

**THE ROLE OF THE CHURCH IN FACILITATING AND SUSTAINING
THE PEOPLE'S HEALTH AND WELL-BEING IN KENYA**

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By
Stella Ruth Etemesi

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Declaration

I declare that this practical attachment report has not been submitted for a degree in this or any other university.

Full name:

Signature:

Date:

Supervisor: Prof. Francis Kasoma

Signature: Kasoma

Date: April 20, 2000

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S. R. E.

University of Zambia

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List of abbreviations and acronyms

AANA	All Africa News Agency
ACC	Area Co-ordinating Committee
ACK	Anglican Church of Kenya
AfriCAN	African Community Action Network
AGM	Annual General Meeting
AIC	African Inland Church
AVSC	Association of Voluntary Surgical Contraception
CBHC	Community Based Health Care
CHAK	Christian Health Association of Kenya
COFAMED	College of Family Medicine
COG	Church of God
CORAT	Christian Organisations Research Advisory Trust
DTP	Desktop Publishing
ELCK	Evangelical Lutheran Church of Kenya
EXCO	Executive Committee
EZE	Evangelische Zentrale Entwicklung
FPMD	Family Planning Management Division
GNP	Gross National Product
GOK	Government of Kenya
HCTS	Health Care Technical Services
HFA	Health for All
ICCO	Interchurch Organisation for Development
INGO	International Non-governmental Organisation
KCS	Kenya Catholic Secretariat
LAN	Local Area Network
MCH/FP	Maternal Child Health/Family Planning
MHU	Member Health Unit
MIS	Management of Information Systems

MoH	Ministry of Health
NGO	Non governmental organisation
PCEA	Presbyterian Church of East Africa
PCMA	Protestant Churches Medical Association
PHC	Primary Health Care
RCEA	Reformed Church of East Africa
RHU	Rehabilitation of Health Units
RSV	Revised Standard Version (of the Holy Bible)
SDA	Seventh Day Adventist
UNZA	University of Zambia
VSC	Voluntary Surgical Contraception
WAN	Wide Area Network
WCC	World Council of Churches
WHO	World Health Organisation

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CHAPTER 1

Background

1.0 Introduction

This report is based on the author's practical attachment carried out at the Christian Health Association of Kenya (CHAK). The attachment lasted for four months and was carried out between 5th July 1999 and 18th October 1999. The aim of the attachment was for the author to gain first hand experience in an organisation whose activities are centred around human development.

1.1 Health in development

Human development is about helping people in subsistence straits to gain more control over their basic needs. Health is a key element without which *holistic* development is not possible. As a fundamental human right, it is a prerequisite for the full enjoyment of all other human rights. The World Health Organisation (WHO) asserts that, "For development to be sustainable, health and economic growth must be mutually reinforcing. Health is an essential prerequisite as well as outcome of sound development policies." (WHO, 1998).

The provision of health care services in developing countries is faced by many hurdles. The two major constraints are (i) increased population, and (ii) poverty. These two factors are interrelated since the inability to pay for health services limits the access to health care for the majority poor who are the most vulnerable to disease. The prevailing economic slump in most African countries, Kenya included, means that governments are finding it difficult to fulfil their responsibility of providing adequate, affordable health services to their citizens. The church is thought to provide 20-50 percent of health care services in Africa (Asante, 1998: 59). The church-based health institutions help to fill in

the gap left by the government and 'profit-motivated' care providers by making health care services accessible and affordable to even the least able in the society.

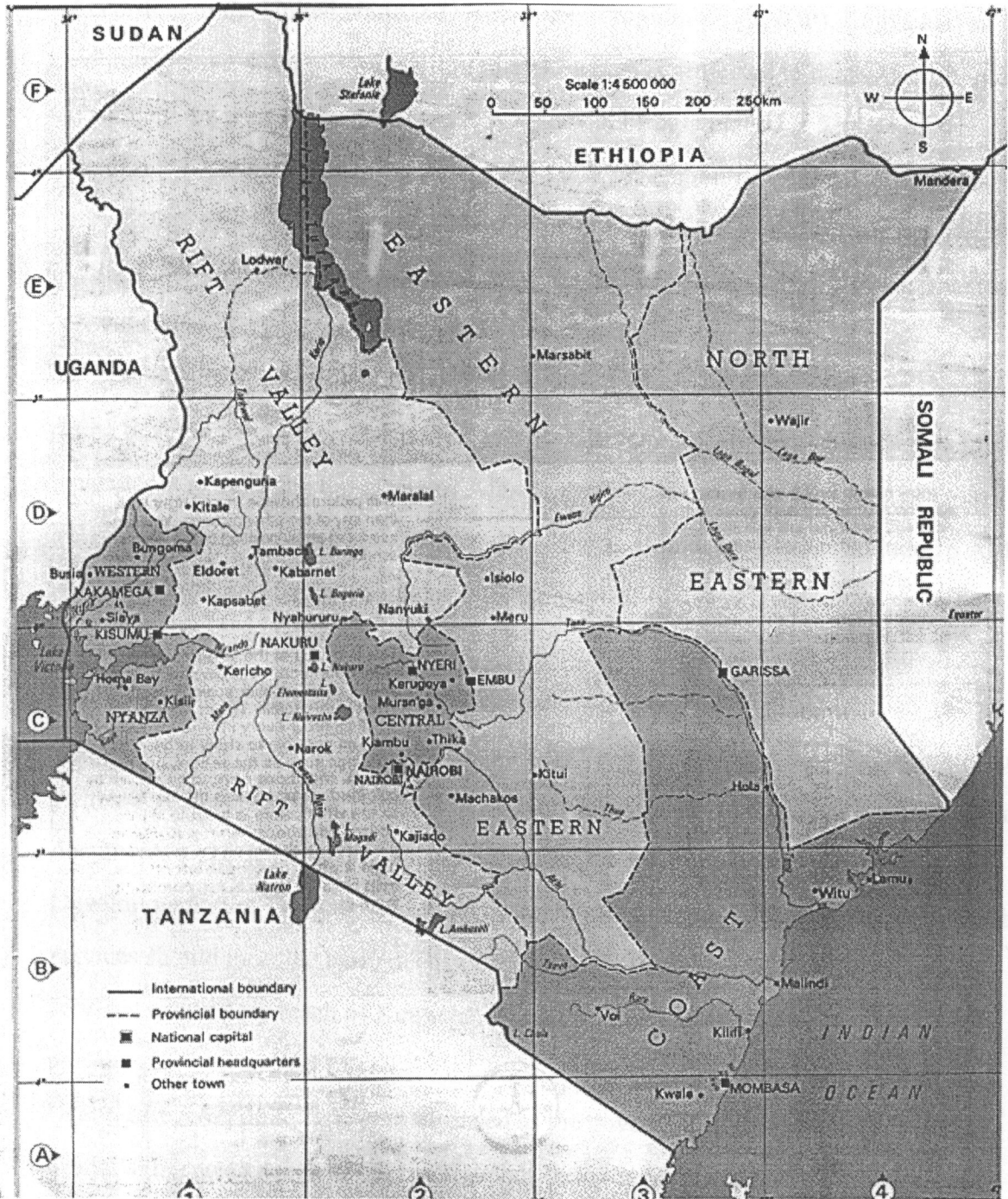
1.2 Profile on Kenya

Kenya is located in Eastern Africa bordering the north-western Indian Ocean and lying between Tanzania to the South and Somalia to the North. The country's other neighbours include Ethiopia, Sudan and Uganda. Kenya is divided into 8 administrative provinces: Rift Valley, Nyanza, Central, Coast, Western, Nairobi and North Eastern. The capital of the country is Nairobi (see Map 1).

Kenya, which is a republic, is a former British colony that gained independence in 1963. Until 1991, the country was run as a one-party state by the Kenya African National Union (KANU). The one-party state law was repealed in 1991 and the first multiparty elections were held in December 1992. KANU retained power in these elections by winning 100 seats out of a possible 188, and again repeated this success in the second multiparty elections held in December 1998. The transition from one-party to multiparty state brought about a lot of civil unrest within the country with ethnic clashes occurring in many parts of the country.

Kenya has a total land area of 569,250 sq. km. Of this land, only 3% is arable and 4% is forest and woodlands. The climate varies from tropical along the coast to arid in the interior. The country's terrain consists of low plains that rise to the central highlands, and is bisected by the Great Rift valley which is flanked by a fertile plateau to the west. The Kenyan highlands are one of the most successful agricultural production regions in Africa. Agriculture is the most important economic sector in the country accounting for 25 percent of the Gross Domestic Product (GDP) and 65 percent of the country's exports (USAID, 1999). Tourism is another important income earner since Kenya's unique physiography supports abundant and varied wildlife that attracts many visitors.

Map 1: Administrative map of Kenya



Source: Kenya Primary School Atlas (5th edition), 1997: 6

According to the United Nations Development Programme (UNDP), Kenya had an estimated population of 27.1 million in 1995 which is projected to reach 43.5 million people by the year 2015. The Life expectancy at birth is placed at 53.8 years while the death rate is estimated at 11.74 deaths per 1000. The country's annual population growth rate of 3.5 percent is considered to be one of the highest in the world (UNDP, 1998: 177). The rapid population increase has made it difficult for the government to provide adequate social services such as health and education for all.

For a developing country, Kenya has a good telecommunication system which is in fact considered to be in the top group of African systems. It consists primarily of radio relays, and there are over 260,000 telephone links. Broadcast stations include 16 AM and 4 FM stations, and 6 television and satellite stations.

1.3 Provision of health services in Kenya

Health has been regarded as a priority issue by the Kenyan government. The importance of health in developmental efforts is evident in statements written in government policy documents and in national development plans. For example, in the National Development Plan 1994-1996, the government sets forth that, "the provision of health services should meet the basic needs of the population, be geared to providing health services within easy reach of Kenyans." (cited in MoH, 1994: 4).

Health care as a public facility is regarded as the government's responsibility. Since Kenya's independence in 1963, the state has been the main provider of health care services to its citizens. In 1965, the first president, Jomo Kenyatta, decreed that health care would be free for all Kenyans. Since then, there have been many changes in the health infrastructure which has grown rapidly. However, these developments have been outstripped by the even more rapid population growth, such that the Ministry of Health (MoH) does not have the capacity to provide adequately for the demand of services.

Table 1: Distribution of health facilities by provider and type

Type	MoH	Private/ Company	Mission	MLG	FPAK	GOK	TOTAL	%
Dispensary	1,158	409	285	28	0	2	1,882	57.36%
R.H.D.C.	32	0	0	0	0	0	32	0.98%
R.H.T.C.	7	0	0	0	0	0	7	0.21%
Mobile clinics	4	0	12	0	0	0	16	0.49%
Health Centre	350	87	68	31	0	0	536	16.34%
Sub health centre	13	1	2	6	0	0	22	0.67%
Health Clinic	51	230	19	39	21	3	363	11.06%
Medical centre	8	10	3	0	1	0	22	0.67%
Health programme	0	0	6	1	1	0	8	0.24%
Hospitals	101	43	62	1	0	1	208	6.34%
Maternity home	2	19	4	6	0	0	31	0.94%
Nursing home	4	34	2	0	0	0	40	1.22%
Office	103	6	1	0	0	0	110	3.35%
Special Institution	1	0	3	0	0	0	4	0.12%
Total	1,834	839	467	112	23	6	3,281	100.00%
%	55.90%	25.57%	14.23%	3.41%	0.70%	0.18%	100.00%	

(Source: Ministry of Health Facility Information System, September 1993 Update)

Table 2: Registered CHAK members

Category of facility	Number
Hospitals	10
Health centres	36
Dispensaries	246
Churches/church organisations/Health Programmes	29
Total	321

(Source: abstracted from CHAK 1999b)

According to the MoH (1994) there are approximately 3,200 health care institutions nationwide. Of these, 1,834 (55.90 percent) are administered by the MoH, 839 (25.57 percent) are private-run facilities, and 467 (14.23 percent) are being run by the church. It should be noted that the MoH acknowledges that it does not have updated and verifiable information on the distribution of health facilities and services in Kenya, particularly that concerning the private and mission facilities.

CHAK's records indicate that it has 321 registered members (see Table 2) and this figure accounts for 9.78 percent of the estimated 3,200 national facilities. However, it should be noted that there are some Protestant church-run health facilities that are not registered with CHAK as well as a large number of Catholic health units that are co-ordinated through the Kenya Catholic Secretariat (KCS).

CHAK records estimate that about 30 percent of the total health services provided by the Non Governmental Organisations (NGOs) and the private sector come from the Church health sector which comprises the Kenya Catholic Secretariat and CHAK. The records also indicate that most church health units are in the rural areas of Kenya where 75-85 percent of Kenya's population reside.

1.4 Institutional profile of CHAK

The CHAK is an association that brings together health institutions owned or managed by Protestant churches. Churches affiliated to CHAK include the Anglican Church in Kenya (ACK), the Presbyterian Church, the Church of God (COG), the Orthodox Church, the Seventh Day Adventists (SDA), the Evangelical Lutheran Church in Kenya (ELCK), the African Inland Church (AIC), Presbyterian Church of East Africa (PCEA), Reformed Church of East Africa (RCEA) and the Methodist Church.

1.4.1 History

The origin of the CHAK dates back to the 1930s when it was first set up as a hospitals' committee for the NCK (National Council of Churches in Kenya). Due to growing membership and interest in the Committee, a separate organisation was formed in 1946 to accommodate its expanded scope; this was called the PCMA (Protestant Churches Medical Association). The PCMA later changed its name to CHAK.

1.4.2 Role and functions of CHAK

When CHAK was first established, its main function was to disburse government grants to its members, but with time these grants dwindled. From 1983 to 1990, as the Association grew and expanded in scope, there were plenty of donors providing funds to it. The availability of donor funds motivated CHAK into becoming an 'implementor' of projects. However, this situation was unhealthy because the donors largely had their own agendas tied to the funds they donated. Consequently, projects undertaken by CHAK were not always in accord with the priorities and policies of the Association or of its members.

The availability of funds resulted in CHAK involvement in a proliferation of projects that were being run almost autonomously from the central management. This trend caused a rapid unregulated expansion in the scope and activities of the Association which did not have corresponding growth in the capacity of CHAK's management system. This led to a number of management crises, the first being experienced during the period 1983-1986, and the second occurring in 1990-1994. To correct this situation, CHAK undertook a major restructuring process aimed at promoting self-reliance, where the secretariat plays a facilitating instead of an implementing role. Among the major changes is the prioritisation of needs indicated by members so that sourcing of funds has become more specific in order for funding to fit in with the organisational goals and objectives.

1.4.3 CHAK activities

CHAK's redefined role in relation to its members means that it requires different capacity and experience at its secretariat. The following activities are carried out by the secretariat:

- (i) it provides technical assistance and fosters capacity building in the member health units
- (ii) it links the member units together by providing a network through which they can share and exchange ideas, experiences and information; and,
- (iii) carries out lobbying and advocacy activities on behalf of its members.

1.4.4 Association members

CHAK has a total of 321 members, out of these 292 are health care providers (see Map 2) CHAK's members are categorised as follows, (a) churches (b) health facilities (c) community health services or programmes/church organisations. Any institution that falls within these categories is eligible for membership.

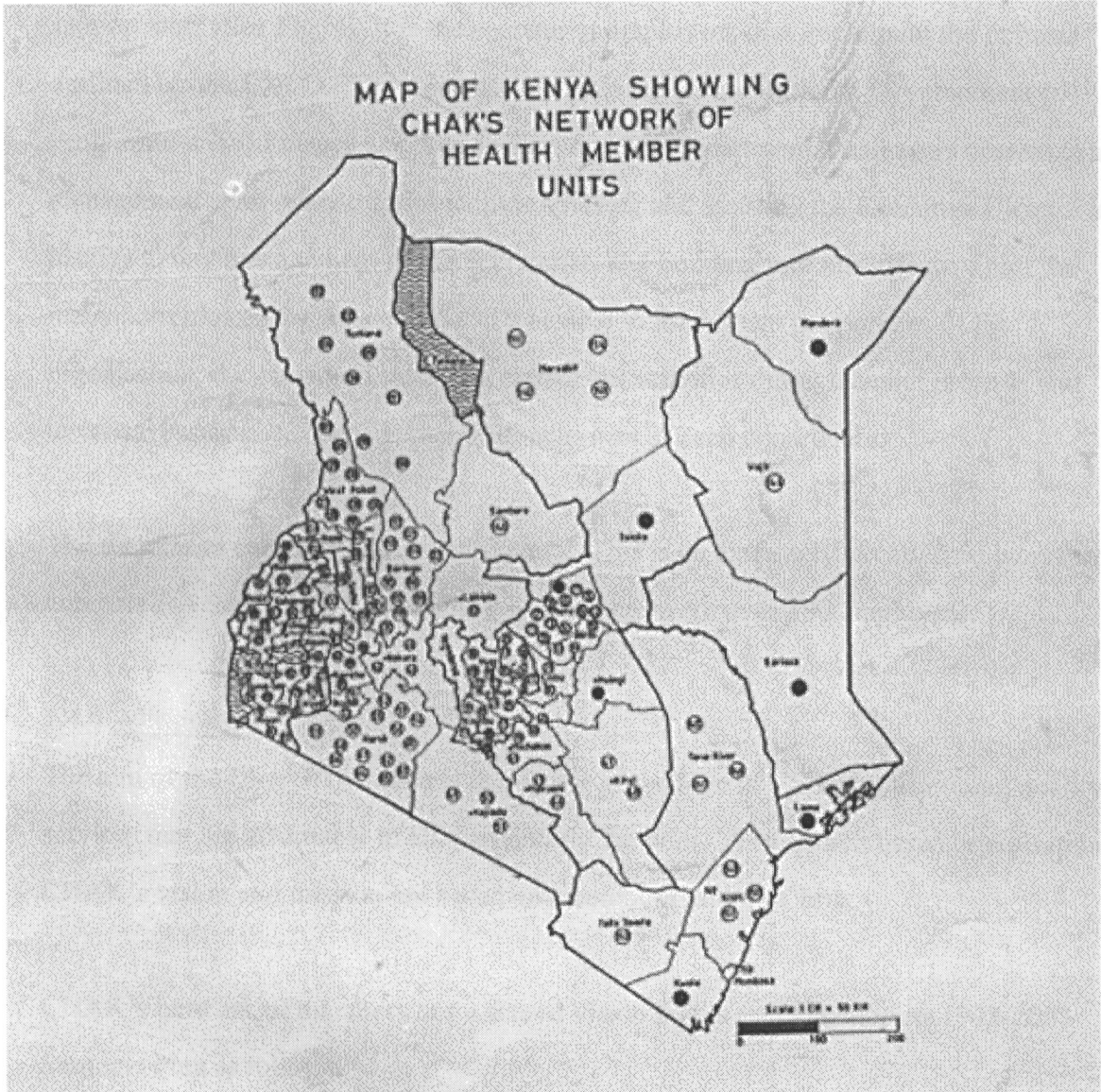
The Association is divided into four regions: (i) North Rift and Nyanza; (ii) Nairobi and Coast; (iii) Eastern; North-eastern and (iv) South Rift.

