



## Memorandum

Date January 2, 1981

From Michael E. Dalmat, Dr.P.H., Office of the Division Director  
Jay Friedman, M.A., Program Evaluation Branch  
Family Planning Evaluation Division, BE

Subject Foreign Trip Report (AID/RSSA): Kenya - International Planned Parenthood Federation (IPPF) African Region Workshop, "Refresher Course for Clinical Supervisors," and MOH CBD Demonstration Project, November 18 - December 6, 1980

To

William H. Foege, M.D.  
Director, Centers for Disease Control (CDC)  
Through: Philip S. Brachman, M.D.  
Director, Bureau of Epidemiology (BE)\_\_\_

## SUMMARY

- I. PLACES, DATES AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. NAIROBI WORKSHOP
- IV. MINISTRY OF HEALTH COMMUNITY BASED DISTRIBUTION (CBD) DEMONSTRATION PROJECT IN WESTERN KENYA
- V. CONSULTATIONS REGARDING CDC ASSISTANCE IN STUDY OF DEPO-PROVERA IN ZIMBABWE
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SUMMARY

Michael Dalmat and Jay Friedman of the Family Planning Evaluation Division, CDC, participated in the International Planned Parenthood Federation (IPPF) African Region "Refresher Course for National Clinical Supervisors," held in Nairobi, Kenya, November 24-28, 1980. In addition to the two CDC advisors, there were nine African resource persons who together were responsible for providing training in topics ranging from contraceptive technology to family planning program evaluation, alternative service delivery strategies, and IPPF structure and policies.

Michael Dalmat spent two days with the IPPF Central Office in London and four days with regional staff in Nairobi, preparing for the workshop. This preparation served to integrate the diverse inputs from CDC and others into a cohesive workshop.

Following the workshop, the Ministry of Health of Kenya requested that one of the advisors remain in Nairobi for an additional week. Michael Dalmat

stayed on to assist in the preparation of a proposal for a village-based distribution program to provide basic services to women and children, including family planning, through trained traditional birth attendants in western Kenya (population 250,000).

I. Places, Dates, and Purpose of Travel

Michael Dalmat and Jay Friedman were in Nairobi, Kenya, November 20-28, 1980, to serve as resource persons during the International Planned Parenthood Federation (IPPF) English speaking African workshop, "Refresher Course for Clinical Supervisors," at the Africa Regional Office. Michael Dalmat went to London, England, November 18-19, 1980, enroute to Kenya to review Nairobi training materials pertaining to logistics with the IPPF, Director of Supply Services. Prior to arriving in Kenya, Jay Friedman provided consultation to the Ministry of Health in Mali. The Mali consultation will be the subject of a separate trip report.

Michael Dalmat remained in Nairobi, November 29 - December 6, 1980, to (1) consult with the U.S. Agency for International Development (USAID), Regional Development Support Office (REDSO) - East African Office, regarding the possibility of providing CDC assistance to a study of depo-provera in Zimbabwe and to (2) assist the National Family Welfare Center (NFWC) of the Kenyan Ministry of Health in the development of a discussion draft proposal of a community-based distribution (CBD) demonstration project to provide basic health services to village women and children, including family planning (FP), in western Kenya.

This travel was in accordance with the Resources Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. Principal Contacts

A. Nairobi

1. USAID/KENYA:

Jack Slattery, Ph.D.  
Acting Health Officer, USAID/Kenya

Anita Mackie, Ph.D.  
Regional Health Officer, AID/REDSO East Africa

2. IPPF Regional Office:

Sabwa Matanda, M.D.  
Regional Medical Director

Miriam Likimani, Nurse  
Regional Nursing Officer

Samuel Gathitu (Resource Person)  
Regional Logistics and Supply Officer

Gusia Mbugua (Resource Person)  
Regional Programming and Records Officer

W. Frank Nabwiso (Resource Person)  
Regional Education Officer

C. Wilson (Resource Person)  
Regional Financial Officer

C. Roberts  
Assistant Regional Director

3. Workshop Resource Persons Not from IPPF:

Fred Sai, M.D.  
U.N. International University, Tokyo

K.E. de Graft-Johnson, Professor  
African Studies Institute

N.A. Mandara, M.D.  
Ministry of Health, Swaziland

R. Mwaikambo, M.D.  
Medical Director, Family Planning Association (FPA) of Tanzania

F. Mburu, Ph.D., M.P.H.  
Department of Community Health, University of Nairobi

4. Contacts in Relationship to CBD Demonstration Proposal:

Irene Gathinji, M.D.  
Deputy Director  
National Family Welfare Centre (NFWC)  
Ministry of Health

