

PD-AAU-996

48676

TRIP REPORT:

VISIT TO ZIMBABWE AND KENYA AND PARTICIPATION IN THE
26th GENERAL ASSEMBLY OF THE UNION OF NATIONAL RADIO AND
TELEVISION ORGANIZATIONS OF AFRICA (URTNA)

Prepared by: Wilma H. Lynn, JHU/PCS
Regional Program Coordinator

Dates of In-Country Work:

Zimbabwe: January 6-17, 1986
Kenya: January 20-24, 1986
Gabon: January 27-29, 1986

Population Communication Services
Population Information Program
The Johns Hopkins University
624 North Broadway
Baltimore, Maryland 21205
USA

TABLE OF CONTENTS

	<u>PAGE</u>
Executive Summary	i
List of Abbreviations	iii
Purpose of Trip	1
Section I: Technical Assistance to the Zimbabwe National Family Planning Council	2
Section II: Activities in Kenya	5
Section III: URTNA 26 th General Assembly	10

APPENDICES:

- A: List of Contacts
- B: Text of NCP Population Statement
Weekly Review - January 24, 1986 - pages 17-27
- C: Agenda for the 26th General Assembly of URTNA
Libreville Gabon - January 27-29, 1986
- D: List of Activities for Phase II - AF-KEN-02
- E: Newsclipping on ZNFPC Film Sunday, January 5, 1986
- F: JHU/PCS brief address to the 26th General Assembly of URTNA
- G: Cover of URTNA F.H. Bulletin

EXECUTIVE SUMMARY

Wilma H. Lynn, Regional Program Coordinator, The Johns Hopkins University/Population Communication Services (JHU/PCS) visited Zimbabwe, January 6-17, 1986; Kenya, January 20-24, 1986; and Libreville, Gabon January 27-29, 1986.

The following was achieved:

Zimbabwe

Technical assistance was provided to the Mass Media Manager of the Zimbabwe National Family Planning Council (ZNFPC) for the production of a Pilot Radio Soap Opera series.

Kenya

1. Meetings were held with the Head of the IEC Unit of the National Council on Population and Development (NCPD).
2. Technical assistance was given to Union of National Radio and Television Organizations of Africa (URTNA) in the final editing and production of three demonstration radio programs for the URTNA/JHU/PCS series entitled "URTNA Family Health Program."
3. Technical assistance was provided to RETCO for the Family Planning Film Evaluation project in the development of summative evaluation activities related to the project.
4. Project monitoring was provided to the AF-KEN-01 project for the development of a series of videos.

Gabon

Contact was made with heads of broadcasting organizations from 20 African nations attending the 26th General Assembly of the Union of National Radio and Television Organizations of Africa (URTNA) in Libreville, Gabon.

Major Recommendations

Zimbabwe

1. A proposed JHU/PCS/ZNFPC project document will be finalized. However, because of the JHU/PCS financial situation, additional funds will not be available for the project activity until possibly late 1986. In the interim, JHU/PCS will continue with the project proposal review process.
2. The ZNFPC is to decide on the timing for further technical assistance to the IEC Unit for the "Male Responsibility" film and notify JHU/PCS through the USAID/Mission.
3. No further technical assistance for the production of the radio drama is anticipated. However, ZNFPC is to request technical assistance for a formal summative evaluation of the series after it is broadcast.

Kenya

1. JHU/PCS will continue to demonstrate program capabilities to the IEC Unit of the National Council on Population Development (NCPD) by providing samples of international project work and maintaining contact with Mrs. Kirika, the Head of the Unit.
2. Project funds are to be disbursed immediately for the evaluation phase of the AF-KEN-02 project. (Done)
3. A final 60-minute copy of the AF-KEN-01 video entitled "Don't Rush Me" is to be sent to JHU/PCS for transfer to 16mm film.
4. Stellagraphics will provide JHU/PCS with costs for English subtitles for the video, which is now in Swahili.

URTNA

JHU/PCS should foster close relationships with URTNA through increased travel between Dakar and Senegal for project monitoring and strengthening. Also, with improved financing, JHU/PCS should utilize URTNA to advance program activities in individual countries.

LIST OF ABBREVIATIONS

AED	- Academy for Educational Development
FP	- Family Planning
FPAK	- Family Planning Association of Kenya
IEC	- Information, Education and Communication
IPPF	- International Planned Parenthood Federation
JHU/PCS	- The Johns Hopkins University/Population Communication Services
NCPD	- National Council on Population Development
PCMA	- Protestant Churches Medical Association
TA	- Technical Assistance
RETCO	- Research Evaluation and Training Consultancy, Ltd.
URTNA	- Union of National Radio and Television Organizations of Africa
ZNFPC	- Zimbabwe National Family Planning Council

PURPOSE OF TRIP

Wilma H. Lynn, Regional Program Coordinator, The Johns Hopkins University/Population Communication Services (JHU/PCS), visited Zimbabwe, January 6-17, 1986; Kenya, January 20-24, 1986; and Libreville, Gabon January 27-30, 1986.

The purpose of the trip was to:

Zimbabwe

Provide technical assistance to the Mass Media Manager of the Zimbabwe National Family Planning Council (ZNFPC) in the production and pretesting of a Pilot Radio Soap Opera series.

Kenya

1. Provide technical assistance in the final editing and production of three demonstration radio programs for the URTNA/JHU/PCS series entitled "URTNA Family Health Program."
2. Provide technical assistance to the Family Planning Evaluation project in the development of activities related to Phase 2 of the project.
3. Monitor project AF-KEN-01 for the development of a series of videos.

Gabon

Meet with heads of broadcasting organizations from 20 African nations attending the 26th General Assembly of the Union of National Radio and Television Organizations of Africa (URTNA).

SECTION I: TECHNICAL ASSISTANCE TO THE ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL (ZNFPC)

Technical Assistance for Radio Socio-Drama

In accordance with a series of pre-production activities left with the Mass Media Manager at the end of the October technical assistance, (see Lynn October 1985 trip report) 13 scripts, 15 minutes in duration, have been developed for the pilot radio drama series. The talent (three artists - two male and one female) had been identified and were ready to begin rehearsals and production. However, actual production for pretest of three sample tapes could not be conducted because of several factors: a) studio time for production could not be purchased because of a ZNFPC budgetary hold-up; and b) one of the key actors was ill. Efforts to do a rough tape for pretest purposes were later abandoned because of poor production quality and absence of key actors. As a result, activities related to the radio drama series were confined to providing the following assistance:

1. Developing an opening and closing Signature Tune/Billboard for the pilot series.
2. Developing a follow-up list of activities for the pretest exercise to be conducted by the information, education and communication (IEC) staff.

Recommendations

1. As discussed and agreed with the IEC staff, all 13 episodes of the social drama scripts for "The Beauty of the Flower Is There Because of Its Roots" will be translated from Shona to English.
2. All scripts should be formally reviewed by ZNFPC management and approved before studio production commences.
3. Tasks, as outlined by Wilma Lynn and left with the Media Manager for the pretest exercise, should be reviewed and approved by the IEC Unit and relevant staff; that is, unit managers and the ZNFPC program coordinator. (Outline of tasks given to K. Kasambira, January 7, 1986.)

4. The pretest questionnaire which was revised with the IEC staff, should be translated into Shona. (Done by K. Kasambira.)
5. For the actual production of the programs, the pilot should be done only in Shona since it is a pilot program and because 75 percent of the Zimbabwean population speak Shona.

Specific production recommendations are as follows:

- Two episodes in the series should be aired twice weekly if possible; that is, if there is money to allow for this. If not, the weekly episode, to be aired on Radio 2, should be repeated on Radio 4 during the regular ZNFPC radio slot.
- No commercials should break an episode. Commercials can be aired at the beginning or close of episodes so as not to break the drama.
- The IEC Unit should conduct its own promotion of the pilot series three weeks before actual airing. An item can be carried in Parade* notifying readers that the soap episodes will be serialized monthly after they are aired on radio. Interviews related to the program should be taped for radio and television with actors and IEC staff as well as scriptwriters.
- The Council should further heighten listenership and test for program popularity by promoting the "soap" through quizzes and short promotions. Give-aways, such as ZNFPC calendars can be awarded in on-air promotions until other promotional items such as posters and bumper stickers are acquired.

Conclusion

The pilot radio drama series is an innovative use of radio in Zimbabwe for further public education of family planning issues. The theme chosen, that of

* Parade is a monthly magazine. The IEC staff has been given free pages for each edition.

"Male Responsibility in Family Planning", is timely for the socio-cultural scene in Zimbabwe. From the outlined episodes in the series provided it is evident that topics in the theme have been tastefully and sensitively chosen and dealt with. Informal comments on the scripts all give the impression that the scripts have been excellently written. I feel that the IEC Unit will again make significant strides in achieving its program's goals through this production.

Other Technical Assistance to the ZNFPC

1. A proposed JHU/PCS/ZNFPC project document was reviewed with the IEC staff and ZNFPC Coordinator. However, because of the JHU/PCS financial situation, additional funds will not be available to fund proposed activities until possibly late August-September 1986. This delay may be opportune for the IEC staff, since task and personnel demands on the Unit may have made it difficult for the staff to efficiently and effectively carry out program activities both under the Bilateral project and a separate JHU/PCS project. A delay in project implementation will allow for staff to complete key activities under the Bilateral program and may coincide with the recruitment of an intern for the IEC Unit. In the interim, JHU/PCS will continue with the project proposal review process in view of possible funding in mid-1986.
2. Forms to recruit an intern for the IEC Unit have been filed and are to be sent to relevant agencies by the ZNFPC. JHU/PCS will continue its assistance to the Council in this area as per Council requests.
3. JHU/PCS will make another copy of the ZNFPC slide-set for the Council and forward same with new slides as soon as possible. (Done)
4. The Council will decide on the timing for further technical assistance (TA) to the IEC Unit for the new film. TA should be provided for setting up the "treatment" of this new film and assisting the Unit staff in all pre-production activities. (Billy Mutta, former film consultant to the ZNFPC, is available for TA in June 1986. ZNFPC will be advised of same.)
5. No further TA for the radio drama is anticipated at this time. TA is anticipated for a formal summative evaluation of the series. The ZNFPC is to request TA when needed.

SECTION II: ACTIVITIES IN KENYA

Assistance was provided to Dr. George Eshiwani, Project Director of the AF-KEN-02 Family Planning Evaluation project, in developing a detailed workplan for the second phase of the project i.e., the summative evaluation of a series of family planning videos developed under the AF-KEN-01 project with the Kenyan firm, Stellagraphics (see Appendix E). Based on our discussions, modifications are to be made in the evaluation questionnaire used for the pretest exercise. Also, some Kenya-based donor agencies, NGOs and the IEC Unit of the NCPD will be included in the summative evaluation exercise. Mrs. Gathoni Kirika, Head, IEC Unit, NCPD, has been provided with a copy of the AF-KEN-02 pretest report and has been involved in discussions on its conclusions.

A review was also made of the family planning videos produced under the AF-KEN-01 project. Based on the results of the pretest findings, the drama video "Don't Rush Me", is to be edited and cut back from 90 minutes to 60 minutes. Revisions are also to be made to two of the short comedy programs. Stellagraphics will investigate the costs and local technical capabilities of providing English subtitles for the video drama "Don't Rush Me." The final edited version of this video will be forwarded to JHU/PCS for transfer to 16mm film.