1.4.5 Structure

The highest authority in CHAK is its membership who meet in an Annual General Meeting (AGM). Every two years, the AGM elects an Executive Committee (EXCO) that serves as the policy-formulating arm of the Association.

The four CHAK regions each have a co-ordinating committee – Area Co-ordinating Committee (ACC). The ACC chairpersons represent their region in the EXCO. The EXCO has a Chairman who has overall charge of the organisation, however, the day to day functions in CHAK are undertaken by the Secretariat.

Map 2: Distribution of CHAK member health units within Kenya



Source: CHAK 1998a: cover page

The Secretariat staff consists of an Executive Director, three department managers and support staff (See Fig. 4) It is the secretariat employees that implement the policies outlined by the EXCO. The three departments are (i) Institutional Development (ii) Programmes (iii) Finance and Administration. The departmental managers constitute a management team whose duties include advising and assisting the Executive Director in his day to day management of the Secretariat, and building into one effective unit the many activities of the Association. To be able to implement the policies of the organisation, the Management Team carries out activities through health projects and technical assistance. (See chapter 5 for activities of each department).

The secretariat currently has 15 employees. This is an extremely streamlined workforce compared to the old CHAK structure where there were over 100 employees.

1.4.6 Mission

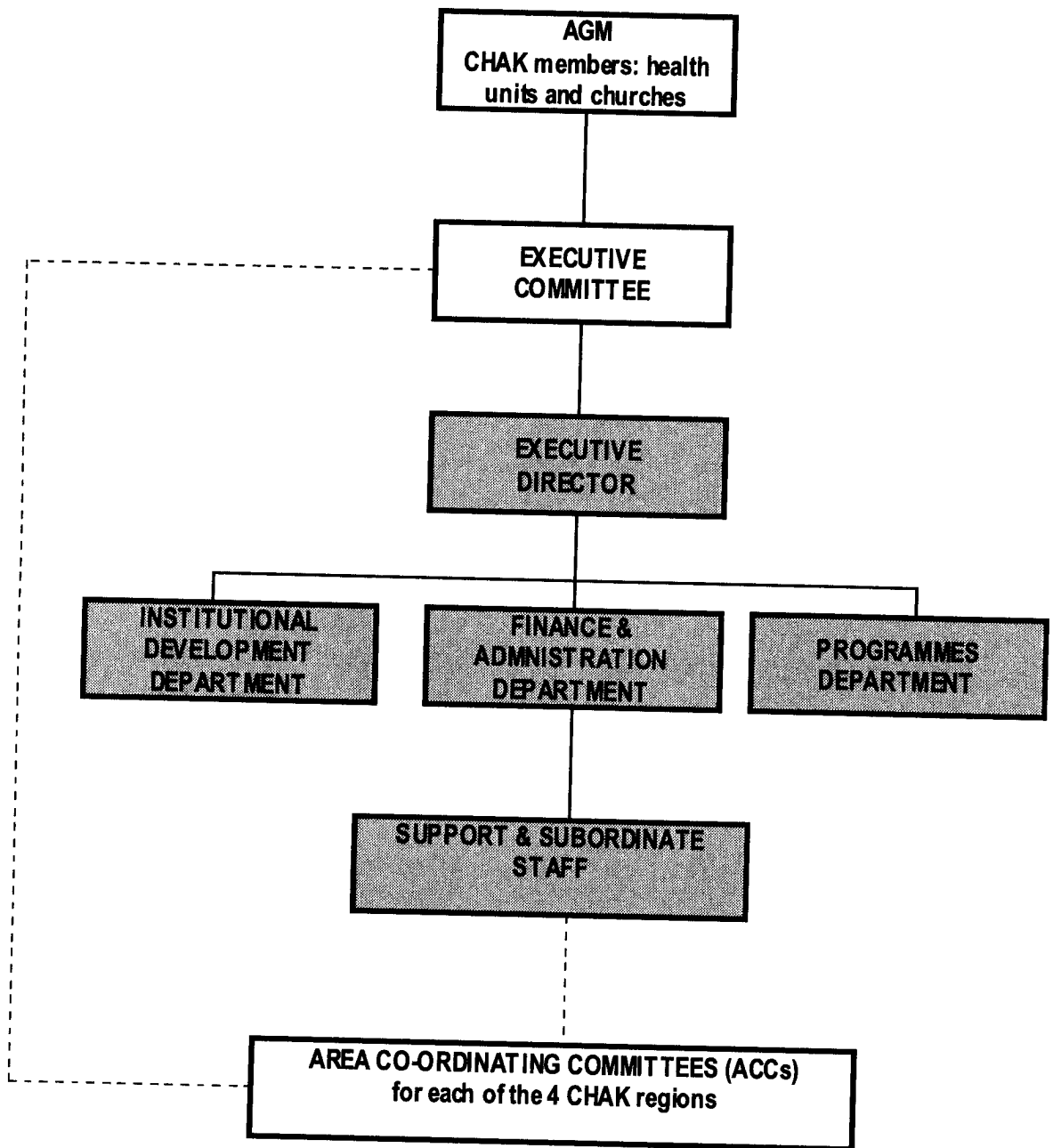
The aim of the Church in health is to witness to the love of Christ by providing quality services that are affordable to all, particularly the poor. As a church based organisation, CHAK's vision and mission are based on a common faith in Christ.

CHAK's network of members has a shared vision that is articulated in its 1998-2003 Strategic Plan as follows:

All member units and the Secretariat fully equipped, maintained and soundly managed with committed skilled staff, providing comprehensive, sustainable and affordable, quality health services to all and witnessing to the healing ministry of Christ.

(CHAK, 1998a: 11)

Figure 1: CHAK's organisation structure



The Association's mission statement epitomises its *raison d'être* as well as being a pronouncement on how the shared vision can be achieved:

Christian Health Association of Kenya is an association of Churches and Health Units. It serves and assists member units in the implementation of the holistic health Ministry of Christ. It seeks to contribute to a just and healthy nation through capacity building, witnessing, advocacy and networking. (CHAK, 1998a: 11).

CHAPTER 2

Attachment context

2.0 Introduction

Non governmental organisations (NGOs) play an important part in the promotion of sustainable development. These organisations come in all shapes and sizes, and they usually provide a route to obtaining broad public participation where the state is unable to or has failed. Africa has a large number of NGOs, both local and international. The indigenous organisations at national, district and village level, which generally are not called NGOs but are nonetheless non-governmental, promote mutual assistance in a variety of areas within economic and social development. Development communication principles and practices are invaluable to the effective functioning of such organisations.

2.1 Justification

The purpose of the attachment was to investigate how a development oriented organisation makes use of communication in its functions and processes in order to facilitate human development within its sphere of operation. CHAK, which served as the host organisation for the attachment, was selected as a suitable organisation for purposes of the attachment because of the following reasons:

- (i) its field of operation, health, is an important element of sustainable human development;
- (ii) the organisation's professed mission of providing quality health services equitably for all (particularly to the poor and rural communities) indicates commitment to the achievement of 'human' development; and,
- (iii) as an umbrella body it serves a number of individual units and therefore provides the opportunity of observing networking, co-ordination, facilitation and advocacy functions.

2.2 Terms of reference

The five main assessment foci of the attachment were as follows:

- (i) Patterns and means of communication, i.e. the dissemination and exchange of information within and without the Association;
- (ii) Publicity and public relations activities used to promote the image and/or ideals of the Association;
- (iii) Co-ordination and advocacy activities;
- (iv) Communication resource management; and,
- (v) Organisational management.

2.3 Objectives of the attachment

The broad objective of the attachment was to observe and assess CHAK's use of communication to facilitate its developmental activities.

The specific objectives of the attachment were to:

- (i) observe and learn about the communication patterns and techniques used by the Association;
- (ii) assess the communication technology and communication capacity of the Association, as well as see if these were adequate to meet the needs of the organisation; and,
- (iii) examine/observe CHAK's networking and advocacy activities.

2.4 Methodology

The emphasis during the attachment was placed more on experiential than on theoretical learning. This study, therefore, does not seek to test out a set of predetermined hypotheses but rather attempts to explore the usefulness of the principles of development communication through the analysis of current practice.

For this reason, a qualitative approach was thought to be most suited to the aims of the PAR and the following data collection methods were employed:

2.4.1 Participant observation

The student took active participation in CHAK's activities and worked in the Programmes Department assisting with day to day duties and even joining the staff in their weekly devotion sessions. The student also carried out active observation to assess how the staff in the other departments worked and interacted with one another. A journal was kept to record these activities and observations.

2.4.2 Documentary evidence

Documentary examination is a method that is useful because it provides confirmatory evidence and strengthens the credibility of results of interviews and observation. In the attachment, this involved examining a variety of documents including minutes of meetings, project proposals, concept papers, official correspondence, brochures, seminar and workshop reports, and any other documentary evidence available relating to the Association and its activities.

2.4.3 Field study

It was initially hoped that the student would be able to make site visits at least one member health unit in each of the four CHAK regions. Logistical problems of time, cost and transportation made this impossible. However, the student was able to meet representatives from each of the four regions attending an editorial committee meeting for the CHAK network newsletter, CHAK Times. One field trip was realised and the student managed to attend an HCTS seminar held in Kaplong for the Nyanza and North Rift region.

2.4.4 In-depth interviews

In-depth interviews were carried out with key informants in the organisations, that is, the Chairman of the EXCO, the Director, the Institutional Development Manager, the

Programmes Manager, the Technical Services officer and the HCTS officer. These interviews were semi-structured and the student used a question guide (see Appendix 1). The student also had unstructured discussions and casual chats with the support and subordinate staff to gain an insight on the organisations functioning.

2.5 Limitations

Bearing in mind that the study was carried out without pre-set hypotheses, it was inevitable that many unforeseen circumstances intervened in the investigation. The following limitations are acknowledged:

- (i) The information available about the organisation, especially before the restructuring process took place was difficult to find. This is because most of the staff at CHAK have been with the Association for the last one or two years. The large staff redundancies from a work force of over 100 to a mere 15 employees have also meant a major reorganisation of duties and responsibilities in the course of which documents have been misplaced. In addition, a reliable filing system has yet to be established and this also contributed to the difficulty of obtaining some of the documentary evidence on the old CHAK.
- (ii) Attachment responsibilities given to the student as participant activities were considerable and consisted of full-time duties. Consequently, the data collection methodology originally devised had to be compromised. For example, the field trip to the HCTS seminar was supposed to provide an opportunity for the student to observe the CHAK's relationship with its members in that region and the association goes about establishing a new project. However, after arrangements for the trip were made, the student was given the responsibility of representing CHAK's management

at the seminar and also of carrying out the secretarial duties, which made it difficult for the student to carry out proper observation and note-taking.

Notwithstanding these limitations, it is believed that any incompleteness in some areas of investigation were supplemented by the extensive active participation and the sharing of experiences that the student had with the members of staff at the secretariat.

2.6 Literature review

The Church is regarded as an institution that stands in solidarity with the most vulnerable members of society – the poor, the widowed, the sick. In many countries churches have championed the cause for democracy and kept close to their congregations to inform them about new political situations, and to encourage ordinary people to take on active part in building a new society.

The World Council of Churches WCC in its 5th Assembly held in Nairobi in 1975, gave the following definition of the poor:

... there are poor who live in developed countries who can be considered much better off than the poor living in the developing world. Nevertheless, it can be stated that to be poor, is not to be able to satisfy basic human needs: food housing, health education, job and social participation
(WCC, 1975:4).

At the same assembly meeting the participants resolved that the main focus of ecumenical work should be to assist churches and their constituency to manifest in their

theological outlook, styles of life and organisational structures their solidarity with the struggle of the poor.

The Christian definition of 'development' is people-centred. In the 1991, a seminar for Christian communicators held in Namibia on Communication, Human Dignity and People's Rights in Africa, acknowledged that all churches in Africa should have among their agenda and mission the notion of –

encouraging the evolution of a Christian understanding of development, which as Christianity itself, is people-centred and providing appropriate communication models and structures to support development (WCC, 1980: 3).

The Christian community is at its very core a healing community as “compassion for the sick was an important and visible part of Jesus' life and salvific mission, and one he expressly charged his disciples to emulate in all times and places” (Asante, 1998: 1). For a long time, health care has been integral to Christian mission and many of the oldest health facilities in developing countries were established by the Church. The Church not only has the motivation for holistic health care in the footsteps of its founder (Jesus), but it also has the reach, according to Sande (1998). He adds:

More than any other institution or organisation the church has the widest and deepest penetration of the community. And necessarily so because the mission of the church is to the individual, to the family, to the congregation and to the community. ... The congregation or the local church is to be found across the whole spectrum of humanity in the bright city lights in the slums across the highways and in the deep of jungles where no roads exist...(Sande, 1998: 26)

In the health circles too, the importance of the people's well-being is also placed at the centre of human development. It is believed that poverty eradication and health are the key to development. At an inaugural address at the World Health Assembly in May 1998, Dr Gro Harlem Brundtland noted: "We must speak out for health in development, bringing health to the core of the development agenda. That is where it belongs, as the key to poverty reduction and development underpinned by the values of equity, human dignity and human rights." (CHAK, 1998d: 1).

With this in mind it is important for Christian health care providers to put in place a sustainable system that will be able to serve all members of communities. A study was conducted in 1997-98 by Kofi Asante of WCC on the sustainability of church hospitals in developing countries. This study covered 43 church-related health institutions in 11 countries in Africa and Asia.

Asante notes that in most of the less industrialised countries churches are by far the most significant voluntary contributors to the national health service. Whereas some governments allocate the totality of their health budget to the ministry of health, others give limited help to churches involved in providing health services. The reason given for the low-level in government assistance to churches is that they will receive funds from "somewhere" (Asante, 1998: 53).

CHAK is operating in an environment like the one described by Asante. Although there was some government assistance in the past, this has gradually dwindled to nothing. Donor funding that the Association enjoyed in the past has not always been compatible with the ideals of sustainability and self-reliance. The way forward has been identified as maintaining or developing new partnerships with donors and communities, both in the countries and overseas, in the care of the poor. This focus on the poor that necessitates extra efforts in fund-raising, given that the poorer sectors of the population are unable to meet the cost of their own health care.

Asante confirms this responsibility and says:

Church institutions have to combine a commitment to serving the poor with the provision of high-quality services. These somewhat conflicting objectives inevitably involve them in difficult choices and mean that fund-raising will be needed to pay for care of the poor. The present economic situation in most developing countries implies that this need will continue into the foreseeable future. (Asante, 1998: 57)

The main problem being faced by research to be conducted in the area of the sustainable church health care services is the availability of statistical data on the number and types of institutions. Asante laments the non-existence of readily available lists of church-related hospitals world wide that made it difficult to identify a statistical universe from which to draw a watertight random sample for his study. However, his study still constitutes a sound basis for future interventions in church hospitals that are having problems with sustainability (Asante, 1998: *passim*).

2.7 Outline of the report

The introduction and this chapter have explained the background and methodology of the attachment that underlie this report – its origins, its objectives, scope and limitations, its design and its methods. The following chapter deals with the conceptual framework of this report. This chapter describes concepts and theoretical foundation of the main issues dealt with in this report. Chapters 4 through 6 contain thumbnail sketches of the experiences of the student during the attachment period and gives details of what was observed and learned.

In these chapters, the functions and activities of CHAK as a co-ordination organisation are also described. Chapter 7 is the main analytical chapter that contains a critique of the experiences narrated. Many conclusions and suggestions emerge at various points in this analytical chapter, and these are all drawn together in Chapter 8 which gives the conclusions and recommendations of the report.

CHAPTER 3

Conceptual Framework

3.0 Introduction

This chapter looks at the conceptual framework of the main issues tackled in this report. Theories discussed in this section will help to explain and describe the experiences of the attachment that will be dealt with in chapters 4, 5 and 6. The concepts are taken from development communication, a multi-disciplinary field, that is a synthesis of the disciplines of communication and development. These two fields both borrow from other disciplines such as anthropology, sociology, social psychology and business management. In addition, the church's approach to development is also examined.

3.1 Health in development

It is generally acknowledged that health is at the central core of development without which all other aspirations of human development would be difficult, if not impossible, to achieve. This is not a new perspective. From time immemorial, most cultures have regarded good health as the most essential need for oneself and one's family. The words of Herophilus, a Greek philosopher who lived more than 2000 years ago, cogently sum this up:

When health is absent
Wisdom cannot reveal itself
Art cannot become manifest,
Strength cannot fight
Wealth is useless
And intelligence cannot be applied.
(Herophilus cited in Elliot, 1989: 4)

Development can be described as the process through which people come to exert greater control over their environment for their own benefit, hence finding escape from hunger and other dangerous communicable diseases, and thereby leading fuller lives because of increased well-being (Elliot, 1989: 5). Therefore, all development plans should have health among one of their earliest objectives.

The importance of health care providers and health institutions in a country's development cannot be overemphasised. Since health and well-being are central to development, the efficiency and effectiveness of health care systems will have a direct impact on the sum total of development efforts. To better understand the role of health in development, we need to understand the concepts of organisation, development, and communication which can be applied to health care organisations.

3.2 Conceptualisations of organisation

Organisation and management are co-extensive with human history and go as far back as the primitive hunting tribes. The problem of controlling human beings, materials and technology arose even in the earliest civilisations. The church provides an excellent example of organisation through the efficient formal organisation of the Roman Catholic Church which is based upon the development of a hierarchy of authority, functional specialisation and an early use of the staff device.

Formal organisations were first developed thousands of years ago to administer religious and political affairs. Today, there are many types of organisations – ranging from the large bi-lateral and multi-lateral organisations, state and para-statal organisations, to small business organisations. Rogers and Agarwala-Rogers (1976) define an organisation as “a stable system of individuals who work together to achieve common goals through a hierarchy of ranks and a division of labour.” (Rogers & Agarwala-Rogers cited in Rogers, 1995: 375).

There is a special breed of organisations that undertake to maintain and improve the general well-being of the members of the society it serves; these are called human service organisations. Hasenfeld and English (1974: 1) describe them as “organisations whose primary function is to define or alter the person’s behaviour, attributes and social status, in order to maintain or enhance his well-being.” Most human service organisations are non-profit in nature and provide services that are not saleable or negotiable on the market. For this reason, they are focal actors in the development arena since they are there to provide much needed public services without the profit motivation of their commercial counterparts. Health institutions fall under this category of organisations.

3.3 Conceptualisations of development

Development has been described in many different ways depending on the ruling paradigm of the time. The Dominant Paradigm, which guided early intellectual conceptions of development, prescribed a particular economic path to development. Approaches in this paradigm equated modernisation to development, which could only be achieved by following the industrialisation pattern of the North. Technology was regarded as central to the growth of productive, agricultural and industrial sectors, and the transfer of technical know-how from the developed nations was considered crucial for the development of underdeveloped nations of the South.

Central planning was another feature of the Dominant Paradigm. Centralised planning in most cases was done by economists and bankers. This approach of centralised planning by a few experts was a top-down form of development. The assumption of the central planners was that autonomous self-development of local units was unlikely.

Cultural models in the Dominant Paradigm took a very negative view of indigenous tradition in countries of the South. Tradition had to be destroyed if these nations wanted

to develop. Blame for relative economic backwardness was ascribed to traditional values and institutions.