Nelson Keyonzo, M.P.H.  
Senior Evaluation Officer, NFWC

Robert Peterson, M.P.H.  
UNFPA Evaluation Advisor, NFWC

Iqbal Quereshi  
UNICEF Information and Education Advisor, NFWC

Anderson Kahindi  
Information and Education Officer, NFWC

D. Sande, Nurse  
Clinical Supervisor and Training Officer, NFWC

Miriam Were, M.D., Dr.P.H.  
Department of Community Health, University of Nairobi

Marasha-Marasha, M.D.  
Regional Director, Pathfinder Fund

Katarina Janovsky  
Evaluation Officer, African Medical and Research Foundation  
(AMREF or "Flying Doctors")

S. Kanani, M.D.  
Senior Deputy Director, Medical Services  
Deputy DMS, Ministry of Health (MOH)

Dr. Maneno  
Director of Rural Health, MOH

Zadock Onyango, M.D.  
WHO Coordinator

Dr. Otete  
Deputy Director, Medical Services, MOH

5. Other:

Reggie Gipson, M.D., M.P.H.  
Health Planning and Information Advisor, MOH

B. London

1. IPPF:

Pram Senanayaka, M.D.  
Director, Biomedical Sciences Department

James Chapman  
Director, Supply Services

Dorine Kramer  
Medical Epidemiologist

2. Institute of Child Health, University of London:

David Morley  
Professor of Tropical Child Health

### III. Nairobi Workshop

The discussion of the following characteristics of the workshop are taken directly from the IPPF Course Description:

- (1) Background - Reasons for Holding this Seminar
- (2) Objectives
- (3) Methodology

#### "Refresher Course for Clinical Supervisors"

##### 1. Background - Reasons for holding this seminar

"Ever since the establishment of this region by IPPF, this will be the first time that those responsible for medico-clinical programmes in our FPAs will be brought together to get to know each other and will be able to interact and discuss the problems that they may have in common.

The main reason for organizing this workshop stems from the attempt by our Medical Department to give those national clinical supervisors an opportunity to "sit together" and to familiarize them with recent trends in family planning, while also up-dating their information regarding options for the delivery of services and assisting them to identify unmet needs in the region.

We hope that this will improve the quality of the delivery systems in this area and stimulate interest in the promotion of family planning and co-operation spirit among them."

##### 2. Objectives

"The fundamental objectives of this course, which is in fact a workshop are:

- (i) to up-date our knowledge in the field of contraceptives and of problems related to family planning programmes within the medical and clinical spheres;
- (ii) to discuss the problems that arise in our clinics, with a view to solving them and improving the quality of services offered to the population. This course will deal with several themes, more particularly, modern contraceptives, nutrition and its integration into our clinics, integration of family planning into other fields, collaboration with other health workers, current IPPF budget cycle, IPPF structures and policy statements, clinical research, family planning programmed evaluation, etc.;
- (iii) to identify our medical and clinical unmet needs;

- (iv) to set up an element of close co-operation among our respective medical and clinical programmes;
- (v) to prepare a report which will include our recommendations and our perspectives for the future."

### 3. Methodology

"As mentioned above, this refresher course will be more of a workshop than a course, where participants and resource persons will be able to interact as freely, closely and deeply as possible, in order to achieve the objectives quoted above.

A very important point is that this workshop will not only be theoretical and speculative, but, to a much greater extent, will also be centered on the solution of problems that crop up in the clinics and oriented toward stimulating our commitment to medical-clinical programmes that are more practical and effective.

In this respect, a questionnaire was sent to all the participants so as to enable us to identify our problems and difficulties; the answers will therefore, serve as the basis and focal point of the discussions and presentations of the resource persons. The latter will not be participating as observers, but will have an active role to play in guiding the discussions on their respective topics.

Teaching material will be put at the disposal of the participants to enhance their interaction.

At the end of the workshop a questionnaire will be distributed to the participants, as well as to the resource persons, to enable us to assess the situation, to evaluate the workshop and to draw up perspectives for a future follow-up."

