

PROJECT EVALUATION SUMMARY (PES) - PART I

1. PROJECT TITLE Family Planning Management and Research Project No. 615-0216			2. PROJECT NUMBER 615-0216	3. MISSION/AID/W OFFICE USAID/Kenya
5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY 1983	B. Final Obligation Expected FY 1983	C. Final Input Delivery FY	A. Total \$ 827,795 B. U.S. \$ 620,000	From (month/yr.) 8/11/83 To (month/yr.) 8/19/85 Date of Evaluation Review

REGULAR EVALUATION SPECIAL EVALUATION

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
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RECOMMENDATIONS:

1. Revise Logical framework	AMREF Dr. Sandbladh	March 1986
3. Extend nutrition education to communities by training mothers.	AMREF: J. Naisho	August 86
4. Continue in-service training for TBAs, CHWs in order to strengthen skills in ante-natal care and deliveries and improve on what was already taught.	AMREF: J. Naisho	August 86
5. Train CHWs and (TBAs) to acquire skills necessary to enable them to provide non-prescription contraceptives, and health education	AMREF: J. Naisho	August 86
6. Establish a system to monitor the extent to which TBAs utilize skills acquired during training	AMREF: Naisho/ R. Nyonyintono	December 86
7. Provide IUCD and TL services at Kibwezi Health Center.	MOH: Maneno	Policy
	AMREF: Sandbladh	Jan. '86
8. Provide repair services for clinic equipment and replace unserviceable ones.	AMREF: Sandbladh	March, 1986
9. Prepare project extension.	AMREF Dr. Sandbladh	March, 1986

8. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input checked="" type="checkbox"/> Project Paper Rev.	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	
<input checked="" type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. Continue Project Without Change

B. Change Project Design and/or Change Implementation Plan

C. Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Name and Title)

Grace Mule, PH (draft)
Linda Lankenau, PH (draft) Barry Riley, D/DIR:
Gary Merritt: PH (draft)
Stephen Klaus: PRJ (Draft)
Nick Mariani: PROG

12. Mission/AID/W Office Director Approval

Signature: *Barry Riley*
Typed Name: Charles L. Gladson, DIR
Date: 4/28/86

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PROJECT EVALUATION SUMMARY
(MID-TERM EVALUATION)

AMREF'S OPERATIONAL PROGRAM GRANT
FAMILY PLANNING MANAGEMENT AND RESEARCH PROJECT NO. 615-0216

A. Background and Summary of the Project

The Family Planning Research and Management Project was a joint undertaking between the African Medical Research Foundation (AMREF) and the United States Agency for International Development (USAID). The Project has a three-year budget of US \$ 827,795. This project was initiated with financial assistance under the auspices of the USAID. The USAID contribution is US \$ 620,000 or 75% while the remainder of the project cost was picked by AMREF. The total project period is 3 years ending on 8/30/86.

On August 11, 1983 the grant was signed by AMREF for the purpose of developing a replicable pilot program for the provision of Family Planning and Maternal Child Health (MCH/FP) and nutrition services. Additionally the program was expected to institutionalize a MCH/FP and nutrition unit and establish a small clearing house for health education materials at AMREF and provide overseas MSC training for two AMREF staff. Precisely the funds were utilized for technical assistance - long and short term including all project staff, training, commodities including a vehicle, teaching aids, office equipment, family planning supplies and reference materials. Other costs included evaluation, reports, research, data analysis and overheads. The terms of the USAID grant called for a mid-term evaluation of this project at mid-point of the three year grant period.

B. Project Goals

The purpose of this Grant is to provide support to the AMREF a registered United States, Private Voluntary Organization (PVO) for the Family Planning and Management Research Project. It was planned that the Grant together with funds from AMREF would enable AMREF to: 1) establish a MCH/FP/Nutrition Unit which will institutionalize family planning activities within the organization and serve as a clearing-house for FP information and technical resource for consultancy advice to the Government of Kenya (GOK) and PVO agencies interested in FP and MCH/Nutrition activities; 2) design, implement and evaluate five FP/health interventions; 3) conduct six workshops to

present findings and results of interventions and four training courses for district hospital, health center/dispensary staff and Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs); 4) develop and evaluate learning materials and training modules for the interventions, workshops and training courses; 5) support two candidates for a nine-month MPH degree.

