

## 5 Flow of Personnel

Recruitment, training, deployment, retaining systems and turnover vary from sector to sector. In the private and non-governmental sectors, these factors vary from one health facility to another, and there does not seem to be a standardized system.

### 5.1 Recruitment and Deployment

All personnel in facilities run by the Ministry of Health are recruited and deployed from the Ministry of Health headquarters in Nairobi. For many years it was the policy of the MOH to hire all graduates of the KMTC. With Civil Service Reform, this policy has officially been halted, but it remains in practice because of the demand for KMTC graduates.

The largest cadre of students is in nursing. Nursing leaders have complained that the policy of hiring all MTC graduates has encouraged applications from students who are interested in job security, but who are not interested in nursing. As such, they believe that the quality of MOH nurses has deteriorated over the years. (Nursing Leader's Workshop, DSA, 1993).

The mission hospitals both recruit locally and advertise nationwide for their personnel requirements. Some missions employ expatriate doctors and nurses. Those with nursing schools or with affiliated hospitals with schools will also hire some of the graduates. They cannot hire all of the graduates, and many never receive placement after qualifying.

Factors which affect the distribution of personnel include their ethnicity, their place of origin and the availability of housing. In Kericho District in particular, tribal clashes caused many key health personnel to leave the area. Because of the low numbers of key personnel, patient/client care is not adequately addressed.

Some dispensaries and health centers have CHWs and CBDs to assist in the delivery of health services. These are community members who are selected by community leaders to work with the facility. The VHC may set a fee to pay for their services.

### 5.2 Retainment and Training

The MOH does not have a system of retaining staff. Employees are free to move out of the system. Job security and opportunity for education are two factors which encourage employees to stay, but a certain number leave each year to work in the mission/NGO and private sectors. Once they leave the GOK, however, it is difficult to return. Since a job with the GOK is a job for life, and a job in the other sectors is not secure, this encourages people to remain in the civil service. Another factor related to the low turnover in personnel employed by the MOH is the difficulty in removing them once they are hired by the Civil Service. Procedures are slow and managers who have tried to discipline or fire an incompetent or corrupt employee often regret having taken this action.

GOK health professionals who wish more education after their basic qualification can apply to KMTC and universities for post-basic and graduate courses. If they meet the set criteria and are admitted, they can take an educational leave, continue to receive their pay and other benefits, and return to government employment after training. A significant proportion, particularly doctors, will stay with the MOH only long enough to complete postgraduate training and resign when it is completed. Since doctors usually have to work for the GOK for two to three years before being able to enter a speciality training program, this mechanism does provide some system of retaining doctors after their basic training.

The study completed by Development Solutions for Africa on MOH Personnel (Schwarz and Guild, 1994) showed a very low turnover for most cadres -- around two per cent. The exceptions are doctors, dentists, pharmacists and pharmaceutical technologists. The majority join and remain in the private sector after completion of their training. The private sector is lucrative for these cadres, and it allows them the freedom to practice where they wish. A major shortage of medical officers and specialists, dental staff and pharmacists was noted in all of the district hospitals.

Turnover of health professionals is low in all of the sectors because jobs are scarce. There is more movement of health professionals in the private sector because there is relatively little job security. People move more freely in search of higher pay, better working conditions, or a more favorable location in which to live.

## 6 Quality Control

No system of quality control exists in any of the sectors. The professional boards have the legal responsibility of regulating their members, but none have a system for regular evaluation. Individual vertical programs have developed checklists to measure the quality of care delivered in their areas of responsibility, but none were found in the field, and there seems to be no systematic application of quality assurance. The exception is KEPI which has chemical and temperature sensitive equipment to monitor the integrity of the cold chain. But this monitors the vaccines, not the ability of the health care worker to administer them correctly. Supervision of performance is rare and not done systematically.

### Field Observations:

Although the DHMT has the responsibility to monitor the quality of care provided at all health facilities in the district, government, non-governmental and private, there is minimal supervision of any of the facilities.

Lack of transport hinders the effective management and supervision of health care delivery in the facilities. DHMT members rarely conduct a supervisory visit as a team, and the members stated that they have not been able to go out on supervisory visits due to lack of transport, either a lack of fuel, or due to broken down vehicles.

The only DHMT member who regularly visits the rural health facilities is the DPHN, and this is because she has a vehicle from the KEPI program. KEPI is the only program which continues to provide maintenance of vehicles from a central level, and in many districts, the KEPI vehicle is the only functioning vehicle in the district. Vaccines and other supplies are delivered with the KEPI vehicle, and the DPHN often accompanies them. However, her visits do not truly constitute "supervision." No systematic supervision system, no checklists to supervise or monitor the different cadres of professional staff and no written reports were found in any of the districts.

Utilization of health care facilities visited in the five districts was generally low, and the DSA Study Team often encountered half-empty facilities even at mid-morning when patient numbers are usually highest. In spite of this, new facilities are being built at a rapid rate. However, they seem to be being built faster than they can be staffed. Health centers lack clinical officers and some dispensaries were without nurses. At one dispensary, the single nurse was away and community health workers were seeing patients and were observed to be giving chloroquine injections to almost every patient seen.

Even at facilities with professional staff, the DSA Study Team observed patient care and found:

- History taking is minimal;
- There is minimal, or more often, no physical examination;
- There is widespread over prescription of drugs;
- There is very little patient counseling in how to care for the patient, what to expect in the course of the illness, or how to take the drugs prescribed.

## 7 Major Findings

This section highlights the major findings of the study. For a full understanding of personnel issues and a detailed presentation on the situation in regard to specific cadres, the reader should consult *The Health Sector in Kenya (1996, Second Edition)*.

### 7.1 Health Personnel

There is a serious shortage of Key Health Personnel (doctors, dentists, clinical officers and nurses) in the JICA Study Area. Almost 1,000 additional KHP are needed to meet the basic health care needs of the population in 1997. The shortage is greatest in the rural health facilities:

- 50 % the health centers in the sample survey did not have even one clinical officer;
- 75 % of the dispensaries sampled have one enrolled nurse;
- most of the health centers have less than six nurses.

Additional Public Health Staff are also needed. While 410 are necessary to meet the needs of the population, there are only 360 employed in the project area. These are the cadres which are most important for the formulation and implementation of programs to improve environmental conditions (safe water supply, disease control, sanitation etc.) and reduce the incidence of disease.

While there is a serious shortage of nurses in the health facilities, graduates of the mission training schools in the study area go unemployed. Neither the missions nor the MOH have the funds to hire them.

There are also shortages in personnel for inpatient care, and these contribute to the shortages in the rural facilities. Because of a shortage of doctors, clinical officers are assigned to hospitals rather than to health centers. Even with the priority to hospitals, additional C.O.s are needed for inpatient care.

The number of additional nurses required for inpatient care is 229 and the deficit for out-patient care is 434. Hospitals in the Study Area, as in most of Kenya, get preference in the deployment of staff. One reason for this is that the people in charge of deployment in the district are based in or near the district hospital. And they seldom visit the rural facilities. The needs of the hospital are more apparent. As more personnel, drugs and supplies go to the hospitals, more patients are drawn to the hospitals, and they become even more crowded.

There are other reasons for the priority given to hospitals. The majority of health personnel do not want to be posted to the rural health facilities. There are few jobs for their spouses, poor schools for their children, and professional isolation for them. In addition, they often do not have the facilities, equipment, drugs and supplies which they need to perform as competently as they were trained to perform.

While there is a serious shortage of health professionals in the rural areas, there is little compensatory assistance from community health workers and community based distributors, and little liaison with trained traditional birth attendants. All of these cadres could assist in the provision of primary health care.

There is an additional problem which contributes to the maldistribution of health care professionals. The DSA Study Team found that most rural facilities were underutilized, even when they had adequate drugs and personnel. They also found that new facilities are being built at a rapid pace. There may be too many facilities in the Study Area. A preliminary analysis of the catchment populations around facilities (5 km radius) clearly reveals that more than 85 percent of the population lives less than 5 km from one, and sometimes two or more health facilities. **The intervention strategy should, therefore focus on the rehabilitation and/or upgrading of existing facilities and measures to promote the deployment of adequate staff, drugs and supplies to rural health centers and dispensaries.**

## 7.2 Quality of Care, Supervision, Management and Continuing Education

The quality of curative care in the health facilities visited is also poor: little history-taking, rare or minimal physical examination, subsequent over-prescription of drugs, little to no advice on how to take the drugs or manage the illness. This is not how these health professionals were trained. In some cases, the cause is an over-abundance of patients with a shortage of staff, but many of the facilities visited were not busy, so this cannot be the only reason.

Many of the staff in the rural facilities are discouraged and demoralized. They seldom received supervisory visits. Seventy-five per cent (75%) had not had any continuing education for two years or more. Dr. Wood describes the decline in "know-how" after basic education and presents two major "risk factors" for the development of continuing ignorance:

1. Professional isolation.
2. Time since basic training.<sup>9</sup>

Health workers at rural facilities are high risk.

In addition to poor clinical skills, the DSA Study Team found weak management skills and practices in most of the District Health Management Teams and the rural health facilities. Few of the DHMT members and none of the rural facility managers had any significant training in management. Yet each DHMT is responsible for the health care of 500,000 people or more. Management skills must be improved, through basic and continuing education. (This is discussed in detail in Study 1: Health Organization and Systems.)

Monitoring and supervision of health personnel is rare and not carried out in a systematic manner. While the lack of transport and fuel are often cited as reasons for these weaknesses, the fact is that those in management positions have limited knowledge of what effective supervision entails. Linkages between supervision and continuing education have not been clearly defined nor are they well understood.

## 7.3 Possible and Feasible Interventions in the Study Area

Since the deployment of staff to the districts is still in the control of the central Ministry in Nairobi, there is little which can be done at the district level to improve overall staffing. Basic and post-basic curricula, and the design of continuing education in vertical programs are also determined at the national level, and cannot be modified locally.