### 4. Persons in Attendance

#### a. Participants

There were fourteen participants representing Kenya, the Gambia, Ghana, Liberia, Mauritius, Nigeria, Sierra Leone, Tanzania, Uganda, Zaire, and Zambia. Eight of the participants serve as the national clinical supervisors for their respective Family Planning Associations (FPAs) and are nurse-midwives, nursing sisters, and public health nurses by training. The six physicians hold the positions of medical director or medical volunteers (i.e., members of medical advisory boards) in their FPAs, or in one case, MOH, FP program. (Refer to Attachment I for Participant List)

b. Resource Persons

Including the two members of FPED, there were eleven resource persons who participated in the workshop. (Refer to Section II, A.2 and A.3 for listing).

c. Observers

Mr. Itotia, a sales representative of an American pharmaceutical company, was present during the entire workshop. The collaborators preparing the African edition of the book, Contraceptive Technology, Dr. R. Hatcher, Ms. D. Kowal, Dr. G. Stewart, Dr. F. Stewart, and Dr. R. Goodman, were intermittently present from the start of the Workshop on Monday through Thursday morning.

5. Training Topics Discussed, Priority Areas, and Agenda:

Dr. Mburu and I analyzed participant responses to the questionnaire mailed to them prior to the Workshop and made a listing of problems reported by country. (The listing will be included in the forthcoming Workshop Proceedings.) The results were presented to the participants for discussion. From the discussion the following priority areas were established for consideration during the Workshop:

- (1) effective delivery of FP services to remote populations;
- (2) learning about other participants' work and establishing an effective means for continued communication following the Workshop;
- (3) training, communications;
- (4) updated knowledge of contraceptive technology;
- (5) evaluation or research for the improvement of program performance.

The Workshop focused most heavily on items (1), (4), and (5), although (2) and (3) were also addressed. The specific topics discussed include:

1. IPPF Structures and Policies
2. Strategies for Reaching Clients
3. Programming, Planning, and Budgeting
4. Management of Family Planning Programs
5. Logistical Support in Reaching Clients
6. Medical and Clinical Supplies
7. Training Needs in the Field of Family Planning

8. Current Budget Cycle, Resource Allocation System, Financial Procedure and Management
9. Integration of Family Planning in the Other Health Sectors
10. The Need for Research in Family Planning
11. Program Evaluation
12. Nutrition and Family Planning
13. Modern Contraception

CDC had primary responsibility for topics 2, 4, 5, and 11

Refer to Attachment II, "Workshop Programme" for a schedule of topics discussed. Refer to Attachment III for an "Outline of CDC Inputs into Nairobi Workshop." A complete set of CDC training materials used is on file with FPED's training coordinator.

#### 6. Study Designs:

J. Friedman and I met with five participants during the evening to help them outline studies of specific importance to the FP programs of Zambia, Gambia, Mauritius, Zaire, and Tanzania. Four of the participants worked out approaches to using mini-surveys to investigate reasons for drop-out by method, age and parity. One participant identified how he would use school drop-out data, hospital data, and a mini-survey to demonstrate the need for a program to teach family life education in the schools.

#### 7. Workshop Evaluation

Discussion groups were asked to evaluate the contribution of the Workshop to meeting the priority needs stated above and to present recommendations for future activities required to satisfy partially or fully unmet needs. These conclusions will be available in forthcoming Workshop Proceedings.

#### IV. Ministry of Health Community Based Distribution (CBD) Demonstration Project in Western Kenya

Dr. Irene Gathirji, Deputy Director (i.e., program director) of the National Family Welfare Centre, Ministry of (Health of Kenya), attended the Nairobi Workshop. Her organization is responsible for the FP services provided by the Ministry through its network of clinics.

Dr. Gathinji, who recently assumed program direction, acknowledged the poor performance of clinic-based FP in Kenya: only 4% of Kenyan women use modern contraceptive methods and the natural rate of increase is 4% per annum. She is anxious to change this record and has requested CDC technical assistance in designing and implementing a community-based

distribution (CBD) demonstration program in Nyanze Province, population of 250,000. M. Dalmat stayed on in Kenya following the Nairobi Workshop to work with her staff to develop a discussion draft for this demonstration program. A copy of the draft proposal is on file in FPED and a copy has been sent to Tony Boni, FPSD/AID/W..

