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**FAMILY PLANNING ASSOCIATION OF
KENYA: MIS SYSTEM DESIGN**

AUGUST 1991

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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EXECUTIVE SUMMARY

The Family Planning Association of Kenya (FPAK) has grown rapidly in the past three years, adding a significant number of activities and projects to its portfolio. In FPAK's first strategic plan and subsequent reviews, one of the key needs identified by the association was the development of Management Information System (MIS) to support the management functions and to facilitate program implementation. The development of an MIS is an integral component in the growth of FPAK. The association is currently installing a computerized accounting system and is developing a computerized clinic and mobile clinic services information system. The Community Based Services (CBD) information system is being updated. In addition, a commodity system and an activity monitoring system are in the early stages of development. The combined use of service statistic, accounting system reports and information obtained through the proposed activity monitoring system will improve FPAK's overall monitoring and evaluation system. This information will give area managers, program managers, project officers and other senior FPAK managers the tools with which to better manage the association and its activities. The challenge for the association is to ensure that the development and expansion of their MIS is integrated with a similar development and expansion of FPAK's management capabilities.

As part of the Family Planning Management Development Project's (FPMD) ongoing support to FPAK, technical assistance is being provided in several areas of management development. This report focuses on the ongoing management information systems (MIS) development work at FPAK. The development of an MIS is often both time and resource consuming. Therefore, it is recommended that attention be focused on the following major issues: ensuring the compatibility of all systems, strengthening the integration of the different information systems, and ensuring that systems are operationalized and institutionalized.

These objectives will be accomplished through a series of workshops, training sessions and technical assistance directed toward information system users at all levels. The first of these workshops, an in-house one day workshop on the implementation and operation of the financial systems, will be held in October. A second two day workshop on monitoring and evaluation for area managers, project officers and other senior FPAK managers is planned for mid-November. The objectives of these two workshops are to increase user participation in the system development during the implementation stages and to place greater emphasis on the use of information for decision making. Attaining these objectives should ultimately lead to an improvement in the management of scarce resources.

INTRODUCTION

This report outlines technical assistance carried out during a visit to the Family Planning Association of Kenya from August 19-23, 1991. This work was conducted by the Family Planning Management Development Project (FPMD).

The purpose of the mission was to review the ongoing MIS development at FPAK and for FPMD to begin development of FPAK's activity monitoring system. Work was conducted through a series of meetings with senior FPAK managers.

FPMD's continuous review of system development work provides guidance to FPAK in all of MIS development efforts. A brief commentary is given on each one of the three systems reviewed during this trip: the clinic and mobile-clinic based service statistics system, the accounting system and the activity monitoring system.

1. REVIEW OF THE CLINIC AND MOBILE CLINIC SERVICES SYSTEMS:

Several meetings were held with Mr. G. Magiri and Ms. Riika Trangsrud to review the preliminary development work and to make recommendations concerning future MIS development work. The current system design work is being conducted by Thunder Kenya Limited a local subsidiary of Thunder & Associate, Inc. To date, Thunder has held a workshop for senior FPAK staff on May 7th in Nairobi, and begun design work on the data collection forms and menu screens.

Issues and Recommendations:

One of the major challenges in the development of the new computerized system is to maintain the simplicity of the current manual system. Simplicity is defined as the ease with which necessary information is recorded on a daily basis and transferred to the reporting form on a monthly basis.

It is recommended that the recording of daily family planning activities (clients and commodities distributed to clients) emulate the existing MOH Daily Family Planning Activity Register (DFPAR). This register is currently in use at MOH clinics and, therefore, staff is familiar with the format. In its present format, DFPAR records the information that FPAK is required to report to the National Family Planning Information System (NFPIS), National Council for Population and Development (NCPD) and major donors. In addition, the register has a few spare columns that can be used to record additional service information on a daily basis. The column currently used to record "Gloves" can also be used to record service information useful to FPAK Managers.

Preliminary redesign of data collection instruments has included discussions between Thunder consultants and Dr. Achwal, program officer in-charge of clinics. The following recommendations incorporate several of these suggestions and evaluate the merit of others.

Changing the definition of "new" and "revisit" acceptors: It is recommended that the existing two columns in the DFPAR, "New Acceptor" and "Revisit" (Appendix I), be used to record only those clients who receive a family planning commodity during their visit (pill, condom, injectable, implant, IUD, foaming tables, sterilization etc). The MOH defines clients either as new acceptors of modern family planning methods or revisit clients who receive some form of contraception. Next to the column currently being used to record "Gloves," an additional column should be added to track the number of clients receiving other FPAK services such as counseling and examinations. FPAK should be able to distinguish between clients who receive contraceptive supplies and those who receive some other FPAK service. The sum of the three columns should equal the total number of clients receiving any service from the FPAK clinic.

