

Project factsheet information

Project title	INTERGRATED MANAGEMENT SYSTEM FOR CONTINUOUS MEDICAL EDUCATION –KENYA
Grant recipient	SYNERGY INFORMATICS LIMITED P.O.BOX 51994 -00200 Nairobi
Dates covered by this report	01 – 05 – 2013 / 31 – 04 – 2014
Report submission date	25 – 05 – 2014
Country where project was implemented	Kenya
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Partner organizations	Medical Practitioners and Dentist Board -Kenya
Total budget approved	Ksh 804,000, / USD 10,000
Project summary	<p>The project aims to improve the provision, monitoring and management of continuous medical education for health care workers in Kenya.</p> <p>The goal is to improve the quality of health care provided to the Kenyan population by having a well-trained and updated health care provider, who is also available at his/her work station to serve the sick.</p> <p>The project hinges on e-learning and m-learning concepts and digitization of doctor's management systems.</p> <p>Doctors are thus able to access continuous medical education (CME) material</p>



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via the internet and/or their mobile phones wherever they are. This material will be approved by the Kenya Dentist and Medical board which is the regulatory body for the doctors.

Doctors are required by law to have done a certain amount of CME for quality for renewal of practice licenses or for accreditation. Unfortunately most CME activities are done in form of conferences and meetings in the capital city Nairobi and few other towns.

Thus doctors spend a lot of time traveling and out of the hospitals in order to attend such meetings leaving patients especially in our rural areas un-attended. Moreover, there is no evaluation at the conferences in terms of their impact on doctor's knowledge and ultimately medical practice. The project has both E-CME (internet based) and M-CME (mobile based) material for doctors who will access them reliably, conveniently and at reduced cost.

The other aspect is the digitization of doctors' management systems. Once a doctor does an E-CME the points are awarded instantly and he or she can monitor his/her progress. Further, doctors can scan their training certificates and apply for initial registration electronically without traveling to the capital. Once this is done they can renew their licenses online, by making payment online and having their licenses renewed.

The regulatory body also has data on how many doctors are at which part of the country at certain time and what their uptake of CME is like. This will assist in doctor redistribution to avoid the skewed doctor concentration in the cities.



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Project Summary

Tips: It is recommended to **complete this section once you have finalized the text of the report**. It will be easier to go back through to build the summary based on the highlights of the report the project team just put together.

The Project Summary can be up to **one page long**.

It should include a brief justification; an outline of the project objectives to be achieved; the project real timeline and the main activities conducted.

The abstract of the project written when FIRE PROGRAMME initially approved the project and the objectives listed in the Grants Agreement signed by AFRINIC and your organization should be useful inputs when preparing this section of the report.

The project has been successfully implemented for the last six months with an uptake increase from 100 users to 2500 users registered in the portal. We have seen a lot of traffic from users from other parts of the country outside Nairobi. This number is bound to increase with more dissemination of activities that are planned to take place in the first half of 2014.

Our plan is to increase the number of activities that attract users to the site to learn from locally developed material especially with the newly developed CPD guidelines in-force.

One of the major objective of this project is to enhance the monitoring and reporting Continuous Medical Education (CME)/Continuous professional Development (CPD) activities. This has been improved for the last year 2013 in which more than 5000 activities were reported through the portal. This means that with good uptake and more activities registered on the platform more doctors will find it easy to report their learning activities making it easy to know how many are actively participating in the learning process as they practice. We are intending to have 80% of all activities done by the medical practitioners registered and reported through the platform.

We have since enhanced the system capability after few feedback from the users during our dissemination exercises. This has helped increase the uptake especially to users who have little knowledge on computers.

Our major challenge has been organizing the dissemination activities in different parts of the country due to the sparse distribution of health workers. We have however handled this by teaming up with CPD providers across the country to organize for the dissemination during their planned meetings alongside their activities or plan a dissemination activity as a learning activity.

We believe the project will bring much intended change in the way learning is done and reported to the regulatory body and as well as result in high quality service to the people.



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Background and Justification

*Tips: The reader should be reminded of the **context** your organization is working, and where the project has been developed in.*

*This section provides a window to **understand the challenges** faced by the community you are working with.*

*Include a detailed description about the situation **before the project start**, describing any relevant aspects that make the project relevant in such a particular scenario.*

The reader should be provided with a clear description about the problem(s) to be addressed through this project and the motivation from your organization and team members to get involved and offer a solution.