Dr. Gathinji hopes to demonstrate that CBD is safe and cost-effective and can dramatically increase FP acceptor rates. FP information and non-clinical methods will be made available by traditional birth attendants (TBAs), who are already highly respected and valued by villagers, after training. These services will be provided in addition to other basic service for women and children:

1. Provide antenatal care, including high risk screening and referral.
2. Safely deliver babies.
3. Detect and refer complications associated with the delivery.
4. Follow-up women after delivery, provide basic postnatal care, and refer women to the health centre for a six week check-up.
5. Organize village mothers to have children ready for vaccinations visits from health centre staff.
6. Recognize acute diarrhea and train mothers to prepare ORS at home and administer it to sick children.
7. Maintain surveillance of acute diarrhea and possibly cholera.
8. Report outbreaks to the health centre.

Details pertaining to the training, supervision, compensation, and logistical support to the TBA are included in the discussion draft of the proposal. Dr. Gathinji feels that the project has a good chance of succeeding due to:

- economic pressures that may cause couples to decrease their desired family size;
- the November 28, 1980, statement made by President Daniel Arap Moi in support of FP (refer to Attachment IV) which may greatly increase the priority given to FP by the MOH and other government agencies;
- village availability of factual information and contraceptive methods through CBD.

A CDC advisor has been asked to return to Kenya to join a team of Kenyan evaluators in finalizing the design of the demonstration

project. March 1 - March 14 have been set as tentative dates. This will be done in two stages. First, the team will visit and assess the successes, failures, and lessons learned from 7-10 small-scale non-governmental organization community health projects. The discussion draft, together with these lessons, will then be explained and discussed with provincial health personnel, village chiefs, and social services workers in the project area. From these discussions, a final approach will be agreed upon and an implementation plan developed.

V. Consultation Regarding CDC Assistance in Study of Depo-Provera in Zimbabwe

A. Briefing Received from AID/REDSO - East Africa Health Officer:

Anita Mackie has been working closely with the Ministry of Health, FPA, and Medical School in Salisbury during the past year. AID's overall health strategy in Zimbabwe is to help revitalize the health system. In addition to refurbishing or rebuilding buildings, AID is interested in the training and development of health professionals to bolster leadership and key technical positions. Two of these technical areas coincide with FPED interests and expertise: epidemiology and family planning.

Currently, 70% of all active users of FP services, or 56,000 acceptors as of July 1980, have chosen depo-provera as their method. Of these, 40% are urban residents and 60% rural. The three-month injectable has been in use for six years with growing acceptance, while the six-month injectable was introduced a year ago.

Through local efforts, two investigations of depo-provera were initiated in the last two years through the surveillance of active users. One thousand users of the three-month injectable have been interviewed with each revisit during the past two years to monitor complaints and continuation rates. A copy of the interview form is not presently available to FPED. For the last year, 500 active users of the six-month injectable have been followed.

B. Conclusions:

Anita Mackie has initiated discussions with the Rockefeller Foundation and possibly the Ford Foundation, to obtain funding for the continuation and completion of the depo-provera study. She initially expressed a preference to engage a university as the source of technical assistance. There were two reasons for this preference: (1) universities are by-and-large perceived as being independent of government policy; (2) universities are also able to provide professional training to a large number of persons in a variety of fields (e.g., health planning, epidemiology, biostatistics, management and public administration, etc.)

Dr. Mackie recognizes that FPED has the expertise on-hand to do a quality job, and that CDC's reputation as a technically independent resource would not be questioned. I also informed her about the Rockefeller-CDC Fellowship Program, FPED Evaluation Course, and EIS Training Seminar. She concluded that if a private donor such as Ford or Rockefeller would be in agreement to fund the study and would concur with CDC as the source of technical assistance, she would be in agreement. She stressed that she has carefully established a good working relationship and a relationship of trust with the new government in Zimbabwe, the FPA, and the Medical School, and would like all initial contacts and communications to be channelled through her.

VI. Related Consultations in London

A. IPPF Central Office:

M. Dalmat met with Jim Chapman, Director of Supply Services, to review with him the training materials pertaining to logistics prepared by FPED for the Nairobi Workshop. He recommended making no changes in the materials, having concluded that they are compatible with IPPF procedures and methods. Mr. Chapman requested that FPED review and critique the new "IPPF Supply Manual" prior to finalizing the document. I mentioned that we would welcome his input on our "Logistics Guidelines" manual.