C. Goal of the Evaluation

The major goal of the evaluation was to review actual against planned activities relating to the five outputs cited in the logical framework. Identify causes of any delays or problems in achieving outputs and specify action taken or to be taken to remedy problems. Review and confirm continued validity of assumption relating in attainment of outputs.

D. Objectives of the evaluation

1. analyze AMREF's administrative and managerial resources to provide adequate support to the project.
2. Review experiences and results of major activities. Assess lessons learnt during initial implementation phase of project which might be applied to subsequent phases.
3. Review and assess project expenditures to date and sufficiency of remaining project funds vis-a-vis remaining planned activities. If funding appears insufficient to complete remaining project activities, recommend project outputs which might be curtailed without attachment of project purposes.
4. Assess costs of selected activities/outputs
5. Review and confirm continuing validity of project strategies and implementations plans for remaining period. If indicated, recommend any alternative project strategies and implementation plans and explain rationales for recommendation.
6. From mid-term perspective, indicate overall progress toward achieving project purposes, and appropriateness of existing monitoring systems for measuring achievement of purposes. If progress is less than planned, identify reasons for inadequate implementation, e.g. delays in providing inputs, invalid output assumptions.

7. If required, produce a revised logical framework.

E. Inputs

Staff and Materials

The Maternal and Child Health (MCH) and Family Planning Unit since its initiation two years ago has a five member team headed by a medical officer assisted by a public health nurse, a sociologist, a nutritionist and a support staff of a secretary and a driver cum film projector operator. Offices have been established with a project vehicle utilized for project activities. U.S. \$ 237,787.66 or two thirds (2/3) of the USAID contribution which are mentioned elsewhere as US\$ 620,000 had already been spent at the time of this evaluation. Given the elapsed project time, this expenditure depicts that project activities almost tally with the time lapse. It was however difficult to measure the cost effectiveness in terms of favourable attitudes towards FP of among health workers or the curricula for Traditional Birth Attendants (TBA) training. Besides the TBAs and the village health workers are volunteers. It is very important to note that the evaluation team felt that the project was carrying out its activities efficiently.

F. Methodology

The team conducted interviews with the Health Center team, the TBAs, the Community Health workers the shopkeepers AMREF staff and USAID staff. Documentary analysis, field visits to the community and participant observation were also conducted.

The evaluation took four weeks. Week 1 was spent in Nairobi reviewing the logical framework and analyzing reports and documents, and interviewing AMREF and USAID staff. Week 2 was spent at the project's key field site, Kibwezi Division in Machakos District. The evaluation report was written, revised and discussed with AMREF and USAID officials during the fourth and fifth weeks.

G. Issues & problems encountered

(External factors) Although the project had a late start up associated with staff recruitment, there were also other problems that the project encountered at the beginning. During the first phase of the project the catchment area was afflicted by famine and cholera and this necessitated postponement of some of project activities. For example Family Planning

courses for the Ministry of Health workers had to be cancelled. This was a national crisis and in fact, the project staff had to divert from their regular project activities to provide famine relief to the drought-stricken families. Eighteen feeding centers were established about 20,000 children were fed, and a nutrition-rehabilitation unit was established at Kibwezi Health Center. This center proved to be very effective in the distribution of food and mothers were taught nutrition interventions coupled with simple health education remedies (The Kibwezi Health Center was established, previously with AMREF/USAID collaboration with substantial USAID funds through the Kibwezi Rural Health and the Photovoltaic projects.)

H. Project Outputs

A two-day Orientation Workshop workshop was conducted in Kibwezi in April 1984, the importance of this exercise was that it enabled the groups to identify their needs and priorities in the delivery of MCH/FP/Nutrition services.

