

PROJECT IDENTIFICATION

1. PROJECT TITLE
POPULATION DYNAMICS

APPENDIX ATTACHED *10p.*
 YES NO

2. PROJECT NO. (M.O. 1095.2)
615-11-580-141

3. RECIPIENT (specify)
 COUNTRY **KENYA**
 REGIONAL INTERREGIONAL

4. LIFE OF PROJECT
BEGINS FY **1969**
ENDS FY **1974**

5. SUBMISSION
 ORIGINAL
 REV. NO. **4** DATE **1/12/72**
CONTR./PASA NO.

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US <i>1.00</i> (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY	133	19	7			78	36	19	7			
2. OPRN FY	70	126	36				18	1121	34			
3. BUDGET FY	71	116	36				25	79	23			
4. BUDGET +1 FY (72)	211	85	28	45	45	61	20	48	16			
5. BUDGET +2 FY (73)	120	60	24	30	45		30	30	12			
6. BUDGET +3 FY (74)	88	30	12	30	45		28	30	12			
7. ALL SUBQ. FY												
8. GRAND TOTAL	837	436	143	103	195	139	157	327	106			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR **IPF, Population Council, Ford Foundation, Sweden, Norway, The Netherlands, & U.K.**

(B) KIND OF GOODS/SERVICES **Technical advisory assistance and contraceptive committee**

(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER
Donald W. Murray *[Signature]* TITLE **Assistant Program Officer** DATE **1/12/72**

2. CLEARANCE OFFICER
Bert Tollefson, Jr. *[Signature]* TITLE **Mission Director** DATE **1/12/72**

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE

3. APPROVAL AAs OR OFFICE DIRECTORS
SIGNATURE _____ DATE _____

4. APPROVAL A/AID (See M.O. 1025.1 VI C)
SIGNATURE _____ DATE _____

TITLE _____ ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

A. Goal and Purpose

The basic goal, purpose, and structure of the project remain as stated in PROP Revision No. 3, upon which life-of-project authorization was granted June 16, 1970. The purpose of this Revision is to add one new area of endeavor. This new activity is designed to complement the other inputs and increase assurances that the Kenyan Government will be able to carry forward with a sound, well-conceived and directed national family program over the long run. The life of the project remains the same through FY 1974.

B. Rationale

This project, as defined in PROP Revision No. 3, provides the full time services of a public health education advisor and audio visual advisor plus participant training and commodity support (to the Audio Visual Unit of the Kenyan Ministry of Health). These efforts are aimed at filling gaps in the Ministry's capacity to administer its family planning program until such time as sufficient Kenyan staff become available. The participant training element is explicitly geared to training selected administrative personnel for key positions in the Ministry hierarchy.

One major shortcoming of the overall Kenyan family planning program to date has been the lack of sufficiently high commitment of GOK resources. In part this stemmed from the mere non-availability of personnel, particularly doctors and registered nurses, but also grows from a non-appreciation of both the immediacy of Kenya's population problem and of the resources and organizational structure that will be required to do something about it.

Through a specially designed effort in the field of demographic studies, USAID is cooperating with the Ministry of Finance and Economic Planning to carry out an extensive problem-oriented demographic research aimed at demonstrating the implications of continued high growth rates while simultaneously providing much of the data necessary for formulation of effective family planning programs. (These studies also will contribute to the planning of other public service programs and projects, including schools, general public health facilities, roads, and even industrial and market developments.)

These demographic studies, however, will produce only part of the information required for designing a comprehensive, effective, and economical family planning program for the nation. Demographic data in the aggregate define the problem and can serve as guidelines on where and to what extent family planning program efforts should be directed, but they do not tell the level of effort or the type of effort that will be required to realize any given reduction in the population growth rate.