We concluded that it would be of benefit if Mr. Chapman could meet with our staff in Atlanta for 2-3 days during his February - March 1981 trip to Washington. The objectives of this meeting would be to standardize IPPF and AID logistics terminology, to determine which sections should be borrowed from each manual for inclusion in the other, and to exchange recommendations.

B. Institute of Child Health:

At Dr. C. Tyler's recommendation, M. Dalmat met with Dr. D. Morley of the Institute of Child Health to discuss the distribution of the African edition of Contraceptive Technology. Dr. Morley's first concern was with making the book appealing and readable to the intended audience. In his opinion, the target audience should be providers of services working in rural areas -- clinical officers or medical assistants, public health nurses, etc. In comparison with the current edition of Contraceptive Technology, he felt that the choice of words, verbs, sentence structure, and idea sequence would have to be adjusted for a lower reading and technical level. He also stated that all pages should include an illustration, table, graph, "key points" box, or some other means of breaking up the narrative.

Dr. Morley suggested that books are best appreciated if they are paid for, but that the price should not exceed U.S. \$0.02 per page to be affordable to the intended audience. In his opinion, the book should not exceed 100-130 pages since longer books intimidate this level reader.

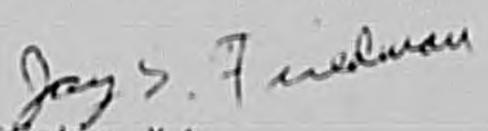
With respect to the cover, Dr. Morley thought that the basic design of the front cover was attractive and would catch one's attention. However, he suggested that some sort of tasteful "teaser" should be printed on the back cover in order to induce the reader to open the book and read a few pages. One-liners mentioned included "a fresh look at sex", "healthful sex", "success for sex". Still on the back cover, he felt that something like "the advantages of a traditional perspective on sex" should also be added.

While not in agreement with these one-liners, I feel that the concept has merit.

Dr. Morley volunteered that, in an attempt to broaden the readership of his materials, he is looking into the development of "distance learning (correspondence) courses" for field health workers. The approach would involve distributing self-learning materials through the co-sponsor, e.g. the Ministry of Health or university, to health workers who only occasionally come to the city. Learners would be supplied with modules (including workbooks) and responses to questions specific to the topic of study. Upon completion of a course of study, learners would receive a certificate from the co-sponsor. Topics that could be covered by this approach to continuing education might include the control of diarrhea; nutrition, growth and development; environmental and personal hygiene; family planning and infant care; etc. "Distance learning teams" composed of a Ministry of Health or university doctor, health educator, and communications expert, could be organized in each region, or per every "n" learners or by topic, to back-stop participants. Dr. Morley concluded by saying that he would be receptive to CDC collaboration.



Michael E. Daltow, Dr.P.H.  
Office of the Division Director  
Family Planning Evaluation Division, BE



Jay Friedman, M.A.  
Program Evaluation Branch  
Family Planning Evaluation Division, BE

## Attachment I

## List of Participants

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>	<u>TEL. NUMBER</u>
Mrs. Ruth S. ODINDO	P.O. Box 80610 MOMBASA <u>Kenya</u>	Nursing Sister	20917 MSA.
Dr. W. OCHIENG	P.O. Box 30581 NAIROBI	FPAK	
Mrs. A. JALLOW	P.O. Box 325 BANJUL <u>The Gambia</u>	Senior Nursing Sister	2463 S/K
Mrs. A. KILEO	UMATI P.O. Box 1372 DAR ES SALAAM <u>Tanzania</u>	Chief Clinic Nurse	28424
Mrs. Lydia MURANGA	FPAU P.O. Box 30030 KAMPALA <u>Uganda</u>	Senior Nursing Officer in charge of clinics	56300
Mrs. A.Y. ODETOLA	PPFN Headquarters 2, Akinmade St. Anthony P.M.B. 12657 LAGOS <u>Nigeria</u>	National Clinic Supervisor	960129 (Lagos)
Mrs. E. BERESFORD-COLE	PPASL Headquarters 22, Putney St. FREETOWN <u>Sierra Leone</u>	Clinic Supervisor	22774/ 24488
Dr. A. OKONMAH	c/o J.F.K. Medical Centre P.O. Box 1973 MONROVIA <u>Liberia</u>	Assistant Director Med. Dept. FPAL	262527/ 261154
Dr. K. KAMANGA	Kitwe City Council Health Department P.O. Box 20070 KITWE <u>Zambia</u>	Chairman Medical Comm. PPAZ	215886 (Kitwe)

