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615-11-590-141

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INFO.

FROM - NAIROBI

SUBJECT - Population Dynamics, Proj. 615-11-590-141

REFERENCE - M.C. 1025.1

DATE SENT

4-18-69

8p.

Non Capital Project Paper (PROP)

Country: Kenya

Project No.: 615-11-590-141

Submission Date: April 15, 1969 Original:

Project Title: Population Dynamics

U.S. Obligation Span: FY 1969 through FY 1971

Physical Implementation Span: FY 1969 through FY 1972

Gross Life-of-project Financial Requirements: U.S.\$173,229

I. Summary Description

The Government of Kenya has embarked on a nationwide family planning program which is the only active high priority government family planning program in sub-Saharan Africa.

USAID has been asked to supply several inputs to this family planning program in order to fill certain gaps in the overall scheme. USAID will supply 100,000 cycles of 21-day contraceptive pills in FY 1970 and 1971 to provide a basic supply to the Government program. USAID will also supply the audio-visual expert and certain audio-visual commodities to the Ministry of Health which will be used to publicize the GOK family planning program and provide functional audio-visual aids for family

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| DRAFTED BY J. L. Sperling:job | OFFICE Program | PHONE NO. | DATE 4-15-69 | APPROVED BY: Harold D. Snell, Director |
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AND OTHER CLEARANCES
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planning education. Two participants will be trained who will run this audio-visual service when the American technician leaves. The third input will be in the form of commodities to increase the uses of the mother and child health services, with which family planning is closely integrated.

BUDGET

FY 1969

| | | |
|-----------------------------|-----------|------------------|
| Personnel - 1 technician | | 835,000 |
| Commodities 1/ | | |
| (a) Audio visuals | 15,335.16 | |
| (b) MCH | 23,400.00 | |
| (c) Shipping (40% of a & b) | 14,494.00 | 53,229 |
| Total | | \$ 88,229 |

FY 1970

| | | |
|-----------------------------------|--|---------------|
| Personnel - 1 technician | | 35,000 |
| Participants - 2 @ \$5,000 each | | 10,000 |
| Commodities 1/ | | |
| (a) 100,000 pills @ .20 per cycle | | 20,000 |
| Total | | 65,000 |

FY 1971

| | | |
|---|--|---------------|
| Personnel | | -- |
| Participants | | -- |
| Commodities - 100,000 pills @ .20 per cycle | | 20,000 |
| Total | | 20,000 |

1/ Commodities costed as follows + 40% shipping - Pills not included in FY 196 as 100,000 cycle input made in December 1968 and March 1969 through Pathfinder Fund.

AUDIO-VISUAL SUPPLIES

(Procurable from GSA catalogue)

| | | | |
|----------|---------------|------------------------------|----------|
| 4 sets | 6675-551-0786 | Wettemerg sets | \$ 85.40 |
| 72 rolls | 7510-256-6712 | Masking tape | 16.36 |
| 4 | 7520-163-2653 | Paper perforator | 17.60 |
| 4 | 7520-163-2568 | Paper trimmer | 52.00 |
| 4 | 7520-224-7621 | Paper trimmer | 70.80 |
| 500 Rms. | 7530-285-3072 | Mimeo paper (8 1/2 x 17") | 700.00 |
| 200 Rms. | 9310-290-6407 | Offset book paper (17 x 22") | 690.00 |
| 500 Rms. | 9310-540-6394 | Offset book (8 1/2 x 13") | 525.00 |

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AIRGRAM

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120 Pkgs. 9310-752-9089 Poster paper (25x30") \$660.00
 36 7510-655-8510 Ink black (5 lb.can) 162.00

\$2,979.16

Supplier: Globe Printers Supply
 407 Mulberry Street
 Newark, New Jersey

One Model FH-6 Folding machine with 220-240,
 50-cycle motor, minimum sheet size 4x5" -
 maximum sheet size 17x28" \$561.00

One Model No. 9, National wire stitcher
 single adjustment. Must have flat
 and saddle worktables, with back
 and side gauges. Two sheet minimum
 and 1" maximum. 980.00

cartons No. 23 round wire for Model 9
 stitcher 250.00

5 cartons No. 25 round wire for Model 9 125.00

5 cartons No. 20x25 flat wire for Model 9 125.00

5 cartons No. 21x25 flat wire for Model 9 125.00

Two 24"x30" super speed paper trucks 190.00

2,356.00

Note: Model No. 9 and wire must be shipped in same container.
 Loss of wire or machine make other part useless.

Lancer Audio-Visual Van equipped
 with standard A.V. equipment. Include
 with the unit:

One extra Wollensak Tape Recorder
 One Kodak carousel 35mm projector
 One 12-volt batter converter
 One amplifier

10,000.00

(These would be spares for the van.
 It comes with this equipment but these
 extras are needed.)