The neo-classical economic models maintained a 'trickle down' approach to the development effects. Everett Rogers posited the Diffusion of Innovations Theory based on this thinking. This theory grew out of the need for technological information to be disseminated from expert sources, so that modernisation could be achieved. The assumptions of the model are that information put into the system would naturally diffuse among people. The diffusion model has been used with some success in the agricultural sector by farmers in the United States.

In the 1970s disillusionment with the Dominant Paradigm began to appear. The models of development in this paradigm were considered too narrow since they confined themselves to the consideration of the gross national product (GNP) and per capita income levels as indicators of a nation's development. Questions were raised by Latin American scholars and others, as to whom the real beneficiaries of development were. Notions of equitable distribution of development begun to be considered as scholars realised that the real indicators of development were not purely economic or technological. Blame of the underdevelopment of the world countries was placed on the development domination (also labelled as cultural imperialism) by the North.

The criticisms of the Dominant Paradigm were a useful signal to the problems of development domination. It has been observed that unemployment, income inequality and poverty seem to be increasing globally. Melkote (1991) notes,

It is being realised that concomitant with development are other negative trends: a disproportionate share of the national wealth appropriated by a small elite, high rates of unemployment, and the

inability of poor people to provide for their basic needs. To use a familiar cliché: the rich are becoming richer and the poor are getting poorer. (Melkote, 1991: 182).

Alternative models which could provide promise for a more humane and broad-based approach were sought. The Dag Hammarskjold Foundation's model of Another Development articulated in the 1970s attempts to do this by incorporating principles from the United Nations Declaration of Human Rights. The model has five essential components:

- (i) to meet peoples basic needs (material and nonmaterial);
- (ii) to encourage an endogenous development process;
- (iii) to promote local/grassroots self-reliance;
- (iv) to encourage the use of ecologically sound resources; and,
- (v) to promote structural transformations.

(Nair & White, 1994: 157)

Another Development is a model that encompasses efforts to improve all aspects of the human life condition – physical, mental, social, cultural and spiritual – for all members of the society in an atmosphere free from coercion.

Unlike the earlier approaches, decentralisation of development efforts is advocated. On a global level, decentralisation is important because countries of the South cannot be patterned on the conceptions and strategies of the developed world. On a national level, decentralisation is also important because the extant situation in many countries of the South is that political power is concentrated in the hands of a small elite. Thus, any definition of development by the elite is likely to be in a direction that is opportune to their own interest. (Melkote, 1991: passim).

3.4 Conceptualisations of communication

Communication is immanent in the processes of development and as such the same paradigmatic changes that shaped development have influenced communication. As with development, the study of communication has broadened from its narrow confines when early theorists of the discipline placed emphasis on the study of messages and their effects. One-way linear models of early scholars such as the Magic Bullet Theory by Lasswell (1927) or the Mathematical Theory of Communication by Shannon and Weaver (1949), have given way to process models. Contextual approaches abound as interest grows in the role played by communication in developing social and personal relationships. In the last two decades or so, communication theorists have been attempting to build theories that can be applied in specific contexts. We will examine communication from two perspectives: the first will be communication in organisations, and the second will be communication within the health context.

3.4.1 Organisational communication

Early organisational theories were developed to explain how managers could effectively carry out their duties within an organisation's structure. These classical theories were greatly influenced by the work of three scholars, Weber (1909-1948) who expounded the benefits of bureaucracy; Fayol (1916-1949) who identified the key principles of management, such as division of labour, centralisation of power and hierarchical chain of command; and Taylor (1911) who is credited with the scientific management theory that emphasises efficiency and the use of scientific analysis to increase productivity, and the importance of upward and downward communication.

A change of direction in the classical perspective of management studies was sparked off by the Hawthorne studies (1925-1932) when theorists began to consider the importance of human relations on organisational productivity. The importance of horizontal communication was acknowledged and managers were taught to consider both formal and

informal systems of communication. Further studies led to the development of human relation theories such as Likert's (1971) model that deals with notions leadership and supervision.

One of the emerging theories from representing the human action perspective is the theory of decision-making, identification and control which was developed by Tompkins and Cheney (1983). Tompkins and Cheney define organisational identification as the manifestation of the power of concertive control: "a decision maker identifies with an organisation when he or she desires to choose the alternative that best promotes the perceived interests of the organisation" (cited in Infante et al., 1997: 334). The assumption of this theory is that through concertive control, members of an organisation are influenced to make choices they believe to be the best for the organisation, even when the choices are not best for them as individuals.

An important and influential scholar in organisational communication is Weick (1969, 1979). He propounded the organisational information theory which posits the idea that organisations come into being as a result of continuous human activity. According to Weick, communication is the crucial means by which organising occurs, and that information is a key feature of the organisational environment. He suggests that organisations have rules and communication behaviour cycles that are used to filter information from the organisational environment. Weick outlines three stages of the organising process:

- (i) enactment – the organisation members attend to the information in the surrounding environment and interpret it;
- (ii) selection – the organisation makes decisions about the information it has processed using rules and cycles; and,

- (iii) retention – this is the record-keeping stage in which information is kept for possible future use, at this stage the organisation decides whether or not to change its standard ways of responding to different outputs
(cited in Infante et al., 1997: 329).

Contribution has been made to organisational communication through the work of Farace, Monge and Russell (1977) with their Structural Functional Systems Theory. Their theory borrows much from Weick's information theory. They describe four subsystems of system hierarchy: individual, dyadic, group, and organisational levels. At every level communication is structured in formal and informal networks. Networks are defined as the patterns in which information flows. They suggest that information flows to individuals at a particular rate per unit of time. When the flow is too great to manage there is communication overload, when the rate is too slow information underload occurs. The strength of a network link refers to its use. A strong link is one that is frequently used while a weak link is only occasionally used. Members of an organisation who have few or no links are called communication isolates. Bridges and liaisons are individuals who link two groups – a liaison links two groups but is not a member of either, whereas a bridge actually belongs to one of them. Structural functionalism also looks at the functions performed by different parts of the system. Communication flowing through the different parts of the system allow the organisation to produce outputs (either products or services), to generate new ideas for procedures and products, and also to maintain the interpersonal relations among the organisations members.

Although the structural functional approach borrows from Weick's theory the two are distinct – whereas Weick's model emphasises the organisation's understanding of information from its environment, structural functionalism analyses the structure of the organisation and identifies its key activities. However, both approaches have the

weakness of focusing attention to the organisation environment and the multiple layers of hierarchy and away from the individuals.

Organisational communication can be described as the exchange of messages to stimulate meaning within and between organisations and their environments. Organisational communication occurs at various levels: one-on-one communication between people working in the organisation, e.g. subordinates and superiors; small group communication, e.g. meetings; public communication, e.g. seminars and workshops; and mass communication, e.g. press releases, internet websites and organisation newsletters. All these forms of communication are used to co-ordinate the behaviour of those within the organisation and those from the external environment that interact with the organisation.

3.4.2 Interorganisation analysis

Most studies of organisations tend to have an emphasis on intraorganisational analysis, but there have been some studies carried out on interorganisation relations. One approach is the study of the organisation set (Evan, 1965). An organisation set may be described as a network of organisations in interaction with a focal organisation. The focal organisation is based in an environment of input and output organisations that interacts. The input organisations provide resources for the focal organisation such as personnel, legitimisation, clients and capital, while the output organisations receive a new product, new knowledge, service or a client system from the focal organisation. (Hasenfeld & English, 1974: 540).

In order to be part of an organisation set, there needs to be some amount of interdependence between the members of the set and the focal organisation. Litwak and Hylton (1962) propose a theory of interorganisation relations the focuses on interdependence. They suggest that “low interdependence leads to no co-ordination, and high interdependence leads to organisational merger.” They assert that co-ordination is

likely to occur only under conditions of moderate interdependence. (cited in Hasenfeld & English, 1974: 543).

A common problem of interdependence in an organisation set is that it can be a threat to autonomy and institutional identity. The threat is larger for the focal organisation because it is frequently required to co-ordinate and exchange activities of a variety of other organisations and therefore has to guard against environmental dependence.

Health and social welfare are two areas in which organisations often require joint relationships. In health, facilitating communication between local organisation remains a major objective of public health administrators and community organisers, more so in developing countries where resources are scarce and are best shared.

3.4.3 Health communication

The above organisational communication theories have generally focused on industrial, financial and other profit-making institutions. As mentioned earlier, health organisations differ from these types of organisations and belong to the category of organisation labelled as human service organisations. The functions of health organisations involve the establishment, maintenance and enhancement of medical and psychological well-being of the communities they serve. Medical institutions, such as hospitals, tend to have an intensely hierarchical structure and a high level of professional specialisation, yet within this rigid structure communication plays a central role. This is because health care providers frequently rely on information from other members of the organisation in order to make an effective diagnosis and prescribe appropriate treatment. Communication is also important at an inter-organisational level when a health facility is part of a larger referral system that requires information to be processed quickly and efficiently.

Health care providers have woken up to the fact that human communication is a central tool needed for them to be effective in providing appropriate services to their clients.

Over the last two decades, health communication has emerged as an important context in which to examine the influence of human communication on the provision of health care and the promotion of good health habits (Kreps and Atkins, cited in Infante et al., 1997: 439). However, since the area of health is extremely broad, current research has tended to concentrate around three main themes: physician-client communication, health information dissemination, and social support (Sharf, cited in Infante et al., 1997: 439).

Theory building in health communication has been scant despite an abundance of research in the area. Most of the studies carried out have examined the interpersonal contexts of communication (i.e., between the care providers and the clients), and the mass communication context (i.e., the health education and information dissemination). The study of health communication has been described as follows:

Health communication ... is the art and technique of informing, influencing, and motivating individual, institutional and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, and business, as well as enhancement of the quality of life and health of individuals within the community (Infante et al., 1997: 362)

3.5 Role of health organisations in sustainable development

Prevailing approaches to development and communication advocate the need for participation. The concept of participation espouses notions not only of involvement but also of equity, since the parties involved in the process would be required to have mutual respect for sharing and exchange to take place. Participation promotes equity because when all members of a community participate, all of them – including the poor and others who would ordinarily be marginalised – contribute to the development and communication processes.

The idea of equity is relevant to health. For example, access to health services in developed countries is no great problem as communications are good and there is no great difficulty about people travelling to centres of medical excellence. Health care is provided by highly trained professionals working in well equipped, high technology settings. By contrast, in poorer developing countries communications are difficult, expensive and sometimes non-existent. This is particularly true for those countries with a large proportion of the population living in the rural areas. The health needs of the countries of the South are, therefore, different from those of the countries of the North thus different strategies need to be employed. One of the alternatives that has successfully been tried out in China is the use of auxiliary health workers or para-professionals at the community level. This is not an entirely new idea, but is one that had been used in the past by medical missionary services and also colonial medical services, as a way to meet local needs.

This use of local people in health care services also embraces the notion of participation. Sigerist's words confirm this:

Health cannot be forced upon the people, it cannot be dispensed to the people. They must want it and be prepared to do their share and co-operate fully in whatever health programme a country develops (cited by Elliot, 1989: 12).

Sustainable development has been defined as "meeting the needs and aspirations of the present generation without compromising the ability of future generations to meet their needs" (Brundtland, 1989: 14). This reflects the idea of respecting the rights of all people and acting responsibly in order to ensure that the rights of future generations are also safeguarded.

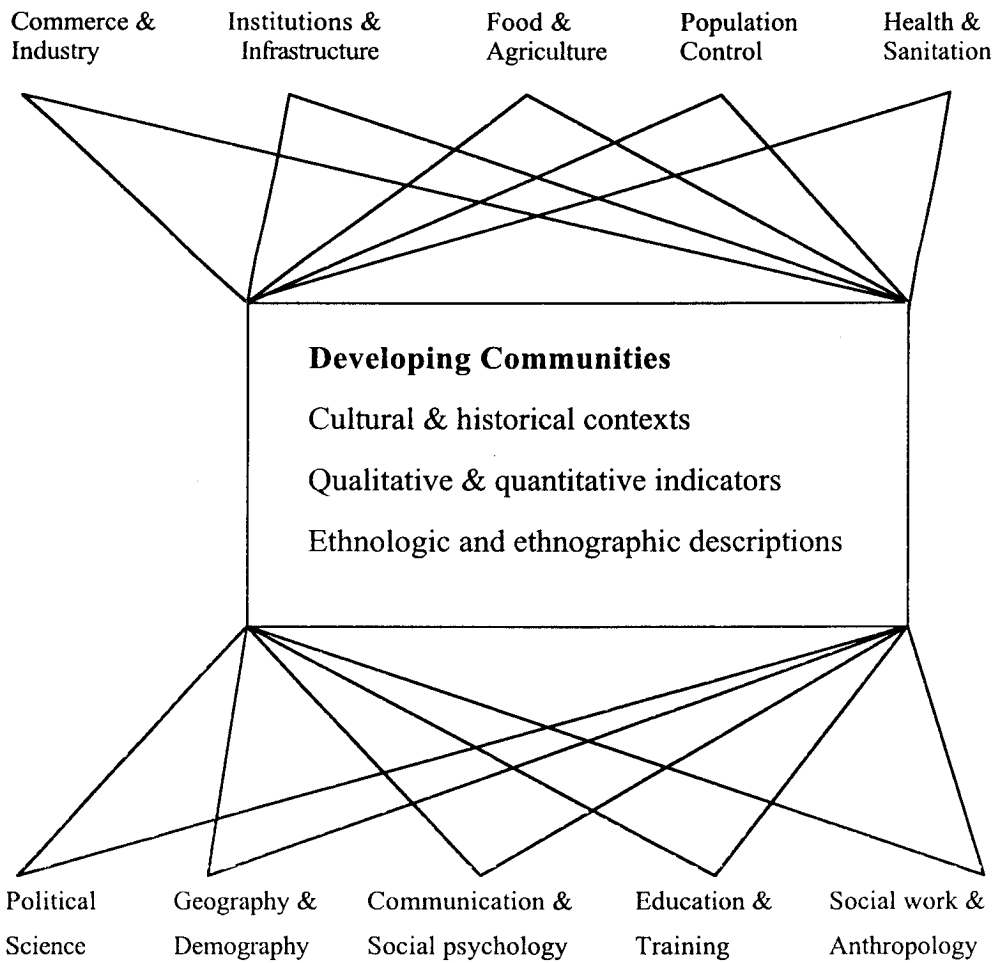
Health organisations play a key role in promoting the concept of equity and in ensuring that quality health care reaches the poorest. However, the reorientation of development makes it necessary for them to redefine their role. Holistic health, in the new orientation is an approach of health that focuses on the whole person as well as the social and physical environment. In addition the health organisations need to form partnerships and work together with practitioners of other disciplines who are also involved in activities aimed at promoting development. Such an interdisciplinary and multi-sectoral approach has been developed by the University of Iowa. This approach identifies three domains of knowledge that are necessary to development:

- (i) the area of technical assistance;
- (ii) contextual knowledge of communities in countries of the South; and,
- (iii) contributions of several social science disciplines to the development effort (Melkote, 1991: 268).

This means administrative and management skills, technical knowledge and familiarity of the community should be used conjointly in development projects. Ascroft's (1985) Triadic Model of interactive development support illustrates how the multi-sectoral model works (see Figure 2).

This is a useful model to tie up the concepts of development, communication and organisation. The pooling together of overlapping contribution and strengths of various sectors and disciplines can be gainfully applied in problem solving of development issues in countries of the South.

Figure 2: Triadic model of interactive development support



(Source: Ascroft 1985 reproduced in Melkote, 1991: 268)

3.6 Christian perspective of development and communication

One more dimension needs to be discussed in this conceptual framework, and that is the Christian perspective. Do the above mentioned concepts fit in with the church's interpretations of development and communication?

3.6.1 The Church in development

Development is not alien to the mission of the church. This is confirmed even in the scriptures. When Jesus began his public ministry at the synagogue in Nazareth, he chose the Messianic text of the book of the prophet Isaiah in order to outline his mission:

The Spirit of the Lord is upon me, because he has appointed me to preach good news to the poor, he has sent me to proclaim release to the captives and recovering sight to the blind, to set at liberty those who are oppressed, to proclaim acceptable the year of the Lord (Luke 4: 18-19, RSV).

Jesus, therefore, considered himself an agent to relieve human misery and combat every kind of neglect. His entire ministry was marked by the concern he showed to all those around him who suffered – the deaf, the blind, the mute, paralytics, lepers and the poor. The church, therefore, cannot stand aside and watch people live in sub-human social, economic and political conditions. The Christian definition of development can be described as “the development of every person and of the whole person, especially of the poorest and most neglected in the community” (*New People*, 1995: 27). Thus Christian development is not just about saving souls, but is concerned with the well-being of the whole person.

The second Vatican Council affirms the Church's role in human development:

Pursuing the saving purpose which is proper to her, the church does not only communicate divine life to men (sic) but in some ways casts the reflected light of that life over the entire earth. Most of all by its healing and elevating impact on the dignity of the person, by the way in which it strengthens the seams of human society and imbues the everyday activity of men (sic) with a deeper meaning and importance (*New People*, 1995: 27).

The role of the Church in development is for it to act as an instrument of salvation for humankind in every area of life.

3.6.2 Christian communication

Communication in biblical testimony shows that God is a communicating God. From the beginning it has been a characteristic of God to want to communicate. He does this by entering into relationships with human beings in a special way:

In many and various ways God spoke of old to our fathers by the prophets; but in these last days he has spoken to us by a Son...
(Hebrews 1:1-2, RSV)

God's word is dialogic communication. The Lord Jesus came to the world, on the one hand to restore communication and relations between God and humanity, and on the other hand, to restore relations between the people with one another. Humanity is free to participate fully in this dialogue. Furthermore, God's communication is not elitist; his eventual purpose is to unite all families around the world into one single people. Since God's communication with his people is not restricted to the personal sphere, but

happens in the heart of human co-existence, there is no isolated person or nation. Christians and Christian organisations can understand their place and mission in society through social action, and by listening and responding to the appeals of the poor and dispossessed. The principles of equity and participation are inherent in the church's approach to development and communication just as they are to the extant development and communication approaches.

From the precedent discussion, it is evident that efficient provision of development activities and services depends on concerted efforts of all the interest groups. In the provision of health care services, there is a need for strong links between the government, the Church, NGOs, the health facilities and intended beneficiaries. CHAK as a church-based health organisation, requires this type of co-ordinated partnership with other stakeholders in the environment in order for its efforts to be sustainable. At the same time, CHAK should remain cognisant of its Christian leanings and ensure that its activities consider the physical, mental, social and spiritual well-being of all members of the society it serves.

CHAPTER 4

Personal experiences and reflections

4.0 Introduction

The practical attachment was an intensive four-month exercise that provided a rich melange of experiences both personal and professional. This chapter recounts some of the personal experiences of the student at the host organisation, CHAK. It is important to note that the observations that are presented here are subjective reflections and personal impressions of the author. Nevertheless, these musings provide useful insight from an anthropocentric level which cannot be obtained without personal perception.