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>	<u>TEL. NUMBER</u>
Mrs. KAZADI	Comite National des Naissances Desirables B.P. 15.313 KINSHASA <u>Zaire</u>	Nurse/Midwife Clinical Supervisor	26.375
Mrs. Z.W. GITAU	N.F.W.C. P.O. Box 43319 NAIROBI <u>Kenya</u>	Public Health	334521
Dr. I. GATHINJI	National Family Welfare Centre P.O. Box 43319 NAIROBI <u>Kenya</u>	Deputy Director Gynecologist/ Obstet.	334521
Dr. J.O. MARTEY	Dept. Obst/Gynec. Komfo Ankoye Hosp. KUMASI <u>Ghana</u>	Specialist Obstetrician Gynecologist	05-3655
Dr. S. VAYID	Mauritius Family Planning Association 30, Desforges St. PORT LOUIS Mauritius	Part-time Officer and Chairman, Medical Comm.	22784

ATTACHMENT II

PROGRAMME

Monday, 24 November 1980

(Chairman: Regional Medical Officer)  
(Rapporteur: Dr. S. VAYID)

- 9.00 am - Opening and Welcoming Speech  
(Regional Medical Officer & Assistant Regional Director)
- 9.30 am - Self Introduction
- 10.00 am - Coffee Break
- 10.30 am - PRESENTATION OF PROBLEMS: Dr. M DALMAT
- 11.00 am - WORKSHOP OBJECTIVES: Dr. P. MBURU
- 12.00 pm - Open Discussion
- 12.30 pm - LUNCH
- 2.30 pm - IPPF STRUCTURES & POLICY STRUCTURES: Dr. P. NABWISO
- 3.30 pm - Tea Break
- 4.00 pm - Plenary Session
- 5.00 pm - End of first day

Tuesday, 25 November 1980

(Chairman: Dr. N. MANDARA)  
(Rapporteur: Mrs. L. MURANGA)

- 9.00 am - Report on the 1st day's discussions
- 9.15 am - STRATEGIES FOR REACHING CLIENTS: Mr. J. FRIEDMAN
- 10.00 am - Coffee Break
- 10.15 am - PROGRAMMING, PLANNING and REPORTING: Mr. J. K. MBUGUA
- 10.45 am - Plenary Session
- 11.30 am - MANAGEMENT OF FAMILY PLANNING PROGRAMMES: Dr. M. DALMAT
- 12.00 pm - Open discussion

- 12.30 pm - LUNCH
- 2.30 pm - LOGISTICAL SUPPORT IN REACHING CLIENTS: Mr. J. FRIEDMAN
- 3.00 pm - Discussion
- 3.30 pm - Tea Break
- 3.45 pm - MEDICAL & CLINICAL SUPPLIES: Mr. S. GATHITU
- 4.15 pm - Discussion
- 5.00 pm - End of the 2nd Day

Wednesday, 26 November 1980

(Chairman: Dr. MWAIKAMBO)

(Rapporteur: Mrs. BERESFORD-COLE)

- 9.00 am - Report on discussion of day 2
- 9.15 am - TRAINING NEEDS IN THE FIELD OF FAMILY PLANNING:  
Professor de GRAFT-JOHNSON
- 10.00 am - Coffee Break
- 10.15 am - Plenary Session
- 11.00 am - CURRENT BUDGET CYCLE, RESOURCE ALLOCATION SYSTEM,  
FINANCIAL PROCEDURES AND MANAGEMENT: Mr. C. WILSON
- 11.30 am - Plenary Session
- 12.00 pm - FREE
- 12.30 pm - LUNCH
- 2.30 pm - INTEGRATION OF FAMILY PLANNING IN THE OTHER HEALTH  
SECTORS: Dr. N. A. MANDARA
- 3.00 pm - Discussion
- 3.30 pm - Tea Break
- 3.45 pm - THE NEED FOR RESEARCH IN FAMILY PLANNING: DR. P. MBURU
- 4.00 pm - PROGRAMMES EVALUATION: Dr. M. DALMAT
- 4.30 pm - Discussion