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<sup>9</sup>"Introduction: the epidemiology of continuing ignorance" in Continuing Education for Health Workers. Planning District Programmes, Training Department, African Medical and Research Foundation, Nairobi, 1983.

The question of what can be done, and how it can best be accomplished in the short term (a five year project) so that it is sustainable and beneficial in the long term is difficult. Possible interventions are proposed below.

#### **7.4 Education and Training**

The major problems identified during the brief field investigation are similar to those which have been exhaustively documented in many studies. Most are directly or indirectly related to the limited knowledge and skills of the health professionals at the district and facility levels. **The major recommendation from this investigation is that the JICA project should have human resource development as its key objective.** This includes the organization of continuing education programs and the establishment of the capacity at the district and provincial levels to sustain them. Equipment, logistical support and technical assistance are other inputs the JICA project could provide.

**Local education programs need to begin with training in management, planning, monitoring and evaluation in order for the other interventions to be effective.** Continuing education must be coordinated at the district level with the multiple programs which are already operating at the national level.

**The training needs and institutional capacity of organizations involved in training should be fully investigated** at the beginning of the project so that a rational plan of improving management and clinical skills can be developed and implemented. As skills in management, supervision and planning are improved, the DHMT can develop a continuing education program for the health professionals of the district. This should be accomplished in the first few years of the project.

During the past two decades, neither the MOH or the donors have organized training activities to upgrade the knowledge and skills of health professional in basic medical care. Improvements in the quality of care for both curative and preventive services are critical components of a strategy to increase the effectiveness and efficiency of the health systems in the project area. **The continuing education activities should, therefore, address clinical skills training for curative care as well as for MCH and other preventive services.**

**Public health staff (PHOs/PHTs) are another major target for training and support.** These cadres carry out programs in the communities around the health facilities. In districts where the Sida sponsored environmental health project functions, PHOs/PHTs have access to supplementary resources which substantially increases the effectiveness of their projects. Those in other districts, do not have the equipment and operational funds they require.

**Supplies and equipment to support environmental health projects should be included in the JICA project.** Continuing education programs based on district epidemiological profiles should be designed for them. They should focus on environmental interventions to reduce the incidence and severity of diseases such as malaria and diarrhea. These cadres also need substantial training in community mobilization and management.

Additional details on training needs for other cadres can be found in the Health Sector in Kenya: Health Personnel, Facilities, Education and Training (Schwarz, 1995/6). This document should be consulted as part of the formulation of training plans for the other categories of health personnel.

## 7.5 Health Personnel

The shortages in health personnel are related to the centralized personnel system in the civil service and the MOH. They require major reforms that can only be dealt with at the central level and little can be done to at the district level to address staff shortages. The project may, however, be able to obtain an increased share of personnel through the formulation and presentation of documents that describe and explain their requirements. This should be incorporated into the training activities for planning and management.

Moving personnel from hospitals to rural facilities is another option but is difficult when district hospitals are also short of staff. Some interventions can, however, be considered.

- Selected health centers can be targeted for improvement in living and working conditions and educational opportunities so that clinical officers and nurses will want to be posted to them.
- The personnel issues can be addressed at DHMT and DHMB meetings. These groups may be able to work out financial and other incentives to support more effective deployment patterns. For example, the use of cost-sharing revenue as hardship post supplements and/or performance based bonuses.
- Programs to develop the cadre of trained community health workers can be integrated into the programs to develop and train village health committees. There was a trained village health committee in almost every facility visited (see Study 1), but only a few had community workers. These workers can be trained to assist the health personnel in the rural facilities with:
  - education in the home management of the most common illnesses and the knowledge of when a visit to a health professional is needed;
  - environmental health measures in the community and at individual homesteads;
  - community based distribution of contraceptives;
  - community based distribution of insecticide impregnated bed nets;
  - education in maternal and child health care: mobilization for immunizations, education in proper feeding of infants and toddlers and in accident prevention; education in ante-natal care, the importance of breast-feeding and child spacing, etc.

There is the problem of who will train, supervise and provide continuing education and motivation to these community workers. One possibility in the short term is the hiring and training by the project of the unemployed graduates of the mission nursing schools. If this option is chosen, it will have to be carefully implemented so that the program does not disappear when the project is over. Ways to integrate project nurses and the community based workers into the activities of the health facilities and staff and of the village health committees would have to be planned and tested before implementation could begin. Strong and competent supervision and monitoring of the project nurses would have to be provided initially by the project. The question of what happens to the project nurses at the end of the project would also have to be part of the initial planning. Would their salaries be assumed by the Village Health Committees; would their duties gradually be assumed by the facility nurses?

The JICA project **should not** make a major investment in the construction of new health facilities. There is ample evidence to support the view that building is something which is done locally, and possibly in excess. An analysis of catchment areas needs to be completed prior to the investment in any new buildings. Rural health centers which can serve the most people can be targeted for physical rehabilitation together with other interventions in personnel, continuing education, drugs and supplies and management skills and support. These will then draw people to them, alleviating some of the pressure on the district hospitals. Improvement of the infrastructure which exists with more and better trained and motivated health personnel is the important investment at this time.



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## Annexes

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- Annex A Data Collection Forms
  - Annex 1 Personnel in Sample Area by Facility
  - Annex 2 Personnel in Sample Area by District and Facility Type
  - Annex 3 MOH Personnel in JICA Study Area
  - Annex 4 MOH Personnel in JICA Study Area (adjusted)
- KMTC Curriculum Updates
- People Interviewed and Department and Facilities Visited

**Annex A One: HEALTH PERSONNEL IN HOSPITALS AND OFFICES (JICA Project)**

*(complete both sides of page)*

PERSONNEL in Hospitals, MTC's, RHTC's, RHDC's and Offices (DHMT, PHMT etc.)

District: \_\_\_\_\_

**Facility Code:** \_\_\_\_\_

Facility Name: \_\_\_\_\_

In-Charge: \_\_\_\_\_

MAJOR CLASSIFICATION and Job Category	Number	COMMENTS
<b>Medical /Dental Officers</b>		
Medical Officer		
Medical Specialist		
Medical Intern		
<b>Dental Officer</b>		
Dental Specialist		
Dental Intern		
<b>Clinical Officers</b>		
Clinical Officers-Generalist		
Clinical Officers-Specialist		
Clinical Officers-Intern		
<b>Nurses</b>		
Registered Nurse(KRN , KRCHN etc.)		
Enrolled Nurse(EN , ECN)		
Enrolled Midwife		
Registered Midwife		
<b>Clinical Support</b>		
Biochemist/Other Laboratory Scientist		
Medical Laboratory Technologist		
Medical Laboratory Technician		
<b>Pharmacist</b>		
Pharmacy Intern		
Pharmaceutical Technologist		
<b>Radiologist</b>		
Radiographer		
Radiographic Film Processor		
<b>Occupational Therapist</b>		
Physiotherapist		
Orthopaedic Technologist		
Plaster Technician		
<b>Public Health Staff</b>		
Public /Environmental Health Officers		
Public/Env/ronmental Health Technician		

MAJOR CLASSIFICATION and Job Category	No. In GOK 1994	Number GOK 1997	Number Employed in District			GOK	ONLY
			NGO/MIS 1997	Private 1995	TOTAL 1997	No. posted 1997	No. who left in '97
<b>Preventive &amp; Promotive Personnel</b>							
Health Education Officer							
Family Planning Field Educator							
Nutritionist							
Nutrition Field Technician							
Nutrition Field Worker							
Community Oral Health Officer							
Social Welfare Officer							
Social Welfare Assistant							
Parasitologist							
Entomologist							
Entomological Technologist							
Entomological Technician							
<b>Administration</b>							
Accountant/Accounts Controller							
Accounts Assistant							
Clerical Officer(All Grades)							
Hospital Secretary							
Personnel Officer							
Medical Records Officer							
Medical Records Technician							
Statistician							
Statistical Clerk							
Storeman							
Supplies Officer							
Supplies Assistant							
Copy/Shorthand Typist							
Telephone Operator							
<b>Maintenance &amp; Support Staff</b>							
Medical Engineering Technologist							
Artisan(Building)							
Artisan(Tailor)							
Watchman/Security Officer/Warden							
Housekeeper/Assistant Housekeeper							
Cateress/Cook							
Mortuary Superintendent							
Driver							
<b>Subordinate Staff</b>							
Subordinate Staff							
Ungraded Nurse							
Laboratory Attendant							
Mortuary Attendant							

Name and Title of the MOH official who fills in the form(BLOCK LETTERS).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Annex A Two: Health Personnel -- Dispensaries and Health Centres (JICA Project)**

District: \_\_\_\_\_ Division \_\_\_\_\_ Date: \_\_\_\_\_  
 Location \_\_\_\_\_ Sublocation \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Facility Number \_\_\_\_\_  
 Type of Facility: Health Centre \_\_\_\_\_ Dispensary \_\_\_\_\_  
 Other (write in type) \_\_\_\_\_  
 Type of Agency: MOH \_\_\_\_\_ NGO \_\_\_\_\_ Private \_\_\_\_\_  
 Name of Agency if other than MOH \_\_\_\_\_

CADRE	NUMBER			NUMBER TRAINED IN PAST 2 YEARS**	Number Working Here			Who Recruits/ Deploys Cadre*
	Male	Female	Total		<1 year	1-5 years	>5 years	
Clinical Officer								
Registered Nurse								
Enrolled Nurse								
Medical Lab Tech								
Pharm Tech								
Radiographer								
Public Health Officer								
Public Health Technician								
Family Plan. Field Educator								
Nutrition tech/worker								
Accounts Assistant								
Clerical Officer								
Medical Records Tech								
Watchman								
Housekeeper								
Cook								
Driver								
Subordinate Staff								
Community Health Worker								
CBD								
TBA								

\*For example, Afya House Personnel Office, CNO office, DHMT, Village Health Committee, Chief, etc.

