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3. 参考資料

参考資料 - 1 : DANIDA主導の "KENYA'S HEALTH POLICY FRAMEWORK" の概要

1. INTRODUCTION

The Working Group which prepared Kenya's Health Policy Framework Implementation and Action Plans has now completed the final draft of the document. This final draft incorporates considerations of all submitted comments, concerns and suggestions which were actively solicited from heads of departments from the Ministry of Health, a wide spectrum of organizations, donor agencies and individuals. The final Implementation and Action Plan document addresses sixteen major areas of reform and for each area contains detailed descriptions of the expected outputs and activities to be carried out.

The working group recognises that implementing the plan will be a very complex set of tasks. Beginning the process of reform will require the taking of a series of critical first steps. These steps are described in the main body of the plan document, each within the area of reform to which they belong. To make them clear to all concerned, the Working Group has prepared this summary. Its purpose is to describe and clarify what actions need to be taken in the first year of implementation of this plan, by whom, in what order, and when.

The implementation of these health policy reforms will be a challenging process. It will entail not only significant organizational change, including creating and rendering functional appropriate and effective operational and managerial structures, but also careful and effective prioritisation of activities to be carried out. Furthermore the mobilisation and management of substantial resource inputs, and the institutionalisation of effective procedures for monitoring and evaluating the reform process will be essential.

It is also recognized that the implementation of the health policy plan, wherever possible, should build on the ongoing programmes and activities that are consistent with the reform agenda. To this end, public information is considered vital in order to ensure that the reform process is properly understood, by both the beneficiaries and the actors who will be involved.

In the first year of the reform program, the actions to be carried out fall into five broad areas:

- * Establish health reform institutions
- * Market the health reform plan
- * Strengthen health services delivery
- * Finance health care
- * Strengthen public health management capacity and capability health & management information systems

It is expected that the first step of establishing health reform institutions will commence with a period of transition leading to the eventual dissolution of the Working Group. During this period, the existing Working Group will be expected to assist key members of the secretariat to develop a clear and common understanding of the purpose and content of the reform plan.

This health reform summary describes actions to be taken in each of the above five areas and presents immediate tasks for the Health Reform Secretariat. A startup budget for both capital and recurrent costs is also presented in the annexes.

2. OUTLINE OF PRIORITIES FOR THE FIRST YEAR

2.1.0 Establish health reform institutions and structures in order to implement the above mentioned five objectives.

2.1.1 National Level

Review and reorganize the composition and functions of the Central Board of Health

2.1.2 Headquarter/Intersectoral Levels

a) Health policy steering committee

- * Determine powers roles and functions of health policy steering committee
- * Determine the composition and appoint members

b) Health reform secretariat

- * Define the role and functions of health reform secretariat
- * Staff and equip health reform secretariat
- * Provide resources for effective functioning of the secretariat

2.1.3 Province/District Levels

a) Review and strengthen the roles of Provincial Medical Offices, District Health Management Boards, District Health Management Teams, Rural Health Facilities Committees, Village Health Committees

- * Redefine and re-orientate the role of Provincial Medical Offices, District Health Management Boards and District Health Management Teams.
- * Review roles and functions of rural health and village health committees

b) Develop policies legislation and guidelines to decentralize management of Government health systems

- * Review and revise existing policies and legislation
- * Review and reorganize administrative structure
- * Publish and distribute guidelines
- * Raise awareness at national, provincial district and community levels

c) Decentralize financing and management systems

- * Carry out needs assessment for information on management and financing systems

- Compile critical information required on management and financing systems.

2.2. Marketing the Health Reforms

One of the main priorities during the first year is to secure commitment and involvement in the health reforms at all levels. The health reform secretariat will work closely with the health reform Working Group to develop and implement strategies for creating awareness and involving the local communities, districts, provinces and the private sector in the planning process. The community is considered crucially important. The strategy for marketing will be through:

- Seminars/workshops/meetings
- Circulars/promotional materials
- Mass media
- Public meetings (barazas)

2.3 Strengthening health services delivery

- a) Reform Ministry of Health supply system for essential drugs, vaccines and other medical supplies
 - Redefine the role and functions of the current procurement committee and distribution of drugs, vaccines and other medical supplies.
 - Establish an efficient and effective mechanism for procurement and distribution of drugs, vaccines and other medical supplies.
 - Establish a national and district level revolving drug funds.
- b) Establish policies for collaboration between governmental and non-governmental, private and traditional health practitioners.
 - Establish forum for collaboration in the Ministry of Health
 - Develop policies and guidelines for collaboration
- c) Develop policies and guidelines on shifting resources from curative to promotive and preventive health care.

2.4 Financing of health services

2.4.1 Amend the National Hospital Insurance Fund Act to become National Health Insurance Fund Act

- Health insurance market is liberalized allowing approved Insurance Schemes to compete with National Hospital Insurance Fund for members.
- Affordable Health Insurance becomes mandatory for all Kenyans.

- National Hospital Insurance Fund Management, accountability and operational efficiency improved.
- 2.4.2 Establish a mechanism for promoting and harmonizing competing health and social insurance schemes.
- Establish guidelines and certification process for health insurance schemes.
 - Study the Insurance Act and other appropriate statutes and recommend changes if necessary to promote expansion of health insurance
 - Work with the AG's office to redraft appropriate legislation.
- 2.4.3 Increase the flow of financial resources into the curative health sector through cost sharing and insurance.
- Increase revenues from curative services
 - Strengthen provincial and district management and accounting systems for improved accountability.
 - Decentralize management of curative services
 - Promote expansion of health insurance coverage.
 - Produce MoH guidelines for the allocation of curative care resources from public funding.
- 2.5 Strengthen public health management capacity and capability, and Health Management Information Systems (HMIS)
- a) Strengthen public health management training institutions (Universities, Medical Training Centres and Institutes of Administration and Management)
- Training-of-trainers strengthened
 - Management training material developed
 - Institutional infrastructure strengthened
- b) Strengthen public health management training for Provincial Health Management Teams, District Health Management Teams, District Health Management Boards, Rural Health Facilities Committees and Village Health Committees
- Training needs assessment and situation analysis conducted
 - Master plan for training developed
 - Management training material developed/adapted
- c) Develop and strengthen health and management information systems at national, provincial and district levels

- Database of governmental, non-governmental, private and traditional health facilities and institutions compiled and distributed
- Systems designed, tested and implemented at the provincial and district levels for the following aspects of health and management information:
 - Epidemiological surveillance including morbidity and mortality reporting
 - Stock control
 - Financial management
 - Human resource management
 - Workload and service performance
 - Action-oriented and decision-linked health systems research

2.6 Other issues

2.6.1 Legal issues

- Initiate the process of legislative change and preparation of guidelines
- Review and modify the Public Health Act and Legislation affecting Non Governmental Organizations
- The Insurance Act.

2.6.2 Prioritization of programmes

- Identify ongoing programmes related to the reform agenda and determine areas requiring strengthening.

2.6.3 Resources

- Prepare detailed budget and funding proposals

2.6.4 Progress indicators

- Set benchmarks and milestones
- Establish system for monitoring
- Provide resources for monitoring

3. IMMEDIATE TASKS FOR HEALTH REFORM SECRETARIAT

- 3.1 Develop a detailed job specification and description and work plan for the secretariat
- 3.2 Finalize the development of the policy reform action plans:
 - Programme planning and budgeting
 - Provincial and district level action plans

3.3 Identify requirements and mobilize resources for the health reform secretariat

- Develop administrative framework of the reform secretariat
- Prepare and secure budget for first year activities
- Secure effective coordination with all involved donors
- Identify requirements for technical assistance

3.4 Establish unequivocal progress indicators

3.5 Market reform policies

3.6 Develop and strengthen public health management capacity and capability and health information management systems

3.7 Facilitate the implementation of reform areas according to identified priorities

- Prepare and formally approve operational plans with relevant departments and peripheral institutions
- Secure inter-sectoral collaboration
- Secure consensus on phasing-in of reforms

3.8 The initial core staff of the health reform secretariat

- Head of secretariat
- Technical staff
- Support staff

The immediate, basic requirements in terms of equipment and supplies necessary for the core group of staff for the health reform secretariat are listed in annex 1.

The activities of the secretariat in the interim period will be carried out by the Working Group for the preparation of the Health Reform Implementation Plan, constituted by the Permanent Secretary. At the same time the Working Group will assist develop job descriptions for the Secretariat.

SUMMARY OF REFORM AIMS AND OBJECTIVES

Kenya's Health Policy Framework identified one goal and fifteen areas in its agenda for reform. These have been used to derive the objectives of the implementation plan as summarised below.

Narrative Summary	Objectively Verifiable Indicators	Means of verification	Assumptions
AIM The health status of the Kenya Population is improved.	Classical Health and Demographic Indicators	Records Survey	Economic Growth Demographic Transition Continues
GOAL Curative and preventive services are efficient, effective, accessible and affordable.	Changes in burden of disease	Surveys Records	Reforms go ahead HIV Epidemic abates
OBJECTIVES			
Objective #1 To strengthen the central public policy role of the Ministry of Health in all matters pertaining to health	Number of policies approved and implemented. Number of functions delegated to the periphery Changes in printed estimates and appropriation accounts Equitable allocation of human and financial resources to the regions. Changes in sector expenditure and utilisation patterns	Budgets, appropriation accounts, official documents, reports, studies, surveys	Supportive socio-political environment Motivated committed and cooperative workforce
Objective #2 To improve the performance of the curative, preventive and promotive health services.	Proportion of population having geographical and financial access to the services Proportion of correct diagnosis and treatment Number of services using defined cost effective minimum packages. Proportion of districts successfully implementing the packages	Surveys and documents Studies	Political commitment, political stability, enabling economic environment, no unforeseeable epidemiological changes.

HEALTH POLICY IMPLEMENTATION PLAN

Narrative Summary	Objectively Verifiable Indicators	Means of verification	Assumptions
<p><u>Objective #3</u></p> <p>To decentralize planning, management and resource creation; control and use.</p>	<p>Number of revised policies & guidelines published & implemented</p> <p>Number of management structures functioning</p>	<p>Published policies</p> <p>Minutes of meetings</p> <p>Audited accounts</p>	<p>GOK commitment</p> <p>Local capacity to implement changes, local availability & control of resources</p>
<p><u>Objective #4</u></p> <p>Promote the expansion and sustainability of Non-governmental health services.</p>	<p>Number of approved, self sustainable non Government facilities</p>	<p>Records and surveys</p>	<p>All implementation done in partnership with GOK providers,</p> <p>Non-GOK/MoH collaboration at all times</p> <p>Methods and means of licensure are in place, including methods of quality assessment</p> <p>Political will and agreement with Treasury and MoH</p>
<p><u>Objective #5</u></p> <p>To achieve financial sustainability of GOK, mission and private health providers who deliver a cost effective basic minimum package of curative and preventive health services.</p>	<p>Percentage of referrals back to GOK facilities for curative services</p> <p>Percentage of providers showing operating losses</p>	<p>Records, surveys</p>	<p>Financing mechanism is available</p> <p>Inflation is controlled and policy commitment from the Government</p> <p>Insurance market liberalised</p> <p>Technical assistance made available to work with non-GOK sector</p>
<p><u>Objective #6</u></p> <p>Shift a larger share of financing of health services to NHIF and other insurance schemes.</p>	<p>Proportion of expenditures for health services in GOK and private facilities covered by contributions of NHIF and other insurance schemes.</p>	<p>Financial reports from the institutions, surveys</p>	<p>Quality of services improved and maintained</p>

HEALTH POLICY IMPLEMENTATION PLAN

Narrative Summary	Objectively Verifiable Indicators	Means of verification	Assumptions
<p>Objective #7</p> <p>To provide adequate numbers of equitably distributed health facilities capable of providing cost effective services.</p>	<p>Policy on guidelines on development of health facilities published and implemented.</p> <p>Number of health facilities using guidelines</p>	<p>Notices and circulars, surveys, studies</p> <p>Gazettement of revised/new laws.</p>	<p>Incentives for non-Governmental health providers formulated and approved as policy or law eg personnel of financial support, tax exemptions, plot allocations etc</p>
<p>Objective #8</p> <p>Facilities and equipment adequately maintained</p>	<p>Proportion of critical facilities and equipment adequately maintained.</p>	<p>Survey Studies</p> <p>Maintenance index</p>	<p>Inventory of critical facilities in place.</p> <p>Standardization of maintenance index.</p> <p>Financing available.</p> <p>People's attitude towards maintenance is positive.</p>
<p>Objective #9</p> <p>Recruit, retain, train and appropriately deploy human resources.</p>	<p>Proportion of SDPs adequately staffed and functioning.</p>	<p>Surveys</p>	<p>Availability of adequate resources</p>
<p>Objective #10</p> <p>To reduce the health, social and economic impact of STDs and AIDS.</p>	<p>Prevalence & Incidence of STDs and AIDS.</p> <p>Cost/effective treatment sites and protocols in place</p> <p>life expectancy</p> <p>QALY</p>	<p>Survey.</p>	<p>Political Commitment</p> <p>Positive attitude towards safe sex by society</p>
<p>Objective #11</p> <p>To ensure the constant availability of safe and cost effective drugs to the Kenyan population</p>	<p>Number of efficacious, high quality, safe and cost-effective pharmaceutical services and products continuously available in all GOK health facilities</p>	<p>Records</p> <p>Surveys</p> <p>Routine Drug Sensitivity Tests</p>	<p>Drug Policy implemented in full</p> <p>Political and staff commitment</p> <p>adequate infrastructure and funds available</p>
<p>Objective #12</p> <p>To design and implement an integrated comprehensive set of networked management systems in support of activities at all levels of the health infrastructure</p>	<p>Institutions, systems & procedures in place and in use</p>	<p>Reports</p>	<p>Adequate funds and trained personnel made available</p>