FPMD deemed it unnecessary and too complex to add a third, acceptor-user definition as a quality of care measure. FPMD recommends that FPAK evaluate the quality of service provision through focused assessments such as local rapid assessments. Given the large number of possible reasons for using or not using an FPAK facility, any evaluation of quality of services should be more elaborate than the recording of new and revisit clients.

Adding Pregnancy testing to the DFPAR: It is recommended that the number of pregnancy tests be recorded on a daily basis in the DFPAR. The column with this information could replace the "Gloves" column.

Design of the monthly reporting form: FPMD designed a monthly reporting form was designed for the clinic and mobile clinic services (see Appendix II). By mirroring each column of information recorded in the Register on the reporting form this form should facilitate the transfer of information from the DFPAR. At the end of each month, at the clinic level, the records clerk draws a line across each page to determine a total. He then adds these totals and presents a monthly total of all pages on one line. By placing the monthly reporting form one row below the monthly total, each column can easily be transferred reducing the risk of error in transcription.

Design of a new Family Planning First Visit Card: Thunder is designing a new client file to replace the old MOH FP First Visit Card which will be discontinued. This file/register will be used to record client information from their first visit and all subsequent re-visits. A copy of this file/register with Savosnick's recommended changes and additions is shown in Appendix III.

2. REVIEW OF AN ACTIVITY MONITORING SYSTEM

To enable managers at all levels to better manage project activities, FPMD has proposed the implementation of an "Activity Monitoring System". Activity monitoring is important for several reasons. To date, the Family Planning Association of Kenya (FPAK) oversees more than 20 projects (1991) in 9 areas. Consequently, the Program Manager, project officers and other senior managers find it difficult to monitor and evaluate the status of project implementation.

Currently, project implementation progress reports are submitted quarterly, bi-annually and annually. The annual report alone provides sufficient information on the status of project implementation. The activity reports compiled by area managers do not help area managers or the FPAK program manager to effectively understand projects and the relationship between repeated activities, workplans, budgets and expenditures. As a result, corrective or remedial measures designed to improve performance or facilitate pro-active project management are seldom employed. Monitoring financial operations and family planning service provision are equally important. Therefore, FPAK needs to implement a more coherent and comprehensive reporting system which includes activities, services and financial information.

This recommended three system integration should takes place at the reporting and utilization point and will not require the integration of the subsystem's software.

Monitoring and evaluation to be conducted by FPAK project managers, area managers and senior managers, will focus on:

1. A quarterly activity monitoring system that facilitates a comparison of the project activities planned at the beginning of a year with the activities carried out during the year (by quarter).
2. Financial reports from the new accounting system which monitors project budgets by area. The new accounting system will be able to produce monthly reports. Additional quarterly reports will be produced showing expenditure by area, project and activity. These reports should also facilitate the comparison between budgeted and actual expenditures;
3. A quarterly service statistics report which shows FP services provided in a given area by type of delivery system (clinic, CBD, mobile-clinic).

1. QUARTERLY ACTIVITY MONITORING:

Project monitoring and evaluation should begin with a comparison of planned activities and activities actually carried out per quarter, by area and project. To maintain consistency and uniformity, Deloitte Haskins, and Sells developed and coded a list of the standard project

activities (line items). This list was developed for the new accounting system as part of the chart of accounts (Appendix IV). When applied in conjunction with the activity monitoring system it will facilitate the comparison of activities and expenditures.

Based on discussions with FPAK's program and other managers, FPMD has developed a conceptual framework for a computerized activity monitoring system. This is outlined below.

Using a pre-printed activity list, the area managers will specify area specific project activities and record when these activities will take place. Although reporting may be done on a monthly basis, it is seldom useful to compare planned activities with activities carried out over a shorter time span than three months. To monitor individual projects by area a separate list will be generated for each project and area. At the beginning of the year, the area manager will specify the number of times an activity is to take place during each quarter or month. For example, if the activity is "recruitment of supervisors" or "National CBD Consultation Workshops", the area manager will specify the number of supervisors he/she plans to recruit during the quarter and/or the number of workshops to be conducted during the quarter. For activities such as seminars, workshops, meetings and training, the area manager will specify the number of participants anticipated for each activity during the quarter or month.