Topics of Trainings: \_\_\_\_\_

What quality control systems are in place? \_\_\_\_\_

When was the last time a member of the DHMT visited? \_\_\_\_\_

What happened during the visit? \_\_\_\_\_

What additional staff do you need to provide adequate services? \_\_\_\_\_

MAJOR CLASSIFICATION and Job Category	No. In GOK 1994	Number GOK 1997	Number Employed In District			GOK No. posted 1997	ONLY No. who left in '97
			NGO/MIS 1997	Private 1995	TOTAL 1997		
<b>Preventive &amp; Promotive Personnel</b>							
Health Education Officer							
Family Planning Field Educator							
Nutritionist							
Nutrition Field Technician							
Nutrition Field Worker							
Community Oral Health Officer							
Social Welfare Officer							
Social Welfare Assistant							
Parasitologist							
Entomologist							
Entomological Technologist							
Entomological Technician							
<b>Administration</b>							
Accountant/Accounts Controller							
Accounts Assistant							
Clerical Officer(All Grades)							
Hospital Secretary							
Personnel Officer							
Medical Records Officer							
Medical Records Technician							
Statistician							
Statistical Clerk							
Storeman							
Supplies Officer							
Supplies Assistant							
Copy/Shorthand Typist							
Telephone Operator							
<b>Maintenance &amp; Support Staff</b>							
Medical Engineering Technologist							
Artisan(Building)							
Artisan(Tailor)							
Watchman/Security Officer/Warden							
Housekeeper/Assistant Housekeeper							
Cateress/Cook							
Mortuary Superintendent							
Driver							
<b>Subordinate Staff</b>							
Subordinate Staff							
Ungraded Nurse							
Laboratory Attendant							
Mortuary Attendant							

Name and Title of the MOH official who fills in the form(BLOCK LETTERS).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Annex A Three: DISTRICT PERSONNEL FORM (JICA Project)**  
**PERSONNEL in all GOK, NGO/Mission and Private Health Facilities and Offices**

District: \_\_\_\_\_

DSA Team Person: \_\_\_\_\_

Name & Title of Person completing form:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

MAJOR CLASSIFICATION and Job Category	No. in GOK 1994	Number GOK 1997	Number Employed in District			GOK ONLY	
			NGO/MIS 1997	Private 1995	TOTAL 1997	No. posted 1997	No. who left in '97
<b>Medical /Dental Officers</b>							
Medical Officer							
Medical Specialist							
Medical Intern							
Dental Officer							
Dental Specialist							
Dental Intern							
<b>Clinical Officers</b>							
Clinical Officers-Generalist							
Clinical Officers-Specialist							
Clinical Officers-Intern							
<b>Nurses</b>							
Registered Nurse(KRN , KRCHN etc.)							
Enrolled Nurse(EN , ECN)							
Enrolled Midwife							
Registered Midwife							
<b>Clinical Support</b>							
Biochemist/Other Laboratory Scientist							
Medical Laboratory Technologist							
Medical Laboratory Technician							
Pharmacist							
Pharmacy Intern							
Pharmaceutical Technologist							
Radiologist							
Radiographer							
Radiographic Film Processor							
Occupational Therapist							
Physiotherapist							
Orthopaedic Technologist							
Plaster Technician							
<b>Public Health Staff</b>							
Public /Environmental Health Officers							
Public/Environmental Health Technician							



MAJOR CLASSIFICATION and Job Category	No. In GOK 1994	Number GOK 1997	Number Employed In District			GOK ONLY	
			NGO/MIS 1997	Private 1995	TOTAL 1997	No. posted 1997	No. who left in '97
<b>Preventive &amp; Promotive Personnel</b>							
Health Education Officer							
Family Planning Field Educator							
Nutritionist							
Nutrition Field Technician							
Nutrition Field Worker							
Community Oral Health Officer							
Social Welfare Officer							
Social Welfare Assistant							
Parasitologist							
Entomologist							
Entomological Technologist							
Entomological Technician							
<b>Administration</b>							
Accountant/Accounts Controller							
Accounts Assistant							
Clerical Officer(All Grades)							
Hospital Secretary							
Personnel Officer							
Medical Records Officer							
Medical Records Technician							
Statistician							
Statistical Clerk							
Storeman							
Supplies Officer							
Supplies Assistant							
Copy/Shorthand Typist							
Telephone Operator							
<b>Maintenance &amp; Support Staff</b>							
Medical Engineering Technologist							
Artisan(Building)							
Artisan(Tailor)							
Watchman/Security Officer/Warden							
Housekeeper/Assistant Housekeeper							
Cateress/Cook							
Mortuary Superintendent							
Driver							
<b>Subordinate Staff</b>							
Subordinate Staff							
Ungraded Nurse							
Laboratory Attendant							
Mortuary Attendant							

Name and Title of the MOH official who fills in the form(BLOCK LETTERS).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

## Annex 1: Personnel in Sample Area by Facility

### Nyamira District (N=7)

Facility Name	Type	No. of beds	Docs	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub-Staff	Total
					RNs	ENs	Lab	Phar	Rad	Other	PHOs	PHTs	FP	Nutrition	Other	Acc/Sec/CLOs	MRO/Ts	Other	Wat	House	Cooks	Drivers	Other		
Nyamira District Hospital	HOS	250	3	19	16	99	25	1	3	9	7	69	17	10	1	50	5	12	0	0	2	7	8	142	505
<b>Sub-Total: Hospitals</b>		250	3	19	16	99	25	1	3	9	7	69	17	10	1	50	5	12	0	0	2	7	8	142	505
<b>Percentage: Hospitals</b>		98%	1%	4%	3%	20%	15%	0%	1%	2%	1%	14%	13%	2%	0%	10%	1%	2%	0%	0%	0%	1%	0%	28%	100%
Keroka Health Centre	H/C	6	0	1	0	7	2	0	0	0	0	1	1	1	0	3	0	0	2	0	0	1	0	6	25
Elono Health Centre	H/C	0	0	0	0	2	0	0	0	0	0	1	1	0	0	1	0	0	1	0	0	0	0	1	7
Chepong'ombe Health Centre	H/C	0	0	0	0	4	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	5	12
<b>Sub-Total: Health Centres</b>		6	0	1	0	13	2	0	0	0	0	4	2	1	0	5	0	0	3	0	0	1	0	12	44
<b>Percentage: Health Centres</b>		2%	0%	2%	0%	3%	2%	0%	0%	0%	0%	6%	6%	2%	0%	1%	0%	0%	2%	0%	0%	2%	0%	3%	9%
Kijauri Dispensary	DIS	0	0	0	0	2	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3	8
Amaterio Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	4
Magombo Dispensary	DIS	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	6
<b>Sub-Total: Dispensaries</b>		0	0	0	0	6	0	0	0	0	1	3	1	0	0	1	0	0	0	0	0	0	0	6	18
<b>Percentage: Dispensaries</b>		0%	0%	0%	0%	3%	0%	0%	0%	0%	1%	4%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	6%	20%
<b>Grand Total</b>		256	3	20	16	116	27	1	3	9	7	76	20	11	1	56	5	12	3	0	2	8	8	160	567
<b>Percentage: All Facilities</b>		100%	1%	4%	3%	21%	5%	0%	1%	2%	1%	13%	4%	2%	0%	10%	1%	2%	1%	0%	0%	1%	0%	28%	100%

### Kisii District (N=7)

Facility Name	Type	No. of beds	Docs	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub-Staff	Total
					RNs	ENs	Lab	Phar	Rad	Other	PHOs	PHTs	FP	Nutrition	Other	Acc/Sec/CLOs	MRO/Ts	Other	Wat	House	Cooks	Drivers	Other		
Kisii District Hospital	HOS	248	10	36	42	184	31	4	8	26	3	4	8	8	7	5	5	14	8	0	0	22	9	155	591
<b>Sub-Total: Hospitals</b>		248	10	36	42	184	31	4	8	26	3	4	8	8	7	5	5	14	8	0	0	22	9	155	591
<b>Percentage: Hospitals</b>		84%	2%	6%	7%	31%	5%	1%	1%	4%	1%	1%	1%	1%	1%	1%	1%	3%	3%	0%	0%	4%	3%	26%	100%
Masimba Health Centre	H/C	12	0	1	0	7	1	0	0	0	1	1	1	0	0	4	0	0	0	0	0	0	0	4	20
Riana Health Centre	H/C	11	0	0	0	2	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	1	6
Marani Health Centre (RHDC)	H/C	20	0	1	0	7	1	0	0	0	0	3	1	1	0	2	0	0	0	0	0	0	0	2	18
<b>Sub-Total: Health Centres</b>		43	0	2	0	16	2	0	0	0	1	4	2	2	0	7	0	0	1	0	0	0	0	7	44
<b>Percentage: Health Centres</b>		14%	0%	5%	0%	3%	3%	0%	0%	0%	2%	4%	2%	2%	0%	16%	0%	0%	2%	0%	0%	0%	0%	18%	100%
Ibacho Dispensary	DIS	6	0	0	0	2	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	7
Ramasha Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4
Siaka Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	4	8
<b>Sub-Total: Dispensaries</b>		6	0	0	0	4	1	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0	9	19
<b>Percentage: Dispensaries</b>		2%	0%	0%	0%	3%	1%	0%	0%	0%	0%	16%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	100%
<b>Grand Total</b>		297	10	40	42	204	34	4	8	26	3	8	10	11	7	12	5	14	10	0	2	9	9	171	654
<b>Percentage: All Facilities</b>		100%	1%	6%	6%	31%	5%	1%	1%	4%	1%	2%	2%	2%	1%	2%	1%	2%	2%	0%	0%	3%	3%	26%	100%

