

PD-ABA-169
64039

Final

KENYA

HEALTH PLANNING AND INFORMATION PROJECT

(615-0187)

SCOPE OF WORK

FOR

MID-PROJECT EVALUATION

A. Introduction

The Grant Agreement for the Health Planning and Information Project (HPIP) was signed by USAID/Kenya and the Government of Kenya (GOK) August 30, 1979 for a total of \$2,453,000. The HPIP is a three-year activity to assist the GOK to develop and train Kenyan staff to plan, implement and evaluate health programs and policies, with the primary emphasis on expansion of rural health services delivery. The project is expected to lead to a more efficient use and equitable distribution of GOK health sector resources and development and implementation of future joint USAID/GOK health sector activities.

The Implementation Schedule in the HPIP Project Paper called for annual evaluations. Annual USAID/Kenya evaluations were tentatively scheduled for June 1981 and July 1982. A final evaluation was scheduled for June 1983. Presently it is proposed to have only two evaluations, combining the 1981 and 1982 evaluations in this present mid-project evaluation and a final evaluation towards the end of 1983. The specific scope of work for the mid-project evaluation is described below.

B. Scope of Work

1. Background

The specific bases for this evaluation are the Project Paper (including the project's Logical Framework (Logframe) and Implementation Schedule), the Contractor's detailed time-phased work plans contained in the GOK/Drew Contract and that prepared by Dr. Reginald Gipson, Chief of Party, Charles R. Drew Postgraduate Medical School (Drew).

The Logical Framework Matrix contains explicit statements of goal, purpose, output and input targets and indicators to determine if those targets have been met. Although the GOK progress in meeting staffing plans

is an important indicator of progress, determination as to whether the desired institutional capabilities are being or have been developed will be based for the most part on qualitative judgements during the mid-project and final evaluations of how well planning and implementation activities are being carried out within the MOH and the Ministry of Economic Planning and Development (MEPD). Such determination will be made mostly on the basis of observation, reports and documents on the planning and implementation systems and activities of the MOH and discussions with senior and middle level GOK officials.

The following three areas will serve as the focus of the evaluation. These three areas will provide the framework in which to evaluate specific questions and issues.

- a. Review the proposal to establish a Division of Planning and Implementation, its structure and staffing in light of recent developments in the Ministry of Health.
- b. Review the role of the proposed Health Planning and Policy Coordination Committee composed of senior health officials and representatives of the Ministry of Works (MOW) and MEPD vis-a-vis a Ministry of Health Management Committee.
- c. Assess the functions of the 3 trained health planners in the MOH and their relevance to planning at Headquarters and Provincial/District levels.

2. Specific Tasks

Delivery of Inputs

- a. The Project Paper proposed financing the following elements:
 - (1) 79.5 person months of long-term technical assistance services to assist in implementing and administering the project;

- (ii) 50 person months of short-term expert consultation services to assist in implementing discrete portions of the present project, assessing and designing additional projects, and evaluating the present project;
- (iii) 180 person months of M.A.-level participant training and 50 person months of seminars and observational tours;
- (iv) Nine health planning and policy conferences and workshops;
- (v) \$250,000 for action studies, field trials and other baseline information data gathering and research activities;
- (vi) \$250,000 for commodities including office furniture and equipment, library reference materials, expendable supplies and services, and five project vehicles.

The GOK is to contribute \$819,000 to the project (25 percent of the total project costs) by providing inputs including: salary support of clerical staff, drivers and managers; office space and phone services; vehicle maintenance; one-way international travel and salary support of all training participants; and \$150,000 in local currency to support action studies, field trials and baseline data gathering activities.

b. Major Inputs and Project Implementation Actions

USAID/Kenya has used the following financial arrangements for this project:

- (i) The selection of an appropriate technical assistance intermediary to provide the bulk of USAID/financed services under the project (PP estimate was \$1,812,000);
- (ii) \$331,000 of project funds were added to an existing USAID/Kenya PASA with Department of Health and Human Services (DHHS) to finance short and medium-term consultants to provide interim TA and to design additional health projects; and

(iii) The remaining funds (PP estimate \$300,000) were retained and administered by USAID/Kenya for logistical support, a health planning/policy conference, project evaluation and long term training of 7 Kenyan nationals.

In light of recent developments the team will review progress, constraints and propose modifications as necessary for the following activities;

- (iv) DHHS/Health Resources Administration (HRA) providing 7½ months of health economist technical assistance (Dr. James Jeffers);
- (v) Drew providing 70 person months of long-term technical assistance (Senior Health Planner for 35.5 person months and a Health Information Specialist for 34.5 person months);
- (vi) Drew providing 18 person months of short-term consultant services directly related to the implementation of the HPIP;
- (vii) DHHS/HRA providing up to 26 person months of short-term consultant services for assessing feasibility and design of USAID and MOH jointly identified new health sector activities;
- (viii) USAID arranging M.A.-level health planning training for 7 participants;
- (ix) Drew arranging M.A.-level health planning training for 5 participants;
- (x) Drew providing 5 short-term seminars overseas and 8 conferences in Kenya on health planning, policy and information;
- (xi) USAID arranging observational tour training in Asia for 5 MOH officials;
- (xii) Drew arranging observational tour training in other African countries for 10 Kenyan officials;

(xiii) Drew and MOH procuring project vehicles, books, furniture periodicals, supplies, printing services, and other support items; and

(xiv) Drew's assistance in conducting 6-8 studies, action research projects and 3-6 baseline information studies.