The motivation is to improve health care quality received by Kenyans. Four of the 5 co-founders are medical doctors and experienced this problems first hand. We thus would like to improve medical practice by taking advantage of information technology solutions.

The last member is IT specialist and thus our backgrounds have been invaluable in contributing to the company. The medical background helps in identification of problems and the IT background in offering solution to this challenges.

Synergy informatics is a medical information technology company founded by the 5 directors above. We aim to offer innovative solutions to improve medical training, practice and research with the ultimate goal of improving the quality of health care delivery to the population.



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Project objectives


Tips: Please include here the **original objectives** as listed on the Grant Agreement.

If any objectives were modified, added or removed during the reported period this should be explained/justified.

1. Enhance the access and delivery of CME material to doctors by developing E-CME and M-CME platform.
2. Enhance the monitoring and reporting Continuous Medical Education (CME)/Continuous professional Development (CPD) activities by the Kenya Medical Practitioners and Dentist Board.
3. Develop integrated system to enable initial online registration of doctors, annual renewal and monitoring of distribution of doctors at the work stations.
4. Develop and maintain a digital back up to the doctors' records and information including certificates.



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Users and uses

Tips: Discuss with your project team who would be the future users and how they would use the findings throughout the project lifecycle. The uses identified should relate to the theory of change that you have discussed with your project team. The discussion about theory of change, users and uses, will be a very important input to your communication strategy: depending on who the user is and of what use will be the findings, a communication strategy can be developed. For example, if the users of the findings are policy makers and the use is to influence a change in the regulatory framework, which communication approach will work the best?

Who will be the user of these findings?

What are the more relevant things the project team wants to learn about or evaluate through the lifecycle of this project?

1. Healthcare providers - Doctors-having reliable, easy access to up to date medical information.
2. Kenyan population (especially those in rural areas)-they will be served by better trained, up dated doctors. They will also have more contact time with the doctors who will no longer need to travel hundreds of kilometers to attend CME activities.
3. Kenya Medical Practitioners and Dentist Board(KMPDB)-They will have system of monitoring CME update by doctors, know the distribution of doctors all over the country, online payment of renewal for practice licenses and initial registration, digital information system and documents for the doctors.
4. Kenyan Government- doctors will be available to attend to the population, better doctor to patient ratios and ultimately better quality of health care delivered.
5. CPD Providers – the organizations and institution that create learning content and events for the healthcare providers. These organization creates these activities via the portal which can easily be accessed and consumed by the Healthcare providers.



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Indicators

Tips: Indicators help to *measure project's progress*.

Indicators help the objectives that were set by the project team to be affordable, tangible, and measurable.

They help to verify the success and rewrite the course in case we are not achieving it.

An indicator could be quantitative (percentage, amount) or qualitative (perception, opinion).

The FIRE secretariat suggests the SMART approach to indicators:

S Specific

M Measurable

A Achievable (acceptable, applicable, appropriate, attainable or agreed upon)

R Relevant (reliable, realistic)

T Time-bound

Please use the table below to share your project indicators...

Baseline	Indicators	Progress	Assessment	Course of action
<i>Refers to the initial situation when the projects haven't started yet, and the results and effects are not visible over the beneficiary population.</i>	<i>How do you measure project progress, linked to your objectives and the information reported on the Implementation and Dissemination sections of this report.</i>	<i>Refer to how the project has been advancing in achieving the indicator at the moment the report is presented.</i>	<i>Descriptions should be clear and ideally contain operational terms where needed. Please describe the quality dimensions.</i>	<i>What is the project team planning to do next is very important to document, specially if changes to the original plan have to be implemented for the success of the project.</i>
100	Number of the practitioners registered on the web portal	3100	This is based on a total current target of 5000 Medical practitioners Currently Registered.	Increase the dissemination activities coupled with registration drive. We've also simplified registration process to allow more technologically challenged to come on-board
2	Number of CPD providers registered on the portal	110	Of total 145 Providers in the Current database of MPDB	Visiting more Providers offices as a follow-up to mails already sent
20	Number of registered practitioners active on the portal	3100	The number of users who have reported activities through the system.	Popularize the portal during activities especially online based activities
2	Number of registered CPD providers actively	90	For both online (far reaching) and offline	Train more Providers coordinators on use of



