

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 615-11-580-141.3	2. PAR FOR PERIOD Life of Project	3. COUNTRY Kenya	4. PAR SERIAL NO. 76-2
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5. PROJECT TITLE

Population Dynamics - Vihiga

6. PROJECT DURATION: Began FY <u>73</u> Ends FY <u>75</u>	7. DATE LATEST PROP 5/20/70	8. DATE LATEST PIP None	9. DATE PRIOR PAR May 31, 1974
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 31,835^{a/}	b. Current FY Estimated Budget: \$	c. Estimated Budget to completion After Current FY: \$
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		

Summary of Lessons Learned

By any measure, this project clearly was a "failure". Several causes can be identified:

1. The project was designed by one USAID staffer and two expatriate advisors in the GOK Ministry of Health. As far as the evaluator can determine, there was no Kenyan involvement--no one in authority at the MOH understood the project plan, much less the importance of the experimental/replication component. Further, it appears that no one in the field ever grasped the project concept. Lack of Kenyan involvement may be attributed to a (at that time) non-commitment to family planning and severe staff shortages in the MOH. The GOK was unable to supply the medical and administrative personnel as required in the ProAg. It should be noted that there was one concentrated attempt on the part of USAID and the GOK to revamp the project. Unfortunately, the GOK figure with the strongest interest and commitment passed away shortly after the project reorganization meeting.
2. The project was designed without any provision for an on-the-spot evaluation officer. Had such a person been resident in Vihiga to analyze the work of the field workers and motivators, redesign approaches and systems, and provide feed-back to the MOH in Nairobi, the project might have produced more beneficial results.

(Continued)

a/ Life of Project expenditures: FY 73 \$1,491.47 GOK recurrent expenses (balance deobligated) FY 74 \$1,285.19 PFP evaluation

D. REPLANNING REQUIRES	<input type="checkbox"/> REVISED OR NEW: <input type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW
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PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE

Mission Evaluation Officer, M.A. High 12/28/75 Charles J. Nelson 6/11/75

SECURITY CLASSIFICATION
UNCLASSIFIEDPROJECT NUMBER
615-11-580-141.3

PAR CONTINUATION SHEET

This sheet is to be used for any Narrative Sections for which sufficient space has not been provided on the form. Identify each narrative by its Part and Section Designation.

(Continued from page 1)

Conclusion: This is a life-of-project PAR prepared by the Mission Evaluation Officer, based on a review of the files and discussions with both the Vihiga SRDP Project Manager and the USAID direct-hire health education advisor. The USAID Population Officer, who acted as Project Manager for this project, had departed post and was, therefore, not available to contribute to this evaluation.

As a life-of-project PAR this document incorporates the results of previous evaluations, plus the period from May 31, 1974 through project termination, which period was not covered by a separate evaluation.

One final note. As set forth on page one of this PAR, only \$2,772.64 was expended out of total obligation of \$31,835.00. Further, \$1,285.19 of the expenditure was for a special evaluation of Partnership for Productivity, and activity financed under the Vihiga SRDP (Project No. 615-147). The Partnership for Productivity component of the Vihiga SRDP is unrelated to the project under review, and the evaluator was unable to determine the precise reasons as to why the 141.3 project assumed expenses more properly chargeable to 147.

UNCLASSIFIED

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUTSTANDING		LOW		MEDIUM		HIGH
	1	2	3	4	5	6	7	1	2	3	4	5
1. FPAK Field Workers					X						X	
2.												
3.												

Comment on key factors determining rating

FPAK field workers were highly motivated and performed their duties in accord with the project plan.

Family Planning Association of Kenya.

4. PARTICIPANT TRAINING NONE	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

N/A

5. COMMODITIES	1	2	X	4	5	6	7	1	2	X	4	5
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Comment on key factors determining rating

Three vehicles were grant-in-aided by USAID to GOK MOH. Although motor transportation was necessary for the field workers to perform their duties, the vehicles were old, and in a "down" condition much of the time.

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	3	4	5	6	7	1	2	3	4	5
	b. OTHER MOH	X											X

Comment on key factors determining rating

It appears that no one in MOH ever really understood the project; key position in the field, such as project director (coordinator) and evaluation officer were never filled.

7. OTHER DONORS NONE	1	2	3	4	5	6	7	1	2	3	4	5
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(See Next Page for Comments on Other Donors)

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II. 7. Continued: Comment on key factors determining rating of Other Donors

N/A

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY		FY ____	FY ____	END OF PROJECT
			TO DATE	TO END			
Tabular summaries of key information on numbers of new acceptors.	PLANNED	48					
	ACTUAL PERFORMANCE	24 (see also (B.1 below))					
	REPLANNED						
Characteristic profiles of acceptors and non-acceptors.	PLANNED	4 (est.)					
	ACTUAL PERFORMANCE	0					
	REPLANNED						
Analytical studies of male attitudes.	PLANNED	4 (est.)					
	ACTUAL PERFORMANCE	0					
	REPLANNED						
Recommendations for possible adaption of results to national FP program.	PLANNED	1 set					
	ACTUAL PERFORMANCE	0					
	REPLANNED						
0. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
1. Tabular summaries of key information.	Statistical information was submitted monthly rather than bi-weekly; was incomplete, lacking such data as home-to-clinic distance, method of referral, etc.						
2. Characteristic profiles of acceptors and non-acceptors.	COMMENT: No record of any such analysis ever being performed.						
3. Studies of male attitudes.	COMMENT: Reports make only occasional slight references to male attitudes--no substantive study ever performed.						

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

To try out and evaluate the relative effectiveness of alternative approaches to providing family planning services in a rural setting, and to identify key factors which impinge on acceptance of contraceptive practices among rural people in Kenya.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<p>Knowledge of the following:</p> <ul style="list-style-type: none"> a. effective clinic service radius) b. effectiveness of full-time vs. part-time clinic operation) c. clinic effectiveness using staffing as the variable) d. effectiveness of mobile unit) e. extent to which rural women seek FP services in conjunction with MCH or other advice.) f. no. of children of women who accept FP after face-to-face motivation.) g. education levels of acceptors) h. effectiveness of follow-up home visits) i. attitudes of rural males toward FP) 	<p>The reports prepared by the project implementation group have no relationship to the data that was expected to result from the project.</p> <p>Clearly, the most comprehensive analysis written to date is IDS Working Paper No. 214, by Ian Livingston (April 1975), "Prospects for Population Limitation in Kenya: Statistical Evidence from the Vihiga Programme". Although the IDS paper was not low specifically to report on the EOPS, the author does present some data relevant to a., f., and g.</p>

V. PROGRAMMING GOAL

A. Statement of Programming Goal

To increase the Kenyan Ministry of Health's ability to formulate and administer action-oriented family planning (FP) programs in rural areas.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

It is concluded that the project has not achieved its purpose. The experimentation envisioned in the PROP and ProAg was only partially carried out; what few results exist have never been adequately documented or analyzed. Therefore, the experimental aspects and opportunities for replication will never come about.