The Ministry of Health is in the process of compiling a five-year operational plan for the national family planning program which will address these questions of type and level of effort required. The plan draws on such demographic data as are available from the 1969 census (and subsequent studies of basic census data) and attempts to specify how many and what type of personnel -- including motivational workers, enlisted nurses, registered nurses, and doctors -- will be required in order to realize any given percentage reductions in the growth rate by 1976. The manpower

requirements model upon which this Plan is based takes as its targets alternative percentage reductions in the aggregate growth rate and then works backwards through a series of assumptions concerning the numbers of births to be avoided, relative effectiveness of alternative contraceptive methods, number of new contraceptive acceptors (by type) necessary per birth to be avoided, number of home visits or clinical sessions required to gain the target number of new acceptors, number of motivational worker man-days required per new acceptor, number of clinical personnel (of various types) required per new acceptor according to type of contraceptive technique used, etc., until at the end a framework of resource requirements is deduced.

At this point, the draft Plan is under review at the Ministry of Health and will be utilized as a rough measure of the resources to be programmed in the 1972-73 fiscal year. The government is hesitant to make a long-term commitment to the Plan at this stage, however, because of the large number of yet-untried assumptions that pervade and underlie the resource requirements model upon which the Plan is based. (These assumptions are mostly based on experiences in other countries, particularly Korea and Taiwan.) As a means of better adapting the basic model to the Kenyan situation, the GOK is willing to cooperate in a special effort to organize and administer a special family planning program in a selected project area under controlled conditions which will allow a testing of the assumptions and, from this, a refinement of the resource requirements model and the National Plan itself.

A working group of representatives from the Ministry of Health, Ministry of Finance and Economic Planning, and USAID was established in December 1971 and charged with devising a special family planning effort for a rural area of Kenya where key programming assumptions could be tested through the actual implementation of alternative approaches to motivational work and the actual providing of family planning services. The committee produced a paper by early January 1972 which outlined a program for the Vihiga Division of Kakamega District, Western Province during fiscal years 1973 and 74. Vihiga was chosen because, as one of the GOK's Special Rural Development Project areas, it possesses a local administrative structure geared to the implementation of special experimental programs undergoing evaluation to determine their replicability elsewhere. Vihiga is also one of the most densely populated rural areas of the country. The working group paper has been approved by the Ministry of Health and USAID/Kenya. USAID now proposes to finance operational costs of the program for two years. At the end of that time the GOK may or may not continue the same level of effort in the Vihiga area as during the period of U.S. financing. Government interest in continuing these services will depend largely upon the evaluation of each approach's effectiveness -- something the project itself is designed to determine. Presumably, the least effective methods will be dropped and the more effective and efficient approaches will be incorporated into the national program. Cost effectiveness data will be collected and analyzed continually throughout the life of this activity and used in refining the basic resources requirements model of the National Plan.

C. Course of Action

1. Implementation Plan: The following steps concern only the Vihiga Special Family Planning Activity of this project.
 - a. Design of basic project strategy, including resource requirements: December 1971.

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- b. Approval of project plan by GOK and incorporation of necessary budgetary provisions in the FY 1972-73 budget presentation due January 31: January 1972
- c. Design of detailed project evaluation mechanism (including reporting forms and necessary administrative procedures): February-March 1972
- d. Order project vehicles: February 1972
- e. Recruitment of new staff: March 1972
- f. Training of new staff: April-June 1972
- g. Assignment of new personnel to project site: July 1972
- h. Operation and continual evaluation: Ongoing from July 1972 through June 1973.

2. Narrative Statement

The Special Family Planning Activity for Vihiga Division will attempt to determine the following ratios and relationships which, in turn, constitute basic programming assumptions within the resource requirements model of the National Family Planning Program.

- a. Effectiveness ratios of alternative contraceptive methods. Evaluation to be in terms of contraceptive acceptors (by type of contraceptive method) per birth avoided. (Births to be avoided is a key target element of the National Plan.)
- b. Percentage of new acceptors who decide to adopt contraceptive practices because of contacts with one type or another of motivational worker.
- c. Percentage of full-time motivation worker's time devoted to home visits, clinical sessions, or Baraza (community group) presentations.
- d. Actual time spent by motivation workers in home visits, clinical sessions, and Baraza presentations.
- e. Ratio of motivational contacts to new acceptors by type of contact.
- f. Clinical services -- time required for work-up, procedure, and follow-up per acceptor according to type of contraceptive method.
- g. Comparative effectiveness of the four types of clinical personnel (physicians, medical assistants, registered nurses, and enlisted nurses) in performing work-up, procedure, and

follow-up by type of contraceptive method.