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	creating activities on the portal		activities the number of providers who have creates at least one activity on the portal	the portal and actively monitor progress
0	Number of TOTs trained for online CPD portal	90	Number of Trainer of Trainers at different points of access within the country. Majorly Providers Coordinators	Identify and train more TOT based on their level of knowledge on the portal
2	Number of Dissemination meetings held	45	Number of dissemination activities held in different forums across the country by the project team and our TOTs	Bringing together doctors in large number is a big challenge but we intend to increase our presence in their routine CPD meeting in their location.
0	Number of CPD activities reported through the portal	9200	Activities reported by practitioners through the portal to the MPDB. Source: Database	Train more phone users to use the Mobile application we developed
0	Number of activities created via the system for remote access	11	Activities created for online access	Mobilize more experts to write more activities for access.



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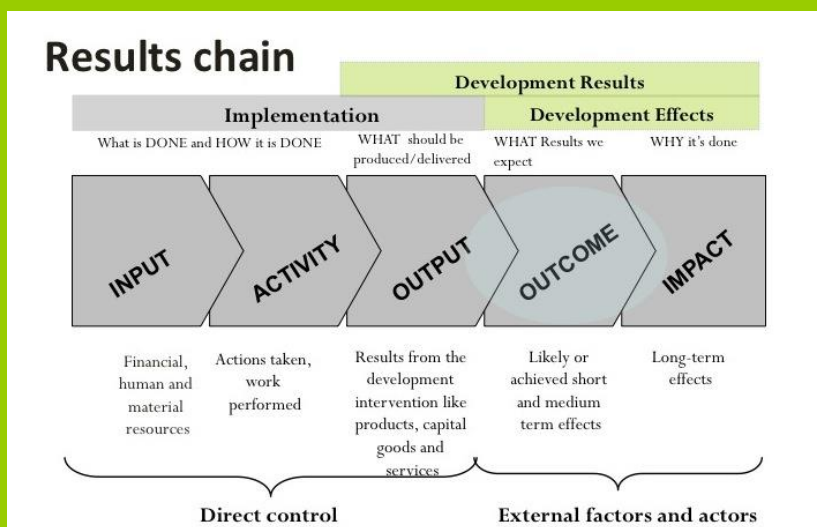
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Project implementation: understanding the chain that leads to results

Tips: This is the most important section of the report. Here, the reader will **understand the processes and operational issues** of your project and how they contribute to the achievement of the objectives and the theory of change behind the project implementation.

It is possible that the project team's understanding of the development problems to be addressed with this project will have evolved or **changed** from those described when the project was originally submitted and approved. If that is the case, please share what motivated the change and what course of action the project team has identified.



Results chain diagram provided by In Develop

Narrative - project implementation

Please write a narrative description about the project implementation, starting from the problem statement you develop on your approved proposal. Please use this section of the report to provide context to the work conducted. For example:

1. Describe any **partnerships** with other organizations, researchers and community leaders that have been developed during the project cycle and the usefulness of these in achieving the project's objectives.
2. Describe the **involvement** of project beneficiaries, during all phases of project implementation.
3. Describe any **gender, ethnic and generation gap** issues that have impacted positively or negatively your project implementation.
4. Please take the time to reflect about activities that you struggle to implement during the period reported, along with processes and methods originally planned that might need **adjustment** to achieve your project objectives.



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Result chain and Logical Framework

The beneficiaries in the project include KMPDB, Medical doctors and Community (Medical Consumers).

The KMPDB being the administrator of the system has been greatly involved in the project. They have participated in publicity of the platform as well as developing and guidelines within which the platform is to be used. They offered regulatory oversight during implementation being the government body mandated to oversee training and continued education of the doctors.

The project implementation team has also used the contacts from KMPDB to market and publicize the platform.

An Initial all day conference was organized by the KMPDB and our organization that drew attendance of CPD providers from all over the country. This acted as both the launch of the platform and also a countrywide training exercise.

The CPD providers were trained on the use of platform and made aware of the CPD guidelines that would be followed in project implementation. High attendance with up to 85 % of all CPD providers attending the national training in the capital, Nairobi.

Follow up emails were made to the CPD providers after the day long training to answer any further questions and offer technical help in the use of the platform.

After their raining the CPD providers were involved in registration and mobilization of their members to register in the platform from different parts of the country and from within the professional bodies.

We additionally have recruited platform champions at every CPD Provider. These champions have been also put through a trainer's course to enable them train other doctors in the use of the system and also act regional trainers on platform use.