OPTIONAL EVENING SESSION

Thursday, 27 November 1980

(Chairman: Dr. P. MBURU)  
(Rapporteur: Mrs. ODETOLA)

- 9.00 am - Report on discussions of day 3
- 9.15 am - NUTRITION AND FAMILY PLANNING: Dr. P. SAI
- 10.00 am - Coffee Break
- 10.30 am - Plenary Session
- 11.30 am - MODERN CONTRACEPTION: Dr. MWAIKAMBO
- 12.30 pm - LUNCH
- 2.30 pm - PLENARY SESSION
- 3.00 pm - Tea Break
- 4.00 pm - FILMS (Contraception)

Friday, 28 November 1980

(Chairman: Dr. P. SAI)  
(Rapporteur: Mrs. A. JALLOW)

- 9.00 am - Report on discussions of Day 4
- 9.15 am - ACHIEVEMENT OF WORKSHOP OBJECTIVES?- Participants
- 10.00 am - Coffee Break
- 10.15 am - PLAN OF ACTION FOR THE FUTURE (Group Sessions)
- 11.30 am - Preparation for presentation
- 12.30 pm - LUNCH
- 2.30 pm - Group presentation by Group rapporteurs in Plenary Session
- 3.30 pm - Tea
- 3.45 pm - Individual Work Evaluation
- 4.15 pm - Workshop Summary by Dr. W. OCHIENG'
- 4.30 pm - Closing Comments by Regional Medical Officer & Assistant Regional Director
- 6.30 pm - Cocktail Party

AMENDMENTS IN PROGRAMME FOR FRIDAY, 28 NOVEMBER 1980

Chairman: Dr. P. SAI

Rapporteur: Mrs. A. JALLOW

- 9.00 am - Report on Discussions of Day 4
- 9.15 am - GROUP SESSIONS: PLAN OF ACTION FOR THE FUTURE
- 10.00 am - Coffee Break
- 10.15 am - Group Discussions
- 11.30 am - Preparation for presentation
- 12.30 pm - LUNCH
- 2.30 pm - Group Presentation by Group Rapporteurs in Plenary session
- 3.30 pm - Tea Break
- 3.45 pm - Individual Work Evaluation
- 4.15 pm - Workshop summary by Dr. W. Ochieng'
- 4.30 pm - Verbal Evaluation by the Representative of Participants (Mrs. Beresford-Cole) and by Representative of Resource Persons (Dr. F. Sai)
- 5.00 pm - Closing comments by Assistant Regional Director
- 6.30 pm - COCKTAIL PARTY

## Attachment III

### Outline of CDC Inputs into Nairobi IPPF Workshop

#### I. Strategies for Reaching Clients

Description, Prerequisites, Limitations, and Criteria for Determining Appropriations of Each

- A. Non-Governmental Urban Clinics
- B. Family Planning Services Integrated into MCH Clinics
- C. Community-Based Distribution
- D. Commercial Distribution

#### II. Management of Family Planning Program

- A. Definition of Management
- B. Overview of the Management Process
- C. Management Implications of Each Strategy for Reaching Clients

#### III. Logistical Support of Strategies for Reaching Clients

- A. Overview of Logistics
- B. Push-Pull Systems
- C. Logistics Implication of Each Strategy for Reaching Clients

#### IV. Evaluation of Family Planning Programs

- A. Uses of Information
- B. Definition of Evaluative Research
- C. When to Evaluate and the Benefits for Family Planning Programs
- D. What to Evaluate
  - 1. Road Map to Reproductive Health
  - 2. Process and Outcome Variables
- E. How to Evaluate
  - 1. Overview of the Evaluation Process
  - 2. Descriptive versus Explanatory Evaluation
  - 3. Overview of Study Designs
  - 4. Evaluation Implications of Alternative Strategies for Reaching Clients (Sources of Information, Study Design, Analysis and Interpretation, Who Should Evaluate)
- F. Cautions

Attachment IV

His Excellency President Daniel Arap Moi's Statement on Family Planning at the official opening of the 1980 Kakamega Agricultural Show on 28.11.80..

"There are some leaders in this country who argue against family planning. They invite you to believe that even bigger families than before would be justified and useful. This argument is dangerous nonsense. While such spokesmen are often sincere and well-meaning, they are unfortunately totally ignorant of scientific facts and truth. Anyone who has studied the situation and has the welfare of our people and future generations at heart must conclude that family planning should be given very high priority."