Follow-up Activities

1. Evaluation preparation, that is, site selection, Research Assistant training, questionnaire revision, etc., are to begin in January. (See workplan.)
2. The Office of the President is to give approval for this Phase II activity. (Approval was obtained from this office for Phase I activities.) The responsible person for this activity is Dr. George Eshiwani.
3. JHU/PCS has recommended that Mrs. Kirika, Head IEC Unit, be formally invited by the Project Director, Dr. Eshiwani, to participate in the Phase II evaluation activity. Dr. Eshiwani worked with Mrs. Kirika on the Kenya Radio Language Arts Project.
4. JHU/PCS is to disburse project funds immediately for Phase II activities in AF-KEN-01. (Done)

5. The video drama, "Don't Rush Me", is to be 60 minutes in length, not 20 as initially authorized. No additional charges are to be made to JHU/PCS for the added length.
6. A final copy of the video drama is to be sent to the JHU/PCS for transfer from video to 16MM film.
7. One of the comedy videos, "Pregnant Man", is to be re-done. Minor revisions will be made to other comedies. All videos are to be completed by the end of January and handed over to AF-KEN-02 for summative evaluation.
8. After the summative evaluation is completed and findings discussed and approved with the NCPD, the USAID Mission and JHU/PCS, the videos will be handed over formally to NCPD for their use. Films will be handed to the Mission and NCPD by JHU/PCS when transfers are completed.
9. JHU/PCS will provide assistance to NCPD in promoting and utilizing the video, if requested.
10. Stellagraphics will provide JHU/PCS with costs for English subtitles for the video. URTNA may be able to assist JHU/PCS in the technical production of the subtitles. This will be explored with URTNA.

With a view towards fostering opportunities for future JHU/PCS technical assistance, meetings were held with Mrs. Gathoni L. Kirika, Head of the IEC Unit of the NCPD. Two meetings were held with Mrs. Kirika during the course of the visit.

The outcome of the meetings is as follows:

1. AF-KEN-01 and AF-KEN-02 project grantees were once more encouraged to work closely with Mrs. Kirika, the Head of the NCPD IEC Unit. Good relations have been built with AF-KEN-02 [Research Evaluation and Training Consultancy, Ltd. (RETCO)] personnel. This should be encouraged and maintained since Mrs. Kirika is very open to the idea of utilizing RETCO and project personnel for on-going NCPD research and evaluation activities.

2. Mrs. Kirika is interested in JHU/PCS's work with the Zimbabwe National Family Planning Council (ZNFPC). Interest has been expressed in exchange visits between Kenya and Zimbabwe counterparts for the benefit of Kenyans observing key aspects of the ZNFPC's IEC program. While I feel exchange visits and site observations are good, nonetheless, I cannot at this time recommend a visit by a Kenyan group to the ZNFPC. Currently, the ZNFPC Unit staff and Council executives are overstretched and are not keen on having visitors because of time and staff constraints. However, an initial exchange of program materials from the IEC Unit of the ZNFPC to the NCPD should be encouraged in lieu of an observation visit later this year or in 1987. Mrs. Kirika was given an outline of the radio pilot soap opera series that was worked out with the ZNFPC. Additional materials will be sent to her in due course and as they are developed in the field.
3. Mrs. Kirika was given the opportunity to listen to some family planning demonstration tapes produced by URTNA with assistance from JHU/PCS. (These tapes will be made available to the Mission and NCPD by URTNA after JHU/PCS approves their dissemination.) Mrs. Kirika is to receive a complete set with background information directly from URTNA.
4. JHU/PCS will send Mrs. Kirika samples of JHU/PCS international work. The JHU/PCS Media/Materials Collection will place her on the mailing list for all materials.
5. Mrs. Kirika has expressed interest in having technical assistance from JHU/PCS for the Voice of Kenya Radio Soap Opera and TV series. Such assistance will most probably fall within the scope of work of the IEC component and workplan of the USAID Bilateral program with the NCPD. Mark Lediard, AED staff member, will be in Kenya to discuss this component in late February 1986.

MEETINGS WITH KENYA NGO'S

Family Planning Association of Kenya (FPAK)

Although a formal request was made prior to my visit, no meetings were held with representatives from the Family Planning Association of Kenya (FPAK), as anticipated. One reason for this is that during the week of my visit, FPAK staff were involved in strategy meetings as a result of the IPPF cut-off of funds. As understood from Moses Mokasa, Regional Head of the International Planned Parenthood Federation (IPPF), as of December 31, 1985, IPPF had cut off all funding to FPAK. Mr. Mokasa alleges that the FPAK staff is leaving; however, he feels that there will be no real change in FPAK leadership for the time being.

Protestant Churches Medical Association (PCMA)

Two meetings were held with Protestant Churches Medical Association (PCMA) representatives, Dr. R. C. Irvine, Project Coordinator, and Mr. Samuel Irungo, Field Project Officer.

PCMA appears to be strongly involved in population and family life education outreach at two levels:

Level 1, or Part A as it is known, relates to information, education and communication (IEC) training.

Part B relates to service delivery through a network of PCMA hospitals, clinics, and dispensaries.

With regard to PCMA's IEC program, activities relate to four projects. One in the Gibunguri District, another in the Kiamboa District; a third in the Kapaste District and a fourth in the Nairobi area. The PCMA IEC program seeks to train a cadre of teachers, youth and church leaders from a given area. These cadres are then expected to return and carry out their own training exercises. PCMA training is supported by flipcharts and two workbooks entitled "Youth: Information and Education Towards Responsible Adulthood." The workbooks are used in two phases of the training cycle and contain information on human development, i.e., puberty, sexual inheritance, common problems facing youth and social issues related to population and society. Part IV of the workbook presents actual lesson exercises to be done by individual students.

In each of PCMA's four project areas, some 80-100 teachers are trained to work in 100-150 schools. However, according to Dr. Irvine, PCMA is in trouble. It has "no resources to do anything." The Association desperately needs materials, both for its service delivery and IEC training programs. However, PCMA admits to being so overextended that it is considering recommendations that it obtain project development assistance for management needs. Nonetheless, PCMA would welcome some individual IEC tools and materials to support their work.

Dr. Irvine is to send a copy of PCMA's position paper to Laura Slobey and Wilma Lynn when it is finally completed.

National Christian Council of Kenya

Correspondence was sent out to the key officers of the National Christian Council of Kenya. However, they were all out of the country during my visit.

Recommendations

1. Follow-up from JHU/PCS Baltimore and AED, with Mrs. Kirika.
2. Review overall observations and discussions with Mark Lediard in Washington, D.C. in view of his forthcoming visit to work with the NCPD in Kenya.

Work with the URTNA/PEC

Some time was spent with URTNA/JHU/PCS Program Assistant, Mrs. Rachel Ogutu, on reviewing aspects of the URTNA/JHU/PCS project. Final production input was made to a series of URTNA family health programs which will be distributed to URTNA member countries in February 1986.

Discussions also pertained to the printing of the English version of the JHU/PCS-funded URTNA Family Health and Communication Bulletin for broadcasters and the URTNA mini-grant project.

SECTION III: URTNA 26th GENERAL ASSEMBLY

Wilma H. Lynn visited Libreville, Gabon as a special invitee of the Union of National Radio and Television Organizations of Africa for their 26th General Assembly meeting January 27-29, 1986.

The 26th General Assembly brought together delegates from 21 member countries in Africa representing Ministries of Information and Broadcast authorities. Also participating in the four-day proceedings were representatives from URTNA association member countries from Belgium, Germany (F.R.) France, Holland, Ireland, Yugoslavia, Portugal and Switzerland. In addition, a number of international and private broadcasting and communication organizations were represented. These included:

- The United Nations
- United Nations Educational, Scientific and Cultural Organization
- Food and Agriculture Organization of the United Nations
- The International University of Broadcasters
- The Japan Broadcasting Corporation
- The Pan-African News Agency
- German Television Broadcasting
- International Telecommunication Union (CCIR)
- Frederich Eichbert Foundation
- Yugoslavian Broadcasting Corporation
- TRANSTEL (German Television Network)
- Red Cross
- ALTERVISION (A private African TV network)
- Africa Number 1 (A private radio network based in Gabon)

The Johns Hopkins University was the only United States agency represented at the general assembly. The following countries were represented at the URTNA General Assembly:

Algeria	Egypt	Kenya
Angola	Ethiopia	Malawi
Benin	Gabon	Mauritania

Burkina Faso	Gambia	Nigeria
Cameroon	Ghana	Senegal
Chad	Guinea	Tunisia
Congo	Côte d'Ivoire	Zimbabwe

JHU/PCS and URTNA Observations and Conclusions

JHU/PCS received a warm response from both the Anglophone and Francophone representatives of URTNA. This was because at least half of the country representatives attending the general assembly had attended one or both (e.g., The Gambia) of the JHU/PCS/URTNA workshops. Also, at some point in time, a Regional Program Coordinator has held discussions with these representatives.

Judging from the interest paid in the deliberations to the JHU/PCS/URTNA radio programs and broadcaster bulletin projects, it is fair to say that URTNA is pleased with its relationship with JHU/PCS. This relationship is also significant when viewed against the background of the General Assembly rejection of involvement with two African organizations, AFRICA Number 1, a broadcasting network similar to Radio Free Europe, and ALTERVISION, a private African television network. URTNA was very lukewarm also to a project with The Japan Broadcasting Corporation and the Columbia Broadcasting Systems/USA for advancing African technological input into High Definition Television.

JHU/PCS should make a concerted effort to strengthen this relationship with URTNA. Travel between Dakar and Senegal should be increased for program monitoring and strengthening. If possible, and with improved financing, JHU/PCS should utilize URTNA to advance program activities in individual countries. For example, in Zimbabwe where JHU/PCS has a strong program with the ZNFPC, the URTNA member station ZBC should also be included in some capacity to ensure that ZNFPC radio and TV programs can be aired free of charge. This is definitely the type of relationship that JHU/PCS and URTNA can explore and develop.

Brief Summary of Discussions With General Assembly Participants

UNESCO: Mr. M. Thiam, UNESCO Regional Information Officer for Africa, based in Dakar, Senegal, has asked us to keep in

close contact with him and provide him with an up-to-date overview of our activities.

FAO: Mr. Guy-Paul Hazoume, Chargé Regional de l'Information de la Food and Agriculture Organization of the United Nations pour l'Afrique, has asked for an overview of JHU/PCS operations in Africa and a synopsis of JHU/PCS dialogue with FAO officials in Rome. (See Lynn Trip Report on visit to FAO, Rome - October 1985.)

Red Cross: Ingrid Flaks, Development Communication Officer in Charge of the Red Cross Africa Region, is very interested in the JHU/PCS program.

CBS/New York: Rupert Stow, Director, Production and Development, CBS, has asked us to keep in contact with CBS in view of possible collaborative opportunities in production, materials dissemination, etc.

**World Telecommuni-
cation Forum:** Werner G. G. Wolert (Executive Director, World Telecommunication Exhibitions and Chairman, Management Committee WTF, ITU) wants to keep in contact. We will send him a copy of the JHU/PCS Annual Report.

Mauritania: Ms. N. Gaede Alassane, Director General Adjoint, Mauritania Radio and Television, is very keen on JHU/PCS working in Mauritania and wants as much literature on JHU/PCS activities as possible.

Ivory Coast: Ms. Ekone, Director of Broadcasting, wants JHU/PCS to work in the Ivory Coast and wants as much literature on JHU/PCS activities as she can get.

Malawi: Mr. Tony Dandiero, General Manager of Malawi Broadcasting Corporation, thinks that the time is opportune for JHU/PCS to visit Malawi and is willing to smooth the way for a visit.

- Zimbabwe: The ZBC with JHU/PCS assistance is to explore opportunities to work more closely with the ZNFPC on radio and TV productions.
- The Gambia: Margaret Parlato, former JHU/PCS Regional Program Coordinator, has already had some discussions with Gambian broadcast representatives with regard to their needs.
- Tunisia: Mr. Abdelkader Marzouki, former Secretary General of URTNA, has worked for JHU/PCS as a consultant in Jordan.
- Egypt: The Head of Egypt Rural Radio is very interested in obtaining samples of radio programs and other M/MC materials. (M/MC to send relevant materials.)