We have further organized follow up regional training events to enhance the uptake of the platform. These training sessions are attended by between 30-50 doctors and provide personalized training to the doctors and offer help to those with difficulties.

Social media has been employed with the use of Facebook (icpdkenya) and twitter (@icpdkenya) accounts to mobilize doctors to register in the system. These has seen the platform linked to social media which has enhanced ease of communication on the training on platform registration easily delivered. Further peer training and help across users has further enhanced the uptake.

In addition, our organization has used professional body's annual conferences and meetings to introduce the platform and also offer training in its usage. It has also explored means of live streaming such conferences on its website to enable doctors attend them remotely from their work stations without having to ravel in future.

The Kenya government has supported us through the ministry of information and communication. Through grant from the World Bank they provided the initial seed grant that enabled the setting up of the platform .The ministry has also coordinated with the KMPDB to support our dissemination of the platform through mobilization of the CPD provides and professional bodies.

Major challenge during the dissemination has been the older doctors (50 years or more) who have found it difficult to embrace use of new information technology and social media. Further, due to the large geographical area (countrywide) it has been a challenge to organize and attend the regional training sessions.

Lastly being a small organization with minimal staffing , mainly technical staff ,it has been a challenge to have the whole staff in regional trainings for several days with none of them left to continue to continue with other



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aspects of the project.

Input	Project activities	Outputs	Outcomes	Timeline	Status	Assessment
Financial, human and material resources	Actions taken, work performed	Result and/or deliverable produced as a direct result of the project activity Outputs are under direct control of the project team	Likely or achieved short and medium term effects. Focus on the changes facilitated by the project for its beneficiaries Outcomes tend to be under the influence of the project team but not under direct control	Dates were the listed activity was developed	Indicate when the activity started, on-going or completed	Assessment indicating how the activity has been conducted Describe technologies implemented, methods and techniques used and any challenges that have been identified

Please use the table below to report about project implementation...

Project outputs, communication and dissemination activities

***Tips:** Take into account that the reader of your report has not being involved in project implementation, so readers do not have any further knowledge besides the information you are providing here.*

This section of the report will allow you document the communication and dissemination efforts that the project team has conducted, which might be part of a specific communication strategy design as part of the project, or in place for the organization as a whole. When possible, please provide information about strategies in place and the rationale behind them.

Lessons can be learned from many aspects of project implementation, covering a wide variety of aspects such as technical, social, cultural and economical. Taking the rationale behind the project and its objectives can serve as a framework to draw your conclusions. Lessons can be identified by project partners, beneficiaries and general staff from the organization. A project diary and other activity records can serve as a tool to reflect



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Input	Project activities	Outputs	Outcomes	Timeline	Status	Assessment
1. Financial and Human Resources	ICMS software development	ICMS software hosted at www.icpdkenya.org	Online doctor registration for CPD Online CPD providers registration Online CPD activities hosting Online CPD reporting both by doctors and CPD providers	1 st may 2013-31 st September, 2013.	Completed	The software development was challenging and took slightly longer than anticipated. Ongoing improvement of the software as it is being used by the doctors and CPD providers
2. Financial, human and material resources	KMPDB Training	CPD committee at the KMPDB (regulatory body) were trained on the use of the system Result and/or deliverable produced as a direct result of the project activity	8 CPD committee members became advocates for the system KMPDB became critical partner in project implementation as they fully understood the system	September 1 st – Sep. 5 th 2013	Completed	It was a challenge getting to train the whole committee as they are busy doctors who came in batches. The committee training was critical to us as they became real agents of change at the regulatory body.
3. Financial, human and material resources	CPD Providers Conference and Training Launch of ICMS	All CPD providers were trained in the use of the system including doctor registration and online CPD reporting of activities The project was	60 CPD providers started online reporting of CPD activities ICMS project dissemination commenced	September 21, 2013	Completed	CPD providers training was well done and they acted as trainers of doctors in their stations