## Annex 1: Personnel in Sample Area by Facility

### Nyamira District (N=7)

Facility Name	Type	No. of beds	Docs	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub Staff	Total
					RNs	ENs	Lab	Phar	Rad	Other	PHOs	PHTs	FP	Nutrition	Other	Accts/Clks	MROTs	Other	Wali	House	Cooks	Drivers	Other		
Nyamira District Hospital	HOS	250	3	19	16	59	25	1	3	9	7	69	17	10	1	50	5	12	0	0	2	7	5	142	505
<b>Sub-Total: Hospitals</b>		<b>250</b>	<b>3</b>	<b>19</b>	<b>16</b>	<b>59</b>	<b>25</b>	<b>1</b>	<b>3</b>	<b>9</b>	<b>7</b>	<b>69</b>	<b>17</b>	<b>10</b>	<b>1</b>	<b>50</b>	<b>5</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>142</b>	<b>505</b>
<b>Percentage: Hospitals</b>		<b>98%</b>	<b>1%</b>	<b>4%</b>	<b>3%</b>	<b>20%</b>	<b>15%</b>	<b>0%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>14%</b>	<b>13%</b>	<b>2%</b>	<b>0%</b>	<b>10%</b>	<b>1%</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>2%</b>	<b>28%</b>	<b>100%</b>
Keroka Health Centre	HUC	6	0	1	0	7	2	0	0	0	0	1	1	1	0	3	0	0	2	0	0	1	2	6	29
Elono Health Centre	HUC	0	0	0	0	2	0	0	0	0	0	1	1	0	0	1	0	0	1	0	0	0	0	1	7
Chepingombe Health Centre	HUC	0	0	0	0	4	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	5	12
<b>Sub-Total: Health Centres</b>		<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>13</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>12</b>	<b>44</b>
<b>Percentage: Health Centres</b>		<b>2%</b>	<b>0%</b>	<b>2%</b>	<b>0%</b>	<b>36%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>6%</b>	<b>2%</b>	<b>0%</b>	<b>11%</b>	<b>0%</b>	<b>0%</b>	<b>7%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>0%</b>	<b>3%</b>	<b>100%</b>
Kikuu Dispensary	DIS	0	0	0	0	2	0	0	0	0	0	1	1	1	0	0	0	0	0	3	0	0	0	3	9
Amateno Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	4
Magombo Dispensary	DIS	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	5
<b>Sub-Total: Dispensaries</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>19</b>
<b>Percentage: Dispensaries</b>		<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>17%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>17%</b>	<b>6%</b>	<b>0%</b>	<b>6%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>100%</b>
<b>Grand Total</b>		<b>256</b>	<b>3</b>	<b>20</b>	<b>16</b>	<b>118</b>	<b>27</b>	<b>1</b>	<b>3</b>	<b>9</b>	<b>7</b>	<b>78</b>	<b>19</b>	<b>11</b>	<b>1</b>	<b>56</b>	<b>5</b>	<b>12</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>7</b>	<b>160</b>	<b>567</b>
<b>Percentage: All Facilities</b>		<b>1%</b>	<b>4%</b>	<b>3%</b>	<b>21%</b>	<b>5%</b>	<b>0%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>13%</b>	<b>4%</b>	<b>2%</b>	<b>0%</b>	<b>10%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>28%</b>	<b>100%</b>

### Kisii District (N=7)

Facility Name	Type	No. of beds	Docs	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub Staff	Total
					RNs	ENs	Lab	Phar	Rad	Other	PHOs	PHTs	FP	Nutrition	Other	Accts/Clks	MROTs	Other	Wali	House	Cooks	Drivers	Other		
Kisii District Hospital	HOS	248	10	38	42	184	31	4	8	28	3	4	8	8	7	5	5	14	8	0	0	22	9	155	591
<b>Sub-Total: Hospitals</b>		<b>248</b>	<b>10</b>	<b>38</b>	<b>42</b>	<b>184</b>	<b>31</b>	<b>4</b>	<b>8</b>	<b>28</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>9</b>	<b>155</b>	<b>591</b>
<b>Percentage: Hospitals</b>		<b>54%</b>	<b>2%</b>	<b>6%</b>	<b>7%</b>	<b>31%</b>	<b>5%</b>	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>2%</b>	<b>26%</b>	<b>100%</b>
Masimbo Health Centre	HUC	12	0	1	0	7	1	0	0	0	1	1	1	0	0	4	0	0	0	0	0	0	0	4	29
Kiana Health Centre	HUC	11	0	0	0	2	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	1	9
Marari Health Centre (RMDC)	HUC	20	0	1	0	7	1	0	0	0	0	3	1	1	0	2	0	0	0	0	0	0	0	2	18
<b>Sub-Total: Health Centres</b>		<b>43</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>16</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>44</b>
<b>Percentage: Health Centres</b>		<b>14%</b>	<b>0%</b>	<b>5%</b>	<b>0%</b>	<b>36%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>9%</b>	<b>5%</b>	<b>5%</b>	<b>0%</b>	<b>16%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>100%</b>
Ibocho Dispensary	DIS	0	0	0	0	2	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	7
Hamasha Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4
Ureka Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	4	9
<b>Sub-Total: Dispensaries</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>19</b>
<b>Percentage: Dispensaries</b>		<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>16%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>	<b>5%</b>	<b>0%</b>	<b>6%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>100%</b>
<b>Grand Total</b>		<b>297</b>	<b>10</b>	<b>40</b>	<b>42</b>	<b>204</b>	<b>34</b>	<b>4</b>	<b>8</b>	<b>28</b>	<b>3</b>	<b>4</b>	<b>10</b>	<b>11</b>	<b>7</b>	<b>12</b>	<b>5</b>	<b>14</b>	<b>10</b>	<b>0</b>	<b>2</b>	<b>22</b>	<b>9</b>	<b>171</b>	<b>654</b>
<b>Percentage: All Facilities</b>		<b>2%</b>	<b>6%</b>	<b>6%</b>	<b>31%</b>	<b>5%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>1%</b>	<b>26%</b>	<b>100%</b>

### Annex 1: Personnel in Sample Area by Facility

Kericho District (N=10)

Facility Name	Type	No. of beds	Docs	COs	Nurses					Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub. Staff	Total
					RNs	ENAs	Lab.	Phar.	Rad.	Other	PHOs	PHYs	FP	Nutrition	Other	Accts/CLOs	MRO/Ts	Other	Wat.	House	Cooks	Drivers	Other					
Kericho District Hospital	HOS	260	7	34	23	119	27	3	6	12	4	16	1	7	5	25	7	6	0	0	0	6	1	50	359			
<b>Sub-Total: Hospitals</b>		260	7	34	23	119	27	3	6	12	4	16	1	7	5	25	7	6	0	0	0	6	1	50	359			
<b>Percentage: Hospitals</b>		98%	2%	8%	6%	33%	8%	1%	2%	3%	1%	4%	0%	2%	1%	7%	2%	2%	0%	0%	0%	2%	0%	14%	100%			
Fort Terman sub-Health Centre	H/C	0	0	1	0	2	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	3	8			
Kiptere sub-Health Centre	H/C	0	0	0	0	2	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	5			
Sigowet Health Centre	H/C	24	0	1	1	8	2	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	4	20			
Sosiol Rural Centre	H/C	4	0	1	0	5	2	0	0	0	1	4	2	1	0	2	0	0	1	0	0	0	0	2	21			
Kabianja sub-Health Centre	H/C	0	0	0	0	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	7			
<b>Sub-Total: Health Centres</b>		28	0	3	1	20	5	0	0	0	1	8	3	2	0	4	0	0	2	0	0	0	0	12	61			
<b>Percentage: Health Centres</b>		10%	0%	3%	2%	33%	6%	0%	0%	0%	2%	13%	5%	3%	0%	7%	0%	0%	3%	0%	0%	0%	0%	20%	100%			
Kebeneti SDA Dispensary	DIS	0	0	0	0	2	1	0	0	0	0	0	1	0	0	1	0	0	2	1	0	0	0	0	8			
Makyolet Dispensary	DIS	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	7			
Lomolt Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1			
Kebeneti Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	4	7			
<b>Sub-Total: Dispensaries</b>		0	0	0	0	7	1	0	0	0	0	1	1	1	0	1	0	0	4	1	0	0	0	6	23			
<b>Percentage: Dispensaries</b>		0%	0%	0%	0%	30%	4%	0%	0%	0%	0%	4%	4%	4%	0%	4%	0%	0%	17%	4%	0%	0%	0%	28%	100%			
<b>Grand Total</b>		288	7	37	24	146	33	3	6	12	5	25	5	10	5	30	7	6	6	1	0	6	1	68	443			
<b>Percentage: All Facilities</b>			2%	8%	5%	33%	7%	1%	1%	3%	1%	6%	1%	2%	1%	7%	2%	1%	1%	0%	0%	1%	0%	15%	100%			

## Annex 1: Personnel in Sample Area by Facility

### Bomet District (N=8)

Facility Name	Type	No. of beds	Docs	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub-Staff	Total	
					RNs	NENs	Lab	Phar	Rad	Other	PHOs	PHTs	FP	Nutrition	Other	Accs/CLOs	MROTs	Other	Wat	House	Cooks	Drivers	Other			
Bomet District Hospital - Longisa*	HOS	0	4	5	5	11	7	3	1	2	0	6	0	4	3	5	0	5	2	0	0	1	3	4	0	68
Kaplong Hospital	HOS	271	2	4	5	25	5	0	1	1	0	0	0	0	1	0	0	2	3	1	1	4	8	110	242	
<b>Sub-Total: Hospitals</b>		271	6	9	10	36	12	3	2	3	0	6	0	4	4	5	0	7	5	1	1	7	12	110	242	
<b>Percentage: Hospitals</b>		88%	2%	4%	4%	15%	6%	1%	1%	1%	0%	3%	0%	2%	2%	5%	0%	3%	2%	10%	0%	2%	3%	45%	100%	
Kapkoros Health Centre	HVC	6	0	0	1	4	2	0	0	0	0	3	0	1	0	1	0	0	1	0	0	0	0	2	15	
Sigor sub-District Hospital	HVC	30	0	0	1	5	2	0	0	0	0	2	2	1	0	0	0	0	2	0	0	2	0	2	19	
Siangirai Health Centre	HVC	0	0	0	1	4	2	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	2	12	
<b>Sub-Total: Health Centres</b>		36	0	0	3	13	4	0	0	0	3	3	1	1	1	2	0	2	1	0	0	2	2	6	46	
<b>Percentage: Health Centres</b>		12%	0%	0%	3%	28%	15%	0%	0%	0%	9%	13%	4%	4%	3%	4%	0%	0%	3%	0%	0%	4%	8%	13%	100%	
Kapkasio Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	3	
Makimery Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	3	
Silibwet Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	1	5	
<b>Sub-Total: Dispensaries</b>		0	0	0	0	3	0	0	0	0	0	4	0	0	0	0	0	0	2	0	0	0	0	1	11	
<b>Percentage: Dispensaries</b>		0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	13%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	2%	100%	
<b>Grand Total</b>		307	6	9	13	52	18	3	2	3	9	17	1	6	5	7	0	9	11	1	1	9	8	117	299	
<b>Percentage: All Facilities</b>		87%	2%	3%	4%	17%	6%	1%	1%	1%	9%	6%	1%	2%	1%	4%	0%	7%	7%	1%	0%	0%	3%	39%	100%	