* Typical Supplier

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Equipment for MCH Services

| | | |
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| 2 | Chevrolet Chevy II station wagons @\$3,000 each. | 6,000.00 |
| 200 | Filing cabinets | 12,400.00 |
| 100,000 | Disposable Gloves @\$2.50 per 100 | 2,500.00 |
| 50 | Baby weighing scales @\$50 each | g 2,500.00 |
| | | \$23,400.00 |

II. Setting or Environment

In late 1965 the Population Council at the request of the Government of Kenya did a study of population growth in the country. They discovered that the rate of growth was 3 percent and that at the present rate a large percentage of the Government of Kenya's economic growth would be devoted to the task of keeping up with rapidly expanding demands for services. As a result of this report, family planning was adopted as an official policy by the Government of Kenya. Midway in 1967, the Government of Kenya made family planning a free service in all GOK facilities and undertook to set up Government clinics as rapidly as possible in connection with the MCH program. In the latter part of 1968 the Government and the Family Planning Association of Kenya agreed that the Government would take over the clinics and field workers of the Family Planning Association on a phased basis. The International Planned Parenthood Federation (IPPF) would continue to supply assistance in meeting recurrent costs over a period of time.

In 1967 and 1968 a great deal of foreign assistance was granted to the family planning program. The Population Council seconded a doctor to sit in the Ministry of Health and advise the Kenya Government on the organization and clinical aspects of the family planning program. A Population Council demographer was posted to the Institute of Development Studies at University College Nairobi to do knowledge attitudes and practices studies related to family planning in Kenya. The Dutch Government has posted a demographer and statistician to the Kenya Ministry of Health so that proper evaluatory studies of the family planning program could be undertaken.

On the clinical side, both the Dutch Government and the IPPF have supplied teams of doctors and nurses to do the actual clinical work. The IPPF has seven mobile vans which operate in the different provinces, holding clinics and instructing local medical personnel in the use of family planning devices and techniques. The Dutch teams are also instructing on the local level and in addition are doing research on the effectiveness of the various types of contraceptive devices presently used in Kenya. Although the IUD was recommended by the Population Council as the type of contraceptive which should be used primarily, the contraceptive pill is quickly gaining precedence.

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Commodity assistance to the program has been furnished by the IPPF in the form of condoms, by the Swedish International Development Agency in the form of pills, by USAID in the form of pills, and by the Population Council who supply Lippes loops. Continued supply of condoms and loops has been assured and a partial supply of pills from the Swedish Government has also been assured.

Overall administration of the program is in the hands of a Swedish family planning administrator who has extensive programming experience. The eventual plan is for him to share responsibility with a Population Council doctor due in Kenya in June 1969 who will handle the clinical aspects of the program. In addition to the above training of paramedical personnel, educational seminars for field personnel of other Ministries is being carried out under the auspices of the Ford Foundation.

As can be seen from the above, all aspects of the program are functioning with the sole exception of the informational. In addition, a continued full supply of contraceptive pills has not yet been assured. Although the MCH clinics are working, their efficacy is lower than optimal because of the lack of certain basic equipment. The purpose of the U.S. input will be to plug these gaps so that all aspects of the program would go forward more expeditiously.

III. Strategy

USAID is uniquely qualified to assist the GOK in the three areas mentioned above for the following reasons:

1. Worldwide experience in creating audio-visual programs to meet specific local needs.
2. Experience in Kenya of running agriculture audio-visual programs.
3. Greater availability of skilled creative technicians in this area.
4. Facilities for training counterparts quickly and effectively.
5. Availability of high-quality contraceptives which the GOK cannot afford to purchase.
6. Availability of materials and equipment for MCH clinics and experience in selection of these materials.

IV. Planned Targets, Results and Outputs

Audio Visuals

a. The resuscitation of the presently under-utilized national audio-visual laboratory so that it may serve the Ministry of Health in all aspects of its public health education programs.

b. Production of a wide range of audio and visual materials in local languages including posters, filmstrips, pamphlets and narratives. The result

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of this activity will be to increase public awareness of family planning throughout Kenya and increase the throughput at the family planning clinics. At least 50 separate items will be produced each year, with approximately 600,000 pieces of printed pamphlets being produced, two motion pictures, 8 posters, with an average run of 4000, 20 vernacular narratives and 5 filmstrips.

c. The training of two Kenyan audio-visual technicians in technology and design of audio-visual activities. The training of these two technicians will result in the U.S. input being terminated at the end of two years without causing a reduction in the audio-visual activities connected with family planning.

d. The institution of a mobile A.V. program to reach the more remote areas of the country.

2. Contraceptive Pills

The supply of 100,000 contraceptive pills annually to the GOK starting in April 1970. This will enable the GOK to meet the demands of new acceptors who are presently increasing at a net rate of 1200 per month, as well as part of the present demand for 200,000 cycles per year. If a steady supply of pills can be assured and the rate of acceptors remains steady over the next two years as expected, the probability of increased acceptors in following years will be enhanced as a result of the demonstration effects.