Other inputs by Drew are described as major tasks in the Scope of Work (Appendix I) in the Agreement Between the Government of the Republic of Kenya and the Charles R. Drew Postgraduate Medical School. The evaluators will assess the extent to which the Contractor has been able to carry out these tasks and, as appropriate, recommend any modifications. Evaluators will compare actual inputs and outputs with those proposed in HPIP Project Paper.

c. Working Relationships

The evaluators will also assess the working relationships of the Contractor and MOH and the support which the Contractor is receiving from the MOH, Drew Home Office and USAID.

d. Budget Projection

The evaluation team will assess the present funding status of the project in light of activities completed and those considered necessary for the remainder of the activity and recommend any modifications. Below is a breakdown of USAID and GOK financing as proposed in the PP and as actually allocated to date:

	<u>GOK Contribution</u>	<u>USAID/Kenya</u>	<u>DHHS/HRA (PASA)</u>	<u>PROJECT Intermediary *(DREW)</u>	<u>PROJECT TOTAL</u>
Proposed in Project Paper	819	300	331	1,822	3,272
As of 1/12/81	819	437	301	1,712	3,269
Total AID Funding Proposed in PP		2,453			
Total-Actual Amount Obligated To-date by AID		2,450			

*Charles R. Drew Postgraduate Medical School

For a further breakdown of proposed budget by line item see HPIP PP pp III-16 through III-18, and the GOK-Drew Host Country Contract. For actual expenditures to date by line item see last Project Financial Implementation Status (PFIS) Report available at USAID/Kenya's Controller's Office.

e. General

In evaluating inputs the Team should focus on timely delivery of inputs and appropriateness of goods and services provided by AID and the GOK.

Production of Outputs

a. Major Outputs

- (i) Determine the constraints in staffing the Division of Planning and Implementation; and placing health planners in the MOH and Ministry of Economic Planning and Development (MEPD) headquarters and in selected provinces and districts;
- (ii) Determine what mechanism for policy coordination existing at present in the MOH and propose ways of strengthening it;
- (iii) Determine what progress has been made towards conducting 3-6 major field trials and baseline data collection studies; and 6-8 action research studies;
- (iv) Determine what progress has been made in conducting 9 major policy, planning and health information seminars;
- (v) Review the proposal to develop a new Scheme of Service for non-medical professionals in the MOH to be adopted by relevant GOK agencies;
- (vi) Review to what extent the project has developed content and methodologies for health program and project evaluation;

(vii) Assess the extent that DHHS and the contractor are meeting their reporting requirements.

b. Relationship of Input, Output and Purpose

Three areas requiring special attention are:

(i) Establishment of the Health Planning and Information Division or an alternative structure that will facilitate improved planning in the MOH.

(ii) Establishment of the Health Planning and Policy Coordination Committee or an alternative MOH Management Committee.

(iii) The feasibility of the project to develop a new scheme of service for non-medical professionals.

Achievement of Purpose (Based on HPIP PP Logframe)

- ✓
- a. Review the proposal to establish a Division of Planning and Implementation, its structure and staffing in light of recent developments in the Ministry of Health.
 - b. Review the role of the proposed Health Planning and Policy Coordination Committee composed of senior health officials and representatives of the Ministry of Works (MOW) and MEPD vis-a-vis a Ministry of Health Management committee.
 - c. Assess the functions of the 3 trained health planners in the MOH and their relevance to planning at Headquarters and Provincial/District levels.

Goal Level

Determine the extent to which the project goal is realistic and the extent to which it can be influenced by attainment of the project's purpose.

Specific Assumptions

Verify the validity of those assumptions made at the time of project approval, for example:

- a. Suitable candidates for training were identified, trained and returned to the MOH;
- b. Health planners trained under Project have appropriate access to MOH and Ministry of Economic Planning and Development (MEPD) executives;
- c. Plans have been made to place MOH officers presently in training in appropriate health planning positions in the Ministry;
- d. Training in US institutions, Kenya and Third countries has imparted appropriate planning, implementation, policy analysis and programing skills; and
- e. Organizational structure, reporting mechanism and communications channels are appropriate for making adequate impact on health plans, policies and budgets.

Recommendations

On the basis of the conclusions and findings the evaluators will present in the report and meetings with GOK and USAID/Kenya options which USAID/Kenya and the GOK can consider for deciding how to proceed in the future with this project. The evaluators will give the 'pros' and 'cons' of each option and, where appropriate, rank the option in terms of its potential for attaining the project's purpose and goal as well as feasibility of implementation.