LIST OF CONTACTS

ZIMBABWE

Zimbabwe National Family Planning Council
(ZNFPC)

Harare Hospital Grounds
Box ST 220
Southerton, Harare
ZIMBABWE
Telephone: 67656/7/8

Dr. Esther Boohehe, Programme Coordinator
Ms. Kumbirai Kasambira, Mass Media Manager
Mr. Martin Kwaramba, CBD Unit

KENYA

Research Evaluation and Training Consultancy, Ltd.
(RETCO)

New Stanley House
4th Floor
P.O. Box 59325
Nairobi, KENYA

Dr. George Eshiwani, Project Director

National Council on Population and Development
(NCPD)

P.O. Box 30478
Nairobi, KENYA
Telephone: 28411 Nairobi

Mrs. Gathoni L. Kirika, Head IEC Unit

University of Eastern Africa

P.O. Box 2500
Eldoret, KENYA
Telephone: KAPSABET 10

Dr. Jon Green, Chairman
Department of Education

Protestant Churches Medical Association
(PCMA)

Dr. R.C. Irvine, Project Coordinator
Mr. Samuel Irungo, Field Project Officer

List of Contacts
Page Two

Union of National Radio and Television Organizations
of Africa/Programme Exchange Centre
(URTNA/PEC)

P.O. Box 50518
Nairobi, KENYA
Cable: URTNA-NAIROBI
Telex: 96322675
Telephone: 332383

Mrs. Rachel Ogutu, Program Exchange Officer for the JHU Project

URTNA 26th General Assembly Contacts

Alioune Mbodji Dione
Ingénieur des Télécommunications
Union International des Télécommunications
39 Route de Frontenex
1207 Geneve
Telephone: 36 19 39

Pierre Du Bourg
Video Presse
34 Blvd. de Grevelle
Paris 75015
Programmes Français et Anglais

Abdoulaye Malick Traore
Directeur Général
Rue de L'usine Bata
B.P. 3907
Lome - (Togo)
Telex: 5131
Telephone: ASAFED: 21-63-16

Ingrid Flaks
Conseillère Technique
Communication au service du développement
17 Chemin des Crets
Petit-Saconnex
Telex: 22555 LRCS CH
Telephone: (022) 34 55 80

List of Contacts
Page Three

Guy-Paul Hazoume
Organisation de Nations Unies Pour
L'Alimentation et L'Agriculture
Chargé Regional de L'Information
De La FAO Pour L'Afrique
P.O. Box 1628
Accra, GHANA
Telephone: 66851-4
Ext. 240
65398

Rupert L. Stow
Director, Production System Analysis
Engineering and Development
CBS/Broadcast Group
CBS Inc.
555 West 57 Street
New York, New York 10019
Telephone: (212) 975-3795

Masimango N'Dyanabo
Docteur en Sciences Agronomiques (Gembloux)
Department de L'Agriculture
Et du Development Rural
Programme National Engrais - FAO
P.P. 3325
KINSHASA
Telephone: 25764

N. Gaédé Alassane
Directeur Général Adjoint
de l'office de Radiodiffusion
Television de Mauritanie
B. 521.64
Telephone: D. 516.94
Telex: 515 MTN

George M. Rose
Sales Manager
West Africa
Sony Broadcast, Ltd.
Belgrave House
Basing View, Basingstoke
Hampshire RG21 2 LA
United Kingdom
Telephone: (0256) 55 0 11
Telex: 85 84 24

List of Contacts
Page Four

Werner G.G. Wolter
Executive Director
International Telecommunication Union
World Telecommunication Exhibitions
Place des Nations
CH-1211 Geneva 20
SWITZERLAND
Telephone: + 41 22 99 52 43 ITU

Larry Atiase
Redacteur/Traducteur/Interprete
Union des Radiodiffusions et Televisions
Nationales d'Afrique (URTNA)
B.P. 3237
Dakar, SENEGAL
Telephone: 21.59.70 - 21.16.25
Telex: 650 SG

M. Moctar Thiam
UNESCO Regional Information Officer
for Africa
B.P. 3311
Dakar, SENEGAL
Telephone: 217118
Telex: 410 SG

M. Abdelkader Marzouki
Directeur de la Télévision Tunisienne
71 Avenue de Ca Liberté
Tunis
TUNISIA

POPULATION

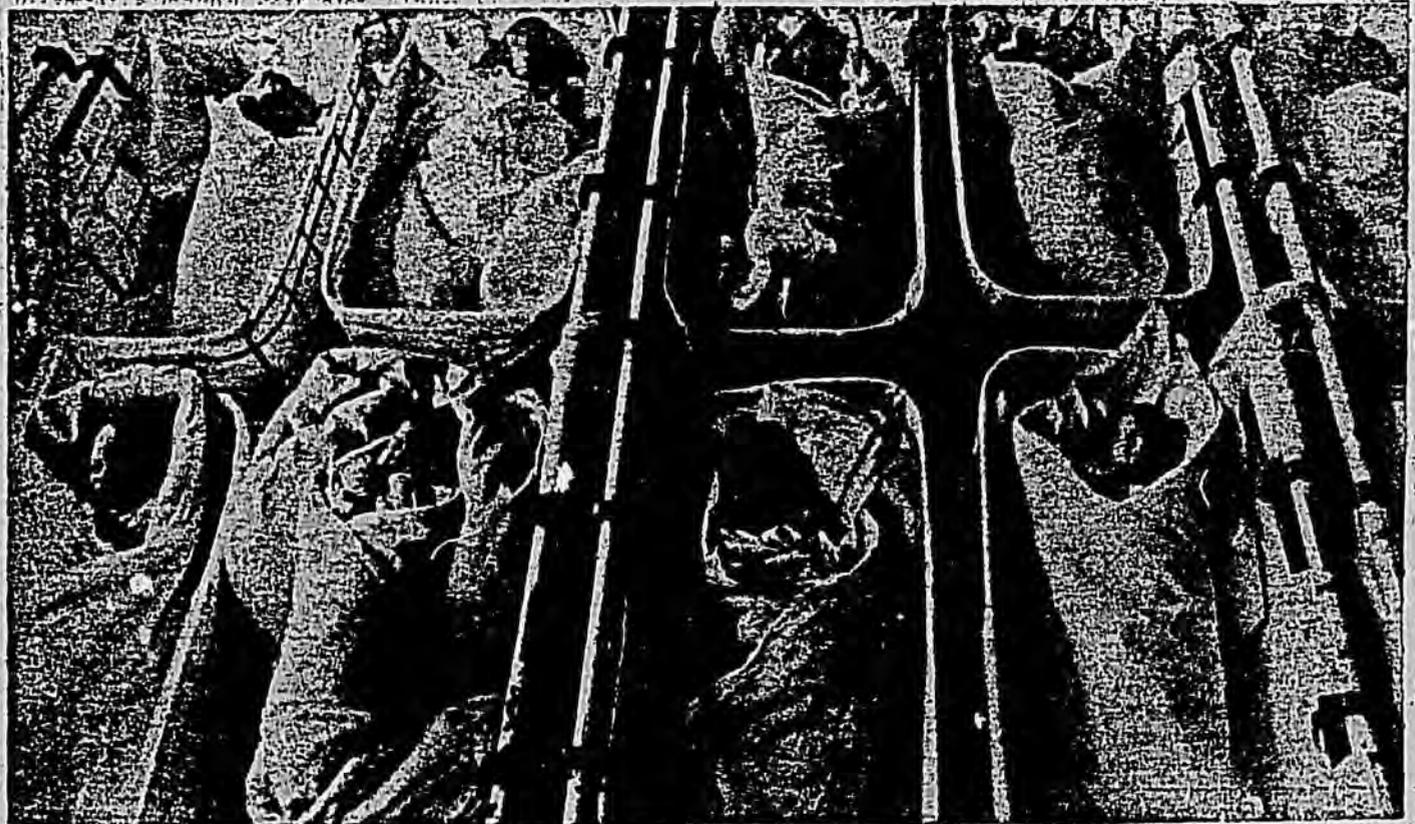
Optimum Benefit Through Planning

The following is the full text of the National Council for Population and Development's "Population Policy Guidelines" launched by vice-president and minister for home affairs Mr. Mwai Kibaki last week:

1. Preamble: KENYA's 4th Development Plan (1979-1983) states under the Population Policy (p.61 para 2.156) that: "In Kenya decisions on family size rest with parents. These decisions taken together determine the rate of population growth in the nation. While the government is concerned about the rapid rate of population growth in Kenya, it is also convinced that as these concerns come to be understood in terms of effects on family welfare and quality of life, parents will adjust their decisions in favour of smaller families". The current Development Plan 1984-1988 states further: "Since the rate of population growth is mainly determined by decisions taken by parents on family size during this Plan period the government, in co-operation with non-government organisations, will intensify its

programme of informing and educating actual and potential parents regarding the benefits of smaller family sizes, particularly since the fertility of less-educated women is found to be higher. Family planning services will be made available mainly in the rural areas, by increasing the number of health facilities, offering family planning services and also the number of trained personnel to provide these services". Before the above policy statements were formulated, many activities had taken place in the field of population awareness which culminated in the creation of the National Council for Population and Development (NCPD) in 1982. It is important to understand the background to the population issues in Kenya — at least since independence. The following summary is relevant.

1. Summary of Past Activities in Population Matters: The concern of the Government of Kenya as regards the high population growth rate goes back to 1962, when the census revealed a population size of 8.6 million persons and an intercensal growth rate of 3.3 per cent per year. In early 1960s, a group of private Kenyan individuals had started Family Planning Association of Kenya to help those Kenyans who needed the FP service. The Sessional Paper Number 10 of 1965 titled African Socialism and its Application to Planning in Kenya which was a government statement on Kenya's national goals and her philosophy of development, gave an overall strategy for development. The general theme running through the paper was: the need to plan and control the use of resources for optimum benefit to all Kenyans. The concern about the rate of population growth and its impact on resources and the rate of development was noted. The concern about the high rate of population growth and its effect on economic development prompted the Kenya government in 1966 to invite a Population Council advisory mission to study the situation and make recommendations. Partly prompted by the mission's report, the national family planning programme was officially begun in 1967. Family plan



Newborn babies; "Decisions on family size rest with parents"

POPULATION



Vice-President Mwai Kibaki

ning was integrated with maternal child health, and the ministry of health was given the responsibility for implementing the programme. Acceptance of family planning services was to be wholly voluntary, and individual customs and values were to be fully respected and emphasis was to be placed on family size and the spacing of children.

Due to the lack of an effective health infrastructure and lack of trained personnel in family planning, the ministry of health depended on private organisations like International Planned Parenthood Federation (IPPF), Family Planning Association of Kenya (FPAK) and expatriate staff to carry out family planning work.

The 1969 census results confirmed earlier findings about high fertility. On the basis of this information, the Government decided to launch a family planning five-year (1975-1979) programme, which was to serve as the basis for the expansion and integration of services, and to provide operational target against which to measure achievement. The specific goals of the programme were to help reduce the high annual rate of natural increase of population from 3.3 per cent (in 1975) to 3.0 per cent (in 1979) and to improve the health of both mothers and children under the age of five years. The programme had the following initial responsibilities:

- (a) To establish National Family Welfare Centre with a technical support of four divisions,
- (b) To establish 400 MCH/FP daily-service delivery points and part-time services rendered by 17 mobile teams at some 190 clinics.
- (c) To provide in-service courses for

nurses in family planning, and
(d) To intensify information and education activities through 817 family health field educators (to be trained).

A related health objective was to recruit 640,000 new family planning acceptors, and thereby to avert some 150,000 births.

