? _____

5. What is the Mission and Vision of your organization in relation to malaria interventions? _____

6. How would you categorize your organization?

<input type="checkbox"/> NGO	<input type="checkbox"/> CBO	<input type="checkbox"/> Government	<input type="checkbox"/> Informal Group	<input type="checkbox"/> Private Corporation
<input type="checkbox"/> Faith Based	<input type="checkbox"/> School	<input type="checkbox"/> University	<input type="checkbox"/> Donor	<input type="checkbox"/> Other:

7. Which Provinces do you work in?

<input type="checkbox"/> Coast	<input type="checkbox"/> N. Eastern	<input type="checkbox"/> Central	<input type="checkbox"/> Nairobi
<input type="checkbox"/> Eastern	<input type="checkbox"/> Nyanza	<input type="checkbox"/> Rift Valley	<input type="checkbox"/> Western

8. Describe where you have either an *office location* or a *staff person* by *district and constituency*, and *how long the project has existed there*?

District	Constituency	Start Date and Expected Completion