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4..Financial, human and material resources	30 Dissemination Meetings , doctor trainings across the country on the ICMS	also officially launched 1000 doctors trained on the system use and online registered	officially 1000 doctors started reporting CPD activities online 1000 doctors started consuming online CPD activities	September 23 rd to January 5 th 2014	Completed	Official launch of the system gave us publicity and legitimacy in the project implementation. Dissemination meetings were taken up very well for doctors who liked the system for the convenience and for embracing new technology This is ongoing as nearly half of all doctors have not been reached.
5. Financial, human and material resources	Development of online CPD activities	10 online CPD activities developed at www.icpdkenya.org	2500 doctors already registred have access to online CPD activies	September 10th to Current	Ongoing	The online CPD activities are developed to improve doctors wherever they are and have been very welcomed by doctors.
6. Financial, human and material resources	Participation on development of CPD Guidelines	CPD Guideline document (Available at http://www.icpdkenya.org/resources/cpd_guidelines_201)	The guideline entrenches the use of ICMS platform as the only way of report of CPD	October 2013 -April 2014	Completed	Participated in development of the Guidelines giving directions on how to adopt technology in the



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		4.pdf	Activities to the board. Many doctors who have received the documents and are not registered have activated their accounts			CPD process.
7. Financial, human and material resources	15 Dissemination Meetings , doctor trainings across the country on the ICMS	500 doctors trained on the system use and online registration	An additional 500 doctors trained with over 1000 activated to use the system	January 2014-May 2014	Completed	This is ongoing exercise and has been positively received by doctors however was slowed down by restructuring in the management of health care within the nation. Currently out of 4500 active doctors according to 2013 register 3100 have activated their CPD accounts this is 68% and 44% of the total registered in the Nation.
8 Financial, human and material resources	30 CPD Providers trainings	Over 30 providers trained at individual levels at their stations	Many more activities are being registered within the platform. 1080 activities have been registered in the platform by 90 CPD Providers currently activated	January 2014- May 2014	On- going	It's been hard to bring several providers at a single venue like at the initial stage, slowing down the process. We have had one on one training at the providers' premises or at major events like conferences.



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during project team meetings and immediately after project activities are conducted.

Outputs are immediate, visible, concrete developmental change that is the tangible consequence of project activities, under direct control of the project team.

Example of possible outputs to report are:

- New products and Services (software, online platforms, applications);
- Information sharing and dissemination (publications, conferences, multimedia, social media);
- Knowledge creation (new knowledge embodied in forms other than publications or reports, such as new technologies, new methodologies, new curricula, new policies);
- Training (short-term training, internships or fellowships, training seminars and workshops) and
- Research Capacity (research skills; research management capacity and capacity to link research to utilization of research results).

Project outputs	Status	Assessment	Dissemination efforts
IMCS software at www.icpkenya.org	Completed May,2014	The software is completed and operational currently. 3100 doctors are registered, 110 CPD providers report their activities on the system.	1. Official launch of ICMS on 21 st September, 2013 2. CPD training for CPD providers 3.45 training meeting for doctors 4. Facebook account icpdkenya.org 5. Twitter account 5. Printed pamphlets on getting started at www.icpdkenya.org
One Training workshop and conference for CPD providers	Completed 21 st September,2013	164 CPD providers attended the conference and were trained on CPD activities. These were all over the country.	Official letters were sent to all the CPD providers from the regulatory body. We had representation from ministry of health Kenya.
Online CPD material at www.icpdkenya.org	Ongoing (10 activities so far)	The online activities are meant to provide here and now educational material for	Facebook and twitter accounts alert doctors immediately online activity comes up



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		doctors. Because they are meant to be current these will be ongoing as new information and updates come out	CPD providers send emails to their members whenever online activity is posted
45 training meetings for doctors on the use of the system	Completed	Has enabled the enrolment of up to 3100 doctors in the system with an average of 33 doctors attending each training.	Facebook and twitter accounts Training manual developed to help in dissemination. CPD Guidelines also developed to guide the Doctors on the Uptake and provision of CPD



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Project outcomes

Tips: This section should be completed **ONLY** for the final report.

FIRE PROGRAMME expects you to report about the **outcomes** of the project as defined in the table below, based on the project implementation section of this report. Project team is encouraged to discuss the questions provided below to guide the reflection:

Can you identify and describe the relationships between the activities implemented and the social, economic, cultural and/or political benefits of your project implementation?

Outcomes can be defined as:

- *Medium-term effects*
- *Effect of a series of achieved outputs*
- *Should capture the changes for the beneficiaries*
- *Take place during the life of project/strategy*
- *Influence but not direct control*

Major achievement has been the rapid uptake of the platform by doctors. Within short period (less than 10 months) of implementation over two thirds of active doctors nationally have registered in the platform. Given that this is a national wide project targeting all doctors, who are usually quite busy with patient care, this was quite satisfactory.