The programme made considerable progress in information and education activities. Between 1975-79, the MCH performance was very encouraging. It is estimated that the programme covered about 72 per cent of the pregnant women and 19 per cent of children between ages 0-5 during the plan period. Also by the end of 1979 the MCH programme had built up an infrastructure for effective delivery of the services.

However, the family planning component had limited success. In predicting a decline in the population growth rate from 3.3 per cent (in 1975) to 3.0 per cent (by 1979), the five-year plan had assumed a decline in birth rate from 50 to 47 per thousand and a death rate of 17 per thousand throughout the plan period. Neither of these two assumptions materialised. The 1979 census yielded an estimated crude birth rate of 52 per thousand and a reduction in the crude death rate to about 14 per thousand. Thus, instead of a decline in the population growth rate, a significant increase occurred that raised the rate to about 3.8 per cent in 1979.

In part, these shortfalls can be explained by the assumptions made in setting the targets. It is clear that at the time of the preparation of the Plan the Government's commitment to strengthen the family planning programme was overestimated. A second important point is that the Plan concentrated heavily on the supply side of family planning instead of putting greater emphasis on programmes aimed at changing family size norms. Thirdly, the programme relied excessively on the ministry of health as the vehicle to achieve its objectives hence an opportunity was lost to tap the resources of other government agencies and non-government organisations.

It was with realisation of the need to improve on the above mentioned weaknesses that the Government of Kenya approved the establishment of the National Council for Population and

Development in 1982. The council is now expected to co-ordinate the activities of the government ministries and non-governmental organisations involved in the integrated rural health family planning programme.

2. The Establishment of the Council:

Kenya's population is among the fastest growing in the world. Its annual growth rate, currently estimated at 3.8 per cent, places considerable constraints on the social and economic development goals. Some of the effects of this population growth rate have already manifested themselves into social problems such as high and growing dependency burden, unemployment, unplanned parenthood and increasing demand on basic services such as health, education, nutrition and shelter. Over the last two decades, these problems have increasingly become the key concern of the government.

Despite this concern and the considerable achievements made by the government in health improvement and the general provision of other basic need services, past efforts have not satisfactorily dealt with problems emanating from a high population growth rate.

In a renewed effort in 1982, the government established the National Council for Population and Development. The council was set up to formulate population policies and strategies, and to co-ordinate population oriented activities aimed at reducing Kenya's population growth rate (see Council's terms of reference in Appendix I). This document maps out specific priority areas and recommendations to facilitate the achievement of the council's goals.

3. The Population Problem:

3.1 The Past and Current Population Situation.—The 1979 census indicated that Kenya's population had reached 15.3 million with an annual growth rate of about 3.8 per cent. The earlier censuses had indicated that the population was growing rapidly both in absolute numbers and in annual rate of growth. In 1969, for instance, the population was 10.9 million with an annual growth rate of 3.3 per cent. As can be seen from the table below the economy of Kenya is not growing fast enough to keep up with the rate of the population growth.

The lag between the economic growth

REAL RATES OF GDP GROWTH (%)

	1979	1980	1981	1982	1983	Average
Plan (1979-83)	4.5	7.0	6.5	6.7	6.9	6.3
Revised (1980)	3.5	5.8	5.8	5.9	6.0	5.4
Revised (1982)	4.2	3.0	3.0	4.8	4.8	4.3

¹See Kenya Fertility Survey 1977/78 Vol. 1, page 72 for data on women and page 75 for data on men.

Source: Sessional Paper No. 4 of 1982 Development Prospects and Policies—P. 5 Government of Kenya.

and population growth therefore implies that the economy increasingly faces problems accruing to a fast growing population.

Of the three processes by which population changes, fertility and mortality are the most important. Inter-country migration is not an important factor in Kenya's population change, but internal migration is an important factor of regional population changes. The impact of non-African Kenyan population, e.g., Asians and Europeans, is minimal from a demographic point of view, (although their role in the limited international migration is of some significance especially in the loss of technically trained workforce).

Recent estimates of fertility indicate that the average number of children per woman is about 7.9 as compared with a corresponding figure of 7.6 in 1969, giving an increase of 3.9 per cent between the two periods. Fertility is highest among young women aged between 20 and 34.

Kenya has different marriage laws, i.e. Muslim, customary, Christian and Hindu. The age of marriage under these different laws and customs differ. However, on the average, Kenyan women marry at the age of 18 years but this varies by the standard of education and area of residence. Women with post-primary education tend to marry at the age of 23.5 years, as compared with those with no education who marry at the age of 16.5 years on the average. Women residing in urban areas marry at age 19.2 years on the average, whereas rural women marry at 17.8 years. Twenty per cent of all married women have a pre-marital birth.

Kenyan men marry at older ages than women on the average. It has been shown that about 60 per cent of all first marriages, men are about 10 years older than their wives; about 18 per cent of marriages involve men who are more than 20 years older than their spouses.² Contraceptive usage among Kenya women is low. It is estimated that only 5.8 per cent of women are currently using modern contraceptives. An additional five per cent utilise traditional birth spacing methods. The contraceptive use rate among women aged 30 and over is 14 per cent as compared with four per cent among women aged under 19 years.

Sixty-eight per cent of the second women indicate they would like to have a child in addition to the ones they have. Seventeen per cent indicate they do not want another child and the rest are undecided. It is only among women who have already had nine or more children where the percentage of women who do not expect another birth exceeds the proportion of those who want an

additional child.

Decline in mortality has been one of the major factors responsible for the current high rate of population growth. The estimated crude death rate (CDR) at 14 per 1,000 in 1979 shows a considerable decline from the 1948 figure of 25 per 1,000 population. This decline has resulted in a rise of life expectancy at birth from a figure of 35 years in 1948 to 55 years in 1979. Despite the past declines, mortality levels are still high relative to targeted levels. With improvement in health and the rise in the standards of living, mortality is expected to decline further.

Although migration is not an important determinant of the national population, it is an important determinant of internal population movements, i.e., rural-urban and rural-rural migration. As a result of natural increase and the influence the migrants from rural to urban areas, the urban population increased from about 1.1 million in 1969 to 2.2 million people in 1979. This gives an annual urban population growth rate of about 7.2 per cent.

The evidence represented by the demographic facts discussed in this section indicate that the major population component that will determine Kenya's population growth rate in future is fertility. Future efforts to lower population growth rate will centre on fertility.

3.2. The Social Cultural Factors.—Traditionally, the family was the main reproductive, economic and socialisation unit. Within the African context, these functions were founded on a wider kinship social network beyond the immediate family. The family and the community socialised on the values, morals and customs, that formed the basis for their continued functioning as a society. The family also instituted a division of labour based on gender roles. Children were trained to take on specific roles and responsibilities that ensured procreation and survival of society. Procreation and survival were ensured through the institution of marriage, both polygamous and monogamous. Marriage was geared towards achievement of large family sizes, necessary for meeting economic, social and psychological needs of the family.

On the whole, there were several factors which led to small families per woman, for example, high mortality rates among infants and children. In order to ensure proper spacing and child survival, many African societies were practising abstinence from intercourse, prolonged breast feeding and sending the wife away from her husband until the child was at least three to four years. For non-married, pre-marital sexual intercourse was almost always prohibited.

In order to socialise both men and

women into marriage, procreation and other adult roles, individual achievement through rites of passage was emphasised. Men graduated through age groups from herdsboys to community elders while women received parental coaching on motherhood and household roles from both their immediate family and society. As a consequence, high ages at marriages were achieved by both sexes; women also achieved high age at first birth.

As a result of social and economic changes the socialising role of the immediate family and the community has been weakened by the encroachment of institutions such as schools, churches media and factors such as urbanisation, migration and pre-marital births.

Large families were preferred to small families. Preferences for male offsprings tended to reinforce the large family norm since families continued procreation so long as a male child was not delivered. A strong preference for sons was largely due to inheritance rights and carrying on the family name. Women were generally seen as marrying off to other families and excluded from inheritance and eventually severing rights of ownership of resources of their family of origin. However, women were valued as a bride price for their male siblings and as a link in extending family ties through marriages.

Through socialisation, family life education was taught to children and young people by both parents and grandparents, peers and society. This centred on awareness about physical changes occurring during individual's growth to maturity, parenthood roles, and responsibility to society.

In modern times, the family continues to be the salient institution for the socialisation of the young. However, new institutions such as the school, the church, and the mass media have taken over most of the traditional roles of the family and introduced new values and patterns of behaviour to present-day societies. In view of the wide range of population-related problems being experienced by both the youth and adults, strengthening some of the traditional value systems and modifying formal and non-formal educational institutions to address socialisation problems occurring at both the family and societal levels is of major importance.

3.3. Effects of Rapid Population Growth on Social and Economic Development.—Four major areas characterise the effects of high rates of population growth at the national level; increasing pressure on land high dependency burden; rapid labour force growth and rising demand for basic services.

3.3.1. Population and land.—Kenya's land space is 582,646 square kilometres of which only 17.5 per

cent is cultivable at the moment. The national population density in 1979 was 27 people per square kilometre. The arable land density at 87 persons per square kilometre, rose to corresponding figures of 110 and 154 in 1969 and 1979, respectively. These figures indicate excessive and increasing pressure on land, manifested in farm fragmentation, land degradation through soil erosion and unplanned settlement in marginal lands, which has contributed to a slower growth of agricultural output.

3.3.2. Increasing Dependency Burden.—Kenya's economically active population (i.e., those aged 15-59) number 7.2 million, out of a national population of 15.3 million people in 1979. This leaves the rest as the dependent population, (i.e. those aged under 15 and over 69 years). As a result, there are 113 dependants for every 100 economically active people. This ratio could be much higher since the economically active population is not all gainfully employed. With rising population growth rates, the implication is that a large share of individual household and public resources must increasingly be devoted to the needs of the dependants and hence retard gains in standards of living at the family and national levels.

3.3.3. Labour Force Growth.—One of the consequences of a high population growth has been an increase in the working age population. The labour force consisting of 85 per cent of the population aged 15 to 59 years is estimated to have risen from 3.3 million in 1960 to 6.1 million workers in 1979. This labour force is estimated to reach 7.5 million by 1984 and to 8.9 million by 1988, under the current population growth rate. In 1979 the modern economy could only absorb 15.9 per cent of the total labour force. The rest of the labour force found employment in traditional agricultural and informal sectors, four million people who were

employed in the informal sectors could be classified as "absolutely poor". In the last decade, Kenya's gross domestic product grew at a rate of 6.5 per cent per annum, and continued to grow at a rate of 4.5 per cent in the eighties. Under the current rates of population growth the gross domestic product could be expected to grow at slower pace, thus reducing further the labour absorptive capacity of the economy which would result in an even greater unemployment.

3.3.4. Basic Need Services.—The rapid rate of population growth has led to an increased demand for the provision of basic need services, particularly education, health, food and housing.

3.3.5. Education.—Currently, education consumes about 30 per cent of the national budget, of which 65 per cent goes to the provision of basic education. Due to the rapid increase of the school age population, the demand for basic education services has risen. In 1981, it had for example been expected that the school age population would not exceed 3.5 million but it exceeded the 4.1 million mark, a figure that is expected to rise to 4.3 million in 1984, and reach 5.5 million in 1988. Demand for higher education and training has also increased beyond the nation's educational institutions' capacity. This has led to high attrition rates without creating suitable alternatives to redress the problem.

3.3.6. Health.—The Government supports about 1,182 health institutions and runs about 555 family planning service delivery points. The church missions support 379 health facilities, with 44 family planning service delivery points, and private enterprises (excluding private medical practitioners) support 132 health facilities with very few family planning service delivery points.