3. Mother and Child Health Equipment

By the supply of two station wagons, 200 filing cabinets, 100,000 disposable gloves and 50 baby weighing scales, USAID intends to increase the efficiency of service at mother and child health clinics. This will in turn result in an increased throughput in these clinics from the present annual level of approximately 400,000, to a more complete system of evaluation and hence an increase in usage of the family planning clinics which are run in close conjunction with the MCH clinics. Estimates of the increased throughput as result of the incentives offered by a more careful examination and better administration range from 25 to 75%.

V. Courses of Action

1. Audio-Visuals

USAID will supply one audio-visual technician, an audio-visual van and certain materials necessary to bring the national audio-visual center under the Ministry of Health to a functioning standard. The background and qualifications of the audio-visual technician will be as follows:

a. College graduate with a degree in education and journalism or closely related field. If his degree is in another field, he must have

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proven experience in preparing "How to do it" publications, films, and in teaching extension type classes. Extensive related experience can be substituted for the degree.

b. He must be experienced in dealing with people whose English is the second language.

c. The selected candidate should have proved himself as an "Ideas man" or a creative person in the publication field. (This would be a high FSR-4 or 3 position.)

d. Wide experience will be of utmost value for this post.

The functions of this Advisor will be as follows:

a. Develop materials for the family planning program and other health aspects.

b. See to the production of materials (artwork, copywriting, layouts,

c. Cooperate with specialized agencies in evaluation of developed material.

d. Training of counterparts in the whole field of audio-visual aids.

e. Teaching use of audio-visual aids to field workers.

f. Assess the value of the mobile audio-visual unit regarding its future use in the program.

The GOK will supply two highly qualified technicians who, after a proper period of training, would take over the center and run it. The tour of the American technician is expected to be two years. Materials produced would be produced in local languages as well as English and Swahili. This will greatly increase the effectiveness of the family planning program as many Kenyans speak only one of the 33 vernacular tribal languages. The audio-visual van would be used in conjunction with the mobile teams and would be operated on a pilot basis. The technician would evaluate the effectiveness of this van in order to ascertain whether this approach is valid in the Kenyan family planning program. Teaching and instructional aids would be produced by this center to train several different categories of field workers and teachers. Community Development workers, agriculture extension workers, health inspectors, secondary school teachers and provincial information authorities are several of the groups for whom materials would be produced.

2. Contraceptive Pills

As mentioned previously, the contraceptive pill is fast becoming the preeminent method of contraception in Kenya. Continued supplies are absolutely

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essential in order that the program might function adequately. The GOK presently has a recurrent need for 200,000 cycles of contraceptive pills per annum. This need grows at a net rate of 1200 acceptors per month and is expected to continue at this rate for the next several years. Thus, in April 1970 the yearly need will be 215,000 and in 1971, 230,000. The U.S. Government has been asked to supply 100,000 cycles per annum. The Swedish Government has assured the GOK that they will make up the difference between U.S. input and further requirements, 115,000 cycles and 130,000 cycles in FY 70 and 71. Present stocks which have been supplied by USAID and SIDA are expected to be exhausted on or about April 1970. U.S. will make an input of 100,000 cycles at that time. The Swedish Government, by assuming responsibility to make up the difference between U.S. inputs and actual needs, will further relieve the GOK and assure the continuation of a viable family planning program. During the two years in which the contraceptives will be supplied, the future of the contraceptive pill in Kenya should be fairly well ascertained. It is hoped that at the end of this time the demand will be large enough and manufacturing technology may well have been simplified to the extent that local facilities can be utilized to fabricate these pills locally. Certain pharmaceuticals are presently being made in Kenya from imported materials and the Mission intends to investigate the possibility of manufacture of contraceptive pills during the time of this input.

3. MCH Commodity Assistance

- a. Two Chevrolet Chevy II station wagons. These vehicles will be at the disposal of the doctors supervising the running of clinics in the rural areas. At present there is a doctor in this capacity in Central & Eastern Province, and it is anticipated that the family planning activities in Nyanza & Western Province will be supervised in a similar manner by the middle of the year. The supply of two vehicles would greatly alleviate the present difficulties in ensuring adequate transport for this aspect of the program.
- b. 200 filing cabinets for adequate storage of records and for future evaluation of the program.
- c. 100,000 disposable gloves. Use of disposable gloves has been invaluable in clinical operations and their use should be extended to all clinics so that the maximum standard of care and cleanliness can be maintained.
- d. 50 baby weighing scales. Many of the maternal and child health centers are without this necessary apparatus for the continuing care of the child.

The Population Dynamics project will be implemented by an agreement between the U.S. Government and the Government of Kenya and will function through the Ministry of Health. Evaluation will be undertaken jointly by USAID and the Ministry of Health.

COOTE.