HEALTH POLICY IMPLEMENTATION PLAN

Narrative Summary	Objectively Verifiable Indicators	Means of verification	Assumptions
<p><u>Objective #13</u></p> <p>To control and contain costs, in Government & Non-Governmental providers in particular curative care services</p>	<p>Change in CPI</p> <p>Change in the cost of providing services</p> <p>Proportion of institutions providing cost effective services</p>	<p>Unit costing studies and systems</p> <p>Records and surveys</p>	<p>Unit costing standards defined</p> <p>Organised Data available and accessible</p> <p>Low inflation rate</p>
<p><u>Objectives #14</u></p> <p>To promote and participate in the implementation of operational research with focus on vulnerable groups and priority health problems.</p>	<p>Percentage of relevant operational research initiated/known by Ministry of Health</p> <p>Proportion of relevant studies with active participation of Ministry of Health Staff</p> <p>Number of research findings being implemented.</p>	<p>Reports</p> <p>Minutes of Health Research</p> <p>Records and surveys of relevant institutions</p> <p>Studies</p>	<p>Availability of funds</p> <p>Appropriate selection of participants</p>
<p><u>Objective #15</u></p> <p>To contribute to the achievement of national goal of reducing the population growth rate and improvement of the health of the family</p>	<p>Reduced fertility rate</p> <p>Proportion of Health Facilities providing integrated health services</p> <p>Proportion of programmes directly addressing family health</p>	<p>Census report</p> <p>Surveys</p> <p>Facilities records</p> <p>Report</p> <p>Studies</p>	<p>Political commitment</p> <p>Increased literacy level</p> <p>Economic growth</p>
<p><u>Objective #16</u></p> <p>To reorientate the organizational structure and functions of the Ministry of Health in order to meet the objectives of the present and future needs</p>	<p>Number of activities carried out</p> <p>Number of plans implemented</p> <p>Public satisfaction</p> <p>Proportion of funds generated and used at periphery</p> <p>Number of status functional</p> <p>Quality of care</p>	<p>Legislation</p> <p>New official organogram for MoH</p> <p>Restructuring report and plan</p>	<p>Internal enabling environment</p> <p>GOK and Public Service Commission approval and support</p>

4. PROPOSED APPROACH

4.1 Guiding Principle

Given the fact that the GoK has taken major initial steps to formulate the HSR -Program and has developed plans of action recognizing the fact that the concluded K-FPHCP in Western Province spearheaded the mobilization of different sectors within the communities to initiate CBHC-Programs, the Mission adopted as Guiding principle that the new Project support the Health Sector Reform with particular focus on Western Province on areas which have maximum impact on communities

After holding discussions with different groups and teams in Nairobi, at Provincial and District levels as well as listening to Health Center Development Committees, Village Health Committees, Community leaders and representatives in Western Province, the Mission is proposing that the strategies that could guide the development of the five year project proposal and its subsequent implementation to include the following:

4.2 Strategies

- Integrating different sectors
- Considering the whole health care system (referral chain)
- Moving from symptoms to causes: a wider approach to health related issues
- Multidisciplinary approach including socio-cultural aspects
- Participatory approach in planning and implementation
- Improving the quality of services
- Collaborating with other donors
- Operational research
- Ensuring sustainability
- Gender sensitivity

4.3 Proposed Structure of the Project

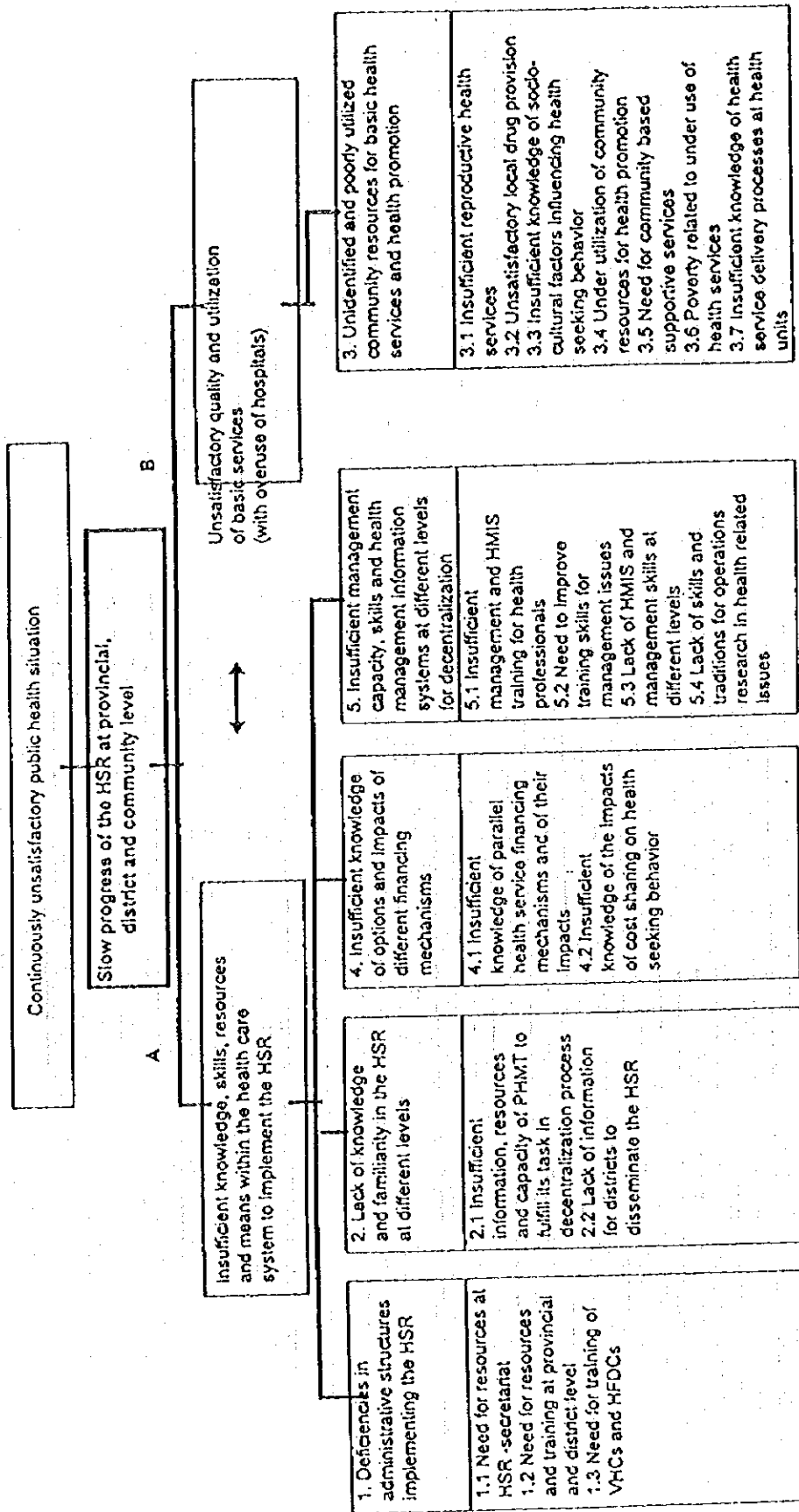
4.3.1 Overall Basic Structure of the Project

Components 1, 2, 4 and 5 form the Work Area A which deals with general, nation wide issues even though many of the activities concretely take place in the Western Province. They are, however, focusing on the HSR more largely and form, in all cases, the necessary framework for implementation of the Reform.

Work Area B (Component 3 of the Project) comprises of activities which produce both useful background information and pilot experiences for the decision makers especially during further steps of the Reform and to improve the quality of basic services.

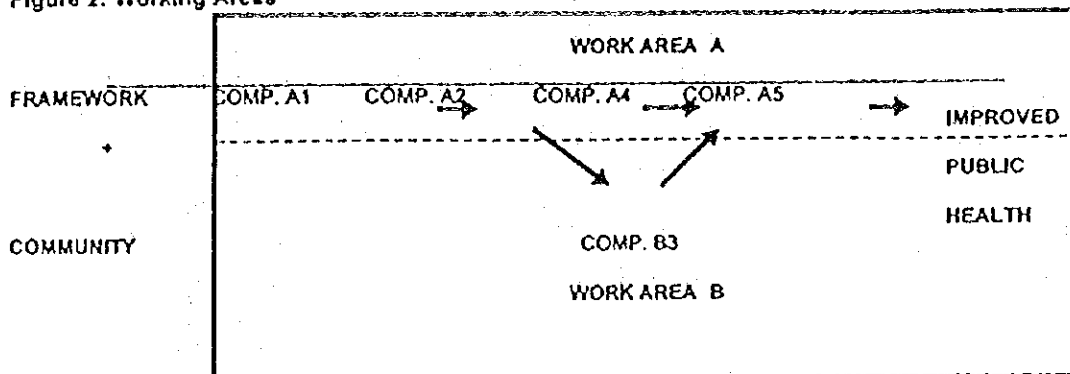
Both Work Areas (all 5 components) are implemented closely interlinked in the following way: Component 1 forms the essential skeleton for the implementation of the whole Reform. Component 2 disseminates the principles of the Reform to the Province and Districts and enables them to analyze the contents of the Reform. This information is needed for Component 3 which implements and tests health care or health related activities at grass root level both in urban and rural settings. Component 4 deals with financial resources which are needed for all activities

Figure 1 : Main features of the identified problem tree:



within health care. Eventually, Component 5 aims at capacity building for management and information systems which are needed for proper resource allocation to produce necessary services in an efficient way.

Figure 2: Working Areas



4.3.2. Priority areas for the Project

Being an identification and fact finding Mission the team was basically looking for most relevant priority areas which would fulfill the principles of the TOR and mentioned strategies. The proposed priority areas, structured above as Work Areas and components are presented in Table 1.

Table 1: Priority Areas

FRAMEWORK	COMMUNITY LEVEL
Health Reform structures	Reproductive health services
Information and knowledge about Health Reform	Drug provision
Developing and monitoring of financing systems	Socio-cultural aspects
Management capacity building persons	Community own resource
	Community initiatives
	Empowerment
	Process analysis

Detailed Narrative Summary of the proposed project is shown in Appendix F. Also included as Appendix G is the Logical Framework analysis at project level.

5. PROJECT PREPARATION

5.1 Means

The visit to the Western Province by the Mission revealed several things about the people in this Province. According to the leaders, especially those in Provincial Administration (PC, Deputy PC and the DCs), met, the people in Western Province are always eager, motivated and disciplined. This implies that these are individuals who do not simply wait for things to be done for them. Secondly, the just ended Kenya-FPHCP seems to have contributed significantly to the motivation the Provincial Administration proudly spoke of the people in the Province.

It was evident to the Mission that the said program had created awareness amongst different groups of the importance of people in the community doing things for themselves. From the materials provided to the Mission it was apparent, that Health Management Teams in the Province have been involved in strategic planning and in fact are developing their project in District plans. Hence the teams are familiar with the participatory process. Thus, it was not surprising for the Mission to meet able people who were ready to discuss, share and express their views easily and openly regarding their health problems and needs. From this readiness to share and express, it was evident that the Districts had both general and specific needs relating to their Province and the Districts.

Finally, given the fact that some Districts (Mt. Elgon, Vihiga, Teso and Malava/Lugari) have been created recently (from 1993- 1995), it was apparent that the Districts were at different levels of development in general and needs, in particular. Therefore a project proposal that simply addresses Western Province, without taking into consideration the contribution of different groups in the 7 districts, would not serve the needs of the people in the Province and would not have the talents and the vigour and motivation the Mission observed.

Therefore, it is the recommendation of the Mission that the Districts be involved in the preparation and development of the project proposal. Thus, ensuring the participatory approach the Mission adopted from the onset of the fact finding and strengthening what the teams already have. This approach has many gains, namely, ownership of the project, inclusion of real needs of each District, introduction and fostering integration, coordination and collaboration, strengthening capacity for future project development, instilling multidisciplinary ideals, introduction (gate path) to decentralization process, ensuring sustainability and above all empowering and demystification of expertism (confidence building than confidence eroding).

5.2 Planning procedures

Given that the proposals and principles presented in this document by the Mission are approved by both Governments the planning process should continue within a very short time interval and, as mentioned, strictly following participatory methods.