Despite considerable improvement in both the provision and delivery of health services, further improvements are constrained by a high rate of population growth. The health provision and delivery system is still characterised by a shortage of both medical personnel and service delivery points, disparities in the service provision and financial limitations. At the present time, the doctor-population ratio is one doctor for about 10,000 people, and one nurse for every 2,500 people. A

continued rise in population growth rate, would mean the ratio could either rise or fall due to availability or unavailability of resources necessary to provide adequate trained medical personnel and services.

A continued high rate of population growth could also entail deterioration in current health services leading to limitations in expansion.

3.3.7. Housing.—The rapid rate of population growth at the national level has resulted in an equally rapid urban population expansion mainly from rural-urban migration. The current annual rate of growth of the urban population (7.2 per cent) has led to constraints in the provision of housing and the development of unplanned settlements. If the present rate of urban population growth continues, the demand for housing and other services will exceed the ability of the local authorities to cope with the problem. It will also entail deterioration in maintenance of both the current services and the environment.

There is also a need to improve housing and environmental sanitation in the rural areas especially in squatter schemes, in irrigation schemes, in rural market centres, and in unplanned settlements in marginal lands.

3.3.8. Food.—Kenya's "food policy" hinges on two general objectives; first, the production of sufficient food to ensure provision of adequate nutrition for her population, and secondly, to produce enough food surplus to guarantee some food export to earn foreign exchange, and at the same time supplement family incomes at the household level.

The above objectives have been formulated as a result of escalating nutrition-related problems such as lack of protein among infants and children and acute nutritional deficiencies, especially in the semi-arid areas of the country, among the low income families in both the rural and urban areas; and in large farm areas which are heavily cash-cropped, at the expense of food crops.

Part of the reasoning behind the food-related problems is the high rate of population growth that continues to frustrate efficient production of food and the government effort to sufficiently meet

Source: Calculated from the employment data obtained from *Statistical Digest*, Vol. XXI—No. 3, supplement, and 1979 census. *Kenya Gazette Notice No. 3211 "Health Institutions in Kenya"* of October 29, 1982.

the nation's food requirements, including food distribution in the country.

There are close similarities between population related problems at the national level and those that are experienced by families at the household level. At the national level the concern is to meet the basic resource needs of the population, while at the household level, the concern is to meet the basic needs of the family members; these two differ only in magnitude. At the household level, pressure on the available resources has mounted during the last decade. Current and projected population growth rates for Kenya are likely to intensify the burden at both the national and the household levels. Since both the national and the household have to continue providing basic needs for the respective members, national policies to address high population growth rates at the national level should have parallel decisions at the household level to adopt small family norms and consequently small families. This pressure at the family levels has manifested itself in the following problem. Increasing difficulty in meeting day-to-day basic household needs, such as provision of adequate diet, health and education. This is a problem expected to be acute in large than in small family households.

Deterioration in the health of the mothers resulting from close birth intervals is another concern. This ultimately leads to low economic productivity and diminished attention for siblings. The problem of unplanned parenthood where young mothers after conception and delivery are unable to provide for themselves and their children, and increasingly become dependent on already overstretched family resources. The teenage parents, who are on the increase, generally lack parental and other skills including those which they can utilise in remunerative jobs, that can allow them to set up and maintain independent households.

The problems of inheritance are increasing among some families due to claims by large numbers of siblings on land and other fixed family resources.

4. Priorities and Strategies:

An urgent need has been recognised to provide all relevant audiences in Kenya with information about what rapid population growth implies for the welfare of individuals, families and the opinion in which family planning can be freely dis-

cussed, freely practised without adverse social pressure and fully supported through the provision of relevant services and education. Many agencies have been trying to motivate the public to accept family planning, albeit in an unco-ordinated manner.

In recognition of the need for sustained information and education in support of family planning and other population activities in the country, the National Council for Population and Development has been created to act as an umbrella organization in supporting, co-ordinating and strengthening the IEC programmes and activities of the participating agencies. To achieve the objectives the Council will adopt several strategies detailed below:

4.1. Documentation and Evaluation of Population Activities and Agencies.

Currently, there are several ministries, non-governmental organisations (NGOs) and individuals carrying out research and programmes in population and related activities. The activities of these agencies and programmes have not been pooled into a document from which the assumptions and policies under which they operate can be discussed. In order to plan future activities in the area of population and national development and integrate the various agencies into programmes aimed at addressing population problems, the evaluation and documentation of existing policy and project activities is a necessity.

In addition, the evaluation of existing agency policies and programmes, it is necessary to have an assessment of government ministries and NGOs capacity and capabilities to take on added responsibilities through assignments from NCPD.

4.2. Research.

Research helps development. In the context of population matters, results of social and demographic research would assist the functions of the NCPD. The following are the research priorities considered necessary, with a view to find out:

- (i) Adolescents fertility,
- (ii) The relationship between the status of women, their participation in the labour force and how this affects fertility;
- (iii) The cost and the value of children to various groups of parents;
- (iv) The influence of household decision-making process on reproductive goals;
- (v) The impact of labour migration from rural areas on fertility and its impact on resources;

(vi) The effect of specific government policies (e.g., on land adjudication) on the household fertility decisions,

(vii) The influence of specific institutions (e.g., religion and education) on fertility,

(viii) The factors and problems related to the use and non-use of all forms of contraceptives,

(ix) The extent and problems related to infertility, and sub-fertility, and

(x) The extent of abortion and its consequences in health and in social-psychological areas.

4.3. Population Education.

Population education, as an area of study, is relatively new in population studies. Population education, however, has been acclaimed as an educational response to population and other related problems. As such, this type of education can be introduced as family life education, sex education, family planning, birth control, etc. to various groups while aiming at the consequences of the rapid growth of population to the development. Education has been found to be an important factor in matters of family formation and other population processes. It is accepted that learning takes place from as early as infancy and continues throughout the life cycle. Thus, there is need to explore what is learned at different stages of an individual's life.

Family size orientation of young people, for example, is an outcome of their learning from the family, the school, the church, the mass media, in addition to other sources through which learning takes place. There is need, therefore, for research to find out "when" and "what" kinds of information the young people get from the various teaching agents, and ways in which these agents could be utilised to bring about the desired population changes. It is thought that various population education concepts could be introduced in various subjects, such as mathematics, religion, civics, geography, home economics, etc., and teachers could be trained in how to teach the population subject at various levels.

4.4. Service Delivery System.

Currently, family planning services are being delivered through government health institutions, private hospitals, Family Planning Association's Clinics, private medical practitioners and some church-related health institutions. Given the limited number of service delivery points and the number of people qualified to provide con-

Sessional Paper No. 4/81, National Food Policy, Government of Kenya.

22

POPULATION

traceptive services, including counselling and following-up exercises, there is a likely danger of over-motivation of few family planning clients without ensuring the ease of availability of the services.

In view of this, it is recommended that priority be given to the whole area of provision of quality services through all possible outlets in the country. Community based distribution of contraceptives is a new method which should be encouraged and training and supervision of the distributors be carried out by the ministry of health in collaboration with other service-providing agencies.

5. Population Policy Goals:

In view of the problems reviewed above, the following goals to guide policy and programme planning are suggested:

5.1. Demographic Goals:

- (i) To reduce population growth rate from the current 3.8 per cent to 3.3 per cent by 1988 (see Appendix 2),
- (ii) To encourage Kenyans to have a small family,
- (iii) To reduce fertility level that sustains the high rate of population growth and at the same time assist those couples, as well as individuals, who desire but are unable to have children,
- (iv) To reduce mortality further, particularly the infant and child mortality, because such reductions would ultimately lead to lowering the fertility,
- (v) To reduce rural-urban and rural-to-rural migration which help to create the unplanned settlements in marginal lands and to help ease the pressure on basic need services in both the rural and urban areas,
- (vi) To motivate Kenya males to adopt and practice family planning.

5.2. Educational Goals:

- (i) To improve the status of women through equal access and opportunities in higher education, training and remunerative employment,
- (ii) To improve general education attainment levels for both males and females and enhance the educational institutions capacity to provide relevant skills for the youth, and
- (iii) To provide the youth with information and education concerning population matters.

5.3. Clinical Services Goals:

- (i) To ensure availability of contraceptive services for those women and men who are ready for and need them,
- (ii) To ensure adequate counselling, examination and a follow-up of the contraceptive users,

(iii) To train, retrain and supervise health and other contraceptive workers in provision of contraceptive services, and

(iv) To be vigilant about the type and quality of contraceptives being provided in the service delivery points.

6. Current and Future Population Activities:

As stated earlier, several agencies have been involved in population and family planning activities for several years. The council will strengthen such activities. As a first step, the council has approved funds for 15 projects which are being implemented by six NGOs and two government ministries. A summary of these projects to be undertaken by each of the agencies and future activities are as follows:

6.1. Ministry of Health

The council has approved funds for the following activities to be undertaken by this ministry:

- (a) Production and distribution of a newsletter aimed at motivating ministry's staff and others,
- (b) Production of mass media materials aimed at giving details of local family planning services,
- (c) Strengthening family planning clinics and providing extensive education through production of core materials e.g. flip charts, posters and workshops, specifically for the ministry's staff, and
- (d) Mass media support for family planning inter-personal communication through local campaigns to publicise opening of new services delivery points and dispel misconceptions on family planning.

In addition, the Divisions of Health Education Unit, the Integrated Rural Health Project, the Administration Support Unit and the National Family Welfare Centre should play a central role in carrying out the following recommendation:

(i) *Training*.—Population education should be integrated into the existing curriculum, at all levels of training of medical and paramedical personnel.

(ii) *Maternal Child Health and Family Planning (MCH/FP)*.—The ministry has plans to strengthen the programme aimed at improving the health of the mother and the child by establishing more rural health facilities and expanding the training of health personnel. The aim should be to ensure that such services are available to those who need them.

(iii) *Research and Evaluation*.—The ministry hopes to undertake a drop-out study of family planning acceptors of MCH/FP. In addition, the

ministry would evaluate its on-going activities, particularly those related to family planning, e.g., the impact of training of family planning field educators (FPFFs), low contraceptive adoption problem and service delivery programmes. Another important area of research should be to strengthen the ministry's capability to collect data on births and deaths in order to give it the ability to relate provision of health and related services to mortality and fertility.

(iv) *Production of Educational Materials*.—The Health Education Division is currently involved in production of health educational materials in addition to organising seminars. Such materials would be reoriented to include specific population messages emphasising the relationship between health and other related components to population factors. In the production of population related materials, the division would liaise with the relevant participating agencies in educational material production services. The unit would also strengthen community based dissemination of the population related information.

(v) *Provision of Information and Family Planning Services*.—The ministry would expand its ability to incorporate population related information at all the service delivery points, mobile units and the primary health care projects to cater for more adolescent and men. The ministry would also encourage and supervise the community based distribution of contraceptives, including the training of the distributors.

Since there will be several service delivery points both public and private, the council recommends that a uniform charge for contraceptives be established.

The ministry should examine possibilities and implication of getting the required contraceptives duty-free in order to enhance easy access to both the users and the implementing agencies.

6.2. *Ministry of Finance and Planning*.—The council has approved funds for the establishment of a documentation centre within Rural Services Co-ordination and Training Unit (RSCTU) in the ministry. This centre will be responsible for the collection, processing, storage and dissemination of information to various participating agencies. In collecting and disseminating the information, RSCTU should liaise

with the council to ensure that the agencies receive relevant information. The RSCTU through its field training programme (i.e., training district development teams), should also encourage utilisation of population data for effective planning at the district level.

Since the ministry is responsible for co-ordination and formulation of the national development plans including the relevant national strategies, policies and programmes this will assist other ministries/departments in the formulation of development plans that would facilitate the inclusion of population activities in their programmes.