- h. Actual time spent by clinical personnel per acceptor according to type of contraceptive method.
- i. Actual hours per day and days per year effectively devoted to family planning services by clinical personnel of various types who work only part time on family planning.
- j. As deductions from data gathered in evaluating the above relationships, determine:
 - (1) Motivational cost per new acceptor according to alternative motivational approaches
 - (2) Service cost (in terms of manpower and monetary expense) according to contraceptive method.

At present, family planning services are being provided at eight clinical facilities in Vihiga by one full-time Dutch nurse/midwife and one Kenyan nurse/midwife who only works part time. The services are available on certain days at certain hours at each facility. In addition, two motivational workers from the Family Planning Association of Kenya and assorted nutrition, home economics, health education, and social workers engage in promoting family planning among their respective clientele.

Under the new activity, the efforts of existing motivational and clinical personnel will be redirected to fit within the following structured framework of expanded services:

Motivational Services

- a. Continue with the motivation of acceptors in one-fourth of the Division using the two full time, single-purpose family planning motivation workers now on board.
- b. Recruit from other existing programs (such as home economics extension) two education/motivation workers, train them to provide family planning information, and assign them to cover one-fourth of the Division. These would be multi-purpose workers who would do family planning motivation work as an adjunct to their other extension activities.
- c. Recruit two female rural residents, preferably contraceptive users with fewer than the average numbers of children, and train them to convey family planning information. These workers would be assigned to work as single-purpose motivation workers in areas near their homes in a third quarter of the Division.

- d. Recruit two workers as above and assign them as above in the fourth quarter of the Division, but train them as multi-purpose motivation workers.

Clinical Services

- a. Provide services on a part-time basis at two clinics as at present, i.e., services to be available only on certain days at certain hours by visiting clinical personnel.
- b. Designate or recruit for each of two clinics a nurse/midwife to be trained in family planning services so that these clinics can offer family planning services on a full time basis.
- c. Designate or recruit a nurse/midwife for each of two clinics to function as exclusive family planning service workers on a full time basis. In addition to offering services in the clinics, these nurses also would engage in active follow-up of acceptors at home in order to encourage continuation, explain side effects, and elicit acceptor assistance in motivating other new acceptors.
- d. Offer family planning services in non-clinic settings by equipping a vehicle as a mobile clinic to provide service in rural communities. The mobile unit would be staffed by a medical assistant, a nurse/midwife, and a field educator.

Two four-wheel drive utility vehicles will be procured by USAID to support the project. One will be utilized by the mobile unit. The other will be used to transport motivational workers among villages and to provide logistical support for the nurse/midwives providing clinical services at the various clinics in the project area.

A summary budget of local currency operating expenses for these activities is shown in Attachment A. This budget covers only those costs which will be additive to the level of effort already underway in the Vihiga Division. The GOK will continue to pay ordinary on-going expenses for operating public health clinics in the area. USAID's contribution will cover just the net additional new cost elements associated with the experimental program activities. The GOK will make provision for these net additional expenses as a special line item in its regular budget and will invoice USAID/Kenya for reimbursement on a quarterly basis.

Each phase of the field activities will be continually monitored and evaluated. A comprehensive evaluation mechanism under the direct supervision of the Vihiga Division Area Coordinator (with backstop support from the Ministry of Health Family Planning Evaluation Unit) will gather performance and cost data on the alternative motivational and clinical service approaches employed. This information will then be evaluated both to determine comparative efficiency of alternative approaches and to determine impact on fertility patterns in the area. (The details of this evaluation mechanism will be worked out during February and March 1972.)

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At the end of the project, the Ministry of Health will be in a position to state, on the basis of actual Kenyan field experience, the level of motivational and clinical service effort required to achieve a given percentage reduction in the population growth rate in a typical overcrowded rural area of Kenya. This capability which, through the lack of sufficient field experience the GOK currently does not have will allow refinements in the manpower resource model underlying the National Family Planning Program. It also will assist in making such administrative and procedural changes in the conduct of field programs as may be appropriate to gain increased efficiency and economy of operation.