The overall approach of this indicative project proposal is holistic and aims to take largely into account also cultural values and resources as well as social structures and factors including principles of traditional African societies. Due to this base, it is a fact that the content of this document forms a process, which is targeted to the Project's objectives and was already launched with and during the participatory meetings of this Mission.

Therefore, it is of utmost importance (this was openly expressed to the Mission also by the representatives of the local communities) that, in addition to the participatory methods, there will be no further delays between the consecutive steps of the project preparation.

Further on, it is seen by this Mission that the preparatory planning process should not be too fixed and detailed. Instead, within the implementation of the Project itself, a sufficiently long and steady planning phase should be included as the first step of the realization of the Project. If participatory methods are used, this approach would have several advantages. First, commitment and ownership for the Project by the population would improve. Secondly, this would remarkably increase awareness of health and the HSR. Thirdly, this would promote and help to identify and further sensitize the special groups included and needed in the Project. This approach could also in a very efficient way take into account the cultural values, anthropological and sociological factors as well as technological and technical issues and possible constraints for the Project.

Due to these findings and conclusions it is recommended by this Mission that 1) the final project document will be formulated and the necessary appraisal carried out without further delays 2) using in all additional phases holistic approach and full contribution of the defined groups of stakeholders and direct beneficiaries and 3) leaving detailed planning to be realized with participation of the population during the first phase of the Project.

5.3 Financial plan

The financial framework for the Project is FIM 19.5 million from the Government of Finland for the 4-5 -year project period. In the Terms of Reference of the Preparatory Mission it is stated that the budgetary allocation will be reconsidered upwards.

The Government of Kenya is committed to contribute 10 % of the total directly and in kind. The direct allocation shall be paid to the Project at the beginning of each financial fiscal year.

All commodities of the concluded K-FPHCP were handed over to the Government of Kenya on 3rd January 1996. The commodities are retained in Kakamega. Six residential houses, office facilities, office equipment and motor vehicles, purchased by the concluded K-FPHCP, can be used by the new Project as needed, while the remaining will be distributed or sold as directed by the Ministry of Health.

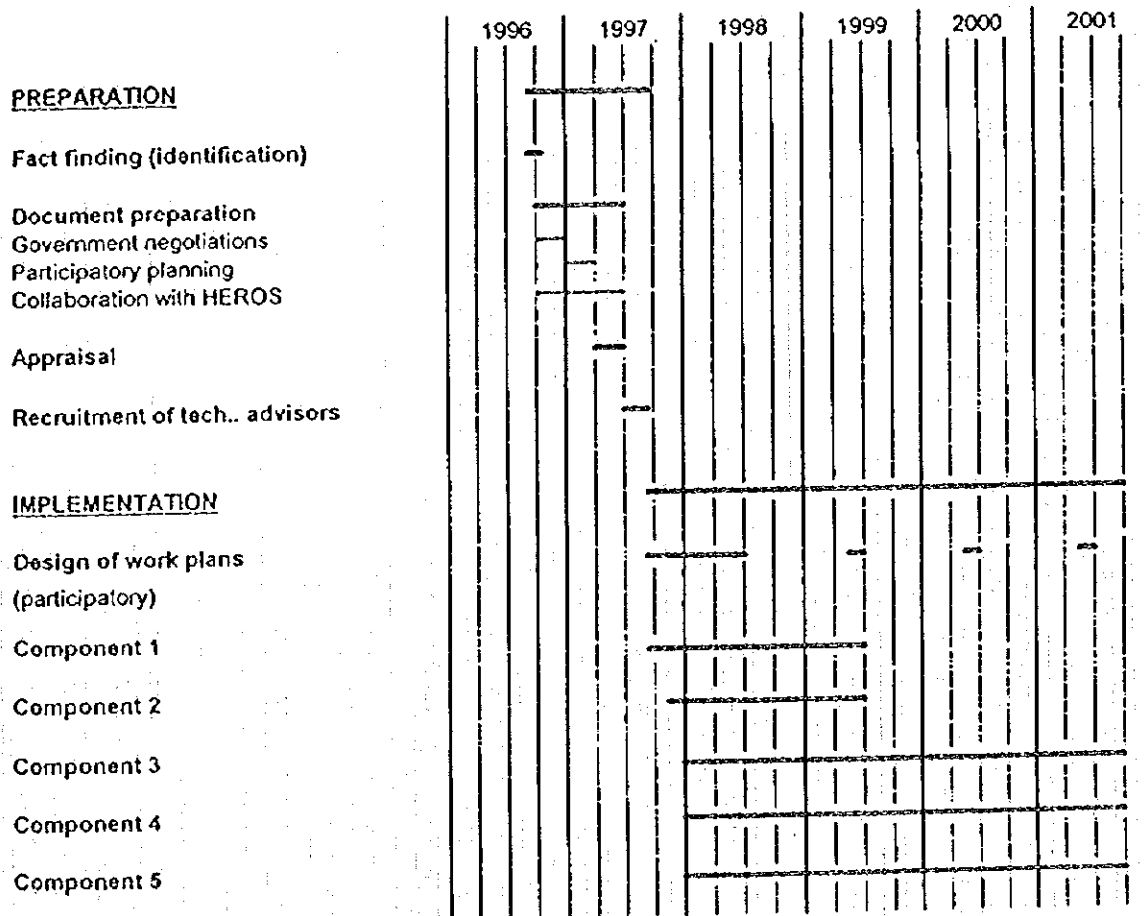
The Project focuses on human resource development at different levels. The development of infrastructure can be considered only to ensure a functional referral chain or to support innovative community initiatives. In the three new districts there are needs to support the development of the infrastructure.

The Finnish financial year differs from the Kenyan financial year, which has made the monitoring and reporting more complicated. In the Kenya-Finland Program Review meeting on May 22, 1996 it was agreed that the Program budgets and work plans will coincide with the Kenyan financial year, starting from 1st July in 1997.

The financial roles and other responsibilities of the new Project and the concluded K-FPHCP, which continues as the Program of the MoH, has to be clarified before the new Project starts.

5.4 TIME FRAME

TIMETABLE FOR PROJECT PREPARATION / IMPLEMENTATION



Narrative summary
APPENDIX_F

Project	Work Areas	Components
<p><u>Overall objective:</u> Improved public health situation in Kenya</p>		
<p><u>Project purpose:</u> Progress of the HSR</p>	<p><u>Overall objective:</u> Progress of the HSR</p>	
<p><u>Results:</u> A. Improved human resources within health care system for implementation of HSR B. Improved quality and utilization of basic services improving rational use of the referral chain</p>	<p><u>Purpose:</u> A. Improved human resources within health care system for implementation of HSR B. Improved quality and utilization of basic services reducing pressure on hospitals</p>	<p><u>Overall objective:</u> A. Improved implementation of HSR B. Improved basic health services</p>
<p><u>Activities:</u> A.1. Establish and strengthen HSR structures A.2. Improve knowledge and disseminate information about HSR at different levels B.3. Identify and promote use of community resources for improving basic health care services A.4. Training for monitoring and operations research about different financing mechanisms and their impacts A.5. Support management capacity</p>	<p><u>Results:</u> A.1. Functioning and strengthened HSR structures A.2. Improved knowledge of HSR at different levels B.3. Identified and introduced new community resources with improved basic health care services A.4. Improved knowledge and research findings for decision makers about different financing mechanisms and their impacts A.5. Improved management skills and health</p>	<p><u>Purpose:</u> A.1. Functioning HSR structures A.2. Disseminated information about HSR B.3. Mobilized community resources to improve basic health care services A.4. Improved understanding about different health financing systems A.5. Improved health management</p>

Hierarchy of objectives	Indicators	Sources of data	Assumptions
Overall objective: Improved public health situation in Kenya	Basic health and demographic indicators	National and provincial health statistics and surveys	
Project purpose: Progress of the HSR	Responsibilities moved to the periphery Changes in resource allocation, financing mechanisms and expenditures for health Positive changes in service delivery mechanisms Self-sustainability health facilities Implementation of new policies, plans and guidelines	Project reports and reports of MoH, PHMT and DHMBs Financial reports Auditing reports	General acceptance of HSR among professionals, managerial authorities and population
Results: A. Improved human resources within health care system for implementation of HSR B. Improved quality and utilization of basic services improving rational use of the referral chain	Number of courses and trained health and health management authorities at different levels Results of operational research Utilization figures and profiles of health facilities Changes in burden of diseases	Project reports and reports of MoH, PHMT and DHMBs Reports of the training institutions participating the Project Results and publications of the studies Health statistics at provincial, district, health center, dispensary and community levels and hospitals	Authoritative willingness for implementation of HSR activities Hospitals and higher level training institutes are willing to collaborate

<p>Activities:</p> <p>A.1. Establish and strengthen HSR structures</p> <p>A.2. Improve knowledge and disseminate information about HSR at different levels</p> <p>B.3. Identify and promote use of community resources for improving basic health care services</p> <p>A.4. Training for monitoring and operations research about different financing mechanisms and their impacts</p> <p>A.5. Support management capacity building and health information systems at different levels</p>			<p>Technical assistance and funding are available</p> <p>Willingness for collaboration at political and professional level within the province, districts, communities and training institutions</p> <p>Special community groups are willing for collaboration and health promotion activities</p> <p>Trainers and trainees are willing to carry out studies about financing mechanisms at grass root level</p> <p>Implementation of new management principles politically and practically possible</p>
			<p>Preconditions:</p> <p>Position of HEROS is stabilized and strengthened</p> <p>Reform process goes on</p> <p>Sufficient and relevant budget and donor funding are available</p>

Appendix H

SUPPORT TO HEALTH SECTOR REFORM WITH PARTICULAR FOCUS ON WESTERN PROVINCE ON AREAS WHICH HAVE MAXIMUM IMPACT ON COMMUNITIES					
ACTIVITY AREAS	Establishment of health reform institutions	Marketing the health Plan	Strengthening health services delivery (Quality of services)	Financing Health Care	Management capacity building/(IIMS)
Support Level					
National	Secretariat				Support training through institutions of mid and higher learning - information - financial - personnel
Provincial	Review and strengthening of the Provincial Health Management Team (PHMT)	Support the Provincial Health Management Team to disseminate			
District	Review and strengthening of District Health Management Teams/Boards	Support the District Health Management Teams to disseminate	Sexual and reproductive health particularly HIV/AIDS, STDs (screening) Monitoring, evaluation and process analysis		Support training through institutions of mid and higher learning
Community	Strengthen the community based health care management system including: - Village Health Committees - Health Facility Development/Management Committees		<ul style="list-style-type: none"> □ Sexual and reproductive health particularly HIV/AIDS □ home based care, family planning, counselling □ Danako initiative/access to basic medicines □ Support training/retraining of CORPs □ TDAs, CIWs, CDDs, □ Women groups, herbalists, circumcisers, etc. □ Support the identification of urban and peri-urban informal groups as entry points to urban health □ Operations research on socio-cultural issues relating to health and health seeking behaviour - HIV/AIDS, STDs - cost sharing - Integrating the informal sector 	To study the two parallel systems of health care financing Support selected income generating activities of vulnerable groups - women's groups	Support community group management teams

EMBASSY OF SWEDEN
NAIROBI

September 1996

SWEDISH SUPPORT TO THE HEALTH SECTOR IN KENYA

PERIOD: 1 st July 1995 to 31 December 1997

BUDGET: 80 MILLION SEK (650 - 700 MKSh or 12 MUS\$)

1995/96: 35 MSEK (294 MKShs)

1996/97: 30 MSEK (250 MKShs)

1997 : 15 MSEK (125 MKShs) ↓

new 16
10% ↓

CONDITIONS: Health Sector Support Agreement signed 11 July 1995.
Annual Country Frame Budget for Kenya to be approved by Swedish Parliament every year.

IMPLEMENTING
AGENCY: Ministry of Health

OBJECTIVES: To improve the Primary Health Care for the rural population, with women and children as a special target group and with a particular emphasis on preventive and qualitative measures.

COMPONENTS:

1. Environmental Health Programme (EHP)	
Coverage:	Rift Valley & Eastern Province, (all district) 28位
Aim:	Community based, demonstration project. Revenue system.
Budget:	to uplift health status by improved sanitation, water supply, food hygiene etc. Revenue system
	95/96: 78.5 MKShs. (9.5 MSEK) ↓
	96/97: 66 MKShs. (7.75 MSEK) Health
	for 1997/98.

NGO. KANSAN. private sector - Boy Scout 20224 by-pass solutions.
Through the NORT. ↓
30位の1997/98の95cont..ed
24位/1997/98.
Basic System の 95位.

2. Primary Health Care Programme (PHC)

Coverage: Kisumu, Siaya in Nyanza Province and Nandi, (all three districts with bad health indicators). An expansion of the programme to Machakos, Kajiado, Tharaka/Nithi and Embu in Rift Valley Province has taken place during 1996. *→ 振替の準備 (95/96/97)*

Aim: to support the district (CHW&TBA) and central level (HQ) in capacity building on a comprehensive PHC support and PHC implementation in the three chosen districts. The programme also includes an important Community Based Rehabilitation Component (CBR).