The Central Bureau of Statistics, a department of the same ministry, co-ordinates all statistical work within the government. It undertakes the production of economic surveys and reports, national sample surveys, population census (including inter-censal surveys) and demographic statistical reports. CBS is expected to continue giving the same services.

6.3. Kenya Catholic Secretariat (KCS)—The council has provided funds to enable the secretariat to promote a better understanding of the Christian marriage, the dignity of married persons, the natural methods of family planning and the meaning and protection of human life. In order for this organisation to be more effective, the council thinks that this organisation should broaden its view of the population problem, to facilitate the teaching of population education including such topics as sexuality. The Kenya Catholic Secretariat should mobilise their member churches to motivate the public in matters related to the family and society.

6.4. National Christian Council of Kenya (NCKC)—The council is funding activities aimed at providing family life education to adults and youth who are in and out of school. To make these activities more effective, the National Christian Council of Kenya should organise and expand the contents of their messages to include other population related issues such as the relationship between population and development and how this relationship affects their target groups. The NCKC should mobilise their member churches to assist in the motivation of the public in matters related to the family and society.

6.5. Protestant Churches Medical Association (PCMA)—The council is funding activities of this organisation which aim at providing population education to youth, both in and out of school, to eventually reduce incidences of pregnancies among the youth.

The council is of the opinion that the organisation should broaden the population information through more utilisation of their clinics. These clinics should also be utilised more in the provision of family planning services, training and population education.

6.6. Salvation Army (SA)—The council has approved funds for a project to teach young people the importance of family planning.

The council recommends that such activities should include a stronger population education component to enable the youth to understand the relationship between population growth and development and the role of the church in ensuring that while the people's lives are not endangered by the high rate of population growth there are serious consequences to the nation as a whole.

6.7. Family Planning Association of Kenya (FPAK)—The council is funding five projects to be undertaken by this organisation: two staff development projects, material production and distribution, seminar for private medical practitioners and evaluation of the youth programmes.

The council recommends that the population education component should be broadened to include more information on the relationship between population and development and service delivery points should be utilised as one of the channels for providing such information.

6.8. Maendeleo ya Wanawake Organization (MYWO)—The council is funding activities by this organisation aimed at providing family planning information to Maendeleo ya Wanawake women's groups in the five districts of Eastern Province: Kitui, Machakos, Embu, Meru and Isiolo.

The council hopes that the members of this organisation will be utilised more to reach more rural families with population related messages. This organisation should also devise methods of approaching the women problems from a family point of view rather than separate individual. The organisation should also play a vital role in male motiva-

tion.

6.9. Office of the President—There are several government ministries, NGOs and religious bodies which could play key roles in assisting the council achieve the goals. Some of the agencies are known to have population-related activities although details of such activities are not fully known. In this context, through the Directorate of Personnel Management (DPM) the Kenya Institute of Administration, should incorporate and co-ordinate the population education with the training activities of personnel from both the government and other participating agencies.

The office of the president should encourage the use of the National Youth Service as a motivation medium for population attitude change.

Through the provincial administration, the district development committees at the local level should assist in orienting the local leaders in population issues, and how to incorporate these into their development projects.

6.10. The Ministry of Education, Science and Technology—The traditional socialisation functions of the nuclear family has largely shifted to institutions such as the school, the church, the media, etc. In the traditional society, the individual, right from the infancy to adulthood, was socialised and trained by the family and the community. The parent's opportunity to socialise the child today is mainly during early infancy and to somewhat reduced duration, during early childhood.

The ministry of education, science and technology is in charge of pre-primary, primary and all post-primary education including tertiary institutions such as the university and teacher training colleges. As such the ministry has an important role to play in the education and socialisation of Kenya's youth.

The schooling period is a line of growth both physically, socially and psychologically and it is at this stage that the youth needs guidance in all aspects of life. There is no doubt that the Kenya youth should be aware of the importance and problems or implications of rapid population growth in the country. Provided with the information on how population changes and the measures which an individual, the family and the community can take to

POPULATION

slow the high rate of population growth, the youth will no doubt be more aware about population growth and will be inclined to do something about it. In view of this the following points are recommended.

- (a) Integration of certain study units of population education in existing courses at all levels of schooling emphasising population change processes (i.e., fertility, mortality and migration), and the consequences of such changes to the individual, community and the nation; the implications of unplanned parenthood for the families and the youthful parents themselves. The population education should also aim at reinforcing the youths to appreciate a small family and what this means for both national and individual development.
 - (b) The teacher training curriculum in particular should incorporate a strong population education section that will enable the teachers to get acquainted with relevant population knowledge and enable them to offer required courses at the various levels of schooling.
 - (c) In developing population education content for integration into the existing curricular, deliberate effort should be made to ensure that this is reflected in examinations along with other subjects.
 - (d) In order to ensure the consistency of what is taught and learned in schools, parents should be motivated through parent teacher association (PTA) and board of governors to follow-up their children's education and socialisation aspects both at home and in school.
 - (e) The ministry should ensure that all other institutions (e.g. polytechnics, institutes of science and technology, technical colleges and other training institutions, university, etc.) undertake to incorporate population education in their syllabi.
 - (f) It is recommended that Kenya National Union of Teachers use its structures and facilities and opportunities to infuse population education among teachers. The organisation should also run in-service courses and seminars to teachers dealing specifically on population matters.
- 6.11. *Ministry of Information and Broadcasting.*—This ministry should make people aware of the population programmes and other activities as well as related problems by putting captions at strategic times to highlight the

NCPD activities, produce and/or serialise programmes on population and related activities through discussions, conferences, interviews and plays/acts. The print media and other media forms would also be useful.

The ministry should broadcast population related activities for both out-of-school youth and adults in both national and vernacular languages.

6.12. *Ministry of Agriculture and Livestock Development.*—The ministry, through its extension workers and training programmes, should infuse population education activities in the activities of extension workers and the curriculum of training programmes in order to equip extension and other personnel with population education and relevant skills sufficient to enable them to relate population problems to rural development activities.

6.13. *Ministry of Culture and Social Services.*—Certain departments of this ministry should help NCPD in various ways. For instance, the family life and community development programmes should integrate and develop population programmes oriented to men and women. The department of community development in particular could be of great assistance to NCPD in following up the Community affairs at the locational and divisional levels where Community Development Assistants (CDA) could be used as one of the agents for Community Based Distribution of Contraceptives (CBDC). The department of adult education should be encouraged to include population and family planning topics in their literacy programmes. The department of youth should be encouraged to include in their training information concerning population and development and should urge youth to discuss the issue of population as is related to them and the environment.

The cultural division, through drama and dances, should be encouraged to stage plays concerning the family, the youth, the aged, etc., and drawing the relevant material from the traditions existing in society. These material for drama and plays should also reflect the reality as it is today.

6.14. *Ministry of Labour.*—The ministry should orient its own staff on the relationship between labour and rapid population growth, and at the

same time aim at creating awareness among workers on the same problem, as well as introducing population education and family health services. The ministry should strengthen its programmes of training by including population and family life education for its staff and trainees. In addition, the ministry of labour, through its occupational and health services at the plant or industry level, should include information on provision of family planning services. This ministry should get to the workers through the Central Organisation of Trade Unions which should rally its membership to introduce population and family life education into programmes targeted at workers education.

6.15. *Ministry of Co-operative Development.*—This ministry has a co-operative education division as well as a mandate to co-ordinate and oversee the functioning of co-operatives in the rural sector. Under its training umbrella, it should modify the co-operative curriculum to acquaint its workers with population issues and how it is related to rural development problems to which the co-operative movements are directed. The content should be sufficiently developed to enable the co-operative office personnel to include population information into the working framework of the various co-operatives, and to help the members realise how benefits accruing into participation in co-operative are related to the size of their families and community.

6.16. *Ministry of Water Development.*—This ministry can demonstrate through population education programmes the relationship between the deficiency of resources such as fuel, wood, water and the rapidly growing population. The ministry should also develop programmes to demonstrate the relationship between clean water and population increase, using water projects in rural areas.

6.17. *Ministry of Environment and Natural Resources.*—The ministry should take initiative to establish programmes to educate people about environmental deterioration and depletion of natural resources (e.g., forest resources), as a direct result of excessive population settling in marginal areas. Population and environmental education should be developed and taught in

all training programmes.

6.18. **Ministry of Local Government.**—This ministry should concentrate its efforts to the urban, local and county councils' population activities within the existing social work, health and community development by utilising the existing administrative set-up.

6.19. **Ministry of Lands and Settlement.**—In the settlement programmes, the ministry of lands and settlement should devise ways of incorporating population oriented activities in all their training programmes. The activities of the ministry in relation to settlement programmes should include an assessment of the effects of these settlements on population growth, migration and the impact of the newly settled population on the environment.

6.20. **Ministry of Works, Housing and Physical Planning.**—The activities of this ministry should be confined to the urban areas. It should aim at developing programmes that demonstrate the relationship between population and diminishing capacity for local authorities to meet housing services.

The local councils should take part in developing rural projects that could discourage rural-urban migration, the main population process by which urban population grows. Through multi-purpose centres in estates, the ministry should develop population education programmes to reach the tenants.

6.21. **Ministry of Transport and Communications.**—This ministry can develop programmes aimed at demonstrating to the public the relationship between rapid rates of population increase and the deterioration of commuter services, and rising fatalities on the roads.

6.22. **Ministry of Energy and Regional Development.**—This ministry should oversee the incorporation of population education programmes into the plans and programmes of the regional development authorities.

6.23. **National Council for Science and Technology.**—This council should facilitate greater participation of women in the nation's labour force, as a strategy to lower fertility levels by encouraging careers rather than familiar goals. The council can also support certain medical programmes

aimed at alleviating infertility and infant and child mortality.

6.24. **Office of the Attorney-General.**—The NCPD will need information on births, deaths, and marriages from the office of the registrar-general. Since laws affect population in a different manner, the office of the attorney-general should be consulted by the council from time to time in order to ensure that there is no conflict between various population policies and the law.

6.25. **University of Nairobi, Moi University and Kenyatta University.**—The council recognises the skills and capabilities existing at both the University of Nairobi, Moi University and Kenyatta University. The university provides training, research and consultancy services to the government and NGOs. Under these broad areas, faculties and institutes could submit to the council suggestions on what role they can play in the implementation of the NCPD programmes. However, the Populations Studies and Research Institute at University of Nairobi is already developing research and training programmes which anticipate the council's future needs.

6.26. **Other Religious Denominations.**—There are many faiths of various denominations in Kenya. The council should invite them to motivate their followers in the matters related to the family and society. The Council could also consider funding some of their projects which are related to the Council's activities. In addition, each church as an entity, should be encouraged to discuss with its congregation matters affecting the family and the community as they are related to the development.

6.27. **Other Organisations.**—There are many other organisations in Kenya which, because of their constant contact with their members, should be invited by the council to suggest how they could be of assistance to the nation in the important task of educating and informing their members and the public about family planning.

Organisations such as the Kenya Nurses Association, the Kenya Medical Association, the YMCA, YWCA, Boy Scouts, Girl Guides, Red Cross Society, the Agricultural Society of Kenya, Mother's Union, Women's Guild and statutory organisations, such as the Lake Basin Development Authority, Tana and Athi Rivers Development Authority, the

National Irrigation Board and many others can be requested to help, especially with regard to motivation, education and information in matters related to population and family planning. If they play their role, their contribution to the council's activities would be great.

6.28. **Research, Evaluation, Documentation and Information Dissemination.**—In future programming, the council recommends that all relevant ministries and NGOs should furnish the council with an inventory of planned programmes and activities. Such information should, as much as possible, conform to the following criteria:

- (i) The content and message in information, education and communication.
- (ii) The extent of coverage and the target groups.
- (iii) How the various projects are monitored and evaluated and the impact of the programmes, and
- (iv) Forward information on the training and production of education and other materials.