### Gucha District (N=6)

Facility Name	Type	No. of beds	Docs	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub-Staff	Total
					RNs	NENs	Lab	Phar	Rad	Other	PHOs	PHTs	FP	Nutrition	Other	Accs/CLOs	MROTs	Other	Wat	House	Cooks	Drivers	Other		
Ogembo H/C (Gucha District Hospital)**	HOS	25	1	1	2	11	2	0	0	0	3	2	3	1	0	7	0	1	0	0	0	0	0	9	43
Nyamache Health Centre	HVC	4	0	1	0	5	1	0	0	0	1	2	1	0	0	1	0	0	0	0	0	0	0	4	16
Nduru Health Centre (RHDC)	HVC	20	0	1	0	8	1	0	0	0	0	2	1	0	0	1	0	0	0	0	0	0	0	20	33
<b>Sub-Total: Health Centres</b>		49	0	3	2	24	2	0	0	0	4	4	2	1	0	9	0	0	0	0	0	0	0	20	59
<b>Percentage: Health Centres</b>		100%	0%	1%	2%	29%	5%	0%	0%	0%	5%	17%	6%	2%	0%	11%	0%	0%	0%	0%	0%	0%	0%	24%	100%
Elago Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	3	7
Kenya Dispensary	DIS	0	0	0	0	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	4	9
Kionyo Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	5
<b>Sub-Total: Dispensaries</b>		0	0	0	0	5	0	0	0	0	0	3	1	0	0	0	0	0	3	0	0	0	0	7	21
<b>Percentage: Dispensaries</b>		0%	0%	0%	0%	24%	0%	0%	0%	0%	0%	14%	3%	0%	0%	0%	0%	0%	14%	0%	0%	0%	0%	43%	100%
<b>Grand Total</b>		49	0	3	2	29	2	0	0	0	4	6	3	2	0	9	0	0	3	0	0	0	0	29	104
<b>Percentage: All Facilities</b>		100%	0%	13%	2%	28%	4%	0%	0%	0%	4%	9%	6%	2%	0%	9%	0%	0%	3%	0%	0%	0%	0%	28%	100%

**NOTE:**

\*Bomet District Hospital: Buildings and other physical facilities for 100 beds are present. Constraints to operation are water, staff & supplies.

\*\*Ogembo H/C: It now has 25 beds & is planned to be upgraded to a district hospital with 100 beds.

### Annex 1: Personnel in Sample Area by Facility

#### Bomet District (N=8)

Facility Name	Type	No. of			Nurses				Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub-Total	
		Beds	DOs	COs	RNs	ENs	Lab	Phar	Rad	Other	PHOs	PHTs	FPs	Nutrition	Other	Accu/CLOs	MROTs	Other	Wat	House	Cooks	Drivers	Other	Staff	Total		
Bomet District Hospital - Lungisa*	HDS	0	4	5	2	11	7	3	1	2	0	6	0	4	3	5	0	5	2	0	0	1	4	0	68		
Kaplung Hospital	HDS	271	2	4	5	25	5	0	1	1	0	0	0	1	6	0	2	3	1	1	3	4	4	110	174		
<b>Sub-Total: Hospitals</b>		<b>271</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>36</b>	<b>12</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>5</b>	<b>11</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>110</b>	<b>242</b>			
<b>Percentage: Hospitals</b>		<b>88%</b>	<b>2%</b>	<b>4%</b>	<b>4%</b>	<b>15%</b>	<b>5%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>	<b>2%</b>	<b>0%</b>	<b>2%</b>	<b>6%</b>	<b>0%</b>	<b>3%</b>	<b>2%</b>	<b>10%</b>	<b>0%</b>	<b>2%</b>	<b>3%</b>	<b>45%</b>	<b>100%</b>			
Kapkoros Health Centre	HVC	5	0	0	1	4	2	0	0	0	0	3	0	1	0	0	0	1	0	0	0	0	0	2	15		
Sigor sub-District Hospital	HVC	30	0	0	1	5	2	0	0	0	0	2	2	1	0	0	0	2	0	0	2	0	0	2	19		
Siongoror Health Centre	HVC	1	0	0	1	4	2	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	2	12		
<b>Sub-Total: Health Centres</b>		<b>36</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>17</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>46</b>		
<b>Percentage: Health Centres</b>		<b>12%</b>	<b>0%</b>	<b>0%</b>	<b>7%</b>	<b>28%</b>	<b>13%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>13%</b>	<b>4%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>	<b>13%</b>	<b>100%</b>			
Kapkoros Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	3		
Makimery Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	3		
Silibwet Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5		
<b>Sub-Total: Dispensaries</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>11</b>		
<b>Percentage: Dispensaries</b>		<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>9%</b>	<b>100%</b>		
<b>Grand Total</b>		<b>307</b>	<b>6</b>	<b>9</b>	<b>10</b>	<b>52</b>	<b>18</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>17</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>117</b>	<b>299</b>			
<b>Percentage: All Facilities</b>		<b>100%</b>	<b>2%</b>	<b>3%</b>	<b>4%</b>	<b>17%</b>	<b>6%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>	<b>6%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>	<b>2%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>3%</b>	<b>39%</b>	<b>100%</b>			

#### Gucha District (N=6)

Facility Name	Type	No. of			Nurses				Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub-Total	
		Beds	DOs	COs	RNs	ENs	Lab	Phar	Rad	Other	PHOs	PHTs	FPs	Nutrition	Other	Accu/CLOs	MROTs	Other	Wat	House	Cooks	Drivers	Other	Staff	Total		
Ogembo H/C (Gucha District Hospital)	HDS	15	1	1	2	11	2	0	0	0	3	2	3	1	0	7	0	1	0	0	0	0	0	0	9	43	
Nyamache Health Centre	HVC	4	0	1	0	5	1	0	0	0	1	2	1	0	0	1	0	0	0	0	0	0	0	0	4	16	
Nouru Health Centre (RHDC)	HVC	20	0	1	0	4	1	0	0	0	0	2	1	1	0	1	2	0	0	0	0	0	0	0	7	24	
<b>Sub-Total: Health Centres</b>		<b>39</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>20</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>83</b>	
<b>Percentage: Health Centres</b>		<b>100%</b>	<b>1%</b>	<b>4%</b>	<b>2%</b>	<b>28%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>6%</b>	<b>7%</b>	<b>6%</b>	<b>2%</b>	<b>0%</b>	<b>11%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>24%</b>	<b>100%</b>		
Fuga Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	7	
Kenyeva Dispensary	DIS	0	0	0	0	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	4	9	
Kienyo Dispensary	DIS	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	5	
<b>Sub-Total: Dispensaries</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>21</b>	
<b>Percentage: Dispensaries</b>		<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>13%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>14%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>43%</b>	<b>100%</b>	
<b>Grand Total</b>		<b>49</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>26</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>9</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>104</b>	
<b>Percentage: All Facilities</b>		<b>100%</b>	<b>2%</b>	<b>3%</b>	<b>2%</b>	<b>28%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>9%</b>	<b>6%</b>	<b>2%</b>	<b>0%</b>	<b>9%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>28%</b>	<b>100%</b>	

**NOTE:**

\*Bomet District Hospital, Bomet go and other private health facilities are not included in the survey. Constraints to operation are water, staff & supplies.

\*\*Ogembo H/C: It now has 20 beds & 10 staff members. It was previously 10 beds & 5 staff members.