The use of social media has not only been a success but a game changer for us. It has seen rapid uptake by the young doctors (less than 40 years) on the mobile phone, tablets and computers. The mobile application has been particularly attractive to the busy young doctors who can use it in between seeing patients and also in remote areas which fortunately have mobile networking. This segment has the fastest up take of the system.

Measuring social impact on the individual patients is as it is a very challenging exercise for the implementation team. However this being implied based on the feedback received from the direct consumers of the platform who are the doctors. The feedback has been positive as it has saved the doctors time and money to travel to the venues of CPD activities.

We have together with the KMPDB developed the framework for monitoring the CPD activities and this is part of the areas that are considered in the monitoring and evaluation framework. The new guidelines to oversee the transition from paper reporting to e-CPD uptake and.

The ultimate social impact would be improvement of health indexes including maternal and under five mortality rates, which unfortunately is dependent on many other external factors.

In the medium to long term, social impact surrogate markers that would be easily measurable include waiting time in queues by patients, doctors to patient ratios across the week in hospitals and patient satisfaction surveys. Again these may fall outside the timeline for this project but would be considered in the next phase of monitoring and impact assessment.



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Project management and sustainability

*Tips: Please comment on the general project **administration, staffing, procurement**, etc. specially those aspects contributing to the fulfilment of the project objectives as well as those that have delay project implementation.*

*Indicate **how the project team has strengthened its capacity** and work towards sustainability with the support provided by FIRE? (new equipment, training, improved administrative skills, lessons learned from the project). Has the organization increased its research or administrative skills of the team involved? Has the project allowed for a particular contribution to capacity building of women or marginalized social groups? Special attention should be paid to the expected or unexpected impact on marginalized social groups.*

*Have you done **anything different** to provide administrative support for this project **besides your “business as usual”** processes and procedures? Has the project inspired change inside your organization?*

Sustainability is to be examined not only in terms of staff retention and financial stability of the organization supporting the project but about the communities’ appropriation of benefits perceived from project implementation.

The FIRE Secretariat is very interest to learn if this project has generated opportunities for future development (new funding from partnerships, sponsorships, investment or other funding mechanisms), please provide details.

Please explain if the FIRE grant has helped to consolidate your organization and how. If any of the project activities will continue after the end of the FIRE grant, please describe how your organization is planning to support future developments.

The project was managed by Synergy Informatics in Partnership with the Kenya Medical Practitioners and Dentist Board.

At Synergy informatics the head of daily operations has been the chief executive officer. He is supported by 2 information technology staff. One software engineer and the other web designer. They communicate and work very closely with the CPD officer in-charge at the Kenya Medical Practitioners and Dentist Board (KMPDB)

The chief executive officer work with team of 4 directors of the company with regular scheduled meetings, plus meetings from time to time. The grant from FIRE helped has enabled us acquire laptop for the chief executive officer, this has enabled him prepare reports promptly and follow up project implementation. Further, we managed to acquire a project management software, Assembla which enabled communication between the directors and monitoring the pace of project implementation.

The grant has also enabled training of our partner organisation’s KMPDB CPD committee members. Further, the training of CPD providers has enabled faster dissemination of the project. As each CPD provider trains its members, who are doctors.

The grant has also enabled web hosting for the ICMS software for the one and half years of the project.

Significantly, the grant has enabled the delivery of educational materials to doctors working and treating the people in the remote rural areas of Kenya, who previously would not access this materials. This we hope would ultimately improve the care provided to these communities.

The project implementation had also attracted a grant from the World Bank via the Kenyan Ministry of



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Information. They have provided regular follow up and guidance during the project implementation.

During the project implementation, we also managed to elicit interest of the Ugandan Medical regulatory body and they expressed interest in having us develop and implement a similar project for their doctors.

In addition other medical cadres of staff in Kenya including nurses and clinical officers are keen to have a similar management system for their CPD activities. Discussions are ongoing with these organisations to explore the possibility of having a one integrated online software to manage all medical cadres including nurses and medical officers.

To enable financial sustainability we are in discussion with the KMPDB to see whether an annual subscription fee would be levied for the doctors to help support the project. Further, pharmaceutical companies, hospital and health insurance companies are some of the organisations that we plan to approach to develop partnerships for continued support.

Already a number of pharmaceutical companies have expressed interest in supporting some of the online CPD activities but we are yet to develop a regulatory framework to guide our engagement.