The council should consider the desirability of:

- (i) Centralised training for all field educators from participating agencies in order to ensure message consistency.
- (ii) Centralised training of trainers including material design and production, and
- (iii) In addition to the above, there is also need to design and develop messages and materials at the community levels so as to ensure relevance.

To facilitate the NCPD to utilise the material from the ministries and NGOs, the NCPD should establish and develop a documentation centre that will enable the council to co-ordinate the population related and other activities of the participating agencies.

6.29. **Kenya African National Union (KANU).**—The council welcomes the direct involvement of the ruling party, KANU in providing information and education on population matters as well as supporting the policies and programmes of the council.

POPULATION POLICY GUIDELINES

7. Area of Focus:

7.1. The Role of Leaders:

- (a) The time has come when all leaders in this country should provide effective leadership in all matters of population and family planning with a view to reducing the population growth rate.
- (b) The leaders at all levels will be

POPULATION

involved in guiding, organising and integrating the population and development programmes at their respective levels.

(c) The National Council for Population and Development will undertake the training and development of leadership in population and family planning work in order to support the technical services.

(d) The government machinery for rural development will in future be based on the "District Focus". For this reason, all the leaders at the local level would be involved in population and family planning work through their local development committees. These matters should be integrated with other issues discussed and implemented at the district level.

7.2. The Role of Education.—It is now recognised that traditional methods and values have been eroded and that the responsibility of the parents has, to a large extent, been passed on to the teacher, who is expected to teach family life education in the school. Consequently, emphasis will be made on the following:

(a) the school curriculum must be strengthened and should aim at different age groups consistent with their biological development and morality.

(b) the education should be used to shape the attitudes of young people towards population and family life education and the related problems of rapid population growth and adolescent pregnancy which is an emerging serious problem associated with many deaths and suffering.

(c) moral and ethical teaching of our youth will be intensified. In this connection, there is need for teachers, parents and officials of government and non-governmental agencies to cooperate closely in family life and population education activities.

7.3. The Clinical Services.

(a) The traditional methods of family planning are disappearing fast and for the country to achieve significant impact in slowing down the rate of population growth, this country will have to increasingly rely on modern scientific methods coupled with appropriate knowledge in information and education.

(b) While it is appreciated that the family planning services are expanding, there is need for constant vigilance and improvement in the quality of management, personnel and facilities.

(c) There will be more emphasis on motivation and involvement of men in family planning because the emphasis

has been mainly on women in the past.

(d) The provision of comprehensive medical services in all areas as an integral part of development will be improved to ensure survival of children in order to allay parental fears and to therefore encourage the adoption of small family sizes.

(e) Certain ethical considerations should be borne in mind by all those who are expected to deal with family planning in Kenya. In particular the following points are relevant:

(i) No individual should be coerced to practice any method of family planning inconsistent with such an individual's moral, philosophical, or religious beliefs.

(ii) Family planning activities should be conducted in a manner that safeguards the rights, health and welfare of all individuals who take part in a family planning programme.

(iii) Induced abortions as a method of family planning is contrary to the wishes of the Government of Kenya.

(iv) No special fees or incentives of any kind should be used to women to coerce or motivate them to have abortions.

(v) All forms of surgical sterilisation must be voluntary after the clients have been given all the relevant information. A written consent in a language a client understands and speaks must be signed by each client before a surgical contraceptive is done.

7.4. The Role of Mass Media.—The mass media has an important role to play in information and population education and will therefore be used to the maximum in providing population information and mobilising the community.

7.5. Institutional Framework.

(a) The government will endeavour to fund the population activities in this country and will involve all the relevant ministries and agencies at all levels.

(b) The role of NGO's will be strengthened and the necessary financial support will be provided to them with a view to complimenting government in promotion of population/family planning activities.

TABLE 1.—MARRIED FEMALE POPULATION IN THE REPRODUCTIVE AGES (15-44) 1984-1988

Age	1984	1985	1986	1987	1988
15-19	285,162	296,331	307,571	318,874	330,277
20-24	635,231	653,904	671,712	689,637	707,676
25-29	598,434	629,371	660,273	691,127	721,939
30-34	476,852	499,335	521,803	544,244	566,663
35-39	366,276	384,921	403,541	422,130	440,692
40-44	272,243	285,351	298,466	311,582	324,702

APPENDIX I

THE NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT TERMS OF REFERENCE

1. To determine priorities in the fields of family planning and population development activities in Kenya, in relation to the social and economic policies of the government.

2. To advise the government on a national population policy including general planning and application of available financial resources.

3. To advise the government on the scope and direction of all family planning and population development activities in Kenya.

4. To plan, supervise and co-ordinate an inter-agency multimedia information and education programme aimed at spreading family planning knowledge and practice and the improvement of maternal and child health in Kenya.

5. To promote public understanding and acceptance of the concept of family planning and a small family size.

6. To promote research into social, cultural and economic aspects of population planning and development.

7. To receive, evaluate and programme selected proposals and suggestions from the government, agencies and other organisations, which contribute to the realization of the council's objectives.

8. To promote research into contraceptive technology and encourage innovative approaches to family planning in Kenya, including the application of natural methods.

9. To liaise with donors and participate in negotiations for the funding of the projects in the programme.

10. To co-ordinate and control the receipt and disbursement of all funds required to finance the council's activities.

11. To provide technical and other support services to the participating agencies in the carrying out of the programme activities.

12. To advise the government on the annual budgeting requirements of the council covering each year's proposed activities.

13. To set up a monitoring and evaluation system for all activities in the

programme.

14. To liaise with both local and international organisations engaged in population development activities.

15. To co-opt or otherwise hire the services of experts or consultants in various fields to work with or for the council, executive committee or secretariat in the execution of any particular task.

16. With the approval of the minister, to undertake any other activities likely to assist in the achievement of the council's objectives and any other functions as requested by the government.

APPENDIX 2

ESTIMATES OF CONTRACEPTIVE ACCEPTORS AND USERS REQUIRED TO ACHIEVE POPULATION GROWTH RATE

One of the demographic goals of the council will be to reduce population growth rate from 3.8 per cent per annum in 1984 to 3.3 per cent per annum in 1988. The purpose of this section is to estimate the level of contraceptive use needed to achieve this goal, the number of births to be averted and the contraceptive acceptors needed to avert them.

First the married female population which will be in the reproductive ages (i.e., 15-44 years) in each year of the period and in each age group was projected (see Table 1). This projection used the 1979 census as the base and assumed a continued female mortality decline between 1979 and 1988 so that the expectation of life at birth increases from 55.4 years in 1979 to 59.6 in 1988. The expected number of births during each year of this period were obtained next (see Table 3) using the projected female population and the 1979 age specific marital fertility rates (see Table 2).

To avert births so as to achieve the pop-

TABLE 2 - FEMALE MARITAL FERTILITY RATES

Age	ASMR*	Proportions Married
15-19	0.661	27.1
20-24	0.477	71.1
25-29	0.440	84.6
30-34	0.360	86.4
35-39	0.309	86.0
40-44	0.127	82.8

*Age Specific Marital Fertility Rate. Population growth rate of 3.3 per cent per annum, the number of desired births in each year of the period is obtained first. Since the number of births depend on fertility, it is necessary to find the fertility level corresponding to the above growth rate. This was obtained by using the stable population model and the assumed mortality level for the females. A crude

birth rate of 43.8 per 1,000 for the female population was estimated to correspond to the female population growth rate of 3.4 per cent per annum, which corresponds to a population growth rate of 3.3 per cent since the female population growth rate is higher because of the lower mortality. Assuming a linear decline of the crude birth rate, the desired crude birth rate in each year of the period (1984-1988) was obtained as shown on Table 3. The desired crude birth rate was then utilised to find the number of desired births and hence the number of births which needs to be averted. (see Table 3). The number of acceptors* needed were estimated by assuming the continuation rates estimated for the 1969-1979 period. From these rates and adjusting for contraceptive use wasted due to infertility after birth, the average effective use, per acceptor in each of the age groups was obtained. Applying the fertility rates on the effective use, the births averted by each acceptor were then obtained. In a given year the prevention of births is

TABLE 3 - EXPECTED BIRTHS, DESIRED BIRTHS, BIRTHS TO BE AVERTED

Year	Expected Births	Desired Births	Births to be Averted	Female Crude Birth Rate
1984	1,089,491	985,196	104,295	51.8
1985	1,135,032	986,447	148,584	49.8
1986	1,180,510	985,800	194,710	47.8
1987	1,225,958	980,465	245,493	45.8
1988	1,316,681	1,003,531	313,150	43.8

TABLE 4 - ACCEPTORS BY AGE GROUPS

Age	1984	1985	1986	1987
15-19	23,174	18,495	21,981	25,691
20-24	62,416	85,798	99,337	112,012
25-29	64,306	89,671	104,460	119,812
30-34	48,575	66,700	76,445	84,642
35-39	35,941	49,642	57,174	63,435
40-44	12,719	17,628	20,565	23,274
TOTAL	237,130	327,934	379,961	428,865

TABLE 5 - ACCEPTORS BY CONTRACEPTIVE METHODS

Method/Year	Pill	IUD	Injection	Others†	Total
1984	159,967	144,556	13,569	19,138	237,130
1985	221,132	61,619	18,702	26,480	327,934
1986	256,369	71,369	21,528	30,695	379,961
1987	289,788	80,544	23,924	34,609	428,865

TABLE 6 - NUMBER OF USERS BY AGE GROUPS

Age	1984	1985	1986	1987	1988
15-19	7,258	8,873	11,889	14,685	15,479
20-24	40,828	60,307	66,260	70,554	84,931
25-29	63,442	80,028	106,244	131,553	143,562
30-34	60,034	77,481	102,839	128,340	143,604
35-39	45,478	58,481	77,834	97,833	111,196
40-44	21,934	29,751	40,299	51,148	58,486
TOTAL	238,972	304,913	405,360	504,088	557,259

*Women who accept a family planning method. †Includes methods of family planning such as condoms, sterilisation, etc.



URTNA

26^e Session Ordinaire de l'Assemblée Générale

(Libreville, Gabon, 27 - 29 Janvier 1986)

26th Ordinary Session of the General Assembly

(Libreville, Gabon, 27 - 29 January 1986)

PROGRAMME

24-25 JANVIER/JANUARY

Concours de programmes prix URTNA 1985.
1985 URTNA prize programme contest.

27-29 JANVIER/JANUARY

Assemblée Générale/*General Assembly*

LUNDI/MONDAY, 27 JANVIER/JANUARY

- 09H00 Mise en place des délégations.
Arrival of delegations
- 10H00-11H00 Ouverture solennelle sous le haut patronnage de son Excellence Monsieur le Président de la République Chef de l'Etat Secrétaire Général Fondateur du Parti Démocratique Gabonais.
Official opening by his Excellency the President of the Republic of Gabon
- 11H00 - 11H15 Suspension/*Break*
- 11H15 - 13H00 Séance de travail/*Working session*
- DEJEUNER LIBRE/*LUNCH BREAK*
- 15H00 - 16H30 Séance de travail/*Working session*
- 16H30 - 16H45 Pause-café/*Coffee break*
- 16H45 - 18H00 Séance de travail/*Working session*
- 18H30 Réception offerte par le Directeur Général de la RTG.
Reception offered by the Director General of RTG

MARDI/TUESDAY, 28 JANVIER/JANUARY

09H00 - 10H30 Séance de travail/*Working session*

10H30 - 10H45 Pause-café/*Coffee break*

10H45 - 12H30 Séance de travail/*Working session*

DEJEUNER LIBRE/LUNCH BREAK

15H00 - 16H30 Séance de travail/*Working session*

16H30 - 16H45 Pause-café/*Coffee break*

16H45 - 17H30 Séance de travail/*Working session*

18H00 Cocktail offert par son Excellence Monsieur le Ministre de l'Information des Postes et Télécommunications suivi de la Présentation de la Télévision à Haute Définition à l'Okoumé Palace.
Reception offered by his Excellency the Minister of Information, Posts and Telecommunications of Gabon at Okoumé Palace.