4.1 Reception

The practical attachment was scheduled to start at the beginning of July 1999. Prior to this, arrangements had already been made by the Department of Mass Communication (of the University of Zambia – UNZA) with CHAK. The contact person at CHAK had been identified as Dr. Elizabeth Bukusi, their Programmes Manager, who would also act as the local supervisor during the attachment. There was a spatial limitation in that the host organisation and the University of Zambia are located in different countries (i.e. Kenya and Zambia respectively). Consequently, initial arrangements had to be done through written communication sent by regular post and by electronic mail. In total, only four written communications were exchanged between the Department of Mass Communication and CHAK.

On arrival in Nairobi, Kenya, the student made contact with Dr. Bukusi and the two had a preliminary meeting. The meeting was brief and formal, and during this time the student presented a proposal for the imminent attachment. The proposal outlined the objectives

of the attachment the expectations of the student during this period. This preliminary meeting allowed the student to get a first impression of the organisation as an outsider. The impression of CHAK during this first visit presented it as a secretariat with well-kept premises, good security, and polite and friendly staff.

4.2 Role and function designation

The attachment officially began on the 5th of July 1999 and was expected to end on 8th October 1999. According to the student's proposed activity plan, the first week would be spent on orientation and the subsequent 13 weeks spent in active participation of the organisation's activities.

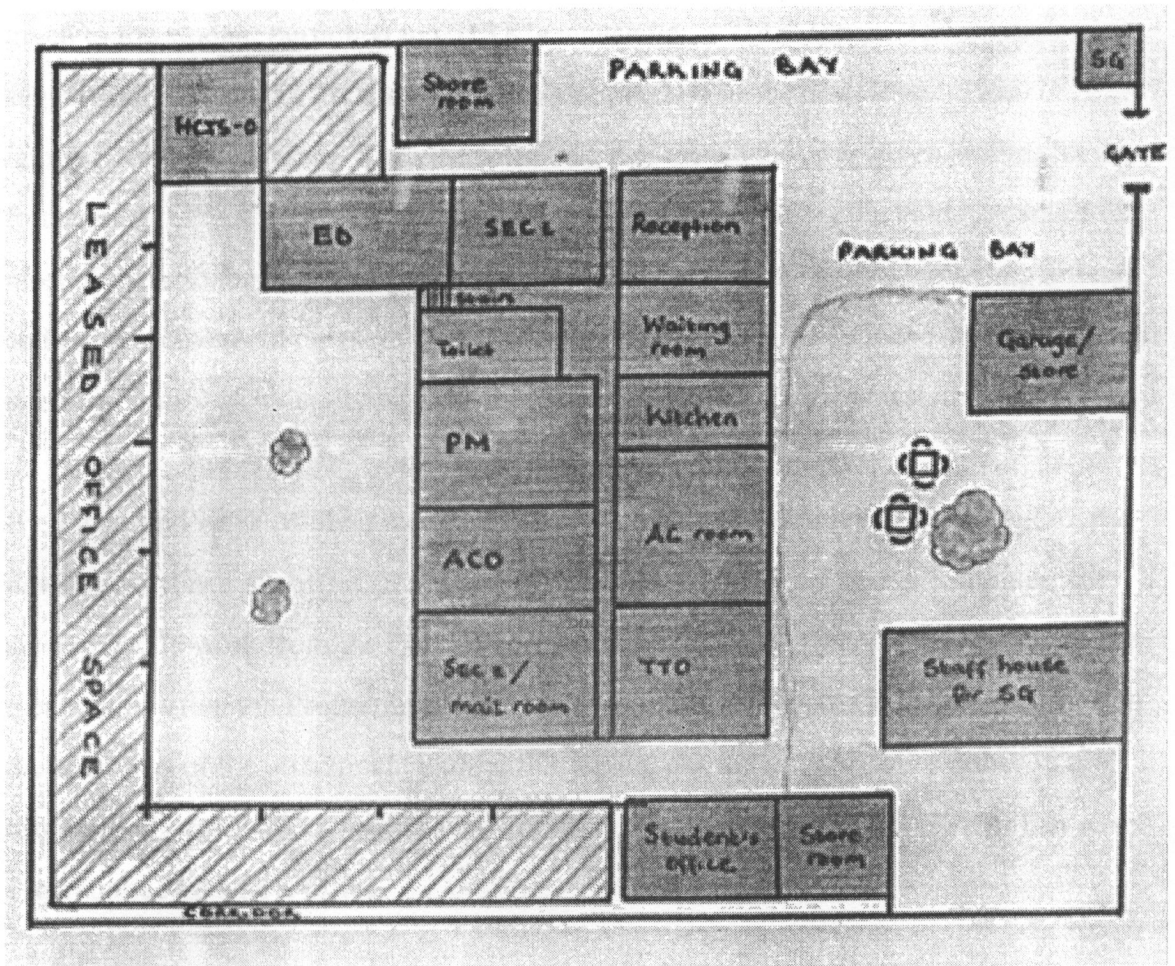
4.2.1 Work hours

It had been agreed that the student be reporting for duty during the normal staff working hours, that is from 8.00 a.m. in the morning to 5.00 p.m. in the evening. One hour was allowed for lunch between 1.00 p.m. to 2.00 p.m., and there were two tea breaks at 10.00 a.m. and at 4.00 p.m. Tea was provided for the staff during the tea-breaks and the staff bought their lunch from nearby food kiosks or carried packed lunch from home. It was during these breaks that the staff would meet and chat with each other about work related and personal issues. During the lunch hours most staff members have their meals together outside on the front lawn where garden seats and chairs ARE provided.

4.2.2 Workstation

On the first day of duty the student was informed that she would be working in the Programmes Department. There was at that time another attachment student from Daystar University (of Nairobi) who was just ending her practical assignment with CHAK, but had been asked to stay on for a week in order to orientate the new attachee (i.e., the author). The two students were to share an office, which was located slightly away from the others (see Map 3).

Map 3: Sketch of CHAK premises



N.B. Not drawn to scale

Key:

- | | | |
|---|----------------------------|----------------------------------|
| HCTS-O – HCTS Officer | PM – Programmes Manager | AC room – Accounts office |
| ED – Executive Director | ACO – Accountant | TTO – Technical Training Officer |
| SEC ₁ – Administrative Secretary | SEC ₂ Secretary | SG – Security Guard |

For orientation, the student was given a number of files to read in order to familiarise herself with the organisation and its activities. Initial perusal soon indicated that all files given to the student pertained to CHAK's newsletter, *CHAK Times*. The implicit suggestion was that the attachment duties would relate to the newsletter. This impression was confirmed when the following day the student was given articles for the forthcoming *CHAK Times* issue to proof-read. As time went by, the student carried out most of the activities involved in the production of the magazine, from soliciting articles and advertisements to typesetting and page-layout. Later, it was a more or less common phrase to hear the student being referred to as a 'godsend' for the newsletter.

By the second week of the attachment the student was fully involved with work on the newsletter. Since the office provided as the workstation did not have a computer, the student had to work from the Programmes Manager's office. Operating from this office meant quite often the Programmes Manager and the student would share the office. For the most part of the attachment period, the student carried out her duties either in the originally allocated office (occasionally referred to as the communication office), or in the Programme Manager's office.

4.3 Organisation's expectations and perceived role of the student

In the initial meeting that the student had had with the Programmes Manager and also in the submitted attachment proposal, it was indicated that the student wished to participate in different activities in all departments of the organisation. Apart from carrying out tasks assigned by the local supervisor, the student had expected to observe and learn from functions carried out by the different departments. However, organisational perception of the student's role did not totally correspond with these expectations. The activities of the outgoing attachment student (from Daystar University) had entailed almost entirely of tasks relating directly the organisation's newsletter. The implied expectation was that this author would be 'taking over' from the Daystar student.

The general perception was that the student was a communication specialist and thus should be involved in the organisation main communication activity, i.e. the newsletter. To confound this misapprehension, the management were under the impression that the MCD programme which the student was pursuing was a media/journalism programme course. On more than one occasion the student was introduced to outsiders as a journalist. Consequently, all tasks concerning the newsletter were assigned to the student, and as the organisation does not have a communication department or officer, this meant that the tasks were full-time duties.

Working from the Programmes Manager's office provided speculation among the support staff about the student's role. The support staff interpreted this to mean:

- (i) that the student was more or less a personal assistant to the Programmes Manager; and,
- (ii) that the student and the Programmes Manager were working very closely together, therefore, she (the student) should be treated as management staff.

4.4 Work Atmosphere

The work atmosphere at the CHAK secretariat can be described as friendly and relaxed. The staff members interacted freely with each other both personally and officially. There were two apparent cliques that could be identified: one comprising the support staff and the other comprising the management. However, these two cliques interacted with one another frequently. For example, every Monday morning there is a devotional meeting attended by all staff members. In this weekly meetings, they sing a few hymns then one of them shares a biblical reading or message with the rest of the staff, and thereafter, each member recounts the what he/she did in the past week. Any personal experiences or events are shared during these sessions. The devotional meetings were one of the examples of the bridging opportunities between staff cliques in the organisation.

4.5 Overall impressions

In a formal capacity the student did not belong to either the support staff clique or the management clique. Thus, the student functioned more or less as an isolate. Since it was the staff's contention that the student was a journalist/communication specialist and there was no communication department in the organisation, the staff thought that there was no common ground on which they could interact with the student in a official capacity. The organisation's domain is health and therefore the staff at the secretariat have training in either a health related field or in administrative or logistical support fields (for example, accounting). In addition, the production duties for the newsletter carried out by the student were often done independent of other departments thus making most of the student's tasks secluded from the rest of the organisation's functions.

Nonetheless, in an unofficial capacity, the student was accepted as part of the organisation during her stay. The staff were also very willing to talk to the student and explain their activities to her as well as have informal chats. This amiable atmosphere created a conducive environment for the student to work in.

From experiences recounted in this chapter, we can conclude that the student gained a good understanding of the organisation and the people who compose it. This can be seen from the way the student was able to interact with the Secretariat staff in an official capacity by working with them as would a full time staff member, and in a personal capacity when mixing with them in unofficial situations such as the morning devotions and over tea breaks. These interactions were useful as they helped the student to learn more about CHAK and enabled her to collect information for the attachment.

CHAPTER 5

Issues and concerns at CHAK

5.0 Introduction

CHAK has undergone many changes since its origins in the 1930s. Its initial mandate as a hospitals committee for the NCKK has evolved over the years from the disbursing of government grants to church hospitals, to being the conduit of donor funds and implementor of projects, and finally to its present day role of being a facilitator for its 326 church-based health units. As with any other organisation, the changes that have taken place in CHAK are consequent of the changes in its environment of operation. This chapter examines the main issues and concerns within the Association itself and within its environment that have led to the evolution of the 'old' CHAK to the new CHAK. The chapter also looks at the activities carried out by CHAK on behalf of its members, and the future trends that the Association expects to take.

5.1 Structural and functional changes in CHAK

The changes that have taken place in CHAK since its inception have been in name, size, and function:

Table 3: Changes in name and role at CHAK

Period	Name	Role
1930s	(NCKK) Hospitals Committee	Committee of NCKK members' hospitals
1946	PCMA	disbursement of government grants to Protestant Hospitals
1983	CHAK	conduit of donor funds, implementation of donor-funded projects for MHUs.
1997 to date	CHAK	Advocacy, facilitation and capacity building in MHUs

The mandate of the organisation has had to change as its membership and their needs have grown with time. The growth and changes that took place in the early days, when the Hospitals Committee became the PCMA, were healthy changes; although they meant a change in structure and function, they were commensurate with the system's ability to cope with it. The unhealthy changes took place when PCMA became CHAK.

The Association first adopted the name CHAK in 1982. The change spelt a broadening of the organisation's mandate which was necessary because of the expansion in terms of membership and the number of projects being handled. Whereas as PCMA the organisation's role was mainly to disburse government grants to MHUs, as CHAK, the organisation intended to take on a facilitative role in order to assist its members provide health services to all in need. This role was articulated in the CHAK constitution as follows:

The purpose of the Association is to act corporately to:

- a) Further the work of Christian Health Services in fostering the spirit of Christian love and service to all in need, as witnessed in the life, and teaching and example of our Lord Jesus Christ.
- b) Develop within the available resources the highest level of promotive, preventive and curative aspects of health care.

(CHAK, 1982: 2)

However, from the onset the Association found it difficult to constrain its functions to the facilitative role. The rapid expansion coupled with external pressure from donors pushed CHAK into becoming more of an implementor than a facilitator. The deviation from the intended role has been acknowledged in several CHAK documents. For example, the 1998-1999 Activities Report explains it as follows:

The name and functions changed again in 1983 to the Christian Health Association of Kenya with a broader mandate to facilitate the role of the Church in health care and healing, in principle. However, in practice the availability of donor funds to implement projects that were not necessarily according to the priorities and policies of the Church ... essentially prevented the implementation of the new mandate. CHAK became a conduit of donor funding to its members, a role that forced it to take a front-line position to run projects in competition with members, under pressure to account to donors (CHAK, 1999a: 8).

As a result, after only a year of changing its name and role, the organisation was already beset with problems. The main contributory factor was CHAK's secretariat structure which was not appropriate for the achievement of the Association's goal of facilitation. This was because the expansion that had taken place in the Association did not have corresponding growth at the secretariat level. For example, the number of projects being handled for the MHUs had increased. These projects were headed by directors working from the regional offices, and they were being run almost autonomously with little or no control from central management of the secretariat. This is what led to the first management crisis experienced between 1983-1986.

The disequilibrium in growth between the periphery (MHUs, field staff, and donors/partners) and the core (CHAK secretariat and central management) remained unresolved. This led to a second management crisis which occurred in 1988. Aside from the problems caused by rapid expansion that took place in the 1980s, CHAK also began to experience financial problems. In the 1990s the situation with the donors began to change. Whereas in the 1980s there had been a lot of external finances available, the nineties were characterised by most funding being cut down. Due to the decrease in

funding, the number of staff had to be reduced, thereby compounding the problem of co-ordinating field projects. It soon became imperative for CHAK to do something about the situation if it was to continue to exist. In 1993/94 CHAK commissioned consultants from the Family Planning Management Division (FPMD) to facilitate a restructuring process. However, although the recommendations made by these consultants were implemented the organisation continued to experience problems. In 1996 the Christian Organisations Research Advisory Trust (CORAT) was asked to carry out another evaluation and make recommendations that would remedy the situation. The CORAT evaluation exercise identified the following problems:

- (i) having an inappropriate organisational structure for carrying out the facilitative role;
- (ii) not having clearly articulated goals and objectives to reflect the relevant needs of the Association;
- (iii) having poorly defined relationships between the secretariat and the MHUs.
- (iv) having an EXCO that was 'bloated' and also unclear in their mandate, thus not properly fulfilling their role;
- (v) being too dependent on external (donor) funds. (CORAT, 1996: i)

CORAT recommended that CHAK restructure its secretariat and clearly articulate its mission and role both for the benefit of the CHAK's employees and its members. Thus, between 1997 and 1998, the Association spent time developing a strategic plan and recruiting staff that would enable the restructured secretariat to start functioning. At the time of this student's attachment at the secretariat, most of the required staff had been recruited. However, two key positions have yet to be filled, these are the position of Financial and Administration Manager and that of Communication Officer.

5.2 Environment of operation

As an association for Protestant health facilities, CHAK's environment is composed of the following elements: the health sector in Kenya, the church, partners/donors, and the communities that need the health facilities. The demands of these elements are what provide issues and concerns for the organisation in its operations.

5.2.1 The health sector

The state is the largest health care provider in Kenya, although a significant number of health facilities are provided by the private sector. According to Koinange (1996) the country has an estimated 3,200 health facilities and of these 40 percent are run by the Church and the private sector (these figures differ from those provided by MoH, 1994, which estimate that there are 3,200 facilities and only 14.23 percent are church-run). Of the 80,000 health personnel in the country, the Church and the private sector account for 30 percent while the remaining 70 percent are employed by the MoH. The distribution of these health facilities is inequitable. The bulk are located in urban and peri-urban areas even though 84 percent of the population live in rural areas. Access to health facilities reflects this discrepancy as only 15 percent of rural Kenyans live within two kilometres of a health facility (Koinange, 1996: 28).

Health facilities and personnel are not the only considerations that are important to the health sector. National and international trends in the field of health also affect the kind of service that is provided. 'Health for All' (HFA) has been advocated by the World Health Organisation (WHO) and been adopted by member countries, Kenya included. CHAK already has the ideals of HFA in its mission which seeks to provide "quality health services to all, particularly the poor."

Present day trends in health care have also shifted in emphasis from curative to preventive medicine. This means that for health care providers, their health promotion

activities should pay as much attention to the reduction of health risk factors as well as to the treatment of diseases. A country's health system should be able to provide Primary Health Care (PHC) to its citizens. PHC includes the promotion of proper nutrition, basic sanitation, maternal and child care, immunisation against the major infectious diseases, prevention and control of locally endemic diseases, and education of the public on the prevailing health problems and methods of preventing and controlling them (Koinange, 1996: 56). CHAK needs to ensure that its MHUs have the capacity to provide these services.

5.2.2. The Church's influence on the CHAK's functions

CHAK is a Christian organisation. Its membership is comprised of various Protestant churches in Kenya and their health facilities. Since the members of the Association are in essence owners, CHAK's mission is, therefore, guided and governed by the Church's mission in health. The aim of Protestant churches in health is "to proclaim the Good News in word and in deed by continuing Christ's ministry of healing and restoration of humankind" (CHAK, 1998a: 5). This is mirrored in CHAK's mission which is to "witness to the love of Christ through quality services but affordable by all, particularly the poor (CHAK, 1998a: 5).

Church-run institutions contribute significantly to health care provision in Kenya, particularly so in the rural areas of the country where the majority of its facilities are located. Church based health care is important because the owners of these facilities have a concern for the poor and marginalised population. This ensures that even economically constrained communities have access to health services that they would otherwise be unable to obtain from the profit-driven private health facilities. With the economic constraints gripping the country, even government facilities are no longer free as cost sharing has been introduced in state-owned facilities.

In the later half of the 1990s, Kenya has been experiencing a severe economic downturn that has impacted negatively on its citizenry. In the health sector, the increasing poverty means that the number of people unable to pay for services has increased. Church health care facilities are faced with the difficulty of remaining afloat financially and still being accessible to all, especially the poor. Their income needs to be subsidised as they cannot rely on patient fees. This is remarked in CHAK's July 1998-June 1999 Activities Report, which states:

... if CHAK units become inaccessible to the poor due to rising costs then the Church will have lost its mission in health. The main reason for the Churches involvement in health is to provide quality care for the poor and disadvantaged" (CHAK, 1999a: 23).

The Kenyan government has long been cognisant of the contribution made by the Church to the health sector, and in, the MoH used to provide support to church-run facilities through grants, staff secondments and provision of medical equipment. These subventions have stopped because the State is finding it difficult to fund its own programmes and health facilities, let alone support the Church's health work. Northern donors too have provided funding for Church health facilities, but due to donor fatigue these funds have also diminished. In any case, dependency on donor funds has sometimes made it difficult for recipients to exercise self-determination. The challenge here is for CHAK to assist its MHUs to identify options of financing that will not compromise their mission of giving service to all. In the meantime the CHAK secretariat continues to lobby on behalf of its members for the resumption of state support to church-run health facilities.