Budget: 95/96: 33 MKShs. (4 MSEK).
96/97: 28 MKShs. (3,25 MSEK).

HR. 振込.

3. Continuing Education Programme (CEP)

Coverage: whole country (rural areas) *USAID/517A*

Aim: to strengthen the capacity of the CU-unit at HQ and to train the DHMTs and low level staff in managerial and methodological skills.

Budget: 95/96: 37 MKShs (4.5 MSEK)
96/97: 30 MKShs (3.5 MSEK)

4. Family Planning with Reproductive Health (FPRH)

Coverage: whole country

Aim: to alleviate population growth (procurement of contraceptive pills), and improve reproductive health status among women and youth. See separate sheet

Budget: 95/96: 91 MKShs (11 MSEK)
96/97: 93 MKShs (11 MSEK)

5. Institutional Cooperation between Moi University & Linkoping University:

Coverage: whole country *community based*

Aim: capacity building in medical training

Budget: 95/96: 15 MKShs (1.8 MSEK)
96/97: 14.5 MKShs (1.7 MSEK)

6. Planning and Follow-up:

Coverage:	Ministry of Health
Aim:	Capacity Building and coordination of Swedish support
Budget:	95/96 35 MKShs. (4.2 MSEK)
	96/97 24 MKShs. (2.8 MSEK)

DFH/GTZ FAMILY PLANNING PROJECT, KENYA 1986 - 1996

PROJECT SUMMARY

Background:

High fertility persisted in Kenya throughout the years following independence in 1963. Combined with a rapidly-falling mortality rate, this led to the country recording population growth rates of around 4%, the highest in the world, by the end of the 1970s.

National and international concern about burgeoning population resulted in the implementation of a wide range of approaches designed to increase the uptake of family planning (FP). Throughout the 1970s, little impact was made, but from the mid-eighties, a rapid demographic change has occurred which has increased contraceptive prevalence rates and, correspondingly, lowered fertility substantially.

Objectives:

The project purpose is to reduce the fertility levels in the target areas of the project - currently fifteen Districts, eleven in Western Kenya, four in Eastern Province - the former characterised by higher than average population density and lower than average contraceptive prevalence. During 1995, the project was extended to cover Eastern Province, which has generally higher contraceptive prevalence and lower fertility, but where pockets of unmet need persist and where poor communications combine with semi-arid conditions to make service delivery problematic.

The main means of achieving lower fertility is to promote a higher rate of use of reliable modern contraception.

Approach/Methods:

During the first phase of the project (1986-1988), emphasis was placed on improving management, operational research and infrastructure improvements. During the second and third phases, more attention was given to bringing services closer to the people, through the setting up of a large-scale Community Based Distribution (CBD) component.

This has been achieved through the counterpart organization - Division of Family Health, Ministry of Health and the District structures. Training of almost 500 nurses and paramedics from Health Centres and Dispensaries to become CBD trainers/supervisors was completed in 1990. The trainer/supervisors were then charged with the responsibility of organizing CBD projects within the catchment areas of their facilities. Supervision was provided by the District Health Management Teams (DHMTs), with support from the GTZ personnel and the Division of Family Health staff. In the first phase of CBD, in 1991-92, some 4500 distributors were trained and deployed.

During 1994, a further 120 trainer/supervisors were trained in Western Kenya to extend and supplement the programmes in place, and this, in turn, generated some 2000 additional CBD agents in 1995. Training of trainers in Eastern Province commenced during the second half of 1995 and continued through 1996. CBD trainers have also been given updates on Primary Health Care and Reproductive Health.

Supplementary IEC materials, infrastructure and equipment have been provided by the project to enhance this approach.

Achievements/Results:

In Kenya as a whole, TFR have fallen from over eight in the mid-seventies to 6.7 in 1989 and 5.4 in 1993. Contraceptive prevalence of married women has risen from 7% in 1977 to 27% in 1989 and 33% in 1993, with the method mix trending towards effective longer-term methods. Desired family size continues to fall.

The first CBD programme began reporting in January 1991. Currently, 297 programmes are in place, involving over 10,000 trained CBD volunteers in fifteen Districts.

Preliminary data from 1996 show that these volunteers provided over 800,000 cycles of OCs and 8 million condoms directly to clients.

Training of CBD Trainers took place during 1996 in Trans Nzoia District of Rift Valley Province and Mwingi District of Eastern Province. Rapid deployment and uptake has been evident in Trans Nzoia.

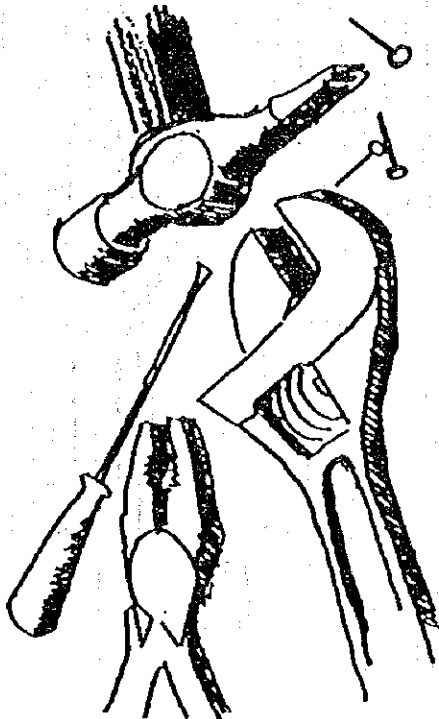
A link-up between the CBDs and an outreach offering surgical contraception, operated by Marie Stopes International, which was started late in 1993, was expanded during 1994 and continued in 1995 and 1996 to cover several sites. The unmet need was considerable, and over 1000 tubal ligations have been performed during the outreach visits.

Project monitoring and operational research continue to play an important role in the project. Quality of service and user compliance in the area of condom distribution was the major ORS study carried out in 1995. Baseline conditions on fertility and Mother and Child Health are measured in new Districts using rapid monitoring procedures. Over 12 such surveys have been carried out since the Project's inception. Technical and financial support is usually given to one MPH student in each year provided that the research carried out is of value to the Project.

Field testing of a referral card to be used by CBDs was successfully carried out, cards then being produced in bulk and distributed to the CBDs towards the end of the year.

A shorter, simpler checklist for pill clients was designed and was tested in Siaya District, and is now in general use.

Dr Alan Ferguson
Nairobi, 15 January 1997



FIVE BILLION
SHILLINGS
(5,000,000,000/-)
ABOUT TO BE LOST.

MINISTRY OF HEALTH



Further information about maintenance of Rural Health Facilities is available from the District Public Health Officer or the Public Health Officer in charge of maintenance in Baringo, Bungoma, Busia, Embu, Homa Bay, Kakamega, Kericho, Kiambu, Kilifi, Kirinyaga, Kisii, Kisumu, Kwale, Lamu, Meru, Migori, Murang'a, Nandi, Nyahururu, Nyeri, Taita Taveta, Tana River and Tharaka-Nithi Districts

OR FROM

Preventive Maintenance Implementation Unit (PMIU)
Ministry of Health Headquarters, P.O. Box 19859,
Telephone No. 721236, Nairobi.

THE MAINTENANCE PROJECT FOR RURAL HEALTH FACILITIES

Aware and concerned about the state of its health centres and dispensaries in the rural areas, the Ministry of Health launched in July 1987 an ambitious and imaginative programme to tackle the problem: the Maintenance Project for Rural Health Facilities.

THE OBJECTIVES

There are four main objectives of the Maintenance project, each related to a major activity and all towards improving the quality of the rural health services:

- To train cadres of Ministry staff who will be engaged in the management and implementation of preventive maintenance.
- To establish a system for the preventive maintenance of rural health facilities, which means instituting a regular cleaning and monitoring schedule and carrying out timely repairs.
- To rehabilitate the existing stock of buildings by repairing all defects which have accumulated over the years.
- To replace defective medical and non-medical equipment.



Kenya is fortunate that it has been able to develop a health service whose skilled practitioners reach out to the remotest of the rural areas.

However, because of a lack of funds, the majority of rural health facilities have gradually fallen into a very poor state of repair.

This is a serious matter, because it becomes increasingly difficult to promote hygiene and health care in buildings that are dilapidated.

Also, the buildings themselves represent an extremely valuable asset. In fact, the Ministry of Health is one of the major - perhaps the biggest - real estate agencies in Kenya. It has more than 1500 rural health facilities which, if they were to be replaced today, would cost approximately Ksh 5000 million. This asset is now at risk of wasting away - if not maintained.



THE STRATEGY

The project is managed by the Preventive Maintenance Implementation Unit (PMU) within the Ministry of Health. It is being supported by the Danish International Development Authority (DANIDA) and the Swedish International Development Authority (SIDA).

During a 5 year pilot phase ending in June 1992, the project was operating in four rural districts: Kilifi, Kwale, Kisumu and South Nyanza. In these districts, all the rural health facilities were renovated with funds from DANIDA and SIDA. All defects were remedied, all surfaces repainted, the buildings were brought again to the functional standard intended in their original design.

To ensure that the standard will be kept up, a system for preventive maintenance of the buildings was introduced in all the facilities in the pilot districts. Whereas the two donors are financially supporting the initiation of this system, the Government of Kenya is providing funds for the actual physical preventive maintenance activities.

In the period up to June 1998, the preventive maintenance system will be introduced in all remaining rural health facilities in the country. Facilities in another 11 districts will be renovated during the same period.

Training programmes have been established for two main groups of MOH staff. A number of Public Health Officers are being given the opportunity, on specially designed in-service courses, to prepare themselves for management responsibilities related to preventive maintenance. Public Health Technicians are being trained in relevant practical skills to enable them to undertake and supervise basic repair works. Also, Officers in charge are being informed about their role in the maintenance of their facilities.

To sensitize MOH staff and members of the public about the importance and means of preventive maintenance, a wide ranging information campaign is carried out before starting maintenance activities in a district. Through posters, leaflets and media messages - in barazas, meetings and seminars - senior officers of the Ministry, staff of the facilities, community groups, will all be made more aware of the urgency of the problem and more motivated to play their part in supporting the Maintenance Project.

THE ADMINISTRATION

Preventive maintenance work will be managed and coordinated at the district level by the Public Health Officers who have received the special training. They will be able to advise the District Management Teams and administer the implementation of preventive maintenance: diagnosing defects, estimating costs, preparing workplans and budgets, engaging contractors and supervising the district maintenance programmes.

The Public Health Technicians, who have been trained and provided with the necessary tools, will have responsibilities for supervising the preventive maintenance work for one or a few rural health facilities. Also, they will be expected to carry out certain minor repairs themselves.

The officers in charge of rural health facilities - Clinical Officers or Nurses - will ensure that their subordinate staff carry out the necessary cleaning and repair tasks which do not require special skills or sophisticated tools.

All major work, beyond the capacity of the Ministry of Health's personnel or resources, will be carried out by the staff of the Ministry of Public Works, building contractors or local artisans.

THE OUTCOMES

Such a regular and effective scheme of preventive maintenance will generate a number of benefits:

- The deterioration will be halted and the useful life of the buildings will be extended by a factor of two to three.
- The operating costs of rural health facilities will be substantially reduced.
- A more efficient and satisfying working environment will be created.