In conclusion, since there were problems identified and possible solutions sought and expressed as felt needs by the community representatives, and recommended to be used as guidelines for further development of the MCH/FP/Nutrition services delivery. These were:-

i) Training of Community Health Workers

So far 146 Community Health Workers (CHWs) in Kibwezi Division have been trained. Of these 40 have attended courses on FP, nutrition and health education conducted by AMREF's MCH/FP/Nutrition Unit. All these courses were held at Kibwezi Health Center. The duties of this cadre include: teaching of hygiene and sanitation, advising families to drink clean and/or boiled water, to build and use latrines and they also advise families to clean utensils and to keep them in clean places. They also instruct households or adult individuals about FP. In particular the CHWs inform people about the benefits of contraceptives, show them how they are used and where they can get safer methods of FP. An example of specialized FP service is tubal ligation which the CHWs said had been requested by 29 people and to provide free contraceptives to adults who want to use them. They receive condoms and foaming tablets at no charge from Kibwezi Health Center. They also provide information on the use of Oral Rehydration Solution (ORS) and to advise parents to give this solution to children when they have diarrhoea.

Nutrition information, breastfeeding and referral of patients to Kibwezi Health Center is also done. They also do home visiting and control of infectious diseases, and attendance public meetings, such as barazas. Usually, several CHWs are present in a public gathering.

The success of the CHWs in this matter is due to two factors. The first and most important factor is their proximity to the population. The second factor is their active advocacy for FP. The CHWs spend a considerable amount of time at peoples' homes and farms informing them about modern methods of FP. Two of the CHWs spend 3 days a week on health work, with one day being spent on FP matters.

(ii) Training of Traditional Birth Attendants

TBAs have been trained and are carrying out activities such as: oral rehydration, ante-natal and post-natal care, danger signs of labour, balanced diet, especially for pregnant, lactating mothers and children, safe and clean methods of delivery and different methods of FP. They also perform post-training practices such as washing their hands before delivering, referring a pregnant woman if there is blood before delivery, and palpating the foetus while it is in the womb. They also refer prolonged labour cases. Remuneration to traditional TBAs is varied from family to family.

(iii) Training of Shopkeepers

Since March 1984 the MCH/FP/Nutrition Unit, using the training facilities at Kibwezi Health Center has trained 32 shopkeepers. The shopkeepers have received education regarding the diseases that can be treated by over the counter/non-prescription drugs that they keep in their shops and also about modern methods of FP. The non-prescription drugs kept by the shopkeepers include:- painkillers, malaria tablets, antihelmints and cough medicines.

Like the TBAs the shopkeepers who attended AMREF's FP/health education courses are encouraged to pass on health education messages to their customers. They are, for instance, asked to inform their customers how to use the drugs they buy and, whenever possible, to verify whether the drugs patients request are appropriate for the illnesses they believe they have. This activity may be the initial step towards social marketing of contraceptives in this country.

I. Conclusions

(i) The project's objective of reducing population growth in Kenya is not achievable even if only applied to the pilot intervention areas. The interventions of the project are trial in nature, and will necessarily have to be limited to a few areas in Kenya. Thus, their impact on the overall growth of the Kenyan population will be negligible. However, the project is capable of developing replicable methods of reducing the growth rate of population in Kenya which was probably the major purpose of that objective.

(ii) Through its training of community based health workers in the distribution of contraceptives, and in the provision of child survival services (e.g., information about ORS and balanced diet), the project has initiated a process that should eventually lead to an improvement in the health status of mothers and children in project area. Since this is a slow process, the documentation of it, and evaluation of its impact on health status, will require more than three years (i.e., a period longer than the life of the current project).

(iii) The project has explored several methods of providing MCH/FP/Nutrition services to communities.

Currently rural shopkeepers, CHWs and TBAs are delivering MCH/FP/Nutrition services. The TBAs provide information about FP methods, but do not distribute contraceptives as is the case with shopkeepers and the CHWs. Both the shopkeepers and the CHWs are distributing contraceptives on a voluntary basis.

(iv) The project is developing MCH/FP/Nutrition components of existing and new AMREF projects as planned.

(v) The project has established an MCH/FP/Nutrition Unit that is now capable of advising the Kenya Ministry of Health and other institutions on matters related to the training of health workers in the fields of MCH, FP and nutrition. The project's original aim of developing a capability for assisting the Ministry of Health and other agencies in the formulation and evaluation of MCH/FP/Nutrition projects has not yet been fully realized.