5.2.3 The individual and the community

Individual and community participation plays an important part in achieving the goal of HFA; after all, health is an individual, family and community concern. Community based health care (CBHC) is a strategy that has been favoured by the Church in its health work because it is based on principles of partnership, participation and involvement of the individuals and communities. While health care providers undoubtedly contribute to the achievement of better health in a society, individuals and communities can contribute by adopting simple social norms, observing good environmental practices and maintaining moderate lifestyles. For health care providers, health education and information are important tools for sustainable health. Individuals and communities need to see health promotion in terms that they understand. For this to be effected, health services offered should always have information on what the individual can do to better his/her health. This is particularly important in preventive strategies such as immunisations, family planning, and nutrition.

It should not be forgotten that individuals and communities form the client-base of health facilities. Health care facilities need to bear in mind the needs of individuals and communities in order to be able to provide services to this client-base. This aspect of service and servitude is emphasised by Church health care providers.

5.3 CHAK's activities

As a facilitator, the new CHAK is no longer involved in front-line implementation. The Association's main activities include:

- (i) advocacy;
- (ii) capacity building within the MHUs;
- (iii) networking; and,
- (iv) training.

5.3.1. Advocacy

Advocacy is one of the main functions of the new CHAK. It is an important function since the Association is expected to lead its members in a united effort to ensure that their common mission of providing health services to all is achieved. In order to be able to achieve this mission the secretariat has the mandate to advocate and lobby issues of importance to the government and other stakeholders on behalf of its members. In this capacity the secretariat has continued to impress upon the MoH, the importance of the role played by CHAK MHUs in the provision of health services in Kenya. Advocacy activities at the secretariat are co-ordinated by the Executive Director's office and the Institutional Development Manager.

For the period 1998/99, the main advocacy event was a consultative meeting held in Nakuru. The meeting, which took place in May 1999, brought together representatives from Church leadership, leadership from within the CHAK network, medical personnel from the CHAK MHUs, KCS representatives, and MoH representatives. The so-called Nakuru Conference, highlighted the important role played by the Church in the provision of health services in the country. During the meeting, it was observed that in spite of their considerable contribution to the health sector, church health facilities no longer received government support in terms of funding, personnel or equipment. The meeting came up with clear recommendations on what needed to be implemented by the Church and their health facilities on one hand, and the MoH on the other. To this effect, a memorandum was written and issued to the press and also presented to the Permanent Secretary and the Director of Medical Services at the MoH.

The advocacy mechanism has initiated an active dialogue between the CHAK and the important stakeholders within its environment of operation. For example, since the Nakuru Conference, the secretariat has followed up a number of issues that were raised. These were taken up with the Minister of Health, the Permanent Secretary and the



Director of Medical Services. The Conference has also enabled CHAK to strengthen its collaborative ties with sister organisations such as MEDS (Medical Equipment Drugs and Supplies) and KCS. This paves the way for concerted action in issues of common interest.

The advocacy strategy at CHAK is still being developed to encompass issues of 'well-being' as well as those of health. Although the secretariat has yet to become actively involved in this kind of advocacy, the need has been identified and the Association is definitive in its intentions to be involved in advocacy that entails concerns such as violence prevention and conflict resolution:

The advocacy mechanism so developed should place the health of the most vulnerable on the political agenda and ensure access to quality care for the majority of Kenyans. The program should include monitoring of quality of care as well as prevention of violence. ... Since health is relatively neutral it provides an entry point for conversation, negotiation, conflict resolution, and reconciliation across divisive boundaries of denominations, ethnicity, political parties and regions ... CHAK has a unique role that should be exploited for the good of many (CHAK 1999a: 23).

5.3.2 Networking

Being an association, the CHAK secretariat is the focal organisation of a network and therefore needs to maintain constant communication with its members. This will enable it to carry out its responsibility as a co-ordinating body. Networking is important because it facilitates the sharing of experiences and exchange of information between members within the Association and also with those outside it. In the old CHAK, the networking strategy was neglected, and this is what led to the crises that necessitated restructuring of

the organisation. In the new CHAK, the secretariat has begun its networking activities by launching a quarterly network newsletter called *CHAK Times*. The first issue was published in May 1999. At the time of the student's attachment, the fledgling newsletter was the main networking tool for information, communication and advocacy.

According to the Institutional Development Manager, networking activities are supposed to be co-ordinated by the Institutional Development Department, however, during the attachment these activities were being carried out by the Programmes Department. The reason behind this was that the secretariat did not have a Finance and Administration Manager, therefore, the duties of this office had been taken on by the Institutional Development Manager. In this event, the Programmes Manager has undertaken the responsibility of being editor of the network newsletter. However, the secretariat does not have the necessary staff to produce the publication and so relies on external consultants and freelance professionals. In order to ensure the participation of the members of the Association, there is an editorial committee composed of representatives from each CHAK region. Members of the editorial committees act as correspondents for their regions, collect articles for the newsletters from MHUs in their region and assist in editing articles received during editorial committee meetings.

In addition, the secretariat has sought to improve its communication capacity in an attempt to facilitate exchange and sharing within the network. The computer system at the secretariat has been upgraded and an electronic mail and information sharing system has been installed. The secretariat has electronic networking on both Local Area Network (LAN) and on Wide Area Network (WAN).

5.3.3 Training

CHAK continues to run a number of programmes for its members. Some of these are projects on-going from contracts undertaken by the old CHAK in collaboration with

external donors, for example the MCH/FP project funded by USAID, and the VSC project funded by AVSC with a sub-grant from USAID, the Medical Equipment Maintenance and Repairs Project funded by EZE. In these projects, the secretariat's function has been maintained at a facilitative level such as the facilitation of workshops for the projects, monitoring and evaluation of the projects.

Whereas much of the training activities in the past were project-oriented, the secretariat now introduced a needs-oriented approach to technical training. This is done by first determining the training needs within the network. The aim is to develop a targeted training programme that will assist in building up the human resource capacity of the MHUs. These technical training activities are co-ordinated through the Programmes Department at the secretariat.

In 1998/99 the secretariat carried out a mail survey to establish an inventory of the human resource capacity of its members in order to determine the training needs. The response to the survey was so poor that the analysis of results has not been done. Consequently training during this period was undertaken only in specific project areas, for example Minilap training in various member units (CHAK 1999a: 20).

In addition, the Programmes Department also co-ordinates a medical interns' training programme. This is a collaborative programme carried out in conjunction with COFAMED. The medical students in this programme are given an opportunity of training at select MHUs.

5.4 Summary of the challenges faced by CHAK

CHAK is a large association, this is evidenced by its membership of 326. The Secretariat serves as the focal organisation for this large number independently administered MHUs. In contrast, the Secretariat staff that co-ordinates the functions of the Association is quite

small (only 13 employees during the attachment period). The Secretariat is, therefore, faced with a challenging task when carrying out its responsibilities as the co-ordinating arm of the Association.

5.4.1 Role displacement by members

The MHUs that belong to CHAK are allied to different Protestant churches in Kenya. Through their membership to the Association, the MHUs define themselves as part of a unified identity. However, it appears that this common identity has suffered severely, particularly during the crises periods of CHAK's history. The CORAT evaluation carried out in 1996 indicated a weakness in the Association's identity, hence the recommendation that CHAK clearly articulate its mission. Results from the interviews with the Secretariat employees carried out by the attachee show the CHAK management and some of its officers felt that many of the MHUs had reconciled themselves to CHAK's function as a facilitator. The MHUs still expected CHAK to continue its implementing role even though they had approved the new mission statement and the identity of CHAK as a facilitator at the 1997 AGM. The interviewee recounted comments from some of the MHUs that expressed dissatisfaction because CHAK was no longer involved in front-line implementation of projects in their facilities. For example, comments such as, "These days CHAK is dead" or "CHAK no longer helps us the way it used to" were noted. This is an indication that some members have not fully adjusted to the secretariat acting as an facilitator rather than an implementor even though they themselves have approved the revised mission statement and role of the Association.

CORAT's evaluation revealed that the principle unifying element of the Association is its Christian character. During the evaluation exercise employees of the secretariat, a selected task force and some members were asked to give their perception of CHAK. They described it as "... a Christian organisation, an association, made up of teams of people who are servants and facilitators" (CORAT, 1997: 5). This description clearly points out

CHAK's identity/role as being that of giving 'service' and being a facilitator for its members.

The Secretariat is trying to solve this problem through networking. The networking function is supposed to enhance the corporate identity of the Association's members. In the second issue of the network newsletter, the Executive Director notes: "The CHAK Times is a tool for garnering support from all the concerned and like-minded parties to facilitate a common search for dignified ways of sustaining our common mission..." (Kaseje, 1999: 3).

5.4.2 Limitations of the secretariat staff strength

As has been mentioned, the Secretariat staff is quite small in comparison to the number of members in the Association. During the attachment period the Secretariat staff team consisted of 13 employees:

- | | | |
|--------------------------------------|---|----------------------|
| 1. Executive Director | - | Dr Dan Kaseje |
| 2. Institutional Development Manager | - | Mr. Patrick Kundu |
| 3. Programmes Manager | - | Dr. Elizabeth Bukusi |
| 4. Accountant | - | Mr. John Nzomo |
| 5. Technical MIS Officer | - | Mr. Francis Kangwana |
| 6. Technical Training Officer | - | Ms. Grace Kamau |
| 7. HCTS Technical Officer | - | Mr. Shadrack Mbasu |
| 8. Executive Secretary | - | Mrs Helen Ratemo |
| 9. Secretary | - | Mrs Ellah Okoti |
| 10. Receptionist | - | Mrs. Sophie Nyange |
| 11. Driver/Mechanic | - | Mr. Justus Kilonzo |
| 12. Driver | - | Mr. Stephen Mbugua |
| 13. Messenger/Cleaner | - | Mr. Edward Murimi |

As indicated earlier, two key positions that had not been filled at the time of the attachment were the position of Financial and Administration Manager and the position of Communication Officer. The Accountant (Mr John Nzomo) was appointed during the attachment period.

In-depth interviews with employees and personal observation by the student revealed that there is a problem of role overload. This problem weighed most heavily on the management team, the technical officers and the accounting staff. However, even the secretarial staff indicated that their workload was quite demanding and when one of the secretarial staff is on leave the secretariat has to enlist the services of temporary staff.

The Association's lack of a Financial and Administration Manager has been a problem to the organisation because it reduces the efficiency of the management team. The duties of the Finance and Administration Manager have had to be assumed by the Institutional Development Manager. Consequently, some of the activities that were the responsibility of the Institutional Development Department have been shifted to the Programmes Department, for example, the production of the network newsletter. This means that both managers have to deal with responsibilities that are outside their area of expertise (the Institutional Development Manager is an architect by profession, while the Programmes Manager is a medical physician/gynaecologist by training).

Role overload has also led to delays in carrying out activities of the secretariat as well as unnecessary expenses such as hiring the services of temporary staff, consultants and freelancers. CHAK is aware of these problems and is still seeking to recruit more staff to fill in the current gaps in the secretariat staff. A major obstacle has been the difficulty in obtaining 'well qualified' staff. For example, CHAK had filled the post of Financial and Administration Manager, but the individual recruited performed unsatisfactorily during the probation period thus leaving the post vacant once more. The Association has been

able to successfully recruit an HCTS Technical Officer, an Accountant, and a Technical Training Officer during 1999.

5.4.3 Financial challenges

The other major challenge facing CHAK is that of funding. As indicated earlier, since its establishment as a formal organisation, the Association has been dependent on external funds. This situation still persists, and the new CHAK is still largely dependent on external funds to finance its activities. CORAT's analysis of CHAK's financial resource base, conducted in 1996, confirmed the Association's dependency on external funds:

Table 4: CHAK's financial resources by source 1992-1996

FINANCIAL RESOURCES BY SOURCE						
Source of Income	1992	1993	1994	1995	1996	Average
	%	%	%	%	%	%
Government grants (balance)	3.22	4.0	-	0.36	-	1.52
Rental Income	11.30	10.88	6.23	6.18	6.42	8.20
Donations	8.28	13.70	3.60	2.07	-	5.53
Project contr. (donors)	66.17	54.33	66.28	75.50	81.65	68.79
Misc. Income	5.40	1.89	2.90	4.86	2.07	3.42
Bank Interest earned	4.96	13.42	6.99	3.65	6.07	5.08
Members Appl. & Subscr.	0.67	0.00	0.23	0.39	1.26	0.51
Motor Hire Income	-	-	3.71	2.56	2.53	1.76
MIS Income	-	-	10.77	6.27	-	3.41
Profit (Loss) of F/Asset sale	-	1.78	-	(1.82)	-	0.01
TOTAL	100.00	100.00	100.00	100.00	100.00	100.00

(CORAT, 1997: 37)

Only a small percentage of CHAK's resource base is internally generated. These are from members application and subscription fees, MIS income, rental income, leasing of CHAK vehicles, bank interest and the sale of assets. The bulk of the Association's resource base is obtained from donations and donor funds. This dependency on external funds is mirrored in the MHUs. It is, therefore, vital that the Secretariat as the administrative siege of the Association, sets a good example in financial sustainability for its members. To this effect, the Institutional Development Department is charged with the responsibility of seeking ways to develop the organisation's financial and material resources. The Institutional development Manager is conducting a feasibility study on the possible development of a plot of land (in Nairobi's Dandora area) owned by CHAK. The Manager is also working on the feasibility of the architectural development of the current CHAK premises in a more financially viable way.

The Secretariat's performance is assessed by its members during the Association's AGM. During this meeting summaries of the Secretariat's activities and performance are presented through the Chairman's and the Executive Director's reports, the statement of the Association's main accounts, and the audited accounts. At the end of the 1999 AGM, the participants were given a performance assessment form. This enabled the Secretariat to find out if their preparations and overall performance during the annual conference were satisfactory. Nonetheless, from discussions in this chapter it is evident that CHAK faces many challenges and the Secretariat is attempting to deal with them in various ways.

CHAPTER 6

Attachment activities

6.0 Introduction

The principle guiding objective of the attachment was for the student to observe CHAK's use of communication to facilitate its developmental activities. To carry out this objective, the student was a participant observer placed in the Programmes Department at CHAK's secretariat. This chapter details the activities carried out by the student and the observations made on operations conducted by the Department, and suggestions made to the organisation.

CHAK's secretariat is involved in technical training, capacity building, advocacy and networking activities for its members. The networking function allows the Secretariat to facilitate forums for the MHUs to share information and experiences. The networking mechanism also enables the Secretariat and the Association members to establish contacts with other institutions, such as the government, partners and donors. The advocacy mechanism is used by the Secretariat to lobby for issues of importance or concern on behalf of the MHUs. The capacity building and training functions enable the Secretariat to develop human and technical resources, and to nurture self-sufficiency and sustainability within MHUs through activities such as project development, training seminars and workshops. The Programmes Department where the student was placed is responsible for the networking and technical training functions. Since, communication is requisite for both of these functions, the student was ideally placed to carry out the attachment objectives (see chapter 2).

6.1 The student's input and observations

In the restructured set-up, the Association recognises the need for its Secretariat to have a professional and focused approach to communication for the purposes of:

- (i) strengthening the working relationships between members;
- (ii) creating awareness, and highlighting issues and trends that occur at the local, regional and global level, through the dissemination of information to its MHUs; and,
- (iii) facilitating the production of health services information.

However, the CHAK secretariat had no communication staff. Although there is a MIS officer in the Programmes Department, his assignments deal more with informatics such as electronic data collection, compilation and systems analysis than communication. As mentioned in Chapter 4, the organisation perceived the student to be a communication specialist. For this reason most of the duties assigned to the student were communication-oriented. These duties comprised of tasks related to the production of the network newsletter, proposal writing, and attendance of meetings and seminars. The majority of the tasks carried out by the student were connected to the Network newsletter.

6.1.1 Production of the network newsletter

As a way of meeting the aim of establishing an effective communication network, CHAK, in its Strategic Plan for 1998-2003, outlined the production of a network newsletter by 1999 as one of its objectives. The Secretariat has been able to realise this objective. Three issues were produced in 1999: the first issue appearing in April, the second issue in August, and the third in October. The newsletter is a quarterly publication.

Although the objective of producing the newsletter has been achieved, the Secretariat does not have qualified staff to carry out the pre-press production activities internally. The production of the first three issues has been described by the CHAK management, as “difficult, slow and costly”. This is due to the reliance on external consultants and freelance experts to design, edit and prepare camera-ready copy of the newsletter before it can be taken to a printing firm. This kind of arrangement has not been satisfactory

because it means that the Secretariat has less control in the preparation and presentation of the newsletter. Decisions about the content, look/appearance, and agenda of the publication are prone to the influence of the external experts if they carry out the duties outside the Secretariat.

It was evident from the start of the practical attachment that the Secretariat was in need for communication staff. On only the second day of reporting on duty, the student was assigned to proof-read and edit articles for the second issue of *CHAK Times*. Production tasks for the newsletter for the first two issues had been performed as shown in Table 5:

Table 5: Production tasks for the newsletter

Production task	Activities carried out	Person(s) responsible or involved
1. Editorial Committee meeting	<ul style="list-style-type: none"> • Selection of theme for subsequent issue • Selection of suitable stories/articles • Initial editing of received articles. • Assignment of duties to sections of the publication to editorial committee team, e.g. the Samaritan, medical quiz, puzzles, feature story, etc. 	Chairperson (Programmes Manager), Consultant editors, Editorial Assistant (Attachment student), Regional correspondents * N.B. The Graphic Designer and the Cartoonist are encouraged to attend.
2. Collection of articles/stories	<ul style="list-style-type: none"> • Identifying and contacting writers • collection of articles from writers • Keying-in received articles to computer 	Editorial Assistant (occasionally assisted with the typing by the secretarial staff)
3. Editing of articles	Substantive and technical editing	Editorial consultants, Editorial committee members (i.e. the regional correspondents) and Editorial Assistant
4. Preparation of the 'dummy'	Pagination and layout planning	Consultant editor

Table 5 continued

5. Artwork (Illustrations)	<ul style="list-style-type: none"> • Preparation of editorial cartoon and cartoon strip • Preparation of illustrations 	Freelance Artist/Cartoonist
6. Typesetting and publication layout	<ul style="list-style-type: none"> • Typesetting of articles and advertisement copy • page layout/design • Cover page design 	Freelance Graphic Designer
7. Proof-reading	Proof-reading typeset copies	Consultant editor, Editorial Assistant
7. Camera-ready copy	<ul style="list-style-type: none"> • Preparation of camera-ready copies for the printer • Preparation of colour separations for the printer 	Freelance Graphic Designer
8. Printing	Printing copies of the publication	Printer
9. Distribution	<ul style="list-style-type: none"> • Dispatch of copies to MHUs • Dispatch of copies to subscribers and advertisers • Dispatch of copies to partners and sister organisation (Distributed by mail, hand delivery or service delivery) 	Editorial Assistant, driver, messenger, secretary

During the production of the second issue, the editorial team was faced with a crisis because the Chief Consultant Editor decided to withdraw from the team. This took place just at the time when the student began her attachment at the secretariat. The Consultant Editor's withdrawal presented a big problem because he was the person responsible for the preparation of the dummy and no one else on the editorial team had experience or training in carrying out this task. In order to be able to put out the issue on time, the Programmes Manager undertook the task and was able to prepare a dummy that was used for that issue.