Annex 2: Personnel in Sample Area  
by District and Facility Type

Hospitals																										
District	N	No. of beds	Doc.s	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub. Staff	Total	
					RNs	ENs	Lab.	Phar.	Rad.	Other	PHOs	PHTs	FP	Nutrition	Other	Accts/CLOs	MRO/Ts	Other	Wat.	House	Cooks	Drivers	Other			
Nyamira	1	250	3	19	16	99	25	1	3	9	7	69	17	10	1	50	5	12	0	0	2	7	8	142	505	
Kisii	1	248	10	38	42	184	31	4	8	26	3	4	8	7	5	5	14	8	0	0	22	9	50	359		
Kencho	1	260	7	34	23	119	27	3	6	12	4	16	1	7	5	25	7	6	0	0	6	1	8	110	242	
Bomet	2	271	5	9	10	36	12	3	2	3	0	6	0	4	4	11	0	7	5	1	1	4	8	0	0	
Gucha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	457	1697	
<b>Sub-Total</b>	<b>5</b>	<b>1029</b>	<b>26</b>	<b>100</b>	<b>91</b>	<b>438</b>	<b>95</b>	<b>11</b>	<b>19</b>	<b>50</b>	<b>14</b>	<b>95</b>	<b>26</b>	<b>29</b>	<b>17</b>	<b>91</b>	<b>17</b>	<b>39</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>39</b>	<b>26</b>	<b>27%</b>	<b>100%</b>	
<b>Percentage</b>			<b>2%</b>	<b>6%</b>	<b>5%</b>	<b>26%</b>	<b>6%</b>	<b>1%</b>	<b>1%</b>	<b>3%</b>	<b>1%</b>	<b>6%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>5%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>2%</b>			

Health Centres																										
District	N	No. of beds	Doc.s	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub. Staff	Total	
					RNs	ENs	Lab.	Phar.	Rad.	Other	PHOs	PHTs	FP	Nutrition	Other	Accts/CLOs	MRO/Ts	Other	Wat.	House	Cooks	Drivers	Other			
Nyamira	3	6	0	1	0	13	2	0	0	0	0	4	2	1	0	5	0	0	3	0	0	1	0	12	44	
Kisii	3	43	0	2	0	16	2	0	0	0	1	8	2	2	0	7	0	0	1	0	0	0	0	7	44	
Kencho	5	28	0	3	1	20	5	0	0	0	1	8	3	2	0	4	0	0	2	0	0	0	0	12	61	
Bomet	3	36	0	3	3	13	6	0	0	0	0	6	2	2	0	2	0	0	4	0	0	2	0	6	46	
Gucha	2	49	1	3	2	24	4	0	0	0	4	6	5	2	0	9	2	1	0	0	0	0	0	20	63	
<b>Sub-Total</b>	<b>16</b>	<b>162</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>86</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>28</b>	<b>14</b>	<b>9</b>	<b>0</b>	<b>27</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>57</b>	<b>278</b>	
<b>Percentage</b>			<b>0%</b>	<b>3%</b>	<b>2%</b>	<b>31%</b>	<b>7%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>10%</b>	<b>6%</b>	<b>3%</b>	<b>0%</b>	<b>10%</b>	<b>1%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>21%</b>	<b>100%</b>	

Dispensaries																										
District	N	No. of beds	Doc.s	COs	Nurses		Clinical Support				Public Health		Preventive & Promotive			Administrative Staff			Maintenance Support Staff					Sub. Staff	Total	
					RNs	ENs	Lab.	Phar.	Rad.	Other	PHOs	PHTs	FP	Nutrition	Other	Accts/CLOs	MRO/Ts	Other	Wat.	House	Cooks	Drivers	Other			
Nyamira	3	0	0	0	0	6	0	0	0	0	1	3	1	0	0	1	0	0	0	0	0	0	0	6	18	
Kisii	3	6	0	0	0	4	1	0	0	0	0	3	0	1	0	0	0	0	1	0	0	0	0	9	19	
Kencho	4	0	0	0	0	7	1	0	0	0	0	1	1	1	0	1	0	0	4	1	0	0	0	6	23	
Bomet	3	0	0	0	0	3	0	0	0	0	0	5	0	0	0	0	0	0	2	0	0	0	0	1	11	
Gucha	3	0	0	0	0	5	0	0	0	0	0	3	1	0	0	0	0	0	3	0	0	0	0	9	21	
<b>Sub-Total</b>	<b>16</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>15</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>92</b>	

Annex 3: MOH Personnel in JICA Study Area - 1994 (DSA Database) & 1997 (PMO staff returns)

MAJOR CLASSIFICATION and Job Category	Kiisi		Gucha		Nyanira		Kencho		Bonati		Study Area Total	
	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO
N/A (Not Found)												
N/A	1		1		4		9		2		17	
Medical/Dental Officers												
Medical Officer	10	10	0	1	2	4	7	6	1	1	20	22
Medical Specialist												
Medical Intern												
<b>Sub-Total: Medical Officers</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>20</b>	<b>22</b>
Dental Officer	2	1	0	0	0	0	2	2	0	0	4	3
Dental Specialist												
Dental Intern												
<b>Sub-Total: Dental Officers</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>3</b>
<b>Sub-Total: Medical/Dental Officers</b>	<b>12</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>24</b>	<b>25</b>
Clinical Officers												
COs - General	33	36	2	3	16	19	31	45	13	5	95	109
COs - Specialist												
COs - Intern												
<b>Sub-Total: Clinical Officers</b>	<b>33</b>	<b>36</b>	<b>2</b>	<b>3</b>	<b>16</b>	<b>19</b>	<b>31</b>	<b>45</b>	<b>13</b>	<b>5</b>	<b>95</b>	<b>109</b>
Nurses												
Registered Nurses (KRN, KRCHN etc.)	56	38	2	4	16	21	34	191	12	94	120	348
Enrolled Nurses (EN, ECN etc.)	259	245	36	32	147	167	256		118		814	444
Registered/Enrolled Midwives	5		3		3		6		1		18	0
<b>Sub-Total: Nurses</b>	<b>320</b>	<b>283</b>	<b>41</b>	<b>36</b>	<b>166</b>	<b>188</b>	<b>286</b>	<b>197</b>	<b>129</b>	<b>94</b>	<b>952</b>	<b>792</b>
Clinical Support												
Biochemist/Other Laboratory Scientist												
Medical Laboratory Technologist	36	26	3	4	20	4	42	3	21	4	122	41
Medical Laboratory Technician							21	44		4	0	69
<b>Sub-Total: Laboratory</b>	<b>36</b>	<b>26</b>	<b>3</b>	<b>4</b>	<b>20</b>	<b>4</b>	<b>42</b>	<b>47</b>	<b>21</b>	<b>8</b>	<b>122</b>	<b>110</b>
Pharmacist												
Pharmacy Intern												
Pharmaceutical Technologist	5	4	1	1	3	1	7	9	3	3	19	18
Drugs Inspector												
<b>Sub-Total: Pharmacy</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>9</b>	<b>3</b>	<b>3</b>	<b>19</b>	<b>18</b>
Radiologist												
Radiographer	8	7	0	0	2	2	7	7	0	1	17	17
Radiographic Film Processor												
<b>Sub-Total: Radiography</b>	<b>8</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>17</b>	<b>17</b>
Occupational Therapist	17	6	0		7	3	17	7	6	1	47	17
Physiotherapist		10					4		12		0	26
Orthopaedic Technologist	4	4	0		0		1		0		5	4
Plaster Technician	5	7	0		0	3	3	7	2	2	10	19
Dental Technologist	2	1	0		1		3	3	2	1	8	5
<b>Sub-Total: Other</b>	<b>28</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>10</b>	<b>24</b>	<b>29</b>	<b>10</b>	<b>4</b>	<b>70</b>	<b>71</b>
<b>Sub-Total: Clinical Support</b>	<b>77</b>	<b>65</b>	<b>4</b>	<b>5</b>	<b>33</b>	<b>38</b>	<b>80</b>	<b>92</b>	<b>34</b>	<b>16</b>	<b>228</b>	<b>216</b>
Public Health												
Public/Environmental Health Officer	14	4	8	7	15	6	22		11		68	17
Public/Environmental Health Technician	33	45	19	26	28	62	55		51		186	134
<b>Sub-Total: Public Health</b>	<b>47</b>	<b>50</b>	<b>25</b>	<b>33</b>	<b>43</b>	<b>68</b>	<b>77</b>	<b>0</b>	<b>62</b>	<b>0</b>	<b>254</b>	<b>151</b>



Annex 3: MOH Personnel in JICA Study Area - 1994 (DSA Database) & 1997 (PMO staff returns)

MAJOR CLASSIFICATION and Job Category	Kisumu		Gucha		Nyanira		Kericho		Bomet		Study Area Total	
	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO	1994 DSA	1997 PMO	DSA	PMO
N/A (Not Found)												
N/A	1		1		4		9		2		17	
<b>Medical/Dental Officers</b>												
Medical Officer	10	10	0	1	2	4	7	9	1	1	20	22
Medical Specialist												
Medical Intern												
<b>Sub-Total: Medical Officers</b>	10	10	0	1	2	4	7	9	1	1	20	22
Dental Officer	2	1	0	0	0	0	2	2	0	0	4	3
Dental Specialist												
Dental Intern												
<b>Sub-Total: Dental Officers</b>	2	1	0	0	0	0	2	2	0	0	4	3
<b>Sub-Total: Medical/Dental Officers</b>	12	11	0	1	2	4	9	11	1	1	24	25
<b>Clinical Officers</b>												
COs - General	33	36	2	3	16	19	31	46	13	5	95	109
COs - Specialist												
COs - Intern												
<b>Sub-Total: Clinical Officers</b>	33	36	2	3	16	19	31	46	13	5	95	109
<b>Nurses</b>												
Registered Nurses (KRN, KRCHN etc.)	55	38	2	4	16	21	34	191	12	94	120	343
Enrolled Nurses (EN, ECN etc.)	259	245	36	32	147	167	256		116		814	444
Registered/Enrolled Midwives	5		3		3		6		1		18	0
<b>Sub-Total: Nurses</b>	320	283	41	36	166	188	296	197	129	94	952	792
<b>Clinical Support</b>												
Biochemist/Other Laboratory Scientist												
Medical Laboratory Technologist	36	26	3	4	20	4	42	3	21	4	122	41
Medical Laboratory Technician						21		44		4	0	69
<b>Sub-Total: Laboratory</b>	36	26	3	4	20	25	42	47	21	8	122	110
Pharmacist												
Pharmacy Intern												
Pharmaceutical Technologist	5	4	1	1	3	1	7	9	3	3	19	18
Drugs Inspector												
<b>Sub-Total: Pharmacy</b>	5	4	1	1	3	1	7	9	3	3	19	18
Radiologist												
Radiographer	8	7	0	0	2	2	7	7	0	1	17	17
Radiographic Film Processor												
<b>Sub-Total: Radiography</b>	8	7	0	0	2	2	7	7	0	1	17	17
Occupational Therapist	17	6	0		7	3	17	7	8	1	47	17
Physiotherapist		10				4		12			0	26
Orthopaedic Technologist	4	4	0		0		1		0		5	4
Plaster Technician	5	7	0		0	3	3	1	2	2	16	19
Dental Technologist	2	1	0		1		3	3	2	1	8	5
<b>Sub-Total: Other</b>	28	28	0	0	8	10	24	22	13	4	70	71
<b>Sub-Total: Clinical Support</b>	77	65	4	5	33	38	80	92	34	16	228	216
<b>Public Health</b>												
Public/Environmental Health Officer	14	4	6	7	15	6	22		11		58	17
Public/Environmental Health Technician	33	45	19	25	28	62	55		51		195	134
<b>Sub-Total: Public Health</b>	47	50	25	33	43	68	77	0	62	0	254	151