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Impact

*Tips: This section of the report does not refer to the project activities, but about the “bigger picture”. It will be desirable if the project team can reflect on the **impact that the project has contributed to as part of other actions implemented by your organization and/or your partners.***

Impact refers to the influence the project may had on the way people does things through the use or adoption of the project outputs; changes in the context the project was implemented; changes in the community the project has been working with; and/or changes inside the organizations that have participated in the implementation or the relationships established through the project’s implementation.

Impact is often impossible to measure in the short term and is rarely attributable to a single activity. Impact can be linked to a vision or long-term development goal that your organization might be working towards.

It can be identified as a logical consequence of achieving a combination of outputs and outcomes.

Impact is usually measurable after the project life and is outside the direct control of the project team and the organization.

Project has impacted various players already in the **short term**;

The KMPDB has had the process of monitoring CPD activities digitised and this has led to a lot of time saved by the CPD officer in going through the paper work.

3100 doctors can now access online CPD at their work stations without having to travel long distances to attend meetings and conferences reducing their absence to increase time spent on patient care. This implies better quality health care.

Over 90 CPD providers can now at a glance evaluate how their members are partaking their CPD activities and how they comply with the KMPB recommendations.

We have also had different medical cadres asking for the extension of the CPD system to accommodate them, these include the pharmacist and laboratory technicians. With this trend all the medical cadre will have real time access to learning opportunities and hence an informed and available health worker.

The project has also strengthened the internal organisation and management capacity of Synergy Informatics with acquisition of the experience managing the project, software and equipment acquisition.



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Overall Assessment

Tips: This section of the report is extremely valuable for the FIRE secretariat as it provides evidence about the role and relevance of FIRE contributions in the AFRICA region.

Tips: Briefly provide **your own views** on the value and importance of the project relative to the proposed innovation, investment of time, effort and funding involved. Include the strengths and weaknesses of the project and the steps taken to strengthen the credibility and reliability.

This is your opportunity to conduct a **team reflection about the value of the project for the organization**. The following questions might help you to prepare a substantive overall assessment.

- To what extent the project meet its objectives?
- What were the most important findings and outputs of the project? What will be done with them?
- What contribution to development did the project make?
- Were certain aspects of project design, management and implementation particularly important to the degree of success of the project?
- To what extent the project help build up the research capacity of your institution or of the individuals involved?
- What lessons can be derived that would be useful in improving future performance?

The project has largely met its main objective of provision of integrated online management system for doctors CPD activities to enable them have the most current medical knowledge and spend more time treating patients.

So far up to 3100 doctors use the online platform. With time we hope to assess knowledge improvement and any impact on the clinical care delivered to our patients especially the remote populations who are marginalised in health care provision.

In addition, the ICMS software hosted at www.icpdkenya.org, has most online CPD activities which can easily be accessed by doctors. The software also has basic information about doctor's qualification, contacts, their location and affiliated institutions. This information was previously not available to the regulatory body and the government ministry of health. This is very important for planning of health care delivery by the authorities.

The partnership with the Kenya medical practitioners and Dentist board was particularly important as it gave us the institutions backing and easy reach to the doctors and CPD providers. Further, the government of Kenya ministry of Information support was instrumental in providing us with initial training in the project implementation.




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The ongoing assessment and analysis of doctors enrolment, barriers to online access and geographic patterns of enrolment has strengthened our staffs' capacity for research to improve project implementation and success.



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Recommendations

Tips: Include any recommendations in this section that you and your project team, the organizations supporting the project and the community you worked with, would like to make to other practitioners or researchers on the field facing similar problems or implementing similar solutions.

Please take a minute to share recommendations with the FIRE secretariat that might help to improve the support provided.

We would recommend ongoing partnership as the project is scalable to other cadres of medical staff within Kenya and also East African Countries.

Further to fully appreciate the impact of this project in term of health care workers knowledge improvement and time spent with patients in impacting health indicators will need a medium to long term (at least 5 years).

For other organizations implementing similar projects forming partnership with regulatory bodies and the having government backing is crucial as it will help in overcoming many barriers in implementing the project.



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Bibliography

Tips: Include complete bibliographic references to all sources (printed, on-line, quotes, etc) used to prepare the different sections of this report. The APA style guide offers examples about how to reference a variety of sources. <http://www.apastyle.org/learn/quick-guide-on-references.aspx> (as accessed on 3/7/2013).

Please write the project bibliography here...



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