Attachment A

**BUDGET FOR VIHIGA FAMILY PLANNING ACTIVITY
(in Kenyan Shillings)**

<u>Item</u>	<u>FY 1973</u>	<u>FY 1974</u>
A. Clinical Services		
1. Four Kenyan nurse/midwives to work in clinics	20,000	20,000
2. One medical assistant for mobile unit	15,000	15,000
3. One nurse/midwife for the mobile unit	5,000	5,000
4. One field educator for the mobile unit	<u>11,000</u>	<u>11,000</u>
(Sub-total clinical services)	(51,000)	((51,000))
B. Motivational Services		
1. Two full-time single-purpose education/motivation workers	22,000	22,000
2. Two part-time single-purpose educator/motivation workers	1,500	1,500
3. Two part-time multi-purpose education/motivation workers	<u>1,500</u>	<u>1,500</u>
(Sub-total motivational services)	(25,000)	(25,000)
C. Training Expenses		
1. Courses for clinical personnel	10,000	3,000
2. Courses for motivational personnel	<u>5,000</u>	<u>2,000</u>
(Sub-total training expenses)	(15,000)	(5,000)
D. Operational expenses for motivational workers (including supplies)	5,000	3,000
E. Traveling expenses	15,000	15,000
F. Project evaluation (including supplies, enumeration, collation, and analysis)	<u>12,000</u>	<u>10,000</u>
TOTAL (Kenya Shillings)	138,000	124,000
U.S. Dollar equivalent (@ 7.1:1)	\$ 19,437	\$ 17,465

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Attachment A (Contd)

Direct dollar cost will include the procurement of two four-wheel drive utility vehicles in FY 1972. Cost: \$11,000.

SUMMARY OF DOLLAR FUNDING REQUIREMENTS:

<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>
\$ 11,000	\$ 20,000	\$ 17,500

I. PROJECT IDENTIFICATION

<p>1. PROJECT TITLE</p> <p style="text-align: center;">POPULATION DYNAMICS</p>		<p>APPENDIX ATTACHED</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>3. RECIPIENT (specify)</p> <p><input checked="" type="checkbox"/> COUNTRY <u>KENYA</u></p> <p><input type="checkbox"/> REGIONAL <u> </u> <input type="checkbox"/> INTERREGIONAL <u> </u></p>		<p>2. PROJECT NO. (M.O. 1095.2)</p> <p style="text-align: center;">615-11-580-141.1</p> <p>4. LIFE OF PROJECT</p> <p>BEGINS FY <u>1969</u></p> <p>ENDS FY <u>1975</u></p> <p>5. SUBMISSION DATE <u>May 1969</u></p> <p><input type="checkbox"/> ORIGINAL</p> <p><input type="checkbox"/> REV. NO. <u>Sept 1, 1974</u> DATE</p> <p>CONTR./PASA NO. <u> </u></p>

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US <u>1 = Ksh. 7.14</u> (U.S. OWNED)			
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN		(2) COOP COUNTRY	
										(A)	(B)	(A)	(B)
1. PRIOR THRU ACTUAL FY	791	162	48	117		145	92	275					
2. OPRN FY	75	76	18	-		-	-	25					
3. BUDGET FY													
4. BUDGET 11 FY													
5. BUDGET 12 FY													
6. BUDGET 13 FY													
7. ALL BUDG FY													
8. GRAND TOTAL													

1. OTHER DONOR CONTRIBUTIONS	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. ORIGINATOR P.B. VEEFFOR/PROG	TITLE Assistant Program Officer	DATE
2. CLEARANCE OFFICER G. LUCKY/POP	TITLE Population Officer	DATE

IV. PROJECT AUTHORIZATION

1. REVISIONS OR APPROVAL

The purpose of this revision is to extend the time span (Section IV,c(3)) through FY 1975 in order to provide services of two U.S. Technicians - 1. a Health Educator (through December 1974) and an Audio-Visual Production Specialist (through June 1975).

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PROG					
POP					
A/D					

3. APPROVAL AAS OR OFFICE DIRECTORS		4. APPROVAL A/AID (See M.O. 1025.1 VI C)	
SIGNATURE	DATE	SIGNATURE	DATE
		N/A	
TITLE Director, USAID/Kenya		ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT	