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PROJECT APPRAISAL REPORT  
(PAR)

POPULATION DYNAMICS

615-11-580-141

✓ March 15, 1971

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Approved by: H. D. Snell <sup>7/15/71</sup>

Project Manager

Director, USAID/Kenya

CURRENT YEAR U.S. OBLIGATIONS 186,000 in OYB	PROJECT COMPLETION DATE FY 1974	COUNTRY REGION AID/W OFFICE USAID Kenya
TOTAL U.S. OBLIGATIONS (\$000)		PROJECT TITLE POPULATION DYNAMICS
TO DATE (INCLUDES CURRENT YEAR) 483,000	ADDITIONAL COST TO COMPLETION 186,000	PROJECT MANAGER S. M. Silberstein

	UNSATISFACTORY	SATISFACTORY	OUTSTANDING
PERFORMANCE AGAINST PLAN		X	
CONTRIBUTION TO HIGHER GOALS			X

PLANNING SUMMARY: ACTION OFFICE/ACTION

COMPLETION DATE

ACTION PLANNED	GOK Reaction to Health Education Workplan	July, 1971
	GOK Selection of Participants from Health Education Unit	July, 1971

CHANGING REQUIRES CHANGES IN THE:

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## I. Project Purpose

In late 1965 the Population Council made a study of population growth in Kenya. The study indicated that the rate of growth was 3% and that a large percentage of Kenya's economic growth would have to be devoted solely to keeping up with a rapidly expanding population. In response to the Population Council recommendations, the GOK adopted family planning as an official policy. The ultimate purpose of this project is to assist the GOK reduce Kenya's rapid rate of population growth.

The Population Dynamics Project presently consists of 1) assistance in the design and processing of the Kenya Census, 2) assistance to the Health Education Unit of the Ministry of Health, and 3) Commodity support. It is hoped that the demographic tabulations of census data will demonstrate vividly to the GOK the threat to development posed by rapid population growth. The statistics will also be invaluable for development planners in Kenya. In order for the family planning program to have any effect on population growth in Kenya, it is necessary to train GOK personnel, develop educational material for the public, and improve the flow of family planning information. USAID is providing an audio visual technician and a health educator to advise the MOH on the production of family planning training and motivational material. The lack of materials for training health workers and for informing the general public has limited the effectiveness of the family planning program. Commodities have been provided in support of the MOH/family planning clinics.

The project as presently constituted is due to terminate at the end of FY 1974. Other forms of assistance are presently contemplated and will be added to the project as requests are developed. It is anticipated that USAID assistance will continue to be concentrated in demography and training. Family planning assistance will be required in Kenya for many years after this project's termination date.

## II. Project Status

### a) Kenya Census

After many months of discussion, in April, 1969, USAID and the GOK signed a project agreement. USAID agreed to provide a computer programmer and a demographer from the U.S. Census Bureau to assist in the planning and evaluation of the 1969 population census. Both technicians arrived in June, 1969. In July, 1969 the census editing/coding instructions were written and sample areas selected. In August 1969 the census field enumeration took place. The results were sent to Nairobi from the districts over the next few weeks. It became apparent that the census enumerators in many districts had not fully followed instructions concerning geographic identification and sample selection.

Delays began to creep into the project following the field enumeration. Most of the temporary editors, coders, and punchers hired for processing census data proved to be slow and inexperienced. The Assistant Census Officer left for demographic studies in the U.K. The U.N. Population Officer, who was expected to advise the GOK in census processing, was killed in an auto accident. It became necessary to request TDY help from the U.S. Census Bureau. The diary-edit stage of processing was delayed repeatedly because computer time was unavailable.

In November, 1969 provisional figures for each district, major cities, and total population were released. The provisional population of Kenya was given as 10.8 million. This indicated a growth rate of 3.3% annually. Data processing continued until mid-1970. In June a Post-Enumeration Re-check Survey was performed to correct the discrepancies noted in the original enumeration. The temporary key punchers were terminated in August. Adjustments to the population total raised the total population of Kenya from 10.8 million to approximately 11 million. This implied an annual growth rate of about 3.5% per annum. Before August, 1969 the GOK believed Kenya was growing at 3% per annum.

By the end of October, all the basic machine tabulations were completed. The U.S. computer programmer returned to the U.S. The census staff now consisted of the U.S. demographer, a Kenyan demographer, a Kenyan data processing man, five clerks, and a secretary. The Kenya Census is to be published in five volumes. The original work plan estimated that the census would be published by July, 1971. The first volume consisting of (1) basic counts of adults and children by sex, area and population density for all administrative areas, (2) population by tribe or nationality by District, and (3) population by age and sex by District, is being printed at present. Two other volumes will probably be released by June, 1971. It is estimated that the final two volumes will not be completed until early 1972. The census activities seem to be some six to nine months behind schedule. The final two volumes are considered to be the most important. Volume IV will contain a history of the whole census operation including collection and processing of data, sampling errors and problems, and an analysis of the enumeration system. The Chief Statistician of the GOK feels that this volume will influence the GOK to improve its demographic capability. Volume V will contain analytical demographic data including birth and death rates, life tables, population projections and mortality rates. This volume will be most useful in demonstrating Kenya's population problem. It is recommended that the U.S. demographer be extended until these final volumes are prepared.

The Census activity appears to be successful. Following the release of provisional population figures to the press, there has been much publicity about Kenya's population problem. The 1969 Census is viewed as technically superior to that of 1962 and is

probably the finest in Kenya's history. The errors which occurred during field enumeration have been minimized through the Re-Check Survey and Computation of sampling errors. The current analysis of Census data should yield reliable figures for Kenya's economic planners over the next decade. The COK Chief Statistician has been most appreciative of AFD assistance. He feels that the Office of Statistics has performed well during the Census. He is most anxious to continue sample population surveys after the Census Analysis is completed. It appears that this project has stimulated considerable interest in demography within the COK. The Office of Statistics has gained much experience during the past 1 1/2 years and seems intent on pursuing further population studies after the census. The Kenya Counterpart to the U.S. demographer has displayed increasing ability during the course of the project. He will be an asset to the Statistics Office in the coming years.

#### b) Health Education Unit

The audio-visual advisor arrived in Kenya at the end of June, 1970. The HEU health educator arrived in early July, 1970. They reported to the Ministry of Health in mid-July and spent the next several months in various orientation activities. The two advisors participated in the preparation of Ministry of Health displays at the Mombasa and Nairobi Agricultural Shows. Family planning messages were given prominent display at both shows.

The two U.S. advisors have participated in a number of meetings inside and outside of the Ministry of Health. Since the activities of the Health Education Unit and the Family Planning Association of Kenya overlap in the area of family planning information programs, special efforts have been made to coordinate activities. The Health Education Unit has agreed to produce informational materials for the IPAK at no charge.

A workplan for the Health Education Unit was recently prepared by the two advisors and presented to the Ministry of Health. The plan makes recommendations about the inputs of staff, equipment, and money required to carry out the unit's role. In recent years the unit has existed mainly to prepare displays on various aspects of preventive medicine at agricultural shows throughout Kenya. The workplan prepared for the Ministry recommends that the unit vigorously mount a health education program in the rural areas. Family planning information would be interwoven in a program for healthy and happy families. Other aspects of the program would include instruction in environmental sanitation, proper hygiene, nutrition, and disease detection. The Ministry of Health has not officially responded to the recommendations.

The two U.S. technicians have been well-received by Ministry of Health officials. Permanent Secretary Kyalo and Assistant Minister Jahazi have been most enthusiastic about the proposed work-plan. They have indicated their support for an expanded health education program and are reportedly preparing documentation to present to the Treasury and Directorate of Personnel for extra personnel at the Health Education Unit. In spite of the enthusiasm of MOH officials, it is doubtful whether the GOK will agree to furnish more than a token amount of the requested inputs of personnel.

The Health Education Unit provides instruction in health education to paramedical students, nursing school students, medical school students, and students from other institutions. The USAID health educator participates as a lecturer in these programs and is integrating family planning education into the courses. The services of this technician are in extremely high demand. He is the only fully qualified health educator in Kenya.

### c) Commodities

In the early stages of the GOK family planning program the MOH requested the USAID to provide medical kits and oral contraceptives. After much confusion in procurement, the items were furnished through Pathfinder Fund. The GOK next requested 200 filing cabinets, 100,000 disposable gloves for IUD insertions, and 50 baby weighing scales for clinics. In addition, 2 Jeep Wagoneers, an Audio-Visual van, and various audio visual supplies were requested for the Health Education Unit. All the above have been turned over to the MOH except the audio-visual van. It is being prepared for delivery at International Harvester in Nairobi. Finally, 40 copies of Swahili language family planning film are being made in Washington.

## III. Problems

### a) The GOK Family Planning Program Staffing

Although the GOK has an official family planning program, GOK attitudes toward family planning are ambivalent. Family planning is controversial, and most of the GOK political leadership has been cautious about making public statements in support of family planning. Administration of the official program is the responsibility of the Ministry of Health. The MOH is chronically understaffed and is constantly under pressure because of its inability to provide the basic health services demanded by people in rural areas. The MOH simply lacks skilled manpower. Family planning staff is regarded as part of the total problem.

The Family Planning Section runs the family planning program. The section has consisted of an administrator from SIDA, a physician from Population Council, and a British secretary. In late 1970 a Kenyan nurse-midwife was provided to coordinate family planning training for nurses. She is concerned with in-service training of nurses and introduction of family planning into the curriculum of nursing schools. The two expatriate advisors are completely bogged down in operational work. To date, the MOH has been unwilling to provide any Kenyans to work with the advisors as counterparts. Senior African medical officers in the MOH profess to support family planning, but evade any responsibility for the program. The expatriate advisors are forced to run the program with only limited support from MOH authorities. The MOH only budgeted \$28,000 for MCH/Family Planning in FY 1970 and \$42,000 in FY 1971.

The GOK regards family planning services as an integral part of normal health services provided in hospitals, health centers, and dispensaries. Existing medical staff are expected to dispense family planning services in addition to their regular duties. Consequently, the medical and paramedical health staff will require training in family planning techniques. However, the MOH is so short of staff to release for training that it must carry out a training program over the next five years. Empty health centers built on a self-help basis serve as a grim reminder that the GOK has been unable to satisfy one of the chief aspirations of its people.

Because of manpower shortages, in the MOH, approximately 80% of family planning patients are seen by expatriate medical personnel recruited especially for dispensing family planning services. This is a sore point within the MOH. The MOH acknowledges the shortage of trained Kenyan health personnel, but has been reluctant to request additional family planning workers through foreign aid. Unfortunately, it appears that the shortage of Kenyan doctors, nurses, and midwives will be acute for decades.

USAID feels that the GOK family planning program will not have much impact until there are more trained Kenyans working in family planning. The highest priority for foreign assistance in family planning is training Kenyans. Until the MOH feels confident that it has the capability to dispense clinical family planning services through rural health centers, it will be unwilling to provide personnel for any new initiatives in family planning. USAID will explore in the next year what can be done to increase the number of trained Kenyans working in family planning.

## b) Coordination Among Donors

A second major problem is posed by the administrative difficulties in coordinating the assistance offered by the following donors: SIDA, the Netherlands, Norway, the U.K., USAID, Ford Foundation, Population Council, the United Nations Agencies, and IPPF. It is estimated that almost 95% of the costs of the family planning program are met through foreign aid. Until the present, assistance has been coordinated on an ad-hoc basis by the Family Planning Section of the MOH. This has not been a satisfactory mechanism.

There are promising signs that this will be corrected in the coming year. The UNDP will assign a new Population Officer to Nairobi by early 1971. The UNDP Resident Representative has indicated to the USAID that the UNDP will try to coordinate assistance after his arrival. SIDA is also concerned about this problem, and has offered to arrange meetings if the UN efforts are delayed. USAID has met informally with the Dutch, Swedes, and Norwegians to discuss common approaches to family planning within the special rural development pilot areas.

## c) Delays in Recruitment and Procurement

Severe delays in recruitment have hampered both the census and health education aspects of the project. In mid-1968, the USAID indicated to Washington that Kenya needed help on the 1969 Census. There was a seven-month delay before the Census Bureau located the technicians. Fortunately, the period between signing the project agreement with the GOK and arrival of the technicians was only two months. Although the project agreement providing the audio-visual advisor was signed in June, 1969, the technician did not arrive in Nairobi until June, 1970, one year later. The project agreement providing the health educator was signed February, 1970, but the HEW technician didn't arrive until July.

The procurement of commodities has also been disappointing. AID procurement of contraceptives was so delayed that the GOK program was in danger of running short of pills. As a result of the delay, the GOK now requests contraceptives from Sweden. The two Jeep Wagoneers and the audio-visual van were also badly delayed. PICCs were issued in June, 1969, but the Jeeps did not arrive in Nairobi for a year, and the audio visual van won't be ready to turn over to the GOK until December, 1970.

These delays have been especially embarrassing to the USAID since the former USAID Population Officer had originally stimulated all the requests from the GOK. The inability of AID/W to provide personnel or commodities damaged our working relationship with the

Ministry of Health. It is fervently hoped that AID/W in the future will be more responsive to requests from the field in population matters.

#### IV. Expectations for Progress

There is every indication that all five volumes of the census will be published by early 1972. It is difficult to predict progress in health education because it is so dependent on favorable GOK action on the proposed Health Education Workplan. A solution must be found to overcome GOK reluctance to commit manpower or money to family planning projects. It may be necessary for USAID to consider assuming a larger share of local costs for training and salaries.

FACTORS INFLUENCING PROJECT PERFORMANCE		IMPACT ON PROJECT			HIGH IMPORTANCE
		NEGATIVE	SATISFACTORY	POSITIVE	
1.0	IMPLEMENTING AGENT HOW MANY? _____				
1.1	Planning and management		X		
1.2	Understanding of project purposes			X	X
1.3	Adaptation to local situation			X	X
1.4	Use of participant training				
1.5	Local staff training and utilization	X			
1.6	Adherence to work schedule		X		
1.7	Candor and usefulness of reports			X	
1.8	Timely recruiting	X			
1.9	Technician qualifications			X	
1.10	Responsiveness to USAID direction			X	
1.11	Other (specify)				

2.0	PARTICIPANT TRAINING	NONE (S)			
2.1	English language ability				
2.2	Host country funding				
2.3	Technical orientation				
2.4	Availability of participants				
2.5	Original selection				
2.6	Relevance of training to present project purposes				
2.7	Availability of facilities and equipment				
2.8	Other (specify)				

3.0	COMMODITIES	FFI <input type="checkbox"/>	NON-FFI <input type="checkbox"/>	NONE <input type="checkbox"/>		
3.1	Procurement or reconditioning		X			
3.2	Timely shipment	X				
3.3	Storage		X			
3.4	Appropriate use		X			
3.5	Maintenance and spares		X			
3.6	Records, accounting and controls		X			
3.7	Other (specify)					

FACTORS INFLUENCING PROJECT PERFORMANCE		IMPACT ON PROJECT			
		NEGATIVE	SATISFACTORY	POSITIVE	
4.0	HOST COUNTRY MULTINATIONAL <input type="checkbox"/>				
HOST COUNTRY	4.1	Cooperation within host gov't.		X	
	4.2	Host gov't. cooperation with non-gov't. organizations		X	
	4.3	Availability of reliable data		X	
	4.4	Competence/continuity of project leader		X	
	4.5	Project funding	X		
	4.6	Legislative changes relevant to project			
	4.7	Adequacy of project-related organization	X		
	4.8	Physical resource inputs	X		
	4.9	Maintenance of facilities and equipment		X	
	4.10	Political conditions specific to project		X	
	4.11	Ability to implement project plans		X	
	4.12	Efforts to widen dissemination of project benefits	X		
	4.13	Use of trained manpower in project operations		X	
	4.14	Technical skills of project personnel		X	
	4.15	Planning and management skills	X		
	4.16	Technician man-years available	X		
	4.17	Continuity of staff		X	
	4.18	Willingness to work in rural areas		X	
	4.19	Pay and allowances	X		
	4.20	Counterpart acceptance of and association with the purposes of this project		X	
	4.21	Intent/capacity to sustain and expand project impact after U.S. inputs are terminated			X
	4.22	Other (specify)			
5.0	OTHER DONORS HOW MANY? 8				
OTHER DONORS	5.1	Recognition of mutual objectives		X	
	5.2	Agreement on strategy		X	
	5.3	Agreement on implementation		X	
	5.4	Competition for host personnel		X	
	5.5	Competition for host funds		X	
	5.6	Adherence to schedule		X	
	5.7	Planning and management		X	
	5.8	Coordination with USAID	X		
	5.9	Other (specify)			