16:11:40 14/04/97

APPENDIX 9.72

Renovations Report
Ministry of Health
Preventive Maintenance Implementation Unit
XERICHO

CODE	FACILITY NAME	TYPE	DIST	STATUS OF RENOVATION		FINANCIAL INFORMATION		PROJECT STATUS
				STARTDATE	SCHEDULED COMPLETED	BUDGET	CONTRACT	
1562	CHEBORGE	DISP	720	19/09/95	11/12/95	04/04/96	807585	848850
1571	CHEMOSOT	DISP	720	23/09/96	29/11/96	15/11/96	986714	0
1573	CHEPLANGET	DISP	720	15/03/96	29/11/96	15/11/96	1095113	0
1575	CHEPSIR	DISP	720	30/01/96	22/04/96	25/11/96	1385854	0
1578	CHEPTUYIET	DISP	720	17/03/97	23/05/97	/	1368728	0
0974	KAPSEGER	DISP	720	25/11/96	31/01/97	31/01/97	514903	432301
1599	KAPSOROK	DISP	720	30/01/96	22/04/96	15/12/96	1434854	1855387
1608	KIBUGAT	DISP	720	22/09/95	11/12/95	09/04/96	702495	886486
1609	KIBWASTUIYO	DISP	720	17/05/96	16/07/96	16/07/96	1527050	1470900
9892	KIMUGUL	DISP	720	/	/	/	414831	0
1617	KIPTERE	DISP	720	30/01/96	22/04/96	13/05/96	1268983	1555935
0865	KIPTEMIT	DISP	720	20/09/95	11/12/95	27/07/96	614980	1176531
1619	KIPTQNE	DISP	720	23/09/96	29/11/96	29/11/96	929796	899309
0962	KOITABOROT	DISP	720	23/09/96	29/11/96	22/11/96	433701	718175
1780	LEMOTIT	DISP	720	11/11/96	17/01/97	17/01/97	1087032	0
1155	MANYOROR	DISP	720	/	/	/	1073044	0
9893	MOKONIAT	DISP	720	23/09/96	29/11/96	15/11/96	1095667	0
1636	MUGUMU-INI	DISP	720	11/11/96	17/01/97	17/01/97	1318968	0
1635	MUTARAGON	DISP	720	11/11/96	17/01/97	17/01/97	1130782	0
1649	SONGONYIET	DISP	720	11/11/96	17/01/97	17/01/97	671545	0
1656	TEBESONIK	DISP	720	21/09/95	11/12/95	13/02/96	304385	546617
				20167010	20167010	20167010	10390491	

12:55:02 15/04/97

Renovations Report
Ministry of Health
Preventive Maintenance Implementation Unit
BOMET

CODE	FACILITY NAME	TYPE	DIST	-----STATUS OF RENOVATION-----		-----FINANCIAL INFORMATION-----		PROJECT STATUS
				START	DATE SCHEDULED COMPLETED	BUDGET	CONTRACT ACTUAL	
1662	BOMET	HC	780	/	/	84299	84299	0
1665	CHEBUNYO	DISP	780	/	/	643305	643305	0
1574	CHEPWANER	DISP	780	/	/	757943	757943	0
9939	CHEPWASTUYIYET	DISP	780	/	/	319742	319742	0
1582	GELEGELE	DISP	780	/	/	1154895	1154895	0
1584	GORGOR	DISP	780	/	/	946101	946101	0
6016	IRWAGA	DISP	780	/	/	735059	735059	0
1585	ITAPE FOREST	DISP	780	/	/	791825	791825	0
9981	KANYANGORO	DISP	780	/	/	815626	815626	0
1616	KIPSONOI	HC	780	/	/	805861	805861	0
9872	KIPSUTER	DISP	780	/	/	429530	429530	0
1620	KITOBEN	DISP	780	/	/	578478	578478	0
1632	MERIGI	DISP	780	/	/	990886	990886	0
1633	MOCOGOSIEK	DISP	780	/	/	663256	663256	0
9936	MOTIRAT	DISP	780	/	/	304584	304584	0
1637	NDARAWETA	DISP	780	/	/	924373	924373	0
1640	OLOXYIN	DISP	780	/	/	1191981	1191981	0
9866	OLTEPESI	DISP	780	/	/	331311	331311	0
1645	SEGURTIET	DISP	780	/	/	785841	785841	0
1646	SILIMET	DISP	780	/	/	394708	394708	0
9873	SIMBI	DISP	780	/	/	905367	905367	0
1654	TARAKWA	DISP	780	/	/	920719	920719	0
						15475690	15475690	0

ALL BUDGET FIGURES ARE NOVEMBER 1995 ESTIMATES

V 2-20-97

16:29:21 24/04/97

APPENDIX 9.83

Renovations Report
 Ministry of Health
 Preventive Maintenance Implementation Unit
 NANOI

CODE	FACILITY NAME	TYPE	DIST	-----STATUS OF RENOVATION-----			-----FINANCIAL INFORMATION-----			PROJECT STATUS
				STARTDATE	SCHEDULED	COMPLETED	BUDGET	CONTRACT	ACTUAL	
2051	CHEPTEWAI	DISP	830	18/11/96	28/01/97	27/01/97	590629	590629	641505	
2053	KABIRIRANG	DISP	830	18/11/96	28/01/97	20/01/97	575082	575082	726307	
2055	KABUNYERIA	DISP	830	27/01/97	04/04/97	/ / /	957855	957855	0	
2058	KAPXOLEI	DISP	830	17/03/97	23/05/97	/ / /	669719	669719	0	
2060	KAPSLIYWA	DISP	830	18/11/96	28/01/97	27/01/97	716894	716894	1062030	
2062	KAPTUMEX	DISP	830	17/03/97	23/05/97	/ / /	966715	966715	0	
2090	KAPTUMO	HC	830	/ / /	/ / /	/ / /	1114109	1114109	0	
2073	KIBARENG	DISP	830	/ / /	/ / /	/ / /	960398	960398	0	
2093	KIPSAMOITE	DISP	830	18/11/96	28/01/97	27/01/97	797132	797132	814710	
2072	LOLMNINGAI	DISP	830	18/11/96	28/01/97	16/02/97	789871	789871	913144	
2079	SEREM	DISP	830	10/03/97	16/05/97	/ / /	934350	934350	0	MCH/FP extension of 25 m2.
2080	SERONGONI FRST	DISP	830	10/03/97	16/05/97	/ / /	839631	839631	0	Now KEBEN DISP.
2082	SFT (SETEK)	DISP	830	27/01/97	04/04/97	/ / /	691502	691502	0	
2084	SOBA RIVER	DISP	930	27/01/97	04/04/97	/ / /	953507	953507	0	
							11557394	11557394	4157696	

ALL BUDGET FIGURES ARE NOVEMBER 1995 ESTIMATES

参考資料-6 : キンイ県病院の実績表 (1996年の集計)

ANNUAL REPORT
K.D.H

1996
MOH 217A - Page 1
(formerly MED 20)

Ministry of Health

Monthly Workload Report for Hospitals

District: KISUMU

Health Facility: K.D.H

Month: _____ Year: 1996

Facility Code (Leave Blank): _____

NOTE: Complete every line - leave no blanks. If the health institution does not provide a specific service, write "NS" ("No Service"). If the institution provides the service, but workload data are unavailable, write "NR" ("Not Recorded").

At the end of each month, this form should be completed in 4 copies and posted by the 15th day of the following month. (January statistics should be posted by 15th February, February statistics by 15th March, and so forth.) The copies should be distributed as follows:

Original form should be posted to:
Health Information Systems Unit
Ministry of Health
P.O. Box 20781
Nairobi

First Copy should be sent to the District Medical Records Office (if separate from your hospital medical records).

Second Copy should be sent to the Hospital Secretary in-charge of the Facility Improvement Fund (FIF) at your hospital to be used with and filed with monthly departmental FIF reports.

Third Copy should be retained by the hospital Medical Records/HIS Office.

A. OUTPATIENT SERVICES	NEW	RE-ATT	TOTAL
A.1. GENERAL OUTPATIENTS (FILTER CLINICS)			
A.1.1. Male	29445	492	29937
A.1.2. Female	32981	571	33552
A.1.3. Children Under 5 (if separate from CWC)	19476	11377	30853
A.1.4. Other (Specify): _____			
A.1.5. Other (Specify): _____			
A.1.6. TOTAL GENERAL OUTPATIENTS	61902	12440	94342
A.2. CASUALTY			
A.3. SPECIAL CLINICS (If recorded separately from General Filter Clinics)			
A.3.1. B.N.T. Clinic	1996	230	2226
A.3.2. Eye Clinic	18483	3832	22315
A.3.3. TB & Leprosy			
A.3.4. STD			
A.3.5. Psychiatry	TOTAL	L	1340
A.3.6. All Other Special Clinics (Medicine, Paediatrics, Surgery, etc.)	2340	10618	12958
A.3.7. TOTAL SPECIAL CLINICS	22819	14680	37499
A.4. MCH/FP PATIENTS			
A.4.1. CWC Attendances	7838	13360	21198
A.4.2. ANC Attendances	5402	11801	17203
A.4.3. PNC Attendances			
A.4.4. FP Attendances	1242	7397	8639
A.4.5. TOTAL MCH/FP	14482	32558	47040
A.5. DENTAL CLINIC -- Attendances			
A.6. TOTAL OUTPATIENT SERVICES			
A.7. MEDICAL EXAMINATIONS (incl. P-3)			

ANNUAL REPORT 1996
K.D.H.

MOH 717A - Page 2

Health Facility: _____

Month: _____

Year: _____

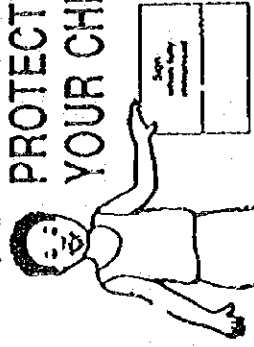
B. INPATIENT SERVICES	GENERAL ADULTS	PAEDIATRICS	MATERNITY *Mothers Only*	AMENITY	TOTAL
B.1. INPATIENTS					
B.1.1. Discharges	13,969	9,047	4,785	139	28,139
B.1.2. Beds	466	302	24	28	820
B.1.3. Absconders					
B.1.4. Total Discharges etc	14,435	9,349	4,809	167	28,760
B.1.7. Admissions	15,382	10,207	5,876	269	31,734
B.1.8. Paroles					
B.1.9. Occupied Bed Days	125,320	507,34	106,578	5811	2,084,43
B.1.12. Well Person Days					
B.1.5. Beds - Authorized	162	56	38	16	272
B.1.6. Cots - Authorized					
B.1.5. Beds - Actual physical	161	38	37	16	252
B.1.6. Cots - Actual physical		8	3		11
B.2. MATERNITY SERVICES					
B.2.1. Normal Deliveries		5,242			
B.2.2. Abnormal Deliveries (except C/S)		121			
B.2.3. Caesarian Sections		271			
B.2.4. DBA (Born Before Arrival)		119			
B.2.5. Maternal Deaths		30			
B.2.6. Live Births		5,769			
B.2.7. Still Births		106			
B.2.8. Neonatal Deaths		88			
B.2.9. Under Weight Babies (under 2500 GMS)					
B.2.10. Discharges: Newborns					
B.3. OPERATIONS					
B.3.1. Minor Surgeries - except circumcision					
B.3.2. Circumcisions					
B.3.3. Major Surgeries					

C. SPECIAL SERVICES (Includes both inpatients and outpatients)	TOTAL
C.1. Laboratory - Number of Tests	37,448
C.2. X-ray - Number of Examinations	24,05
C.3. Physiotherapy - Number of Treatments	14,407
C.4. Occupational Therapy - Number of Treatments	28,29

	DATE	NAME	SIGNATURE	DESIGNATION
Prepared by:	12/2/97	JAMES CHAMBERLAIN	<i>[Signature]</i>	M.D.
Confirmed by:				

FILE: THOMPSON, REV. 31 March 1991

IMMUNISATIONS
PROTECT YOUR CHILD



TUBERCULOSIS (BCG/VACCINE) at birth	DATE GIVEN
BCG - SCAR	DATE CHECKED
	PRESENT
	ABSENT

DIPHTHERIA/TETANUS (DTP VACCINE)	
DOSE	DATE GIVEN
1st dose at 6 weeks	
2nd dose	
3rd dose	

POLIOVACCINE (ORAL POLIOVACCINE)	
DOSE	DATE GIVEN
Birth dose (within 2 weeks)	
1st dose after 6 weeks	
2nd dose	
3rd dose	

MEASLES VACCINE	
DOSE	DATE GIVEN
Given at 9 months	

ENTER DATE NEXT VISIT	

HAVE YOUR CHILD WEIGHED EVERY MONTH

CHILD HEALTH CARD



MINISTRY OF HEALTH, KENYA

HEALTH FACILITY NAME	
CHILD'S NAME	SEX
CHILD CLINIC NO.	DATE FIRST SEEN
DATE OF BIRTH	BIRTH ORDER
FATHER'S NAME	
MOTHER'S NAME	
DISTRICT	
LOCATION	
SUB-LOCATION/VILLAGE	

SIBLINGS (BROTHERS & SISTERS)			
NAME	YEAR OF BIRTH	SEX	ALIVE/DEAD
1			
2			
3			
4			
5			
6			
7			
8			

SHOW THIS CARD ON EVERY VISIT

NOTES

Date ____ Symptoms ____ Treatment ____

Date ____ Symptoms ____ Treatment ____

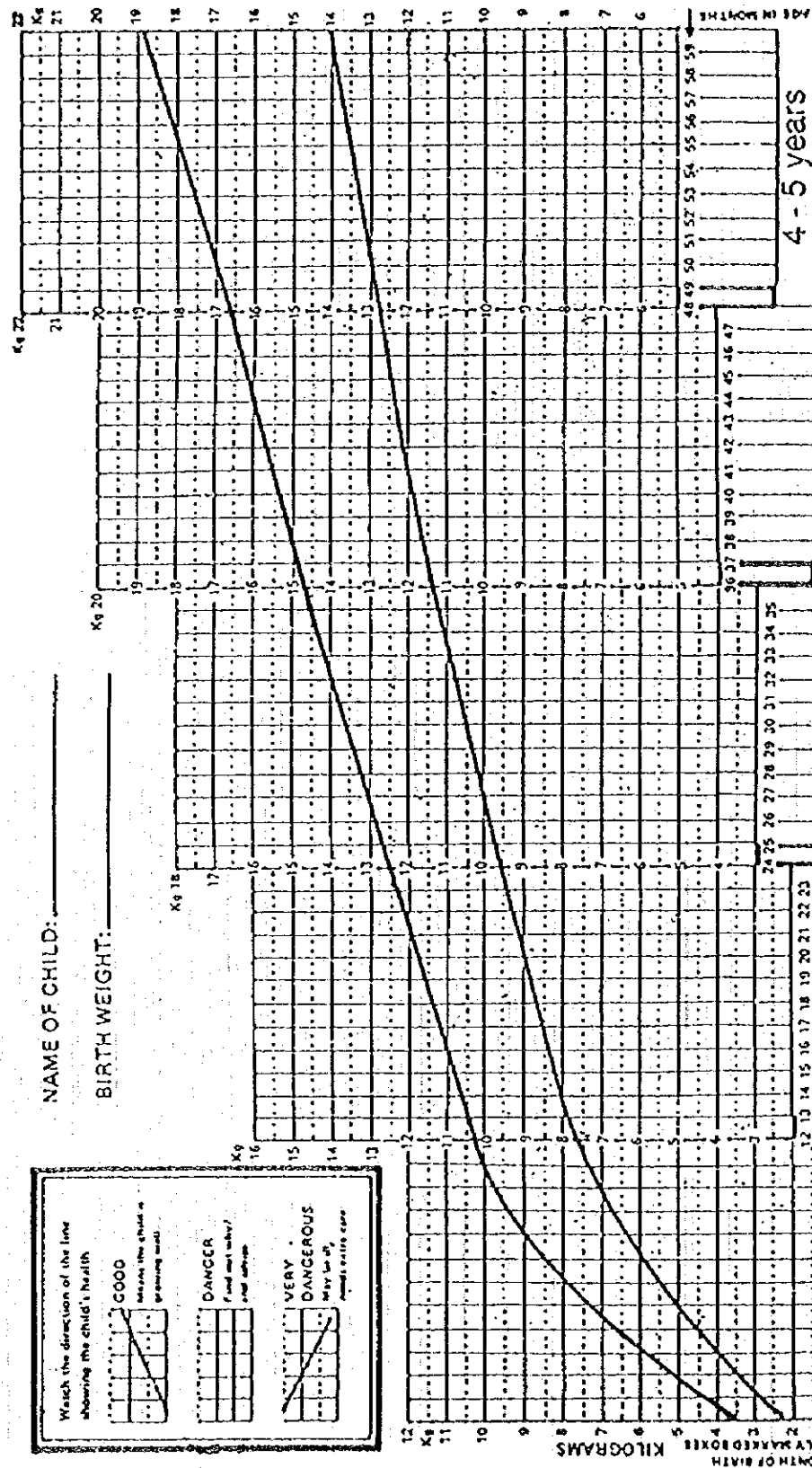
BRING THE CHILD TO CLINIC EVERY MONTH

EVERY CHILD MUST HAVE A BIRTH CERTIFICATE

Watch the direction of the line showing the child's health

GOOD	Measure the child's growth well
DANGER	Find out why? and act
VERY DANGEROUS	Why? See Dr. immediately

NAME OF CHILD: _____
 BIRTH WEIGHT: _____



RECORD ON THE LINE IN THE CHART

Diarrhoea
Mearles
Solids introduced
Breastfeeding stopped
Birth of next child

REASONS FOR SPECIAL CARE

Birth less than 2.5 kg	<input type="checkbox"/>	From one or more	<input type="checkbox"/>	Single Point	<input type="checkbox"/>
Birth at 3 or more months undischarged	<input type="checkbox"/>	Tuple	<input type="checkbox"/>	One or more children in family dead	<input type="checkbox"/>

Upper Line: WHO 50th centile boys
 Lower Line: WHO 3rd centile girls

16. April 1977

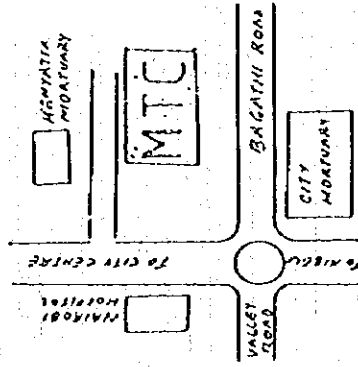
POST-BASIC

DIPLOMA COURSES

Medical Laboratory	Standards	Period
Technology:		
- Haematology	MLT	1 YR.
- Parasitology	MLT	1 YR.
- Bacteriology	MLT	1 YR.
- Histopathology	MLT	1 YR.
- Clinical Chemistry	MLT	1 YR.
Virology		
Medical Education:		
	DIP	1.5 YRS
	HOLDERS	
Pharmacy	PHARM	1.5 YRS
	TECH.	
Reg. Clinical Officer:		
- Orthopaedics	RCO	1 YR.
- Anaesthetics	RCO	1 YR.
- Ophthalmics	RCO	1 YR.
- Paediatrics	RCO	1 YR.
- E.N.T.	RCO	1 YR.
- T.B. & Leprosy	RCO	1 YR.
Occupational Health & Safety	XRN, PHO	
Food Science & Inspection	RCO	1 YR.
Registered Com. Health Nurse	PHO	1 YR.
Registered Psychiatric Nurse	XRN, XRM	1 YR.
Public Health Educators	XRN	1 YR.
Registered Midwife	RCO, PHO	1 YR.
Intensive Care Nurse	XRN	1 YR.

Legend:

- . EN - Enrolled Nurse
- . PHT - Public Health Technician
- . EM - Enrolled Midwife
- . EPHN - Enrolled Public Health Nurse
- . KRN - Kenya Registered Nurse
- . XRM - Kenya Registered Midwife
- . MLT - Medical Laboratory Technologist
- . RCO - Registered Clinical Officer
- . PHO - Public Health Officer
- . PHARM - Pharmaceutical Technologist.



FOR MORE INFORMATION ABOUT THE ADMISSION REQUIREMENTS, WRITE TO:
The Principal,
Medical Training College,
P. O. Box 30195, NAIROBI, Kenya.



Published by the Division of Health Education, P. O. Box 30562, Nairobi, Kenya



Ministry of Health
Medical Training College



Nairobi - Kenya

INTRODUCTION

The Medical Training College started as a Medical Training Depot in 1927 when few (4) K.A.P.E. (Kenya African Preliminary Examination) holders were enrolled to train as Compounders (Pharmacy).

The College has steadily grown over the years and now it offers training programmes for basic and post-basic Diploma and Certificate courses. Presently, the College admits students at "O" level, i.e.

- Kenya Certificate of Education (K.C.E.).

OR

- Kenya Certificate of Secondary Education (K.C.S.E.) or its equivalent.

Besides catering for the local needs our college has gained international recognition and admits foreign students as well.

BASIC COURSES OFFERED

AT THE

MEDICAL TRAINING COLLEGE

CERTIFICATE COURSES:

- Minimum K.C.E. Division III

OR

- Minimum K.C.S.E. Aggregate D+

Standard	Period
KCE KCSE	2 YRS.
KCE KCSE	2 YRS.
KCE KCSE	2 YRS.
KCE KCSE	2 YRS.
KCE KCSE	2.5 YRS.
KCE KCSE	2 YRS.
KCE KCSE	2 YRS.

- Health Records & Information Technician

- Community Nutrition Tech.

- Public Health Technician

- Medical Lab. Technician

- Enrolled Community Nurse

- Medical Engineering Tech.

- Plaster Technician

DIPLOMA COURSES

- Minimum K.C.E. Division II with 5 Credits OR
- Minimum K.C.S.E. Aggregate C.

Standard	Period
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.
KCE KCSE	3 YRS.

- Community Oral Health

- Clinical Medicine

- Environ. Health Sciences

- Medical Lab. Technology

- Reg. Com. Health Nursing

- Pharmacy

- Physiotherapy

- Occupational Therapy

- Dental Technology

- Orthopaedic Technology

- Diagnostic Radiography

- Health Records & Information

- KCE KCSE

- 3 YRS.

THE PHILOSOPHY of
the Medical Training College is derived from the goal of the Ministry of Health of providing quality health services to all persons.

In order to achieve this goal, the College aims at training competent allied health professionals to carry out promotive, preventive, curative and rehabilitative services in our country.

Medical Training College believes that the provision of effective health services by the allied health professionals contributes significantly to the growth and development of the individuals within their own environment and the overall national development.

POST-BASIC COURSES

Our primary GOAL is to assist in raising the standards of Health Care through the advancement of education of the allied health professionals.

Post-Basic Courses are designed to develop health personnel in various health disciplines.

Thus Enrolled Community Nurses may apply to train as Registered Community Health Nurses or Registered Clinical Officers; similarly Medical Laboratory Technicians may apply to train as Medical Laboratory Technologists.

POST-BASIC CERTIFICATE COURSES:

Standard	Period
EN, EM	1 YR.
EN, EM, EPHN	1 YR.
EN, EM	1 YR.
EN	1 YR.
PHT	6MTHS

- Enrolled Public Health Nurse

- Enrolled Psychiatric Nurse

- Enrolled Theatre Nurse

- Enrolled Midwife

- Meat Inspection

The majority of the diploma programmes are conducted at the Medical Training College Nairobi except the Registered Clinical Officers course in Mombasa and Nakuru while Kenya Registered Community Health Nurse Course in Mombasa and Kisumu.

Most of the certificate programmes are conducted in other Medical Training Centres in Mombasa, Nyeri, Meru, Embu, Nakuru, Garissa, Kisii, Kakomogo, Matuga DDC (Coast), Machakos, Murang'a, Eldoret, Kisumu, Thika, Homabay, Kericho and Mathara Hospital Nairobi.

付属資料 4. 収集資料リスト

(1) 収集資料リスト（および収集地図）

注）現地調査にて収集した資料を列記している。

(2) 国内入手資料

注）国内準備作業にて、主に JICA 図書館で入手した資料を列記した。

(3) 現地収集参考資料

注）現地調査時に購入し、国内委員が保管する資料を列記した。

4. 収集資料リスト

(1) 収集資料リスト

1. Kenya Population Census 1989, Volume I CBS, MPND(1994) appx. 460pp. ORIGINAL
2. Kenya Population Census 1989, Volume II CBS, MPND(1994) 590pp. ORIGINAL
3. Population Dynamics Of Kenya - Kenya Population Census 1989, Analytical Report Vol. III CBS, MPND(1996) 129pp. ORIGINAL
4. Fertility And Nuptility - Kenya Population Census 1989, Analytical Report Vol. IV CBS, MPND (1996) 162pp. ORIGINAL
5. Mortality - Kenya Population Census 1989, Analytical Report Vol. V CBS, MPND (1996) 107pp. ORIGINAL
6. Migration And Urbanization - Kenya Population Census 1989, Analytical Report Vol. VI CBS, MPND (1996) 86pp. ORIGINAL
7. Population Projections - Kenya Population Census 1989, Analytical Report Vol. VII CBS, MPND (1996) 77pp. ORIGINAL
8. Education - Kenya Population Census 1989, Analytical Report Vol. VIII CBS, MPND (1996) 73pp. ORIGINAL
9. Labour Force - Kenya Population Census 1989, Analytical Report Vol. IX CBS, MPND (1996) 47pp. ORIGINAL
10. Housing - Kenya Population Census 1989, Analytical Report Vol. X CBS, MPND (1996) 95pp. ORIGINAL
11. Population Census Atlas Of Kenya 1989 CBS, MPND (1996) 34pp. ORIGINAL
12. Kenya-Demographic And Health Survey 1993 NCPD, CBS, MPND (1994) 278pp. ORIGINAL
13. Aids In Kenya - Background, Projections, Impact, Interventions, 3Rd. Ed. NASCOP (1996) 49pp. ORIGINAL
14. Kakamega - District Development Plan 1997-2001 MPND(?) 207pp. ORIGINAL
15. Bomet - District Development Plan 1994-1996 MPND(?) 179pp. ORIGINAL

16. Homa Bay - District Development Plan 1994-1996 MPND(?) 152pp. ORIGINAL
17. Kericho - DISTRICT DEVELOPMENT PLAN 1994-1996 MPND(?) 154pp. ORIGINAL
18. Kisii - District Development Plan 1994-1996 MPND(?) 157pp. ORIGINAL
19. Kisumu - District Development Plan 1994-1996 MPND(?) 241pp. ORIGINAL
20. Nandi - District Development Plan 1994-1996 MPND(?) 159pp. ORIGINAL
21. Nyamira - District Development Plan 1994-1996 MPND(?) 132pp. ORIGINAL
22. Uasin Gishu - District Development Plan 1994-1996 MPND(?) 200pp. ORIGINAL
23. Vihiga - District Development Plan 1997-2001 MPND(?) 167pp. ORIGINAL
24. Joint Sector Assessment And Strategy For Health, Population And Aids In Kenya JICA/DSA/USAID, Kenya (1995) appx. 167pp. COPY
25. Kenya's Programme Of Action For Children In The 1990S GOK(1992) 70pp. COPY
26. Health And Family Planning In Kericho District - A Geographic Information System Analysis, Vol. I DSA (1996) 27pp. COPY
27. Health And Family Planning In Kericho District - A Geographic Information System Analysis, VOL. II DSA (1996) 17pp. COPY
28. Inventory Of Donor Assistance To The Population And Health Sector In Kenya USAID/KENYA (1997) 65pp. COPY
29. Maternal And Child Health In Rural Kenya - An Epidemiological Study Croom Helm (1987) 373pp. ORIGINAL
30. Maternal And Child Health In Kenya - A Study Of Poverty, Disease And Malnutrition In Samia The Finnish Society For Development Study (1991) 214pp. ORIGINAL
31. Helping Health Workers Learn The Hesperian Foundation (1991) (4TH PRINT) 617pp. ORIGINAL
32. Rural Development - Putting The Last First Longman (1993) 246pp. ORIGINAL

33. Whose Reality Counts? - Putting The First Last Intermediate Technology Publications (1997) 297pp. ORIGINAL
34. THE LUO GIRL - FROM INFANCY TO MARRIAGE KENYA LITERATURE BUREAU (1987) 70pp. ORIGINAL
35. Intervention In Child Nutrition - Evaluation Studies In Kenya AMREF (1991) 173pp. ORIGINAL
36. Groundwork - African Women As Environmental Managers Acts Press (1992) 131pp. ORIGINAL
37. Health And Diseases In Kenya Kenya Literature Bureau (1982) 529pp. ORIGINAL
38. Community Nutrition For Eastern Africa AMREF (1994) 280pp. ORIGINAL
39. Women And Development In Africa Gideon S. Were Press (1985) 315pp. ORIGINAL
40. Kenya Medical Directory 1997 Edition Express Communications Ltd. (1997) 242pp. ORIGINAL
41. Working With Rural Communities - A Participatory Action Research In Kenya Nairobi University Press (1991) 206pp. ORIGINAL
42. A Survey of Ministry of Health Personnel in Kenya - Provincial And District Annexes DSA (1994) 94pp. COPY
43. Health Facility And Services Maps In All Districts In Kenya: A Geographic Information Systems Approach - Terms Of Reference DSA (1996) 37pp. COPY
44. Hospital Autonomy : The Experience Of Kenyatta National Hospital Management Sciences For Health USAID/Kenya (1996) 41pp. COPY
45. Health And Family Planning In Kisii District - A Geographic Information System Analysis, Vol. I DSA (1996) 29pp. COPY
46. Health And Family Planning In Kisii District - A Geographic Information System Analysis, Vol. II DSA (1996) 16pp. COPY
47. Sector Programme Document - Kenya Health Sector Support Programme DANIDA (1995) 58pp. COPY

48. HMIS Assessment Report For The Ministry Of Health, Republic Of Kenya - Draft For Technical Review SAI/CSG (1993) 140pp. COPY
49. Programme Review And Forward Budget 1997/98 - 1999/2000, Development Expenditures : Volume I (DII/Ministry Of Health) Ministry Of Finance (1997) 620pp. COPY (PP. 458-546)
50. Programme Review And Forward Budget 1997/98-1999/2000, Recurrent Expenditures : Volume I (DII/Ministry Of Health) Ministry Of Finance (1997) 927pp. COPY (PP. 447-700)
51. Conference On Safe Water Environment: Eldoret, Kenya, August 21-23, 1995 SIDA (1996) 156pp. ORIGINAL
52. Government of Kenya & Government of Finland Joint Preparatory Mission on Health Sector in Kenya FINIDA (1996) 37pp. COPY
53. Capability Statement - Development Solutions for Africa DSA (1997) 31pp. COPY
54. Seminor on GIS - Geographic Information Systems; Prepared for the UNICEF Workshop for District Planners DSA (1996) 41pp. COPY
55. Kenya: Economic Reforms for 1996 - 1998, The Policy Frame Paper GOK/IMF/WB (1996) 68pp. COPY
56. Study For The Rehabilitation Of Health Facilities In Western And Nyanza Provinces: - Zone C - Phase I, Analysis Of The Current Health System And Facilities / Volume I, Main Report MOH/KEIPET CONSULTANTS AfDB (1997) 54pp. COPY
57. Study For The Rehabilitation Of Health Facilities In Western And Nyanza Provinces: - Zone C - Phase I, Analysis Of The Current Health System And Facilities / Volume II, No. 8 Welfare And Health Profile / Kisii District MOH/KEIPET CONSULTANTS AfDB (1997) 28pp. COPY
58. Study For The Rehabilitation Of Health Facilities In Western And Nyanza Provinces: - Zone C - Phase I, Analysis Of The Current Health System And Facilities / Volume II, No. 9 Welfare And Health Facilities / Nyamira District MOH/KEIPET CONSULTANTS AfDB (1997) 28pp. COPY

59. Study For The Rehabilitation Of Health Facilities In Western And Nyanza Provinces: - Zone C - Phase I, Analysis Of The Current Health System And Facilities / Volume III, No.14 / Kisii District Hospital - Assessment Of Physical Facilities And Equipment MOH/KEIPET CONSULTANTS AfDB (1997) appx. 280pp. COPY
60. Study For The Rehabilitation Of Health Facilities In Western And Nyanza Provinces: - Zone C - Phase I, Analysis Of The Current Health System And Facilities / Volume III, No.15, Nyamira District Hospital - Assessment Of Physical Facilities And Equipment MOH/KEIPET CONSULTANTS AfDB(1997) appx. 138pp. COPY
61. Kenya Factbook 1997-1998, 15Th Edition Newsspread International (1997) 154pp. ORIGINAL
62. Kenya Demographic and Health Survey 3 / Part-1:Women's Questionnaire, Part-2:Men's Questionnaire (For Census 1998) NCPD, CBS(1997) 68pp. COPY
63. Profile of the Health Facilities in Nyamira District and the Requirements for it's Possible Rehabilitation MOH, Nyamira District(1997) 39pp. COPY
64. Towards Better Health In Kenya W. Koinange (1996) 117pp. ORIGINAL
65. Primary Health Care: Experiences In Eastern And Southern Africa Ochola P. /Kisubi W. K. AMREF (1992) 153pp. ORIGINAL
66. A Guide For Training Teachers Of Health Workers Amri M. /Ngatia P. /Mwakilasa A. O. DSE/AMREF (1993) 182pp. ORIGINAL
67. Teaching For Better Learning - A Guide For Teachers Of Primary Health Care Staff Abbott F. R. WHO/ODA/AMREF (1980) 137pp. ORIGINAL
68. Health Education (Rural Health Series 3) Scotney N. AMREF(1988) 141pp. ORIGINAL
69. Assessing District Health Needs, Services And Systems - Protocols For Rapid Data Collection And Analysis Kielmann A. /Janovsky K. / Annett A. AMREF/GTZ (1991) 172pp. ORIGINAL
70. Epidemiology In Health Community Health (Rural Health Series 9) Mccusker J. AMREF(1990) 218pp. ORIGINAL

71. African Indigenous Medicine - An Anthropological Perspective For Policy Makers And Primary Health Care Managers Nyamwaya D. AMREF(1992) 44pp. ORIGINAL
72. Management Schedules For Dispensaries - Health Series 10 Petit P. AMREF (1992) ORIGINAL
73. Guidelines For The Management Of Hospital: Outpatient Services MOH/GTZ (1987) 237pp. ORIGINAL
74. Training In The Collection And Use Of Information For Community Health Workers Osuga B. AMREF (1988) 21pp. ORIGINAL
75. Community Health Worker's Manual Wood E. AMREF (1992) 336pp. ORIGINAL
76. Guidelines For Clinical Procedures In Family Planning: Areference For Trainers INTRAH (1993) 345pp. ORIGINAL

収集地図リスト(雑資料ファイルに収納)

77. Kakamega District - 1989 Population Census 1/100,000 CBS COPY
78. Kericho District - 1989 Population Census 1/100,000 CBS COPY
79. Kisii District - 1989 Population Census 1/100,000 CBS COPY
80. Kisumu District - 1989 Populaton Census 1/100,000 CBS COPY
81. Nandi District - 1989 Population Census 1/100,000 CBS COPY
82. South Nyanza District (Northern) - 1989 Population Census 1/100,000 CBS COPY
83. South Nyanza District (Southern) - 1989 Population Census 1/100,000 CBS COPY
84. Uasin Gishu District - 1989 Population Census 1/100,000 CBS COPY

注) 現地調査にて収集した資料を列記している。

(2) 国内入手参考資料 (主にJICA図書館に所蔵)

1. The Health Sector in Kenya- Health Personnel, Facilities, Education and Training 1995 DSA(Development Solution for Africa)
SIDA/World Bank(1996) appx. 350pp.
2. Social Dimensions of Development-Revised Approach to Human-Centred Development and Targeted Poverty Interventions GOK (1996) 41pp.
3. District Focus for Rural Development (Revised Feb. 1995) GOK (1995) 90pp.
4. National Development Plan 1997-2001 GOK (1997) 254pp.
5. Public Investment Program 1995/6-1997/8 MPND (1995. 01) 248pp.
6. Development Plan 1994-96 GOK (1994) 290pp.
7. Project Document of Third Phase of Kenya Expanded Programme on Immunization (KEPI) 1993/94-1997/98: Kenya DANIDA (1993) appx. 105pp.
8. Kenya Expanded Programme on Immunization : National Immunization Coverage Survey HIS(Health Informaton System), MOH (1992)
9. Agenda '94 - People, Economic Affairs & Politics IEA(The Institute of Economic Affairs), Nairobi (1994) 311pp.
10. The Project Formulation Mission on Population, Aids & Children's Health under the Global Issues Initiative (GII) of Japan JICA (1997) 79pp.
11. Overview of Donor's Policies, Activities, Constraints and Possible Solutions of the Health and Population Sector of Kenya Marjan Wind Royal Netherland Embassy (1993) 272pp.
12. Overview of Donor's Policies, Activities, Constraints and Possible Solutions of the Health and Population Sector of Kenya, Part-B Marjan Wind Royal Netherlands Embassy (1993) 95pp.
13. A Survey of Health Sector NGOs in Kenya Matrix Development Consultants, Netherlands Embassy (1993) 51pp.
14. Investing in Health - Kenya's Health Policy Framework MOH (1994. 02) 70pp.

15. Kenya Health Policy Framework MOH (1994. 11) 50pp.
16. Kenya Health Policy Framework : Implementation & Action Plan MOH (1996. 02) 95pp.
17. Kenya Health Policy Framework : Implementation & Action Plan. THE FIRST STEPS MOH (1996. 02) 11pp.
18. Five-year Implementation Plan for Health Care Financing in Kenya MOH (1993) 25pp.
19. Government Expenditure on Health MOH (1996) 12pp.
20. Aids in Kenya MOH (?) 38p.
21. Facility Improvement Fund : Status Report Health Care Financing Secretariat, MOH (1992) appx. 28pp.
22. Facility Improvement Fund : Operational Manual July 1992 Health Care Financing Secretariat, MOH (1992) appx. 110pp.
23. Implementation of User Fees for Health Services in Kenya Benson Obonyo USAID (1992) 15pp.
24. Financing Health Care in Kenya: Achievement of the User Fee Programme Mwanzia J. N. /Quick J. D. (?) 24pp.
25. Cost Recovery in Public Health Services in Sub-Saharan Africa Nolan B. /Turbat V. World Bank(1995) 105pp.
26. Financing Health Services through User Fees and Insurance. Case Study from Sub-Saharan Africa World Bank(1994) 228pp.
27. A Desk Study of the Ministry of Health (Kenya) Teresa M. Obwaya Netherlands (1993) 85pp.
28. Maintaining Health : An Evaluation - In-depth view of the Maintenance Project for Rural Health Facilities in Kenya Kefa Ajode[et al.] SIDA (1992) 83pp.
29. Joint Sector Assessment and Strategy for Health, Population & Aids in Kenya USAID/GOJ (1995. 04) appx. 300pp.

30. Health Strategy Note for Republic of Kenya World Bank (1993)
31. AIDS -- Preventive and Control WHO (1988) 170pp.
32. 国別医療協力ファイルーケニア 1994 JICA (?) 175pp.
33. ケニア共和国 医療訓練学校改善計画 事前調査報告書 JICA (1994) appx. 170pp.
34. ケニア 国別援助研究会報告書 JICA (1992) 315pp.
35. ケニア国 地球規模問題イニシアティヴ (人口・エイズ) 企画調整員報告書
JICA (1995) appx. 150pp.
36. 途上国における地域保健財源確保の方策に関する事例研究 平成5年度FASID開発
援助委託 (武蔵正樹班) 分担研究報告集 FASID(1993) 171pp.