In the production of the October issue (No. 3), the student's input became more involved as more tasks were assigned to her. This situation was caused by the following factors:

- (i) the departure of the other attachment student from Daystar University;
- (ii) the editorial secretariat not being able to find a replacement for the Consultant Editor;
- (iii) the freelance designer not being available for a good part of the production period of the October; and,
- (iv) the Secretariat's acknowledgement of DTP (Desktop publishing) and professional experience in the publishing field.

The student, therefore, carried out the collection of articles, solicited for advertisements, keyed-in to computer the received articles, edited and proof-read copy, prepared the dummy, typeset and designed the page-layout, participated in the editorial committee meeting and organised the distribution for the issue. The student did not carry out these tasks entirely on her own. Some of the editing was done by the Programmes Manager and the cover pages were designed by the freelance Graphic Designer, who also prepared the colour separations for the issue. Nevertheless, the student carried out most of the pre-press production tasks, and like the staff at the secretariat, she experienced role overload.

In spite of the heavy schedule, a camera-ready copy for the October issue was submitted to the printer in good time. However, printing did not begin straight away. There was some delay experienced because the secretariat was waiting to receive some colour separations for an advertisement that was going to be carried in the issue. Since financial sustainability of the publication was important, it was thought justifiable for the printing to be delayed so that some income could be generated from running a full-page colour advertisement.

It should be noted that the student has professional experience as an editor. However, this experience is in the area of book production which is different from the production of periodicals such as newsletters and magazines. Therefore, the preparation of a dummy

and magazine design and layout, were outside the experience of the student. In order to obtain some guidance in some of the tasks that had to be performed for *CHAK Times*, the student consulted frequently with a nearby Christian news agency known as the All Africa News Agency (AANA). Seeking assistance from this quarter was necessary since there was no one within the Secretariat to whom the student could refer to on matters relating to DTP (desktop publishing). However, CHAK benefited from the student's consultations with AANA, because the issue produced was satisfactory in both content and quality of design.

6.1.2 Proposal writing

As indicated earlier, CHAK has recognised the weaknesses that exist in its communication capacity. Difficulties experienced by the Secretariat in the production of its newsletter, are a confirmation of the Secretariat's need to establish a Communication Department. Another important motivation for the Secretariat to establish a Communication Department is that such a department would assist in developing the Association's networking mechanism which too has been recognised as being weak.

CHAK has purposed to establish a Communication Department and this objective is outlined in its Strategic Plan for 1998-2003. The idea of a Communication Department was first presented to the EXCO for approval when this was obtained, the Programmes Department was given the responsibility of preparing a proposal for the project. In order to realise this goal, the Association will need financial assistance, and the proposal was needed for submission to the partners who would be approached for funding.

The Programmes Manager assigned the student to a draft proposal for the project of establishing a Communication Department. In order to obtain the required background for the project, the student had several discussions with the Programmes Manager so as to obtain an understanding of the Secretariat's reasons for wanting to establish the

Department. The student also consulted the MIS officer to find out what the Secretariat possessed in terms of communication technology (e.g. computers, printers, scanners, internet connection, etc.). The student then prepared and typed a draft proposal which outlined the following:

- (i) a situation analysis of the secretariat communication capacity;
- (ii) statement of the problem;
- (iii) the functions of the would-be Communication Department;
- (iv) the project requirements (in terms of personnel and equipment); and,
- (v) a proposed budget.

The student observed that the proposed department would be very useful to the Secretariat's (and ultimately, the Association's) needs. The functions of the Communication Department would be:

- (i) to carry out the pre-press production processes, e.g. editing, design and typesetting; for the CHAK newsletter;
- (ii) to prepare all CHAK communication materials, e.g. brochures, leaflets, reports, manuals;
- (iii) to establish a communication resource centre at the Secretariat for the Association's members; and,
- (iv) to support networking within the Association through suitable communication interventions.

The proposed project was expected to be self-sustaining at the end of three years. The Communication Department was expected to generate funds from its activities. Although initial funding would be sought from partners, the revenue received from the sale of the newsletter, and advertising space were expected to provide an income that would enable

the Department to become self-sustaining. It was proposed that two personnel be recruited to run the Communication Department: a Communications Officer and an Assistant.

6.1.3 Attendance of meetings and seminar

Participation in meetings entailed part of the student's input. The student attended three meetings as a representative from the CHAK Secretariat:

(i) AfriCAN Editorial Committee meeting:

AfriCAN is an acronym for African Community Action Network for Health. CHAK is a member of this network. CHAK's Executive Director is the General Secretary of AfriCAN. A network newsletter called *Initiatives* was launched by AfriCAN in April 1998, and it was thought that since the Programme Manager was in charge of the CHAK publication lessons could be learnt through her attendance of *Initiatives* Editorial Committee meetings.

There was an *Initiatives* Editorial Committee meeting scheduled for the 29th July, 1999 which was during the attachment period. Although the Programmes Manager was supposed to attend this meeting, she was unable to because she had another engagement. The student was asked to represent the Programmes Manager at this meeting. The student was an active participant in the meeting and was even assigned to carry out two interviews for the planned issue of *Initiatives*. On her return to the CHAK Secretariat, the student briefed the Programmes Manager on the proceedings of the meeting.

(ii) *CHAK Times* Editorial Committee meeting:

As mentioned earlier, the student was assigned to several tasks relating to the network newsletter. As the Editorial Assistant the student was assigned to organise the editorial committee meeting for the third issue. To this effect, the student prepared a notice for

the meeting and sent it to all Editorial Committee members, made bookings for the meeting venue, booked accommodation for the regional correspondents, and prepared the agenda (see Appendix 2). During the meeting, the student served as the secretary for the session and took notes of the proceedings. After the meeting, the student prepared the minutes and circulated them to the Committee members.

It should be noted that the Editorial Committee includes among its members, regional correspondents who represent the four CHAK regions. The inclusion of the regional representatives on the Editorial committee is important because it allows the MHUs (through their regional correspondents) to have a voice in the network's newsletter. The regional correspondents, members of the Editorial Committee, have a say in the selection of the themes, lead stories and types of advertisements that will be used in an issue of *CHAK Times*. They are also given the responsibility of collecting articles/stories and letters from their region for the newsletter.

(iii) HCTS seminar:

Duties for *CHAK Times* took up most of the student's time during her attachment with the organisation. This made it difficult for the student to make arrangements for site visits to CHAK MHUs as had been intended (see Chapter 2). Towards the end of the attachment the student requested to accompany the HCTS officer to a seminar being held at Kaplong located in CHAK's Nyanza and South Rift Valley region. The student intended to use this as an opportunity for a site visit that would give her an opportunity to observe the Secretariat's facilitating activities for its MHUs.

The HCTS project began its activities in July 1998 when CHAK first recruited a field officer. However, this officer resigned after only three months and it was not until April 1999 that the Secretariat was able to employ another officer. The project has three main objectives:

- (i) to establish HCTS centres in each one of CHAK's regions;
- (ii) to provide technical information and consultancy services to units; and,
- (iii) to establish a technical library that can be used by participating health units.

HCTS is one of CHAK's collaborative projects. On this project CHAK collaborates with KCS health facilities who also benefit from the HCTS centres that are set up.

The initial plans to use the seminar for academic purposes was thwarted when it was realised that the Institutional Development Manager, who was meant to officially give the opening address at the session, would not be able to attend. The student was asked to stand in for the Institutional Development Manager. In addition to this, the student was requested to provide secretarial support to the HCTS officer by taking the minutes of the session.

The Kaplong trip was marked with logistical problems. The HCTS officer and the student were supposed to leave the Secretariat in the morning, a day before the seminar, because Kaplong is located more than 300 km away from Nairobi. However, the two were unable to begin the journey at the scheduled time because there was no vehicle ready for them to use. The only vehicle available needed to be serviced in order to be able to undertake such a long journey. Hurried arrangements were made for this vehicle to be serviced, but the HCTS officer and the student were not able to leave until 19.00 hours. Another problem was that no prior arrangements had been made for lodgings. When the HCTS officer and the student arrived at Kericho (the nearest large town to Kaplong) it was almost midnight, and they had to drive around for about half an hour looking for a hotel that could accommodate them. The next morning, the two had to set off very early in order to arrive at Kaplong hospital in time for the seminar which was scheduled to start at 09.00 hours (see Appendix 3).

6.2 Suggestions made by the student

Based on her observations and participation in the organisation's activities, the student made the following suggestions:

6.2.1 Creation of templates for the DTP of *CHAK Times*

In order to facilitate the difficulties experienced in the production of the *CHAK Times*, the student suggested that a computer template be created for the newsletter. The template would make the layout of and design of fixed elements, much faster and easier. It was also suggested that a style sheet be prepared for the newsletter so that if different freelance Graphic Designers were used, the publication would still maintain a standard look. The Programme Manager and the Editorial committee were in favour of these suggestions and the student designed a template which was used to lay out the October issue.

6.2.2 Strengthening the Association's corporate image

The student observed that the Association needed to strengthen its relationship with its members. Members needed to identify themselves as part and parcel of CHAK, rather than looking at CHAK as a separate entity that provided them with certain services. The student suggested that the secretariat could enhance its corporate image with its members by availing materials with the Association logo and mission, such as T-shirts, pens, and calendars. As a start, CHAK could include a free calendar in its January issue - something simple such as an A4 insert in the publication. The Programme Manager agreed with this suggestion, the idea was noted for consideration in the next Editorial meeting.

6.2.3 Improvement of *CHAK Times* distribution

A major complaint of some of the MHUs in relation to the network newsletter was delays in receiving it. This problem existed because ordinary mail was sometimes unreliable, particularly to the rural areas. In addition, it was costly to despatch packages

containing the newsletters to all 362 MHUs, therefore, there was a tendency to despatch other urgent mail from the secretariat first. The student suggested that a distribution schedule be drawn up so that copies to all regions be sent out by a certain date. In addition, the members within Nairobi could have their copies delivered by the drivers or messengers during the course of their other duties. Members who were able to pick up their own copies at the secretariat should also be encouraged to do so.

6.2.4 The generation of income for CHAK Times

When planning for the newsletter, the Association had intended that the publication generate funds to sustain itself. These funds were expected to come from the sale of issues published and advertisement space. However, the secretariat did not have personnel available to spend time selling advertising space and also promoting the sale of the newsletter through commercial outlets. The first three issues have been distributed to the members for free. The student observed that it would be difficult to introduce a charge to the members for the newsletter which they had got used to receiving free. It was suggested that the idea of paying for the newsletter had to be explained to and approved by the members themselves. This could be done through the AGM. In addition, the secretariat needed to seek suitable commercial outlets for CHAK in order to be able to reach an audience outside its membership. The Programmes Manager had taken steps to the same effect and had approached a couple of Christian bookshops who had expressed interest in stocking the magazine; this initiative would have to be followed up.

In conclusion, it can be said that the student's input was useful to the organisation. The student functioned as a member of staff and carried out essential duties that could not be carried out by existing personnel because of lack of expertise in the area. In turn, the student also benefited from this active participation in CHAK activities through experiential learning. The suggestions made by the student were well received and have been put in effect.

CHAPTER 7

Critical analysis of issues at CHAK

7.0 Introduction

As stated at the outset, the objectives of the practical attachment at CHAK were to observe and assess through experiential learning:

- (i) the communication patterns and techniques at CHAK;
- (ii) the communication technology and capacity of the Secretariat; and,
- (iii) the networking and advocacy activities.

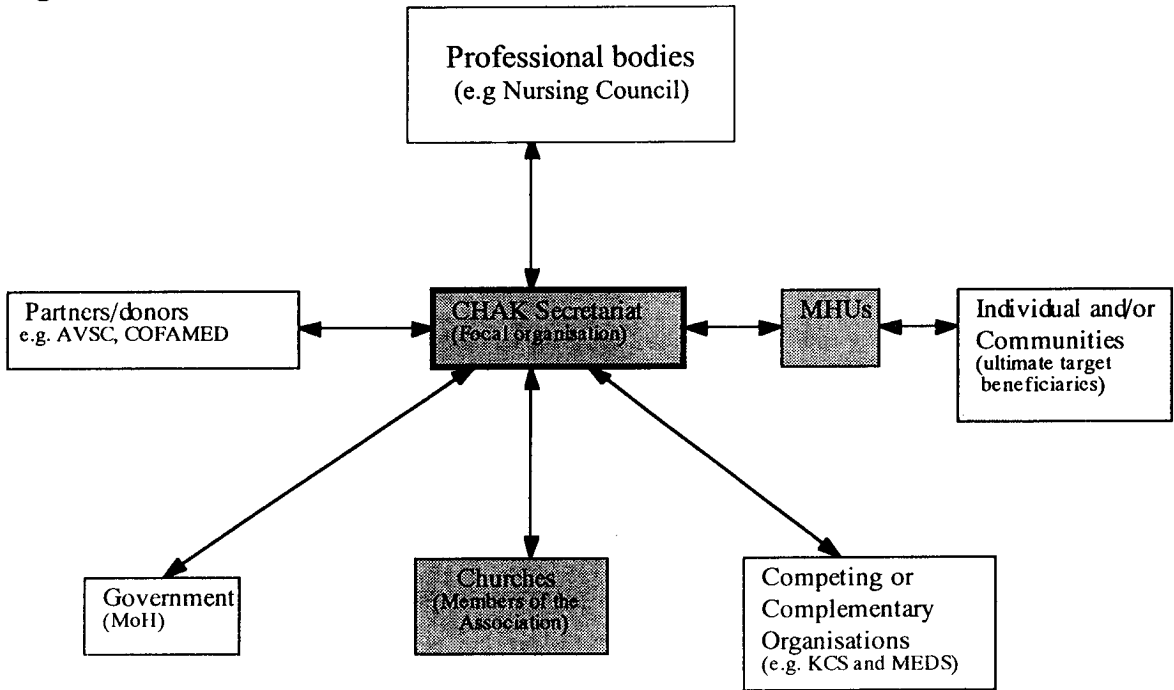
Chapters 5 and 6 have revealed the main issues and concerns at the Association that give answer to these objectives. The main challenges at CHAK can be summarised as being: poor communication within the system, weak network links, confusion amongst members about the Secretariat's new mandate, inadequate personnel for tasks to be accomplished, and dependency on external funding. All these issues influence and are influenced by the communication capacity of the Association. This chapter will discuss the issues facing CHAK in the light of the conceptual framework given in Chapter 3.

7.1 Analysis of CHAK's environment

An association is a body made up of individuals or organisations sharing strong common interests which may be financial, professional, social, cultural or intellectual. The function of such a body is to advance the collective interests of its members. CHAK is an association for Protestant Christian health care providers in Kenya. CHAK's secretariat may be described as the focal organisation or the co-ordinating agency which advances the interests of the Association's members (i.e., the of Christian health facilities and churches) through interaction with other players within the Kenyan health sector. These

other players that belong to CHAK's environment are partners/donors, the Government, and organisations offering complementary or competing services.

Figure 3: CHAK's organisation set showing the elements of its environment



Hasenfeld and English (1974) divide an organisation's environment into three subsystems: the ecological, the sociocultural, and the economic-political subsystems. If we analyse CHAK's environment using the same categories, the elements may be classified as follows:

- (i) Ecological subsystem – This is made up of the individuals and communities that form the client base for CHAK MHUs. The communities served are both rural and urban and are representative of a large geographic area (regions cover the whole of Kenya) and of varied demographic composition.
- (ii) Sociocultural subsystem – This comprises the organisation's values and norms which are determined by the member churches who establish CHAK's identity as a

Christian organisation. In terms of social stratification, the Church's guiding principles denote a bias for targeting poor and marginalised communities.

(iii) Economic-political subsystem – The key interest group in this subsystem is the Government, which apart from being the largest health care provider in the country (through the MoH), also determines the national policy for the health sector. Other interest groups in this subsystem are the organisations that provide complementary or competing services, for example, KCS, COFAMED and MEDS. Included in this subsystem are the partners and donors who provide resources for the Association and also the Secretariat staff.

7.1.1. Why CHAK exists

Wilcox, Ault and Agee (1989) state that “Professional and cultural societies are formed when members of a profession band together in an association for their mutual benefit including the exchange of information.” They enumerate five tasks of professional societies as:

- (i) legislative campaigns;
- (ii) advocacy of professional standards;
- (iii) publication of information at both the skilled professional and general leadership levels;
- (iv) membership recruitment; and,
- (v) general work to strengthen the profession's stature in the public's mind (Wilcox, Ault & Agee, 1989: 27).

CHAK can be termed as a professional body that bands together Christian/Protestant health care providers in Kenya. The Association's functions described in Chapter 5 include advocacy, capacity building, training and networking, which are congruent with those outlined by Wilcox et al.

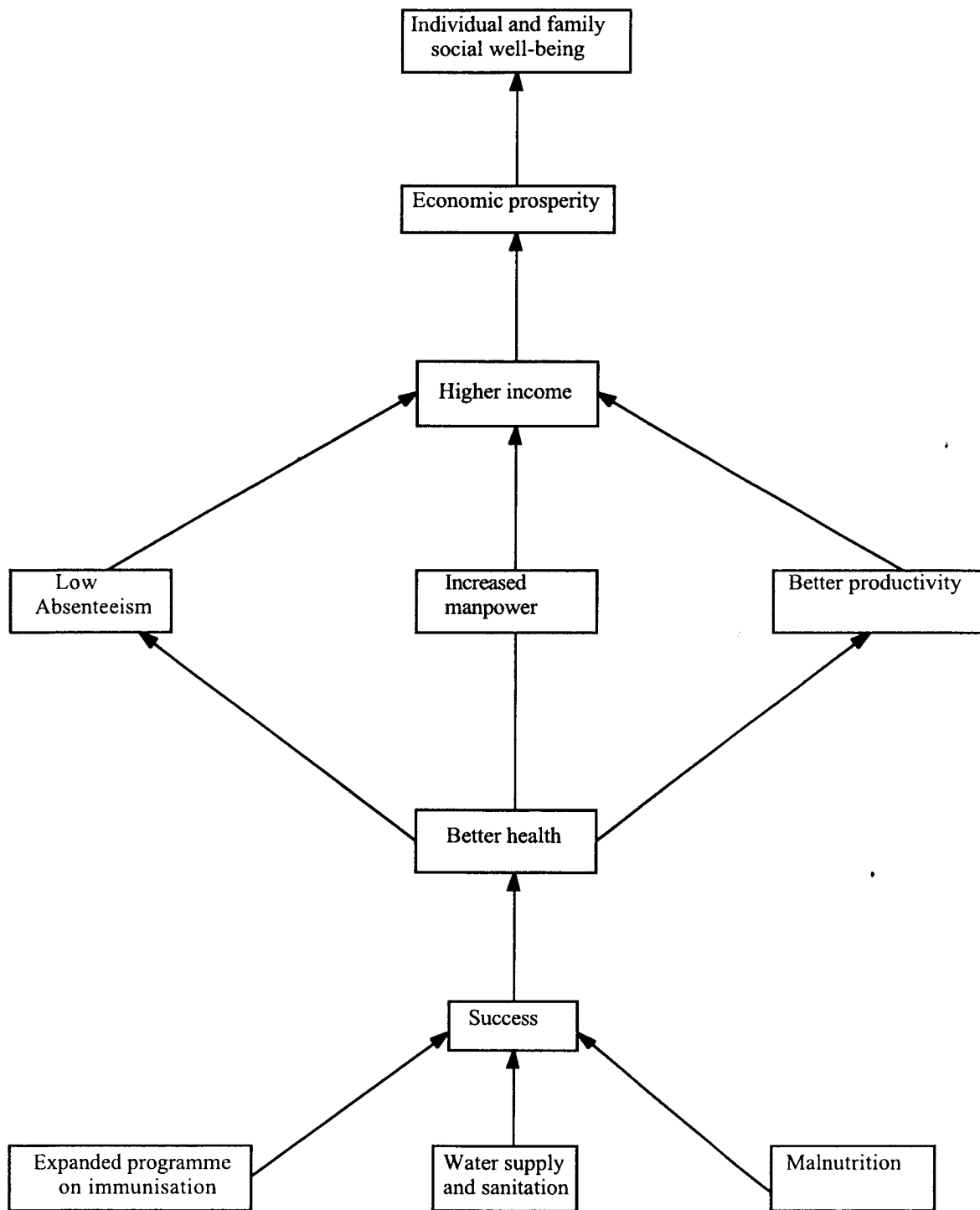
7.1.2. CHAK's contribution to human development

CHAK is an important actor in the Kenyan health sector. The Association provides a significant percentage of the country's health care services. As a Christian association, its affiliated health facilities provide health services that are distinct from those given by state and private/commercial facilities. The main difference is that church-run facilities which are non-profit institutions and, therefore, ensure that even economically constrained individuals and communities have access to health services. Wilcox et al (1989) confirm the importance of non-profit organisations in a society's development when they say: "Much of society's effort to enrich contemporary life and to improve individuals well being is carried out by nonprofit organizations that depend upon volunteer help and financing ... social service, cultural, medical, educational and religious organisations exist to improve the human life condition." (Wilcox et al., 1989: 447). CHAK also advocates a holistic approach to health care, that is, one that encompasses the concept of well-being. PHC offered in CHAK MHUs using community based strategies (CBHC) reflects a holistic approach in which curative and preventive medicine are practised. It is the preventive strategies which assure the consideration of individual and community social welfare by focusing on aspects of social well-being such as:

- (i) nutrition;
- (ii) clean water supply;
- (iii) immunisation;
- (iv) family planning; and,
- (v) general living conditions, e.g. environmental, occupational and domestic factors.