A computerized system will enable project and area specific activities to be entered into the "Activity Monitoring System" at the beginning of each year. Area managers will report to the head office on these activities on a regular basis (monthly or quarterly) and receive feedback from the program manager and project officers on their performance. An example of a standard set of reports is shown below:

- area and project specific reports showing planned, completed and ongoing activities by reporting period and to-date.
- project specific reports showing planned, completed and ongoing activities by reporting period and to-date.
- area specific reports showing planned, completed and ongoing activities by area and reporting period and to-date.
- annual reports for area and project showing planned and completed activities.

Suggested Flow of Information

In addition to producing an accurate report on accomplished and ongoing activities, area managers will be expected to comment on planned activities that were not carried out during the quarter.

Upon receipt of this report, the FPAK program manager will conduct an initial review to ensure that reporting forms have been completed correctly before they are input into the computer. The program manager will receive one printed copy of the report which will show planned activities, on-going activities (at the time of reporting) and planned activities not carried out during the quarter. These reports will be analyzed by the program manager, who will, if necessary, make additional comments which can be entered into the computer. After the report with comments is entered into the computer, copies will be generated and distributed to area managers, project officers and other senior FPAK managers. Each area manager should review these quarterly activity reports and assess the progress made in project implementation. In other words, the project manager should know to what extent the area manager is able to complete the planned activities. The area managers should use the reports to verify that projects are being implemented at the pace originally envisaged and to evaluate project performance.

The system will produce a standard set of reports, the most important of which will compare planned activities with completed activities.

In addition, a budget and report of activities and expected expenditures will be produced for each project in each area on a monthly or quarterly basis. The activity data will be reported through the activity monitoring system and the financial information will be tracked through the newly computerized accounting system. Each project being implemented in a given area will be considered a separate project as far as that area is concerned, i.e. each area will monitor and report on each individual project separately.

Recommended Level of Analysis

In the beginning, the area managers will be expected to understand whether or not projects are on track. Are the planned activities being carried out? If not, why not? Variations between budgeted and reported activities are anticipated. Area managers will be expected to know when these variations occur and to understand why they happen.

Recommended Next Steps

Based on discussions with Ms. Jennifer Mukolwe and other senior FPAK staff, it is recommended the next step in the development of the activity monitoring system be a "Monitoring and Evaluation" workshop. The following is a tentative outline of topics/objectives for a two day workshop:

- sensitize area managers, project officers and senior FPAK staff to the process of designing, developing, implementing and maintaining management information systems. The focus of attention will be on the development of MIS as a means to produce and utilize information for decision making and management.
- introduce the concept of developing an activity monitoring system to track the implementation of individual projects in different areas.
- describe the flow of information and reporting requirements (budget control, monitoring of expenditure, etc.) in the new accounting system, the service statistics systems (both the clinic and the CBD systems) and the proposed activity monitoring system.
- discuss key issues in reporting, feedback and use of information with the current systems and improvements envisaged with the new systems.
- demonstrate a model computer based activity monitoring system and identify the adaptation changes.

The participants would be the Executive Director, the Program Manager and:

8	area managers
13	program officers
14	assistant program officers
8	program assistants
4	senior FPAK staff

Since there are approximately 50 participants it is recommended the workshop be conducted in two sessions. Some senior FPAK staff will be required to participate in both sessions. In this way, lessons learned from the first session should be incorporated into the second session.

2. FINANCIAL REPORTING

FPAK is in the process of computerizing all the headquarter office accounting functions. Following a tendering process, FPAK selected Sunsystems, a software package from Systems Union Limited of UK. The Sunaccount system will be able to provide five different levels of transaction analysis:

1. Projects
2. Activity codes (sub-projects)

3. Areas
4. Category of persons and staff members
5. Clinics

It is important to note that multi-level analysis is contingent upon the correct posting of transactions. Area accounts clerks and headquarter staff will be required to accurately post all expenditures to the correct projects and line items. This will require training and close monitoring, especially in the early stages of implementation.

The role of the area manager in monitoring the area specific budgets (budgets for each project in the area as well as any overhead or administrative budget) should be defined early in the budget development phase. Each area manager will have several projects, each of which is funded by one or more donors. Area managers and project officers will be expected to familiarize themselves with the preliminary draft budgets. This early involvement will provide the program manager with useful workplan and budgeting information that he can use to finalize the annual program. All annual budgets should be broken down into quarterly budgets by area to facilitate the comparison between financial and activity budgets.