注) 国内準備作業にて、主にJICA図書館で入手した資料を列記した。

(3) 現地収集参考資料 (国内委員会 で保管)

1. AIDS in Kenya; Background, Projections, Impact, Interventions T. M. Okeyo et al., National AIDS and STDs Control Programme, MOH(1996)
2. Aids Consulting Guide Family Life Councelling Association of Kenya(1996)
ISBN 9966 9941 0 6
3. AIDS, Understanding the Challenge Raphael Tuju, ACE Communication Ltd. Nairobi(1996) ISBN 9966 9611 0 0
4. AIDS, Your questions answered Dr. Amanda Roberts, Heinemann(1988)
ISBN 0 435 89000 X
5. Living with AIDS in the Community; A book to help people make the best of life Kenya National AIDS/STD Control Programme WHO(1992)
6. Life, Love and AIDS; A story of three couples Kenya National AIDS/STD Control Programme
7. Self-Instructional Manual on Sexually Transmitted Diseases; Version "A" for health centre and dispensary staff John Nduba and David Mabey, AMREF(1991)
8. Health Education; A Manual for Medical Assistants and Other Rural Health Workers (Rural Health Series 3), N. Scotney, AMREF, Nairobi(1988)
9. District Health Care; Challenges for Planning, Organization and Evaluation in Developing Countries R. Amonoo-Lartson et al., ELBS(Educational Low-Prices Books Scheme funded by the British Government) and Macmillan(1994)
ISBN 0 333 57348 X
10. Health Education; An Essential Text for Schools D. Nyamwaya and E. Oduol, AMREF(1994), Nairobi ISBN 9966 874 51 8
11. Continuing Education for Health Workers; Planning District Programmes C. H. Wood, AMREF Training Department(1983), Nairobi
12. A Guide for Training Teachers of Health Workers M. Amri et al., AMREF and DSE(German Foundation for International Development)(1993)
ISBN 9966 874 03 8
13. Training in the Collection and Use of Information for Community Health Workers Ben Osuga, AMREF(1988)

14. Curriculum for Training of Community Health Workers The Government of Uganda, Uganda CBHC Association, UNICEF and AMREF, World Neighbours and MAP, AMREF(1988)
15. Curriculum for Traditional Birth Attendants The Government of Uganda, Uganda CBHC Association, UNICEF and AMREF, World Neighbours and MAP, AMREF(1988)
16. Curriculum for Facilitators of Training for CBHC The Government of Uganda, Uganda CBHC Association, UNICEF and AMREF, World Neighbours and MAP, AMREF(1988)
17. Curriculum for Trainers of Community Health Workers and Traditional Birth Attendants The Government of Uganda, Uganda CBHC Association, UNICEF and AMREF, World Neighbours and MAP, AMREF(1988)
18. Training for Community Based Health Care The Government of Uganda, Uganda CBHC Association, UNICEF and AMREF, World Neighbours and MAP, AMREF(1988)
19. Infectious and Parasitic Diseases; Flipcharts Silvo Pampiglione, The Instituto Italo-Africano, Roma (1981)
20. A Guide to Leprosy for Field Staff All Africa Leprosy and Rehabilitation Training Centre, Addis Ababa, Ethiopia, AMREF (1992)
21. African Journal of Medical Practice, Vol 3 No. 3 May-Jun 1996, African Academy of Sciences, ISSN 1023 8190
22. Conference on Safe Water Environments, Eldoret, Kenya, Aug 21-23, 1995 Ed. by Jan-Olof Drangert et al. AMREF (1996)
23. Visual Communication Handbook; Teaching and learning using simple visual materials Denys J. Saunders, Lutterworth Press, Cambridge (1989) ISBN 0 7188 2083 5
24. Practical Laboratory Manual for health centres in Eastern Africa Jane Carter and Orgenes Lema, AMREF(1994) ISBN 9966 874 09 7
25. Anaesthesia at the District Hospital Michael B. Dobson, WHO, Geneva (1988) ISBN 92 4 154 228 4
26. Surgery at the District Hospital: Obstetrics, Gynecology, Orthopaedics and Traumatology John Cook et al., WHO, Geneva (1991) ISBN 92 4 1544 13 9

27. General Surgery at the District Hospital John Cook et al., WHO, Geneva (1988) ISBN 92 4 154235 7
28. The Hand; Infections and Soft Tissue Injuries (Rural Health Series 8) H. de Glanville, AMREF (1985)
29. Community Health Manual Elizabeth Wood, AMREF (1982)
30. Tropical Diseases C. Hovord and R. Brown, Mucmillan (1986) ISBN 0 333 423 46 1
31. Epidemiology in Community Health (Rural Health Series 9), Jane McCusker, AMREF (1990)
32. Caring for Mothers; A Manual for Rural Health Workers J. Everett and R. McMahon, AMREF (1994) ISBN 9966 874 52 7
33. Occupational Health; A manual for health workers in developing countries H. de Glanville et al., AMREF, Nairobi (1987)
34. Obstetric Emergencies; A manual for rural health workers J. Everett, AMREF (1995)
35. Gynecology and Obstetrics (Rural Health Series 15) F. Massawe et al., AMREF (1988)
36. Surgery (Rural Health Series 14), Peter Bewes, AMREF (1984)
37. AMREF Catalogue 1997 AMREF (African Medical and Research Foundation), POBox 30125, Nairobi, Kenya, TEL: 254-2-501-301/3 Ext. 615 FAX: 254-2-506-112
38. Rural Development; Putting the last first Robert Chambers, Longman Scientific and Technical, New York (1993) ISBN 0 470 20439 7
39. Obstetric Problems; A practical manual F. Driessen, AMREF (1991) ISBN 9966 874 00 3
40. Private and Public Initiatives; Working together for health and education Jacques van der Gaag, The World Bank (1995) ISBN 0 8213 3417 4
41. Curriculum Development for Schools Jack Green Okech and Adams J. Asiachi, Educational Research and Publications (ERAP), Nairobi (1992)

42. Personal Hygiene and Environmental Sanitation (Kenya Early Health Education Series Book 1.), NACECE, Kenya Institute of Education, Kenya Literature Bureau, Nairobi ISBN 9966 44 127 1
43. Maternal and Child Health (Kenya Early Health Education Series Book 2.), NACECE, Kenya Institute of Education, Kenya Literature Bureau, Nairobi ISBN 9966 44 128 X
44. Some Childhood Diseases and Health Records (Kenya Early Health Education Series Book 3.), NACECE, Kenya Institute of Education, Kenya Literature Bureau, Nairobi ISBN 9966 44 129 8
45. Child Safety and Protection (Kenya Early Health Education Series Book 4.) NACECE, Kenya Institute of Education, Kenya Literature Bureau, Nairobi ISBN 9966 44 130 1
46. Food Production, Usage, Preservation and Storage (Kenya Early Health Education Series Book 5.), NACECE, Kenya Institute of Education, Kenya Literature Bureau, Nairobi ISBN 9966 44 131 X
47. Helping Health Workers Learn David Werner and Bill Bower, The Hesperian Foundation (1991) ISBN 0 942 364 10 4
48. Where There Is No Doctor; A village health care handbook for Africa David Werner et al., The Hesperian Foundation, Macmillan (1995) ISBN 0 333 51652 4
49. Disabled Village Children; A guide for community health workers, rehabilitation workers, and families David Werner et al., The Hesperian Foundation, Macmillan (1987) ISBN 0 942 364 06 6
50. Manual of Darkroom Technique (WHO Basic radiological System), P. E. S. Palmer Japce Brothers, New Delhi (1990)
51. Ross and Wilson Foundations of Nursing and First Aid, Sixth Edition D. S. Usman et al., Churchill Livingstone (1993) ISBN 0 582 77707 0
52. Management of Solid and Liquid Wastes; A manual for environmental health workers George Nicholas Nyang'echi, AMREF (1992) ISBN 9966 874 05 4
53. Health Information for Primary Health Care J. Ties Boerma, AMREF (1991) ISBN 9966 874 02 X

54. The Community Health Worker; Working guide, Guidelines for training, Guidelines for adaptation WHO, Geneva (1987)
ISBN 92 4 156097 5
55. Understanding Nursing Care P. I. Peattie and S. Walker, ELBS(Educational Low-Prices Books Scheme funded by the British Government) with Churchill Livingstone (1995) ISBN 0 443 05043 0
56. Teaching for Better Learning; A guide for teachers of primary health care staff F. R. Abbatt, WHO, Geneva (1980)
57. Free Materials in Reproductive Health; An INTRAH Training Information Packet The University of North Carolina at Chapel Hill (1994)
ISBN 1 881 961 12 5
58. Guidelines for Clinical Procedures in Family Planning; A reference for trainers (Second Edition), INTRAH (1993) ISBN 1 881 961 05 2

注) 現地調査時に購入し、国内委員が保管する資料を列記した。

保健医療関連 略語表

<用語・プログラム名称>

AIDS	Acquired Immunodeficiency Syndrome 後天性免疫不全症候群
APHIA	AIDS, Population and Health Integrated Assistance エイズ・人口・保健統合支援計画
ARI	Acute Respiratory Infection 急性呼吸器疾患
CBHC	Community Based Health Care 地域重視保健ケア
CDD	Control of Diarrhoeal Diseases 下痢感染症予防
CE	Continuing Education 生涯教育
EPSMS	Essential Package Safe Motherhood Services (USAID) 母子安全必須医薬品パッケージ
FIF	Facility Improvement Fund 施設改善基金
FP	Family Planning 家族計画
GI	Global Issues Initiative on Population and AIDS 地球規模問題イニシアティブ
HIV	Human Immuno-deficiency Virus ヒト免疫不全ウイルス
HSR	Health Sector Reform 保健医療セクター改革
IEC	Information, Education and Communication 情報・教育・普及
KEPI	Kenya Expanded Programme of Immunization 拡大予防接種計画
KHRP	Kenya Health Rehabilitation Project (FINIDA) ケニア保健施設改善計画
MCH	Maternal Child Health 母子保健
MCP	Malaria Control Programme マラリア予防プログラム
ME	Medical Engineering 医療・検査機器技術(者)
MIS	Management Information System 保健管理情報システム
NASCP	National Aids and STD Control Programme 国家エイズ性病予防プログラム
NLTP	National Leprosy and Tuberculosis Programme 国家らい病・結核予防プログラム
PEPP	Population Education Promotion Project 人口教育促進プロジェクト
PHC	Primally Health Care 第一次保健ケア
RH	Reproductive Health (and Rights) リプログラムティブ・ヘルス(性と生殖に関する健康の保障/権利)
TFR	Total Fertility Rate 生涯出産数(女性が一生の内に出産する回数)

< 施設・人材名称 >

CBD	Community Base Distributor コミュニティ家族計画普及員
CHW	Community Health Worker コミュニティ保健指導員
CO	Clinical Officer 准医師
DDC	District Development Committee 県開発委員会
DH	District Hospital 県病院
DHMB	District Health Management Board 県保健運営委員会
DHMT	District Health Management Team 県保健運営チーム
DMO	District Medical Officer 県保健専門官
DSP	Dispensary デイスペンサリー (診療所)
HCS	Health Centres ヘルス・センター (保健センター)
KECN	Kenya Enrolled Community Nurse 准看護婦
KRCN	Kenya Registered Community Nurse 正看護婦
PGH	Provincial General Hospital 州総合病院
PHMB	Provincial Health Management Board 州保健運営委員会
PHMT	Provincial Health Management Team 州保健運営チーム
PHO	Public Health Officer 公衆衛生専門官
PHT	Public Health Technician 公衆衛生検査員
PMO	Provincial Medical Officer 州保健専門官
RHDC	Rural Health Demonstration Committee 地域保健デモンストレーション・センター
RHFC	Rural Health Facilities Committee 地域保健施設委員会
RHTC	Rural Health Training Center 地域保健訓練センター
SDH	Sub District Hospital 準県病院
SHC	Sub Health Center 準ヘルス・センター (準保健センター)
TBA	Traditional Birth Attendance 伝統的助産婦
VHC	Village Health Committee 村落保健委員会

< 国内機関名称 >

CBS	Central Bureau of Statistic 政府統計局
DFH	Division of Family Health 保健省 家族計画局
DMS	Director of Medical Services 保健省 医療局
HEROS	Health Reform Secretariat 保健改革事務局
HIS	Health Information Services (Systems) 保健省 情報課 (情報システム)
KEMRI	Kenya Medical Research Institute ケニア中央医学研究所
KMTC	Kenya Medical Training College ケニア医療訓練学校
KNH	Kenyatta National Hospital ケニアツタ国立病院
MESD	Medical Engineering Service Department 保健省 医療器材サービス局
MOF	Ministry of Finance 財務省
MOH	Ministry of Health 保健省
MOLG	Ministry of Local Government 地方自治省
MP&ND	Ministry of Planning and National Development 計画・開発省
NCPD	National Council for Population and Development 国家人口審議会
NHIF	National Hospital Insurance Fund 国家病院保険基金
PMIU	Preventive Maintenance Implementation Unit 保健省 予防的補修ユニット

< 国際機関・その他名称 >

AfDB	African Development Bank アフリカ開発銀行
AMREF	African Medical and Research Foundation アフリカ医学研究財団 (NGO)
DANIDA	Danish Development Agency デンマーク開発局
FINIDA	Finnish Development Agency フィンランド開発局 (外務省に統合)
FPAK	Family Planning Association of Kenya ケニア家族計画協会 (NGO)
GTZ	German Technical Assistance Agency ドイツ技術協力局
IFAD	International Fund for Agricultural Development 国際農業開発基金
SIDA	Swedish International Development Agency スウェーデン開発局

JICA