Annex 5: MOH Personnel in JICA Study Area - 1994 (DSA Database) & 1997 (PMO staff returns)

MAJOR CLASSIFICATION and Job Category	Kisii		Gucha		Nyamira**		Kericho*		Bomet*		Study Area Total	
	1994	1997	1994	1997	1994	1997	1994	1997	1994	1997	DSA	PMO
	DSA	PMO	DSA	PMO	DSA	PMO	DSA	PMO	DSA	PMO	DSA	PMO
<b>Preventive &amp; Promotive *</b>												
Health Education Officer	0	1	0	0	0	1	0		0		0	2
Family Planning Officer/Field Educator	9	11	5	4	17	17	9		9		49	32
<b>Sub-Total: Family Planning</b>	<b>9</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>17</b>	<b>18</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>49</b>	<b>34</b>
Nutritionist		2		0							0	2
Nutrition Field Worker/Technician	11	6	0	6	8	10	14		6		39	22
<b>Sub-Total: Nutrition</b>	<b>11</b>	<b>8</b>	<b>0</b>	<b>6</b>	<b>8</b>	<b>10</b>	<b>14</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>39</b>	<b>24</b>
Community Oral Health Officer		2		0		1					0	3
Social Welfare Officer												
Social Welfare Assistant	1		0	1	0	0	0		0		1	1
Parasitologist												
Entomologist:												
Entomological Technologist	2	1	0	0	1	0	2		3		6	1
Entomological Technician		5		0							0	5
<b>Sub-Total: Other</b>	<b>3</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>10</b>
<b>Sub-Total: Prev. &amp; Prom.</b>	<b>23</b>	<b>28</b>	<b>5</b>	<b>11</b>	<b>26</b>	<b>29</b>	<b>25</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>97</b>	<b>68</b>
<b>Administration</b>												
Accountant/Accounts Controller												
Accounts Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Clerical Officer (all grades)	76	54	8	6	40	45	34	29	18	5	176	139
Hospital Secretary	2	0	0	0	1	0	4	4	2	1	9	5
<b>Sub-Total: Accounts/CLOs</b>	<b>78</b>	<b>54</b>	<b>8</b>	<b>6</b>	<b>41</b>	<b>45</b>	<b>38</b>	<b>33</b>	<b>20</b>	<b>6</b>	<b>185</b>	<b>144</b>
Medical Records Officer		2		0		1		1		0	0	4
Medical Records Technician	3	4	0	0	2	5	10	13	4	5	19	27
<b>Sub-Total: Med. Rec. Off/Techs</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>10</b>	<b>14</b>	<b>4</b>	<b>5</b>	<b>19</b>	<b>31</b>
Personnel Officer	0	2	0	0	0	0	0	0	0	0	0	2
Statistician												
Statistical Clerk												
Other	2		0		2		2		0		6	0
Health Administration Officers	0	0	0	0	0	2	0		0		0	2
Storeman	2	4	1		5	8	2	2	2	2	12	16
Supplies Officer												
Supplies Assistant				1		1				1	0	3
Copy/Shorthand Typist												
Telephone Operator	5	5	0		6	6	3	3	3	0	17	14
<b>Sub-Total: Other</b>	<b>9</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>17</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>35</b>	<b>37</b>
<b>Sub-Total: Administration</b>	<b>90</b>	<b>71</b>	<b>9</b>	<b>7</b>	<b>56</b>	<b>68</b>	<b>55</b>	<b>52</b>	<b>29</b>	<b>14</b>	<b>239</b>	<b>212</b>
<b>Maintenance &amp; Support Staff</b>												
Watchman/Security Officer/Warden												
Housekeeper/Assistant Housekeeper	10	10	1	3	10		6		2		29	13
Cateress/Cook	6		0		2	3	0		1		9	3
Driver	23	22	4	2	11	9	14	10	4	1	56	44
Medical Engineering Technologist	1		0		0	3	0	5	0	2	1	10
Artisan (Building)		9									0	9
Artisan (Tailor)						4					0	4
Mortuary Superintendent	0		0		0		0		0			
<b>Sub-Total: Other</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>23</b>
<b>Sub-Total: Maintenance &amp; Support</b>	<b>40</b>	<b>41</b>	<b>5</b>	<b>5</b>	<b>23</b>	<b>19</b>	<b>20</b>	<b>15</b>	<b>7</b>	<b>3</b>	<b>95</b>	<b>83</b>
<b>Subordinate Staff</b>												
Subordinate Staff (Job groups A,B,C,D)	321	258	44	35	174	121	177	103	75	29	791	546
Ungaded Nurse												
Laboratory Attendant												
Mortuary Attendant	0		0		2		0		0		2	0
COXWIN												
<b>Sub-Total: Subordinate Staff</b>	<b>321</b>	<b>258</b>	<b>44</b>	<b>35</b>	<b>176</b>	<b>121</b>	<b>177</b>	<b>103</b>	<b>75</b>	<b>29</b>	<b>793</b>	<b>546</b>
<b>Grand Total</b>	<b>964</b>	<b>843</b>	<b>136</b>	<b>136</b>	<b>545</b>	<b>554</b>	<b>779</b>	<b>507</b>	<b>370</b>	<b>162</b>	<b>2,794</b>	<b>2,202</b>

NOTE:

\* Data on Public Health and Prev. & Prom. personnel in Kericho and Bomet districts are estimates based on 1994 data and the average change per category in the other 3 districts from 1994 to 1997.

\*\* 1997 data from Nyamira district is from Nyamira District Report. 1997 data from other districts is from Provincial Personnel reports.

Annex 4: MOH Personnel in JICA Study Area - 1994 DSA, 1997 PMO and Adjusted 1997 returns

MAJOR CLASSIFICATION and Job Category	Kisumu			Gucha			Nyamira			Kericho			Bomet			Total		
	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)
N/A (Not Found)																		
Medical/Dental Officers																		
Medical Officers	10	10	10	0	1	1	2	4	3	7	6	6	1	1	1	20	22	21
Dental Officers	2	1	1	0	0	0	0	0	0	2	2	2	0	0	0	4	3	3
Sub-Total: Med/Den.	12	11	11	0	1	1	2	4	3	9	8	8	1	1	1	24	25	24
Clinical Officers	33	36	36	2	3	3	16	19	18	13	16	16	13	15	15	95	109	106
Nurses	320	283	283	41	36	36	166	188	195	296	191	268	129	94	94	952	792	876
Clinical Support																		
Laboratory	36	26	26	3	4	4	20	25	25	42	47	47	21	8	13	122	110	115
Pharmacy	5	4	4	1	1	1	3	1	1	7	9	9	3	3	3	19	18	18
Radiography	8	7	8	0	0	0	2	2	4	7	7	7	0	1	1	17	17	20
Other	28	28	28	0	0	0	8	10	11	24	29	29	10	4	4	70	71	72
Sub-Total: Clinical Support	77	65	66	4	5	5	33	38	41	80	92	92	34	16	21	228	216	225
Public Health	47	50	50	26	33	33	43	68	75	77	60	172	62	0	0	254	352	360
Preventive & Promotive																		
Family Planning	9	12	12	5	4	6	17	18	16	9	0	14	9	0	14	49	34	62
Nutrition	11	8	11	0	6	6	8	10	12	14	0	21	6	0	9	39	24	59
Other	3	8	8	0	1	1	1	1	1	2	0	3	3	0	5	9	10	18
Sub-Total: Preventive & Promotive	23	28	31	5	11	13	26	29	29	25	0	38	18	0	28	97	68	139
Administration																		
Accts/Clerical	78	54	54	8	6	6	41	45	46	38	33	33	20	6	7	185	144	146
MRO/Ts	3	6	6	0	0	2	2	6	6	10	14	14	4	5	5	19	31	33
Other	9	11	12	1	1	1	13	17	15	7	5	6	5	3	5	35	37	40
Sub-Total: Administration	90	71	72	9	7	9	56	68	68	55	52	53	29	14	17	239	212	219
Maintenance & Support																		
Blggs/Grounds	10	10	10	1	3	3	10	0	0	6	0	0	2	0	0	29	13	13
Cateress/Cook	6	0	0	0	0	0	2	3	3	0	0	0	1	0	0	9	3	3
Driver	23	22	22	4	2	2	11	9	8	14	10	10	4	1	6	56	44	48
Other	1	9	9	0	0	0	0	7	8	0	5	5	0	2	2	1	23	24
Sub-Total: Maintenance & Support	40	41	41	5	5	5	23	19	19	20	15	15	7	3	8	95	83	88
Subordinate Staff	32	253	255	44	35	35	176	121	147	177	103	103	75	29	29	793	546	572
Grand Total	964	843	848	136	135	140	545	654	595	729	507	735	370	162	293	2,794	2,202	2,611

NOTE:

1997 (Adj.) figures in different typeface: Adjustments were made to the 1997 PMO figures when the returns from the sample area exceeded the PMO returns.

1997 (Adj.) figures in italics: Adjustments were made on the basis of the average change in the cadre between 1994 & 1997. This is for cadres for which there were no PMO returns, except for Kericho nurses, where the variation between 1994 and 1997 was too large to be accurate.