(vi) The evaluators noted that except for objective three and the first part of objective number one in the logical framework, the project has made good progress towards the achievement of its objectives. Considering problems of staff shortage that the project experienced in its first two phases of its life, the progress of the project was nearly as planned and an extension will be necessary with the modification of its existing logical

framework. The evaluators felt that it would be immature to anticipate completion of the project activities within the original planned time frame work. Further more after examining the project's output they concluded that the program had already managed to carry out most of the planned activities e.g. training of the Traditional Birth Attendants as family planning advocates, CHWs and shopkeepers as motivators and community-based contraceptive distributors, but the effect of the training and distribution had yet to be felt. An impact that is not possible to assess within the life of this present project.

The Unit has carried out a number of baseline surveys on the family planning acceptors, knowledge, attitudes and practice. Nutrition, breastfeeding and weaning practices, all of which provide useful information and ground for setting up appropriate interventions which should be implemented.

Most of the projects activities were carried out at Kibwezi, an area of which AMREF was already well established and therefore posed few obstacles. If the interventions are to be replicable, there is a need to extend the project for a further six months to allow the Ministry Of Health lead time to take over project activities and AMREF to prepare for transition to other geographical area that has similar population and nutritional problems but different cultural groups.

The proposed activities for the extension will therefore include:

1. Training for:

- a) Shopkeepers
 - b) Traditional Birth Attendants
 - c) Community Health Workers
 - d) Workshop/Seminar for Ministry of Health Workers based on findings on their attitudes towards family planning
2. Research on factors related to maternal child health, family planning and nutrition continued.
 3. Other activities that will support and enhance further development of the unit as a regional support unit.
 4. Investigate on the feasibility of further training of MCH/FP District Teams. Refresher courses and/or continued education is badly needed not just only in the Kibwezi area but throughout the country:

J. General Conclusions:

(i) The MCH/FP/Nutrition Unit at AMREF is now fully established and is functioning as planned.

(ii) AMREF's administrative and managerial resources are adequate to support the project. The MCH/FP/Nutrition Unit is well integrated in AMREF's organizational structure and the unit has access to the resources at AMREF to carry out its activities. The unit has highly qualified staff.

(iii) The project has integrated the activities of the community-based health workers, i.e. the CHWs, TBAs and shopkeepers, in the provision of MCH/FP/Nutrition services. The CHWs obtain contraceptives from the shopkeepers when their supplies run short; the TBAs refer their clients who are willing to use contraceptives to the shopkeepers, CHWs or a health facility. Through its training program the project has also strengthened the link between the community-based health workers, Kibwezi Division.

(iv) The shopkeepers are currently distributing contraceptives on a voluntary basis. At the moment there are no economic gains that accrue to them as distributors of contraceptives. However, some of the shopkeepers know that contraceptives are being sold in Nairobi and they probably expect to sell them in the future.

(v) As of June 1985 the project had spent about 38 per cent of its three-year budget. The remaining funds are sufficient to cover the cost of the activities planned for the final year of the project. The activities planned for this period are also consistent with the objectives of the project.

(vi) The project's addition of the FP work to the existing duties of the CHWs has substantially increased the workload of the CHWs. Any additional work in them is likely to have an adverse effect on their performance, especially since they are not being paid.

K. Recommendations:

1. The MCH/FP Nutrition Unit should develop more FP nutrition teaching and learning materials including audio visual aids and

2. Intensify health, nutrition and family life education in schools and the youth in general;
3. Provide further training to all mothers (whether children malnourished or not) in order to extend nutrition education to communities.
4. Continue in-service training for TBAs, CHWs in order to strengthen skills in ante-natal care and deliveries and improve the already taught
5. Strengthen the capability of the CHWs and TBAs in order to provide non prescription contraceptives, and the provision of Health Education
6. Establish a system to monitor the extent to which TBAs utilize skills acquired during training
7. Explore possibilities for project extension and replication.
8. Provide IUCD and TL services at Kibwezi
9. Provide repair services for clinic equipment and replace unserviceable ones.