The services provided by CHAK MHUs are important since this kind of holistic health is essential to the achievement of sustainable development within any country. Mohith and Beyene (1984) clearly illustrate this argument in the schematic outline shown in Figure 4.

Figure 4: Health as a central aspect of human development



Source: Mohith & Beyene 1990: 39

CHAK health facilities mirrors Mohith and Beyene's perception of health through their collective mission of providing holistic health care. This is confirmed by the words of the CHAK Executive Director, Dr. Dan Kaseje:

There is a timely shift in the understanding of health by the Secretariat and member units and Churches as a state of wholeness in all encompassing dimensions of life, and not simply absence of disease. The understanding of health must govern how it has to be taken care of, particularly in the context of the Church. The Church has many opportunities to promote wholeness among individuals, families and communities beyond medical facilities (Kaseje, 1999: 2).

The Christian character of CHAK enables it to have, as a priority, the well being of the society. Through the churches, the Association is able to provide an appropriate network structure that reaches the grassroots of the community. Note that the Church has a network that goes down to individual households, congregations and communities and is, therefore, well placed to facilitate a community based approach and which builds on people's own initiative, resources and agenda.

7.2 Analysis of the network mechanism

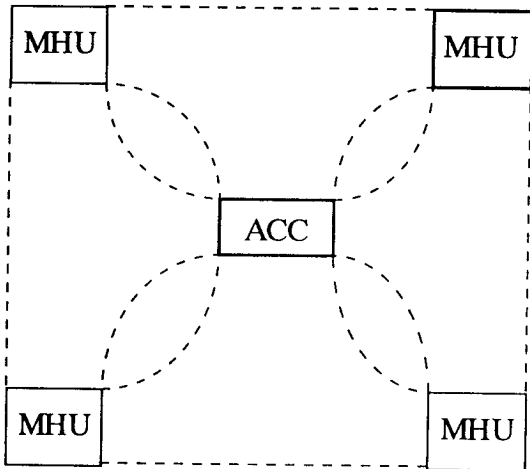
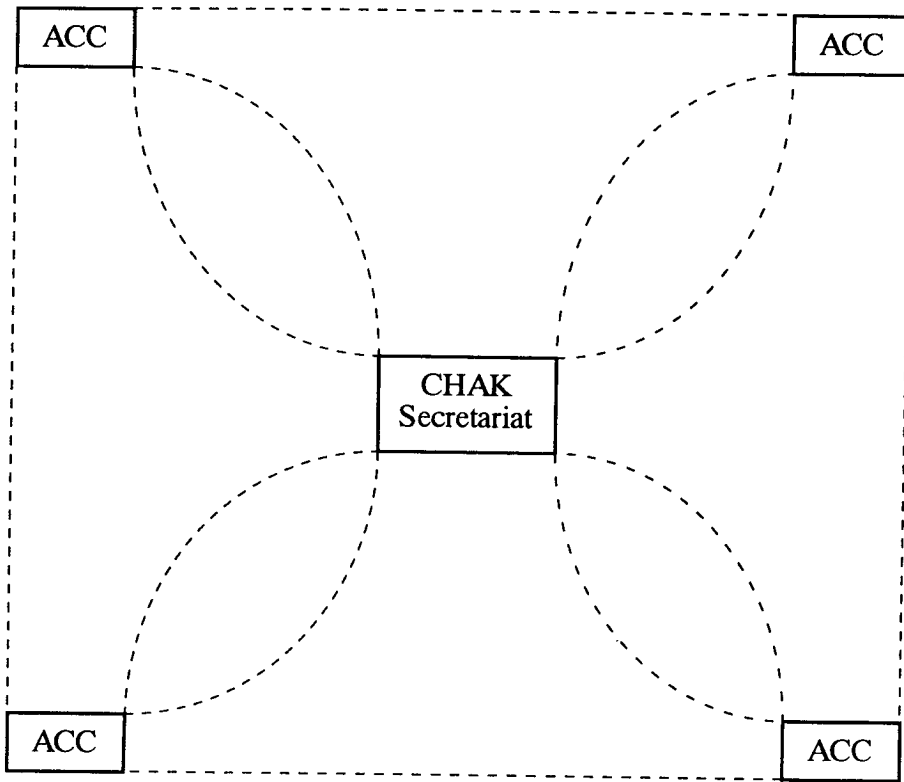
The above discussion underlines the importance of the services provided by CHAK MHUs. The activities of one facility alone are not enough to make a significant impact on the development of the country. Concertive efforts are therefore more effective in assisting toward the goal of better health and well-being in the nation. In order to do this CHAK need to maintain a strong network, and networking links with its members.

According to Weick's Organisational Information Theory (1969, 1979), communication is a crucial means by which organisation occurs. The free flow of information within a system is the key to establishing strong relationships. In the case of CHAK's organisation set, the Secretariat needs to maintain constant communication with the Association's members in order ensure that there is free flow of information within the system. If we consider the Association as being a network, then the Secretariat is the focal organisation and, therefore, the hub of the network. CHAK is a large network, comprising 326 members. The network structures set up to facilitate communication flow within the Association are the ACCs. The ACC chairpersons act as bridges to link regional MHUs to the Secretariat, and subsequently to MHUs of other regions.

According to Farace, Monge and Russell (1977) "the strength of a network link is determined by its use, so that a strong link is one that is frequently used while a weak one is one that is rarely use" (cited in Infante et al., 1997:349). The ACCs have not provided strong links between the Secretariat and the MHUs. This is probably because the ACC chairpersons are selected from amongst employees of the MHUs and, therefore, still have full-time duties to attend to in their capacities as employees of that health facility. It can be argued that there is an element of conflict of interest in that situation since the ACC chairperson has to show allegiance to the MHU that employs her/him and at the same time equally represent all other MHUs of that region. There is the risk that the ACC chairperson may place the interest of her/his employers first. Another weakness attributed to the fact that the ACC chairperson is an MHU employee is that because of the full time duties as an employee he/she has difficulty finding time to maintain contact with all MHUs in their regions as well as with the Secretariat.

As the hub of the network, CHAK's secretariat, needs to keep constant contact with affiliated organisations and other members of its environment. A proposed network structure for effective links is shown in Figure 5.

Figure 5: Proposed networking pattern for CHAK secretariat



Source: Adapted from Burton (1980: 19) illustrations (d) Daisy and (e) Wheel network patterns

The existing CHAK network needs to be fortified so that the ACCs can become effective bridges between the MHUs of one region with each other, and with MHUs of different regions. The network links shown in Figure 5 would promote internal cohesion by allowing optimum information exchange within the Association, both at the regional and national levels. The network structure makes it possible for all members to interact with one another while still maintaining the Secretariat and the ACC as focal points of interaction. This means that interaction between individual MHUs can be established and further strengthen through concertive action carried out at regional level (through the ACC) and at national level (through the Secretariat). The concertive action would be facilitated and co-ordinated by the focal points. The focal points are, therefore, essential to the network structure since they are the link pins that establish the collective identity and action of member units at regional and national levels.

7.3 Analysis of the advocacy mechanism

As mentioned earlier, the CHAK network of health facilities is committed to providing holistic health which includes the well-being of individuals and communities. Inherent in this perception of health is a concern for the socioeconomic and sociopolitical issues surrounding the individuals and communities. Issues such as economic straits, social justice, peace, civil and political rights have to be tackled if better health is to be achieved and sustained. CHAK's newly articulated mandate sets forth advocacy as one of the key functions of the Association. This point of view is justified given that health is not a solitary indicator of human well-being. Quenem (1985) expresses similar sentiments on the pivotal role played by health in the overall political discourse of a country: "Health is a component of social progress and thus a source of peace and fraternity between individuals and peoples. There can be no health development, no economic development without peace" (Quenem, 1985: 10).

In Africa, the threat of violence is real to many communities. This has also been recognised a real threat in Kenya. The political transition from one-party politics to multipartyism in the early 1990s marked the beginning of ethnic and tribal conflicts in many pockets of the country. There is a continued threat that these ethnic conflicts could deteriorate into mass violence if the situation is not carefully monitored and moderated. CHAK recognises that a national network like itself can make significant input by preparing its members to prevent as well as be prepared for such a situation. The Association attempts to do this by “developing capacity at regional and community levels for advocacy, communication, negotiation, conflict resolution and peace building using health as a neutral entry point” (CHAK, 1998b: 5). In practical terms, CHAK does this by building partnerships through community based health and development programmes which provide structures that cut across denominational, ethnic, political and socioeconomic boundaries.

At the Secretariat, groundwork for the advocacy mechanism is being laid down by the Institutional Development Department. Building bridges and forming partnerships has already begun through the facilitation of activities such as the Nakuru Conference (see Chapter 5). In addition the Association hopes to transform its ACCs into effective , communicating task forces. However, the ACCs remain the weak link in the strategy since the networking capacity of the organisation is still weak. Strengthening the Association’s networking links (as proposed in Chapter 7 7.2) will enable CHAK to put the advocacy mechanism into action more effectively.

7.4. Role of the CHAK Secretariat

Throughout this report, we have identified the Secretariat as the focal organisation of the CHAK network. The central positioning of the Secretariat establishes it as the co-ordinating centre. The role of the CHAK secretariat has changed several times during the Association’s history and its renewed mandate focuses facilitation through activities of

advocacy, training and capacity building. It is important for a focal organisation, which co-ordinates the activities of other organisations, to have the staff capacity to carry out this function. The CHAK secretariat is, however, somewhat handicapped by having inadequate staff strength to conduct its activities. This problem is mainly a result of the restructuring that took place in CHAK. During the attachment period the secretariat had only 15 employees as its staff team, whereas the membership they served was at 326. It was noted that the Secretariat's facilitation activities were performed by the Executive Director's office, the Institutional Development Department and the Programmes Department with logistical, administrative and accounting support from the Finance and Administration Department. This means that less than half of the staff performed tasks that were directly related to the Secretariat's facilitative role, while the rest provided supportive functions. This is shown in the Table 6.

Table 6: Secretariat staff tasks allocation

Secretariat functions/tasks	Staff
1. Advocacy, capacity building, training, and networking tasks	<ul style="list-style-type: none"> • Executive Director • Programmes Manager • Institutional Development Manager • HCTS Officer • MIS Officer • Technical Training Officer
2. Accounting and logistical support	<ul style="list-style-type: none"> • Accountant • Accounts Assistant • Driver/mechanic • Driver/messenger
3. Administrative and secretarial support	<ul style="list-style-type: none"> • Executive Secretary • Secretary • Receptionist/typist
4. Subordinate support staff	<ul style="list-style-type: none"> • Security guard • Cleaner/messenger

A major problem identified by the student, was that of role overload. The staff members most severely affected by this problem were management, the field officers and the accounting staff. The main issue of concern here is that these staff are the key actors enabling the Secretariat to carry out its functions (see the Table 6).

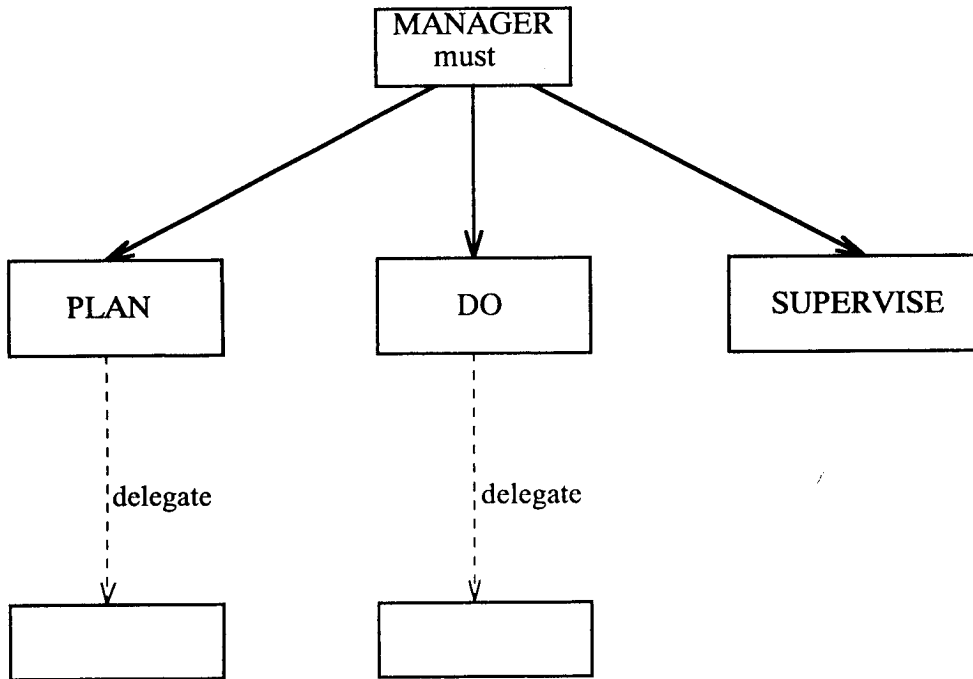
The problem of role overload has arisen because some of the positions indicated in the CHAK's organisational structure (see Chapter 1 Figure. 1) had not been filled. For example, the Secretariat did not have a Finance and Administrative Manager. In addition, CHAK has introduced new tasks at the Secretariat, such as the production of the newsletter, but has not yet recruited staff to carry them out. As a result, the tasks of unfilled positions being carried out by the existing management subsequently leading to overload in the Managers roles.

The classical solution prescribed for the problem of role overload in organisations is delegation. Delegation is described as "the entrusting of some part or aspect of management or operations to subordinates" (Dugdale, 1965: 222). This age-old organisational device is supposed by Dugdale (1965) to probably have been first mentioned during biblical times:

The advice which Moses received from his father-in-law is one of the most practical passages in the Bible, for Moses was trying in his own person to judge and govern all the people. Jethro said: "Thou wilt surely wear away, both thou and this people that is with thee; for this thing is too heavy for thee; and thou art not able to perform it thyself alone." He then suggested the delegation of duties... (Dugdale, 1965: 224).

Dugdale (1965) argues that delegation is necessary when the burden of managerial duties exceeds the physical and psychological capacities of the manager. He delineates the tasks of a manager as planning, doing, supervising and delegating as shown in Figure 6.

Figure 4: Managerial tasks



Source: Dugdale, 1965: 232

In the case of CHAK, there is some difficulty in incorporating delegation as a remedy to the problem of role overload. This is because the staff strength is small and the departmental structure provides too few subordinates to whom the Management can delegate tasks to (if one does not count the secretarial staff). For example, in the Institutional Development Department the Manager only has the HCTS Officer working under him, while in the Programmes Department the Manager there has the MIS and the Technical Training officer under her. This situation explains in part why the two Managers delegated some duties (attendance of meeting) to the student during the attachment. The risk associated with delegation, is that tasks may be entrusted to

incompetent subordinates. In CHAK the problem is not that of incompetent but rather that of different specialisation. The Institutional Development Manager who is a trained architect has taken on Financial and Administrative duties, while the Programmes Manager who is a physician has undertaken networking and communication tasks. Both these managers are, therefore, dealing with tasks outside their specialised training. In order to facilitate appropriate delegation, the staff strength needs to be increased through recruitment of skilled and committed staff.

7.5 Communication technology and capacity

To enable the secretariat fulfil its responsibilities to the members of the Association, CHAK has realised the importance of developing the Secretariat communication capacity by investing in communication technology. To this effect, CHAK has a functioning MIS sub-department within the Programmes Department, and is also planning to establish a Communication Department. There has been a strong emphasis on electronic communication and information technology that will allow the Association to communicate faster and more efficiently.

Investment in technology, particularly in costly technology, should take in consideration the relevance of the technology to its end users. Communication technology invested in by CHAK is intended ultimately for the benefit of the Association's members rather than for the Secretariat itself. Mansell (1999) cautions against the prevailing euphoria in developing countries of investing in communication technology that is costly but probably not relevant to their situations:

The explosion of Internet connectivity supporting electronic mail and World Wide Web (WWW) browsers for accessing huge stocks of digital information is a relatively recent contributor to rising expectations about the potential benefits of information and

communication technologies. Many countries have restricted access to voice telephone services and there is a persistent gap in accessibility of technical infrastructure for new information and communication products and services ... Where access to networks is available in many developing countries, the quality in terms of speed and convenience of use varies with the use of analogue and digital connections, a difference which can be compared to that between driving a Porsche and a 'Mini' as one user in a developing country put it ... the policy emphasis is frequently biased towards content creation and social processes whereby digital content can be converted into socially or economically useful knowledge (Mansell, 1999: 8).

Mansell adds that investment in technology should be concomitant with an investment in new skills and structural adjustments within the organisation:

Without new skills, investment in equipment, and organisational change the potential of information and communication technologies and services for development cannot be realised. The priorities that appear to be most important for the design of new networks and application include (1) fostering capabilities for using technologies and negotiating conflicts over appropriate uses; and (2) selecting applications that are consistent with local, social and economic development goals (Mansell, 1999: 10).