\* 1997 (Adj.) figures for Nyamira District: These are taken from the MOH District Health Facilities profile, dated October 1997

Annex 4: NCH Personnel in JICA Study Area - 1994 DSA, 1997 PMO and Adjusted 1997 returns

MAJOR CLASSIFICATION and Job Category	Kisumu			Gucha			Nyamira			Kericho			Bomet			Total		
	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)	DSA 1994	PMO 1997	1997 (Adj.)
N/A (Not Found)	14						9			2			17					
Medical/Dental Officers																		
Medical Officers	10	10	10	0	1	1	2	4	3	7	6	6	1	1	1	20	22	21
Dental Officers	2	1	1	0	0	0	0	0	0	2	2	2	0	0	0	4	3	3
Sub-Total: Med/Dent	12	11	11	0	1	1	2	4	3	9	8	8	1	1	1	24	25	24
Clinical Officers	33	36	36	2	3	3	16	19	18	31	46	46	13	15	15	95	109	108
Nurses	320	283	283	41	36	36	166	188	195	296	191	208	129	94	94	952	792	876
Clinical Support																		
Laboratory	56	26	26	3	4	4	20	25	25	42	47	47	21	8	13	122	110	115
Pharmacy	5	4	4	1	1	1	3	1	1	7	9	9	3	3	3	19	18	18
Radiography	8	7	8	0	0	0	2	2	4	7	7	7	0	1	1	17	17	20
Other	26	28	28	0	0	0	8	10	11	24	29	25	10	4	4	70	71	72
Sub-Total: Clinical Support	77	65	66	4	5	5	33	38	41	80	92	92	34	16	21	228	216	225
Public Health	47	50	50	26	37	33	43	68	75	77	120	172	62	10	90	254	351	350
Preventive & Promotive																		
Family Planning	9	12	12	5	4	6	17	18	16	0	0	14	9	0	14	49	34	62
Nutrition	11	8	11	0	5	6	8	10	12	14	0	21	6	0	9	39	24	59
Other	3	8	5	0	1	1	1	1	1	2	0	3	3	0	5	9	10	18
Sub-Total: Preventive & Promotive	23	28	31	5	10	13	26	29	29	25	0	38	18	0	28	97	68	139
Administration																		
Accts/Clerical	78	54	54	8	5	6	41	45	46	38	33	33	20	6	7	185	144	146
MHO's	3	6	5	0	0	2	2	6	6	10	14	14	4	5	5	19	31	33
Other	9	11	12	1	1	1	13	17	16	7	5	6	5	3	5	35	37	40
Sub-Total: Administration	90	71	72	9	6	9	56	68	69	55	52	53	29	14	17	239	212	219
Maintenance & Support																		
Logs/Grounds	10	10	10	1	3	3	10	0	0	5	0	0	2	0	0	29	13	13
Caterers/Cook	6	0	0	0	0	0	2	3	2	0	0	0	1	0	0	9	3	3
Driver	23	22	22	4	2	2	11	5	8	14	10	10	4	1	6	56	44	46
Other	1	5	5	0	0	0	0	7	8	0	5	5	0	2	2	1	23	24
Sub-Total: Maintenance & Support	40	41	41	5	5	5	23	15	19	20	15	15	7	3	8	95	83	88
Subordinate Staff	321	258	258	44	35	35	176	121	146	177	103	103	75	29	29	793	546	572
Grand Totals	664	843	848	130	138	140	545	554	595	779	607	735	370	162	293	2,794	2,202	2,511

NOTE:

1997 (Adj.) figures in different typeface. Adjustments were made to the 1997 PMO figures when the returns from the sample area exceeded the PMO returns.

1997 (Adj.) figures in italics. Adjustments were made on the basis of the average change in the cadre between 1994 & 1997. This is for cadres for which there were no PMO returns.

except for Kericho nurses, where the variation between 1994 and 1997 was too large to be accurate.

\* 1997 (Adj.) figures for Nyamira District. These are taken from the Ministry of Health Facilities profile, dated October 1997.

## KMTC Curriculum Updates

Faculty of Nursing	KRCHN Basic	1997
	KRCHN Higher Diploma	1990
	KRM	1990
	Intensive Care Nursing	1995
Clinical Medicine Diploma		1997
Environmental Health Diploma		1994
Physiotherapy Diploma		1997
Radiography Diploma		1996
Pharmacy Diploma		1991
Orthopaedic Technology Diploma		1982
Dental Technology Diploma		1994
Oral Health Diploma		1994
Medical Information Diploma and Certificate		1990
Medical Engineering Diploma and Certificate		1994
Health Education Diploma		1993
Medical Laboratory Diploma		No curriculum

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## People Interviewed and Departments and Facilities Visited

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### Ministry of Health, Nairobi

Clinical Officers: T. Chindia, Deputy Chief Clinical Officer

Nursing Council: Mrs. J. Mwanuye, Examination Officer

Vital Statistics Office: Mr. Alfred Runyago, Senior Economist

Mr. Geoffrey Kimani, Economist

### Division of Primary Health Care:

Dr. Sarah Onyango, KEPI Manager

Dr. Achola Ominde, Family Planning Program Manager

Mrs. V. Wambani, Nutrition Officer

Mrs. Lily Ouda, Coordinator Safe Motherhood

Mr. Alfred Maisiba, Public Health Officer In Charge EPI Disease Surveillance

Mrs. Susan Otieno, Public Health Nurse - KEPI Trainer

DANIDA Support Office: Alberto Galacchi

### Kenya Medical Training College, Nairobi

Deputy Principal, Mr. Tukuo

Clinical Medicine, Mrs. Koyengo, Head of Faculty

Nursing, R. Kamau, Deputy Head of Faculty

Environmental Health, Mr. Masha, Deputy Head of Faculty

Medical Laboratory, Mr. Rukenya, Acting Head of Faculty

Pharmacy, Mr. Mutua, Head of Faculty

Radiography, Mr. P. Midambo, Deputy Head of Faculty

Physiotherapy, Mr. E. Ogubu, Head of Faculty

Occupational Therapy, Mr. Kinara, Head of Faculty

Orthopedic Technology, Mr. W. Ochada, Head of Faculty

Dental Technology, Mr. Nzuve, Lecturer

Medical Engineering, Mr. Peter Guchii, Lecturer

Health Education, L. Munene, Lecturer

Health Information, Mr. Wamalwa, Lecturer

### Nyamira District

District Health Management Team (see District Profile for names)

District Health Management Board (see District Profile for names)

Nyamira District Hospital, T. Magaka, Deputy Nursing Officer In-Charge

Etono Health Centre, ECN In charge

Magombo Dispensary, James Kerandi, ECN

Keroka Health Centre, James Mageto, RCO and Dominic Misaro, Clerk

Kijauri Dispensary, Teresa Omwange

Chepgombe Dispensary, Isabella Ondiek and Karen Momanyi, Clerk,

Amterio Dispensary, John Nyaguoka, Clerk

**Kisumu District**

Chulaimbo RHTC, Mr. Kimaiga, Nursing Officer In-Charge

**Kisii District**

District Health Management Team (see District Profile for names)

District Health Management Board (see District Profile for names)

Kisii District Hospital, Mr. S. Keagoni, Nursing Officer In-Charge and heads of all departs.

Kisii KMTC, Mr. H. Omane, Deputy Principal

Riana Dispensary, John Ochieng, ECN

Marani Health Centre, Onsongo, KRCHN and Joseph Kayaga, Clerk

Masimba Health Centre, Tabitha Ogot, ECN

Ibacho Dispensary, Cheya, ECN and Thomas Marindi, Secretary - VHC

Ramasha Dispensary, Aiko, ECN, P. Kerubo, ECN, A. Machoka, Community Worker, and N.

Orege, Subordinate Staff Member

**Gucha District**

District Health Management Team (see District Profile for names)

District Health Management Board (see District Profile for names)

District Hospital, Mr. Maranga, DPHN, and Mrs. Makare, KRCHN

Nduru Health Centre, Mary Momanyi, ECN, Rebecca Mbaka, ECN, and Thomas Makore, Clerk

Itago Dispensary, Agnes Ounda, ECN and Jeremiah Nyakundi, ECN

Kenyanya Dispensary, Sabina Omambiya, ECN,.

Makore, KRCHN, Ogembo Health Centre.

In Charge, Nutritionist, Kionyo Dispensary.

John Oluoch, CO, Nyamache Health Centre

**Kericho District**

District Health Management Team (see District Profile for names)

District Health Management Board (see District Profile for names)

Kericho District Hospital: Mrs. M. Nyaga, No In-Charge, Mrs. Mwongera, Acting DPHN, Dr. Save, Medical Superintendent, Hospital Administrator and heads of all departments

Sosiot Health Centre: Beatrice Buyon, ECN

Kiptere Sub Health Centre, Tegere, subordinate staff member

Sigowet Health Centre, Judith Achola, KRCHN

Kibeneti GOK Dispensary, Sargoi, ECN

Kibeneti SDA Dispensary, ECN In charge,.

Kabienga, Betty Sitonik, ECN

Fort Tenon Sub Health Centre, Kirwa, CO and Bett, ECN

Makyolok Dispensary, Mutisya, ECN

Makyolok Dispensary, Lucy Chepkwony, ECN and Mwendwa

Lomotit Dispensary, Beatrice, Community Volunteer

**Bomet District**

Dr. Sigilai, DMOH.

James Sang, DPHO.

Christopher Twala, District Health Administration Officer.

John Keter, DPHN.

District Health Management Board (see District Profile for names)

Kaplong Hospital, Ms. Zing, NO In-Charge

Kaplong Nursing School, Mr. Ojano, Principal

Sigor Sub District Hospital, Rotich, CO and Hiary Nyakundi, ECN

Stanel Cheruyot, Medical Records Officer.

Kapkoros Health Centre, Caroline Kilel, KRN

Silibwet Dispensary, Koskei, ECN

Longisa Hospital, Charles Kirui, NO In Charge Gladys Cheruyiot, Personnel Assistant, and  
Jane Wagechi, Nutritionist

Kapkesosio Dispensary, Chumo, ECN

Siongoroi Health Centre, Sigeti, ECN

Makimeny Dispensary, Chepkoros, ECN











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