It is important to emphasize the strong links that must exist between the monitoring of activities and the monitoring of expenditure. Each area manager and project officer responsible for monitoring a project must be conversant in all aspects of the project. This involves several distinct steps which start with a clear understanding of project objectives, planned activities and resources required to accomplish those objectives.

The Accounts Department should provide each area manager and project officer with regular feedback on a monthly basis and with a financial report for their area for each quarter and year to date. In turn, the area managers should review the quarterly financial reports line item by line item and activity by activity. Just as the area managers are expected to know why planned activities were not carried out, they are also expected to know the reasons for significant variations between budgeted and reported expenditures.

Activity reports will consist of a summary of the activities planned during the quarter, activities carried out during the quarter, and activities ongoing at the time of reporting. Quarterly financial reports and activity reports should be combined and used by area managers to monitor performance and achievement of project activities.

Suggested Flow of Information

Financial information will be reported through the accounts department. After financial reports prepared by the areas are audited, transactions should be entered into the computer. Any discrepancy (wrong or missing data/information) should result in a memo from the accountant to the relevant area manager, calling attention to the error and requesting the area manager to take necessary action to ensure that the issue is resolved. A memo, written by the area manager, which explains how the "problem" was resolved, should be placed in the file. The accountant will be responsible for following up on the memo while the area manager will be responsible for ensuring the resolution of outstanding issue(s). When the area transactions have been entered into the computer, the summary report on the status of each project by area and by line item should be printed. Copies should be distributed to the Head of Finance and Administration, Executive Director, Program Manager, Project Officer in-charge of project the area manager.

Recommended Level of Analysis

The area manager will analyze the financial report by line item, reviewing expenditures for the project in relation to the level of project activity. This will entail a review of the quarterly activity report and a comparison of activity and expenditure reports. The financial reporting system will also be used by the accountant and senior managers to facilitate the completion of different donor claim forms and other government, donor and agency reporting requirements. There are several objectives of the monitoring and evaluation process which go beyond the basic review of overspent or underspent line items.

The short term objectives of the monitoring and evaluation process are to encourage good project planning, improve project management, maximize resource utilization and improve the manager's ability to clearly identify critical project elements and objectives at an early stage of the project cycle. The long term objective is to improve the institutional capacity of FPAK to develop and manage family planning and population projects.

It is critical that all area managers document the recommended and taken actions in the project files on the basis of the information that the MIS is providing. Periodically, individual project files should be reviewed and approved by the area manager's supervisor, and or head of department, and the executive director.

3. SERVICE STATISTICS

Thunder Kenya Ltd. is currently developing the FPAK service statistics program. FPMD recommended area specific reports showing what family planning services have been provided by the CBD program, the FPAK clinics and the mobile clinics should be a standard output of the service statistics system.

Persons Contacted:

Mrs. Kalimi Mworio
Executive Director
FPAK

Mr. G. Z. Mzenge
Administration and Finance Manager
FPAK

Mrs. Jennifer Mukolwe
Programme Manager
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Mr. Gilbert Magiri
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Ms. Rikka Trangsrud
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Mrs. G. Armule
Accounts Dept.
FPAK

Mr. Charles Onoka
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APPENDIX I

MOH Daily Family Planning Activity Register

APPENDIX II

Monthly Reporting Form (Clinic and Mobile-Clinic Services)

New	Revisit	Micro-Gynon	Neo-Gynon	Eu-Gynon	Micro-lut	Nord-ette	Logy-non	Trin-ordial		Depo-provera	Nori-sterat	Norpla Doses	Copper T	Nova T	Multi-load		Condoms #	Foamin Tablet	Steri-lizati	Natura FP	Preg. Test	Other Serv.
# OF CLIENTS		ORAL CONTRACEPTIVES								INJECTABLES		IUCD's (Units)					TL/VS					

PAP SMEARs	NUMBER
PAR	
INFECTION	
CIN	

SDP #:	_____
NAME OF CLINIC:	_____
No. of WORKING HOURS:	_____
MONTH:	_____
NAME:	_____

<p align="center">FAMILY PLANNING ASSOCIATION OF KENYA MONTHLY SERVICE STATISTICS REPORT</p>

APPENDIX III

Draft Design Family Planning

First Visit Card-Register

FAMILY PLANNING FIRST VISIT CARD

Part A: Sociodemographic Data

1. Name of Client: _____
first middle surname
2. Client Serial Number: _____
3. Address of client: Village _____ Sublocation _____
 Location _____ District _____
4. Name of relative or friend through whom the client can be contacted: _____
first middle surname
5. Address of this second Person: Village _____
 Sublocation _____ Location _____ District _____
6. Sex of client: 1) male 2) female
7. Age of client by years completed: _____
8. Age of spouse by years completed (list ages for all spoused): _____
- Marital Status:
 1) Unmarried 3) Separated 5) Widowed
 2) Married 4) Divorced 6) Other (Specify) _____
10. Education (last standard / form completed):
 1) No schooling 2) Primary 3) Secondary or higher
11. Occupation of client: _____
12. Occupation of spouse: _____
13. Number of living children:
 a) Sons _____ b) Daughters _____ c) Total _____
14. Obstetric history:
 a) Gravida _____ b) Para _____ c) Abortions _____

Part B: Medical History

	No	Yes	If yes, specify
1. Drug allergy			
2. Diabetes, self or family member			
3. Heart disease			
4. Hypertension			
5. Respiratory disease			
6. Anemia or bleeding problem			
7. Previous abdominal or pelvic surgery			
8. Chronic pelvic pain			
9. Current illness			
10. Current use of drugs			
11. Other findings			

Part C: Physical Examination

1. General condition: 1) Good 2) Fair 3) Poor (specify) _____
2. Vital signs: a) Weight _____ c) Pulse _____
 b) Blood Pressure _____ / _____ d) Respiratory rate _____

3. Systems Normal Abnormal Describe abnormalities

Systems	Normal	Abnormal	Describe abnormalities
a) Heart			
b) Lungs			
c) Abdomen			
d) Other findings			

4. Pelvic examination:
 a) External genitalia, vagina, cervix:
 1) Normal 2) Abnormal (describe) _____
- b) Uterine size and shape:
 1) Normal 2) Enlarged or Abnormal (describe) _____
- c) Uterine position:
 1) Anteverted 2) Retroverted 3) Midposition

Part D: Revisits

Date _____
1. EXAMINATION:
Blood Pressure _____
Weight _____
Breasts: _____
Pap Smear (Yearly): _____
Date of last menstrual
period: _____

2. METHOD AT LAST VISIT:(type) _____

3. METHOD FOR NEXT PERIOD:
(type) _____
cycles/quantity/size/dose _____

4. REASON FOR CHANGE or
TERMINATION
wants pregnancy/is
pregnant/can't follow
instructions/husband objects
Medical complications (specify) _____
Other (specify) _____

5: REMARKS/REFERRALS/ANNUAL
CHECK-UP

Prescriber _____
Return Date _____

Date _____
1. EXAMINATION:
Blood Pressure _____
Weight _____
Breasts: _____
Pap Smear (Yearly): _____
Date of last menstrual
period: _____

2. METHOD AT LAST VISIT:(type) _____

3. METHOD FOR NEXT PERIOD:
(type) _____
cycles/quantity/size/dose _____

4. REASON FOR CHANGE or
TERMINATION
wants pregnancy/is
pregnant/can't follow
instructions/husband objects
Medical complications (specify) _____
Other (specify) _____

5: REMARKS/REFERRALS/ANNUAL
CHECK-UP

Prescriber _____
Return Date _____

d) Uterine mobility: 1) mobile 2) Fixed
e) Adnexa: 1) Normal 2) Abnormal (describe) _____
f) Other findings: _____

5. External male genitalia:
1) Normal 2) Abnormal (describe) _____

6. Possible pregnancy: 1) Yes 2) No

7. Examiner's name and title: _____

8. Laboratory examinations:
a) Hemoglobin or Hematocrit (specify test and describe
finding): _____
b) Urine: Glucose (Positive _____ or Negative _____)
c) Urine: Protein (Positive _____ or Negative _____)
d) Other: _____

9. Date of last pregnancy was completed: _____
day month year

10. Out come of last pregnancy:
1) Live birth 3) Abortion 5) Other (specify) _____
2) Still birth 4) Ectopic

DATE: 3 September, 1991

FROM: PETER SAVOSNICK MSH (BOSTON)

TO: RIKKA TRANGSRUD FPAK

SUBJECT: Notes from our review of Family Planning New First Visit Card.

- Q4. It is not clear why you need to record the name and address of the relative or friend. If you have the name and address of the client and want to carry out a follow-up visit it may be sufficient to record his or her address. If the client is no longer living at the address stated on the "First Visit Card" how much time and effort do you want to spend on trying to track down these clients? The questions that you need to determine are, a). do I want to contact all clients who have made appointment for a re-visit and not turned up? b). do I have the resources to do this or should I be more selective and maybe only follow-up a predetermined category of clients (e.g. female, between the ages of 18-30 using the pill ?). c). what additional follow-up activities do I want to carry out and is this a random or a selective process?
- Q7. Age of client; it might be better to record date of birth and the age of the client.
- Q8. Age of spouse: what is the justification for recording the age of the spouse? Is it necessary to record the ages of all the spouses? (male?).
- Q10. How will the education information be used at clinic level?
- Q12. What is the benefit of adding this questions to the first visit card?
- Q13. Is it no longer necessary to collect information on the number of children who have died? For example, number of living children.

- NOTES:
- you need the date of the first visit...
 - You need to know any previous and/or current method
 - How long they have used these methods
 - previous problems
 - need to ask question on menstrual flow regular/irregular
 - Need to ask about smoking
 - Need to add breast exam results

Under Physical Examination section:

It is probably necessary to include pap smear results on the first part of the patient record.

APPENDIX IV

Transaction Codes for Accounting System

TRANSACTION ANALYSIS LEVEL 2 - ACTIVITY CODES (SUB PROJECTS)

100 Volunteer Constitutional Committees

- 101 Area Committees
- 102 Branch Committees
- 103 Annual Delegates Conference
- 104 Finance & Administration Sub-Committee
- 105 Law Sub-Committee
- 106 Management Committees
- 107 National Executive Committee
- 108 Programme Review Committee
- 109 Resource Development sub-committee

150 Workshops

- 151 Area CBD Consultation Workshop
- 152 Area Staff / Volunteer Workshops
- 153 National CBD Consultation Workshop
- 154 CBD Training Manual Workshop
- 155 CBD Training of Trainers Workshop
- 156 Project planning & Mgt Workshop
- 157 Senior Staff Planning Workshops
- 158 Service Delivery Update Workshop
- 159 Update W/shops
- 160 Writers workshop

200 Meetings

- 201 Advisory Editorial Board Meetings
- 202 Staff Meetings
- 203 Preparatory Meetings

250 Training and Training Courses

- 251 Area one-day IEC training
- 252 AV Equipment Maintenance course
- 253 AV Equipment training (Drivers)
- 254 Management Courses
- 255 Project Management Training
- 256 Regional Training
- 256 Training (Local)

300 Studies and Surveys

- 301 Baseline Survey
- 302 Field Interviews
- 303 Feasibility studies
- 304 Study on FLE clubs
- 305 Study Tours
- 306 Structured Observation

330 Seminars

- 331 Dissemination Seminars

- 332 Mass Media Seminars
- 350 Publicity of FPAK
 -
- 351 Publicity Shows
- 352 Family Planning Exhibitions
- 353 Congratulatory Messages
- 354 Flag Day
- 400 Monitoring and Evaluation
 -
- 401 Project Management Information Systems
- 402 Project Monitoring and Supervision
- 403 Research
- 404 Evaluation
- 405 Operations Research
- 450 Development and Printing of Materials
 -
- 451 Adolescent Posters
- 452 Annual Reports
- 453 Audio Visuals
- 454 Booklets on most commonly asked questions
- 455 Branch Registers
- 456 Calenders
- 457 Christeas Cards
- 458 Counselling Posters
- 459 Flip Charts
- 460 Flyers
- 461 Greetings Cards
- 462 IEC Guide
- 463 IEC Materials
- 464 Leaflets on Pills
- 465 Life Membership Registers
- 466 M I S Foros
- 467 Membership Registers
- 468 Newsletters
- 469 Pocket Diaries
- 470 Procedure Manuals
- 471 Questionnaires
- 472 Reference Guides
- 473 Research and Evaluation Reports
- 474 Stickers
- 475 Tin Wrappers
- 476 Training Manuals
- 477 Visiting Cards
- 478 Volunteer Guide Manual
- 479 Youth Brochures
- 500 Preparation of Materials
 -
- 501 Pre testing
- 502 Coding of Questionnaire
- 503 Report Writing
- 504 Youth Logo

600 Counselling and F.P. Information Dissemination

- 601 Contraceptive Counselling & Services
- 602 Demonstration Centres (Kizibe, Chonyi, Tharaka)
- 603 Production of Radio and TV spots messages

900 Other Activities

- 901 Field Educators Publicity & Supervision
- 902 Recruitment
- 903 Fund Raising Activities (Walks, Dances etc)
- 904 Incentives for Youth Promoters
- 905 Income Generating Projects
- 906 Operating Costs (VSC)