MERCREDI/WEDNESDAY, 29 JANVIER/JANUARY

09H00 - 10H30 Séance de travail/*Working session*

10H30 - 10H45 Pause-café/*Coffee break*

10H45 - 12H30 Séance de travail/*Working session*

DEJEUNER LIBRE/LUNCH BREAK

15H00 - 16H00 Séance de travail/*Working session*

16H00 - 16H15 Pause-café/*Coffee break*

16H15 - 17H30 Cérémonie de clôture/*Closing ceremony*

18H00 Remise du prix URTNA par Son Excellence Monsieur le Ministre de l'Information des Postes et Télécommunications.
Distribution of URTNA prize by his Excellency the Minister of Information, Posts and Telecommunications of Gabon.

20H30 Dîner offert par Son Excellence, Monsieur le Président de la République Chef de l'Etat au Palais Rénovation.
Reception offered by his Excellency the President of the Republic of Gabon at the Palais Rénovation.

JEUDI/THURSDAY, 30 JANVIER/JANUARY

07H30 Excursion à Booué/*Excursion to Booué*

Visite du chemin de fer Transgabonais.
Visit to the Transgabonese Railways

13H00 Dejeuner à Booué.
Lunch in Booué

130

FPF PROJECT PHASE II: SCHEDULE OF ACTIVITIES

The following is a schedule of activities for Phase II of the FPF Project. This is based on the assumption that Hilary Ng'weno will have the films ready by end of January as promised. We commenced some of the activities in order to save on time.

- | | |
|--------------------|--|
| January 1986 | <ul style="list-style-type: none"> - Redevelopment of the summative evaluation questionnaire based on the findings of the pretests. - Visits to selected evaluation sites based on the findings of the pretests. - Meetings with agencies involved in family planning activities in Kenya to make arrangements for some of the officers in these agencies to view the films for evaluation. - Recruitment of 3 Research Assistants to replace 3 RAs that were used in the pretesting exercise. |
| February-Mid March | <ul style="list-style-type: none"> - Rental of AV equipment. - Summative Evaluation Fieldwork. |
| Mid-March-April | <ul style="list-style-type: none"> - Data Analysis and Report Writing. - Submission of summative evaluation report with recommendations to Stellagraphics, NCPD and JHU/PCS. |

Please note that most of the work on the questionnaire is complete. We shall mail the questionnaire to you during the last week of January 1986. The questionnaire will be slightly shorter than the one used for the pretest. The first part of the questionnaire will seek information on the biodata and socio-background data on the viewers. It has also been designed in such a way that the data can easily be computer analyzed for more sophisticated analysis such as cross-tabulations. We may request for a little money for computer analysis, but this is not critical at this moment. In our evaluation, we hope to show the films to selected officers involved in family planning activities to obtain their comments regarding their views on the effectiveness of the films.

Finally, Hilary Ng'weno has told me that he will produce two versions of the drama: a 20-minute film and a 60-minute film. We will evaluate both films to determine which of the two is the most effective.

As far as the methodology is concerned, we plan to tape the conversation with some of the respondents. This was not done during the pretesting. These tapes will form part of the presentation of the findings on the films.

Film helps family planning training

Sunday
Hail
5/1/86

Sunday Mail Reporter
THE Zimbabwe National Family Planning Council has been given the mandate to train all medical and non-medical personnel in family planning.

The Ministry of Health through its policy of promoting primary health care has identified family planning as an essential component of maternal and child health, and is determined to expand family planning services to all Zimbabwean families to ensure the health of mothers and children.

The Ministry of Community Development and Women's Affairs through its policy of community participation is involved in mobilising rural communities to participate in family planning in order to improve the status of women.

A 19-minute documentary film, which is entitled "Transformation Through Family Planning", is the first to be produced by the Zimbabwe National Family Planning Council after independence and its message is a testimony of a new social and political

order in Zimbabwe.

The \$33 000 16 mm documentary film describes the demographic characteristics of the Zimbabwean population and encourages individuals and couples to plan families according to their resources.

The film, which is in the country's three main languages, shows the internal organisation of the council and the demand created for the various services offered by each department.

It also shows the involvement and support of the Government in family planning programmes through the ministries of Health and Community Development and Women's Affairs.

It touches on the sensitive issue of youth and the problems they face. Teenage pregnancies are highlighted as a health risk for the young girls. Through the Youth Advisory Services Department, the ZNFPC helps young people in and out of school to make responsible decisions regarding sex.

The film depicts the

response from the general public which is cross-sectional and which attempts to dispel rumours and misconceptions about family planning.

It was shot in Mashonaland and Matabeleland in both rural and urban areas, between July and October last year.

Funding for the film was provided by the United States Agency for International Development which also provided the technical assistance in making the film.

The film was produced by Filmcom, with the ZNFPC's mass media manager, Mrs Kumbira Kasambira, as the production co-ordinator and consultations were conducted by Mr Billy Mutta, who is the head of Film Production Training Department, Kenya Institute of Mass Communication, through Usaid.

Training is highlighted in the film to show the Ministry of Health's collaboration with other health institutions. The ZNFPC was given the mandate to train all medical and non-medical personnel in family planning. The courses that are offered vary according to the different levels.

The medical side of family planning is taken care of by the Medical Clinical Department which runs over 25 clinics. However, services are available in all health institutions in the country.

The Information, Education and Communication Department of the ZNFPC is responsible for all the mass media coverage of the council, including radio, and television programmes, film productions, agricultural shows and all printed materials.

In the film, strong endorsement for the family planning programme comes from the Minister of State (Community Development and Women's Affairs), Cde Teurai Ropa Nhongo, and the Secretary for Health, Dr Office Chidede.

Cde Nhongo emphasises the importance of men's participation in family planning matters. She also encourages women to plan families in order to free themselves for participation in national development ac-

ADDRESS TO URTNA GENERAL ASSEMBLY

by

WILMA LYNN, JHU/PCS

Mesdames et Messieurs, it is indeed a great pleasure for the Johns Hopkins University to be invited to this important session. I thank you.

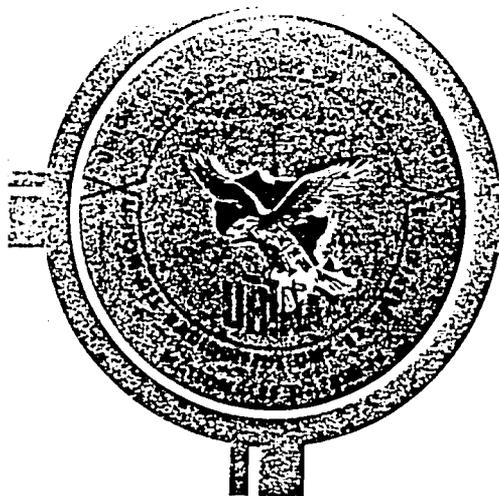
The Johns Hopkins University, Population Communication Services is pleased to be working in collaboration with URTNA in developing a number of program and project activities aimed at strengthening development communications in URTNA member countries.

Over the past 18 months, our relationship has already seen the execution of a number of important program activities in the region. For example, out of our first series of activities, Broadcast workshops in Nairobi and Senegal bringing together technicians and broadcasters to collaborate on issues and program development related to family health issues...we have seen the generation of meaningful radio and television programs from workshop participants in Nigeria, Kenya, Zimbabwe and Swaziland just to name a few....Indeed, our workshops were so successful to our Nigerian participants that we are now working closely with health workers and broadcasters in that country in an effort to conduct a statewide broadcasters workshop similar to the URTNA model in Nairobi.

Our relationship has also spawned another innovative program which is the development of a ready-to-air bulletin for Anglophone and Francophone broadcasters. The URTNA Bulletin, entitled "Sante Familiale and Communication" brings attention to health issues throughout the continent and invites input from broadcasters in the region, making it truly an URTNA broadcasters operational-on-air bulletin. The English version will soon be ready to share with our Anglophone colleagues.

Also our collaboration is providing funds for small-scale radio and TV program development in URTNA member countries through a small grants program. I am also pleased to report that we are in the advanced stages of a series of radio productions, coordinated by URTNA/PEC for program exchange throughout the region.

Altogether, our relationship has been characterized by growth and achievement that will undoubtedly strengthen and heighten URTNA involvement in social development communication issues. We thank you for allowing us the opportunity to work with you in this endeavor.



santé familiale & communication

APPENDIX G

Bulletin d'information de l'URTNA
à l'usage des radiodiffusions africaines

EDITORIAL

Un bulletin pourquoi ?

Vingt cinq ans après les indépendances des années 60, la situation de l'Afrique, malgré de notables améliorations, est des plus préoccupantes. Qu'on en juge. Le continent africain, à lui seul, compte sur son sol 29 des 36 pays les plus pauvres du monde. L'Afrique est aussi le continent où l'on enregistre les taux de mortalité infantile les plus élevés, de même que les taux de croissance de la population les plus rapides. Les populations africaines ont aussi l'espérance de vie la plus courte du monde...

Ces constats, parmi d'autres, donnent un relief particulier aux problèmes de santé familiale, de planification familiale et de population du continent. L'acuité et l'ampleur de certains de ces problèmes appellent, de la part des gouvernements, des organisations intergouvernementales et non gouvernementales et des populations, une mobilisation constante et un surcroît d'effort.

L'Union des Radiodiffusions et Télévisions Nationales d'Afrique (URTNA) a choisi, pour sa part, d'apporter sa contribution en mettant en place un projet destiné à accroître le flux des informations diffusées en Afrique sur les problèmes de santé et de population.

Une des principales composantes de ce projet qui est réalisé avec le soutien financier de l'Université Johns Hopkins de Baltimore aux Etats-Unis est le bulletin « **Santé Familiale et Communication** » qui se fixe pour objectif spécifique, de fournir aux journalistes de radio des informations prêtes à être diffusées et portant sur la santé, la planification familiale et la population. Journal pour les journalistes, producteurs et réalisateurs de radio, « **Santé familiale et Communication** » se veut un moyen pour renforcer les capacités des radiodiffusions dans leurs missions d'information, de sensibilisation et de vulgarisation. « **Santé familiale et Communication** » souhaite aussi être une source privilégiée d'informations et d'idées, grâce à un apport constant d'informations crédibles.



Photo Unicef

Il est nécessaire de définir une politique de population avec un programme bien élaboré et des ressources suffisantes.

Les informations de « **Santé familiale et Communication** » seront réparties entre les rubriques suivantes: Echos, Spots, Mini-drame, Conte, Guide pour Table ronde et Bon à savoir. La diversité des formats de production devrait permettre, nous l'espérons en tout cas, de faciliter l'exploitation et l'utilisation des différents éléments du bulletin.

Ainsi, nous avons voulu faire en sorte que, chaque information de « **Santé familiale et Communication** » puisse être utilisée seule ou insérée dans d'autres émissions.

Par ailleurs, des éléments d'un même numéro ou de plusieurs numéros de « **Santé familiale et Communication** » peuvent être agencés pour constituer un dossier.

Certains des articles fournis peuvent aussi être judicieusement complétés par des informations recueillies auprès de personnes compétentes. Par exemple, un article sur la réhydratation par voie orale peut être enrichi et complété par des informations sur la fabrication de la solution sucre-sel-eau.

De même, un proverbe du pays, une parole d'un personnage populaire, d'un sage, une analogie peuvent servir à illustrer un propos, renforcer une idée, la rendre plus vive.

(Suite page 8)