The CHAK secretariat has invested in electronic communication technology to enhance its networking capacity through investment in the area of information technology. This has been done by purchasing new computers for the Secretariat, updating the existing

ones, and then networking all computers on local and wide area networks (i.e. LAN and WAN). This has established internet and e-mail facilities for the Secretariat. At the Secretariat level, the technology is relevant because the Secretariat has trained its staff to use the new hardware and software that has been purchased. This has been done through on job training and workshops conducted both in-house and out-house. At the association level, the technology does not translate as relevant technology since many of the MHUs do not have computers, let alone connectivity to internet and e-mail services. A few of CHAK's larger MHUs, mainly the hospitals, do have compatible technology. However, the majority of the Association's members, particularly those in rural and poverty-stricken areas, are not even connected to telephone services. Consequently the information technology which the Secretariat has invested in will not be an effective networking tool until a majority of members have attained the same/compatible technology to enable effective interfacing. This is an important consideration for interactive media because such media can only become effective when most of the members within that system have adopted the same technology.

Networking implies interactivity and, therefore, it should facilitate mutual discourse among the parties involved. Rogers' (1995) explanation of critical mass in the adoption of interactive technology, underlines the interdependence that exists in adoption decisions of members of a system in order to make an interactive media self-sustaining.

He states:

The critical mass occurs at the point at which enough individuals have adopted an innovation so that the innovation's further rate of adoption becomes self-sustaining. The interactive innovation is of little use to an adopting individual unless other individuals with whom the adopter wishes to communicate also adopt. Thus a critical mass of individuals must adopt an interactive

communication technology before it has utility for the average individual in the system (Rogers, 1995: 313).

The technology that CHAK has invested in has not yet achieved critical mass in terms of adoption within the Association's internal system. Although the new technology has enabled the Secretariat to interact more easily with organisations in its environment, such as partners and donors, it has not been very successful in terms of serving as an internal networking tool for the Association. It will only become so if a larger portion of its MHUs are able to invest in the same technology and train their staff to be able to use it.

CHAK has invested in a quarterly publication, *CHAK Times*, as a second networking tool. This second networking tool is cheaper and, therefore, more easily accessed by the members of the Association than e-mail and internet services. The Secretariat, however, as noted in Chapter 6, does not have the staff capacity to produce this particular medium and is relying heavily on external experts. The network newsletter is also faced with the problem of distribution and this means that although the end-users (i.e. the Association members) have the ability to use the medium some of them do not have access to it.

CHAK, therefore, needs to make the information/communication technology that it has at its Secretariat, relevant to the needs of the Association by making it accessible, affordable and reliable. This may be done by building up the technology capacity at the member facilities that corresponds with the capacity at the Secretariat. Efforts should also be made to improving the distribution of the newsletter so as to make the medium available to all members.

7.6 Analysis of financial issues

CHAK and its member institutions are non-profit human service organisations thus the Association relies heavily on external funding from donors and well-wishers. The problem of dependency on external funding is a major issue of concern. The traditional sources of funding have been the government and foreign donors, but both these sources are diminishing fast. The Association has had to consider other ways of generating income on its own in order to wean itself off external dependency. However, this has not been difficult because the Association is bound by its Christian mission to resist being profit-driven. This scenario is described in CHAK's 1998 AGM minutes:

“... we have continued and will continue to impress upon the Ministry of Health the role CHAK units play in health services in this country. As mentioned last year we wish to reiterate that our health units should as much as possible aim at achieving self supporting health ministry and as much as possible, affordable to the people of low income. Despite our intensified lobbying for government grants, this source of income is dwindling and will continue to dry given the current economic difficulties (CHAK 1998c: 6).

Dependency on donor support from the rich North is a common feature in many poor countries of the South. However, donor support for social services from the north to the south has been diminishing since the end of the 1980s. The pressure of this reduction has been felt in health care systems, particularly those belonging to the Church since these are more dependent on external funds. Quenem (1985) criticises this dependency when he says: “Frequently aid has only meant frustration for both sides, giver and receiver alike.

Only too often we do hear the old refrain of ‘everything falling apart once the aid is stopped’. Technical co-operation is more respectful of human dignity” (Quenem, 1985: 10).

Sustainability and self-determination are, therefore, important issues to the new CHAK. The Secretariat is cognisant of this problem and has been seeking alternative sources of funding while also trying to strengthen the organisation’s capacity for generating funds internally. Through the Institutional Development Department, the Secretariat has been looking at the possibility of developing its current premises in order to generate funds through rental of office space. The Association is also considering selling some of its defunct assets such as land owned in Nairobi’s Dandora area. In addition, the Secretariat, through its advocacy activities, is creating partnerships with the government and non-governmental organisations that enables it to work on programmes where the input of resources can be shared.

7.7 Assessment of CHAK’s overall performance

Organisations created to seek and achieve certain goals. It is, therefore, important that they continuously assess and evaluate their performance. Hasenfeld & English (1974) confirm the importance of evaluation:

As purposefully designed goal seeking systems, organizations must engage in a continuous process of assessing their total performance as well as the performance of each of their components. The assessment process is, therefore, a key determinant of the effectiveness and adaptation level of the organization. The assessment process also includes outsiders whose evaluations may determine the degree of institutionalization and viability of the organization in its environment (Hasenfeld & English, 1974: 614).

According to Litwak and Hylton (1974), the need for performance evaluation is even more important for focal organisations that act as co-ordinating within a system of networked organisations. In the case of an association, the focal organisation exists to serve the needs of its members. If the organisation is not fulfilling this purpose then its existence as a focal unit is redundant. This points to the need for constant evaluation of the focal organisation's performance so that its functions can be adjusted to the demands of its members and its environment.

The problems that beset the old CHAK were identified through evaluation studies conducted by FPMD and CORAT. These evaluations were useful in pointing out the causes of the Secretariat's problems and weakness, and enabled the Association to appropriately restructure its Secretariat to accommodate the demands of the members and its environment. The Association's performance is also continually assessed through the activity reports presented at its collective forum, the AGM. This annual evaluation has helped the Secretariat to realise its strengths and weakness and thus be able to draw up appropriate plans for future activities such as its Strategic Plan for 1998-2003.

CHAK has defined the role of the Secretariat as "seeking support to build mechanisms and capacities which enable its members to work together in grappling with issues of impoverishment, social exclusion and violence, as they effect health care and health status" (CHAK 1999a: 10). CHAK also recognises the need for a collaborative, multisectoral and interdisciplinary approach in its efforts by stating: "The network must build bridges between communities churches, ethnic groups. It must build sustainable partnerships across political parties and denominational groups addressing common problem using democratic structures with health care as a neutral entry point" (CHAK 1999a: 23). From these statements it is evident that CHAK has identified and recognised the challenges facing it. The question is: Does the Secretariat have the capacity to launch

the strategies that will enable it to carry out its defined role? The staffing situation, investment in electronic information technology, and the confusion amongst the members of its role, indicate that CHAK still has much work to do in terms of strengthening the identity of the Association, and promoting commitment among its members, and building capacity (in terms of human and technological resources) in order to enable the Secretariat to perform its functions effectively.

CHAPTER 8

Conclusions and recommendations

8.0 Conclusions

From the discussions in the preceding chapters, it is evident that the restructuring process at the CHAK secretariat was instrumental in refocussing the Association's attention back to its mission. This mission has been identified as that of "assisting member units and churches in implementing the holistic healing ministry of Jesus Christ" and "contributing to a just a healthy nation" (CHAK, 1998a: 11). In this mission, due to its Christian orientation, the Association declares to have a special concern for the poor and marginalised and tries to ensure that they too have access to holistic healing. The new CHAK secretariat, reborn after the restructuring process, aims at fulfilling the stated mission by facilitating, capacity building networking and advocacy activities within the Association.

The Secretariat has managed to shed some of its problems from the old structure. Some of the weaknesses that it has managed to shed include overstaffing, perceived competition between Secretariat and the members it is supposed to serve, and unclear definition of the Secretariat's role. However, some of the old problems have been difficult to remedy, and in addition, some new problems have cropped up.

8.0.1 Problems facing the new CHAK

The problem of overstaffing was remedied through the restructuring process as many of the staff positions were removed and the Secretariat adopted a much more streamlined structure for the new CHAK. The student observed that the Secretariat is now faced with the converse problem of inadequate staff capacity. This problem is partly due to the difficulty the Secretariat has experienced in trying to recruit qualified and competent

staff to unfilled positions in the organisations staff structure. As a result, some of the Secretariat staff are experiencing role overload.

The problem of the Secretariat seemingly competing with its members because of its involvement in front-line implementation of projects, has been solved. This was achieved by the Secretariat reverting to its intended role of facilitation. CHAK had diverted from this role because of donor pressure. The result of being donor-driven had led to a series of management crises that threatened CHAK existence. This made the Association realise that despite financial needs, it was imperative for the Association itself to determine the direction of its activities and functions. Hence the renewed articulation of CHAK's mission and vision of CHAK after restructuring. Nevertheless, a new problem has been created by the redefinition of the Secretariat's role. This is the problem of role displacement among the members of the Association. The student observed that there was confusion amongst some of the members about the Secretariat's role. Although the members themselves endorsed the Secretariat's new mandate through their annual forum, the AGM, it has been apparent that most of them have not reconciled themselves to what this would mean in terms of what the Secretariat will do, and what it will not do for them. The Secretariat has recognised the urgent need there is to ensure that the members fully understand the role it plays for them. Therefore, image boosting and nurturing of a corporate image were seen to be important CHAK considerations during the time of the attachment.

8.0.2 Strategies adopted by CHAK

The significant contribution made by CHAK and its MHUs to the Kenyan health sector and to the development of the country underline the impact that CHAK can have at the regional and national levels. CHAK's sense of Christian responsibility obliges it to consider the total well-being of the society it serves. Furthermore, there has been apperception within the health sector that health is affected and affects other aspects of

the human life condition. This has pointed toward the need for national health systems like CHAK to consider an integrated and multi-sectoral approach for the achievement of sustainable health and well-being of its clients. This is to be done, not just through the provision of PHC to all members of the society but also through active involvement in issues that affect the social well-being of individuals communities.

CHAK's response to this new responsibility has been to launch an advocacy mechanism at the Secretariat. The internal supporting structures for the advocacy mechanism are the ACCs who should assist in establishing concertive action at the regional level. However, it was noted that the ACCs are a weak link in this strategy. This is mainly because of the poor networking system of the Association.

The advocacy strategy works through the establishment of partnerships with other actors within the environment of operation. Establishment of strong partnerships between CHAK and other actors such as the, KCS, MEDS, the Government, Churches and others, will assist CHAK to nurture partnerships that can be beneficial in terms of sharing costs, resources and ideas in programmes. This is especially important for a non-profit set-up like CHAK that has limited means of generating income.

8.0.3 Interpretation of CHAK's situation

It can be seen from the concerns and issues facing CHAK that there is an urgent need for the Association to establish an effective communication system. The key ingredient for remedies to CHAK's problems is communication. Note that to strengthen the Association's corporate identity and to educate its members to understand the Secretariat's new mandate, effective communication is needed; to establish partnerships for co-operative action in the new advocacy mechanism, effective communication is needed; to facilitate capacity building at the MHUs through training or through shared technical services, effective communication is needed; to ensure efficient networking and

interaction within the Association (between the Secretariat and members), effective communication is needed. This does not mean that there has been no effective communication in the old CHAK, or that none at all occurs in the new CHAK. What is being pointed out is that planned and targeted communication through a purposely set-up system and which is integrated into all the Secretariat's functions, does not exist at CHAK.

Evidently, the Association is cognisant of the need for effective communication, and to provide for this need the Secretariat has plans to establish a communication department. Some of the functions of the proposed communication department have already been defined and put into action. The communication department functions include: the production of the network newsletter, *CHAK Times*, the establishment of a resource centre/library at the Secretariat, and production of CHAK PR and information materials such as leaflets, brochures and reports. These functions, though important, do not indicate that the communication department will be able to establish a communication system that is pro-active rather than reactive to the needs of the Association.

Another indicator of the CHAK's efforts to strengthen its communication capacity is the investment that the Secretariat has made in interactive information technology. The reason given for this investment is that it would assist the Secretariat in establishing networking links with its members. Whereas it is true that modern information technology can greatly increase the power and speed of interactive communication and quickly and efficiently interconnect people in cyberspace, appropriate and innovate technology by itself does not automatically guarantee effective communication. (Adhikarya, cited in Servaes, 1999: 63). As pointed out in the Chapter 7, interactive communication is only effective if the majority of people in the system adopt it.

The student contends that a development communication approach is called for in order to assist CHAK to carry out its functions effectively. By this, the student means that a communication systems needs to be established at the Secretariat. This system should not be merely the addition of communication to the Secretariat by setting up a communication department, but rather that it should involve establishing a fully integrated communication system that incorporates communication into all functions carried out at the Secretariat. Adhikarya (1997) cited by Servaes (1999: 63) reiterates the mistake many organisations make of regarding communication as an isolated task rather than a facilitative process to other organisational functions:

The first problem is related to the tasks normally assigned to communication specialists. Most of them are expected to produce mainly publicity, public relations, and/or multi-media material without much involvement at the information needs assessment, communication strategy and planning, message positioning, treatment, and design, and or multi-media mix selection processes. ... lack of a holistic, integrated, multi-disciplinary and inter-sectoral approach in analysing communication as well as in designing and planning communication strategies in support of broader development objectives or goals (Servaes, 1999: 63-64).

CHAK should, therefore, strive to establish a communication system that will facilitate its networking, advocacy and capacity building activities.

8.1 Recommendations

The findings of this report constitute a sound basis for a number of recommendations for action by the CHAK secretariat to enable it to fulfil its role to its members. The following recommendations are given:

- (i) It is recommended that the educational activities should be designed to ensure that the members of the Association fully understand the new mission of the Secretariat. Such education should be aimed at fostering the allegiance of members to the Association and breeding a corporate identity and commitment towards concerted action in common issues of concern. These educational activities can include event days and seminars that bring together CHAK members and provide an opportunity for them to interact face to face apart from the yearly AGM forum, as well as explanatory leaflets and articles in *CHAK Times*. The corporate identity can be reinforced through availing items such as pens, desk calendars, diaries, T-shirts, etc., that bear the CHAK logo and motto.
- (ii) It is recommended that the secretariat establish a fully functional communication department by recruiting qualified staff to work within it and by enabling the departmental staff to adopt a fully integrated communication approach where communication is a component of all the Secretariat's functions. This should be done by recruiting staff for the communication department that are competent in communication skills and are also able to apply these communication skills to different disciplines. The communication department should be involved/participate in policy and decision making pertaining to CHAK functions.
- (iii) It is also recommended that the communication department be made self-sustaining by generating funds by the sale of *CHAK Times* through commercial outlets and also by subscription fees charged to members using the resource centre/library. This will eliminate the need for donor funds to be continued once the department has been established.

- (iv) It is recommended that CHAK assist its members to acquire information/communication technology that corresponds to that which has been invested in by the Secretariat. This should be done by either assisting the majority of members to acquire the technology for themselves or by establishing regional communication bases where units within a region can have access to the interactive technology.
- (v) It is recommended that the Secretariat recruit the qualified staff for unfilled positions in order to reduce the role overload on essential staff. This will enable the existing staff to concentrate on their designated duties, as well as facilitate delegation of tasks.
- (vi) It is further recommended that the CHAK should expand its advocacy activities and establish partnership and build bridges with powerholders and interest groups in the areas of health, development and social welfare, in order to set-up supportive systems and to build enabling environments for its MHUs. In particular, the Association should seek to establish relationships with establishments such as KCS provide similar services to CHAK.
- (vii) It is also recommended that the Secretariat strengthen its ACCs in order to facilitate networking at the regional levels and to support the Association's advocacy efforts. This should be done by appointing, on a full-time, ACC chairpersons who are committed basis of the task to co-ordinating the activities of MHUs in their region.
- (viii) Finally, it is recommended that the findings of this report be shared with the management team, the EXCO and ACC chairpersons, as a deliberate and active act of dissemination, so that the appropriate persons and structures of the Association can become aware of the Secretariat's ways of functioning and its perceived weaknesses.

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APPENDICES

INDEPTH INTERVIEWS QUESTION GUIDE

1. Information/documentation system

- What information/documentation system do you use (MIS/HIS)?
- What terms of reference are used? - (standardisation of checklists, report and proposal formats, etc.)
- Who are the main recipients of these reports?
- Is/Are the format(s) of the reports qualitative or quantitative?
- What staff does CHAK have to support its information system?

2. Financial management system

- How is the organisation funded?
- What are the financial control systems? (Checks and balances, documentation procedures).
- What staff does CHAK have to run the financial system?

3. Planning, monitoring and evaluation

- Who does this? How often?
- What are the terms of reference used?
- Describe the co-ordination, planning and evaluation processes at CHAK.

4. Management of human resources

- What are the job descriptions of the staff at CHAK (designations, deputising for, reporting to, counterparts to, subordinate staff)?
- What is the organisational structure at CHAK? Are there gaps?
- How is staff performance evaluated?

Appendix 2

PROGRAMME FOR EDITORIAL COMMITTEE MEETING 4th SEPTEMBER 1999

Venue: Methodist Guest House

Time: 8.00a.m. to 5.00 p.m.

TIME	ACTIVITY
8.00 a.m. -9.00 a.m	devotion
9.00 a.m. -10.30 a.m.	Planning session for October-December issue no.3 (pagination)
10.30 a.m. - 11.00a.m.	TEA BREAK
11.00a.m. - 12.00	Editing of articles
12.00-1.00p.m.	Business meeting
1.00 p.m. -2.00 p.m.	LUNCH BREAK
2.00 p.m. - 5.00 p.m.	Planning session for issues no. 4 & 5

Agenda for business meeting

1. Marketing of CHAK Times
 - promotion
 - effective distribution
2. Soliciting of articles
 - regional network news
 - writers of features articles
 - letters
3. Advertisements

Appendix 3

HCTS PROJECT SEMINAR PROGRAMME AT KAPLONG MISSION HOSPITAL ON 1st OCTOBER 1999

The seminar objectives:

- To understand the HCTS project objectives and activities.
- To define the roles of stakeholders in the project
- Form the regional HCTS committee
- Spell out member hospital inputs and activities to make the project a success

TIME TABLE

TIME	EVENTS	FACILITATOR
9.00 a.m.	Prayer	P. Kundu (Institutional Devt. Manager)
9.05 a.m.	Introduction and overview of the HCTS project	
10.00 a.m.	TEA BREAK	
10.30 a.m.	The importance of equipment maintenance management	S.M. Mbasu (HCTS officer) and Pat Barnett (Director AMSC)
11.30 a.m.	Reports from member units; expectations and activities	S.M. Mbasu
12.30 a.m.	LUNCH BREAK	
2.00 p.m.	Roles of Regional HCTS committee, host hospital, Regional HCTS officer, CHAK and KCS	P. Kundu
3.00p.m.	Formation of the Regional HCTS committee.	P. Kundu
3.00 p.m.	Formation of the Regional HCTS committee.	S.M. Mbasu
4.00 p.m.	TEA BREAK	
End	Prayer	