Other

The evaluators will also discuss in the evaluation report external factors that have affected the project, unplanned effects of the project, the project's impact on targeting beneficiaries and lessons learned as

outlined in Part II of the Project Evaluation Summary (See Form AID 1330-15A (3-78)).

The evaluators will also refer to Attachments I and II in completing the evaluation. Attachment I provides additional Africa Bureau guidance for evaluations. Attachment II lists end-of-project status indicators and assumptions which should be reviewed during the evaluation.

3. Participants in Evaluation

- a. AID Outside Evaluators - Two will be selected by USAID in consultation with the MOH.
- b. GOK Evaluators - The MOH will provide one disinterested member of the MOH not associated with the health planning project and an officer from the Ministry of Economic Planning and Development who works closely with planning of health activities in that Ministry. These two officers will work throughout the Kenya portion of the evaluation.
- c. Ministry of Health - Dr. S. Kanani, Senior Deputy Director of Medical Services; and Dr. J. Maneno, Assistant Director of Medical Services.
- d. USAID/Kenya - Dr. Rose Britanak, Chief, Health Nutrition and Population (HNP) Division; Dr. Jack Slattery, HPIP Project Manager, HNP.

The two AID evaluators will be contracted under the HPIP PASA (HZ/AR-135-3-77) with the Department of Health and Human Services/Health Resources Administration (DHHS/HRA). These persons will be individuals with significant experience in the design and evaluation of health planning and management projects in developing countries, preferably Africa, and possess a minimum of a MD or PhD in a field related to Health Planning. In addition at least one member should have experience in implementing health planning and management activities in developing countries.

Dr. S. Kanani and Dr. J. Maneno will be responsible for arranging meetings and visits to Government institutions and providing any necessary GOK information and reports. Dr. Britanak and Dr. Slattery will be responsible for arranging entrance and exit interviews, review of the draft evaluation report and providing any USAID/Kenya information and documents related to the project.

4. DHHS/HRA Responsibilities

DHHS/HRA will contract the services of the AID two evaluators for a total of up to seven (7) person weeks. These evaluators will work in Kenya for a minimum of two full work weeks. Prior to coming to Kenya the AID evaluators will use one week of the consultancy to review the background documents (see below) and develop an evaluation method and plan based on this Scope of Work and the background documents. They will also visit the Charles R. Drew Postgraduate Medical School, DHHS and AID/W. While in Kenya the evaluators will prepare a draft evaluation report to be jointly reviewed by the MOH, Drew and USAID. DHHS/HRA will arrange all travel, per diem and advances, including an advance (\$1500 estimated) to the chief evaluator for typing and reproduction services and to rent a typewriter and a vehicle for travel outside Nairobi, as required. Upon notification of the evaluators' ETA, USAID/Kenya will reserve hotel accommodations. The evaluators will use taxis for transport to and from the Airport in Nairobi and around Nairobi. USAID/Kenya will provide the evaluators with office space.

5. Tentative Schedule of Activities

a. Week one - in U.S. (AID evaluators) - Beginning July 12, 1982

- 1) Review background materials
- 2) Develop evaluation method and plan
- ✓3) Visit Drew, Los Angeles (Drs. A Haynes and A. Cannon)
- ✓4) Visit DHHS (Mr. James Mahoney and Mr. Daryll Stephens)
- ✓5) Visit AID/W (Dr. James Sheppard and Ms. Christina Schoux, AFR/DR)

b. Week two - in Kenya (AID and GOK evaluators) - Beginning

July 19/20, 1982

1) Day one - Entrance Interview with Mission

- Meeting with Mission and MOH to review evaluation methodology and plan to finalize logistical arrangements and details of SOW.

2) Day two-six - Evaluators conduct evaluation interviews and visits:

c. Week three - in Kenya (AID and GOK evaluators) - Beginning

July 12, 1982

1) Day one-three - Evaluators conduct evaluation interviews and visits. Prepare draft report and recommendations.

2) Day four - Evaluators submit draft report to USAID/Kenya and MOH before noon

- 3) Day five - Evaluators meet with Mission to discuss draft report and recommendations in morning.
- Evaluators meet with USAID and MOH to discuss draft report and recommendations in afternoon.

4) Day six - Evaluators conduct any final interviews and collect any further information before departing Kenya.

d. Week four - in U.S. (Chief AID Evaluator only)

Chief AID evaluator prepares original plus 3 copies of final report to be received by USAID not later than 2 weeks from time of evaluation (i.e. August 16, 1982)

6. Suggested Contacts in MOH, MEPD and USAID

a. MOH

- 1) Mr. G.R. M'Mwirichia, Permanent Secretary

- 2) Dr. W.K. Koinange - Director of Medical Services
 - 3) Mr. Amisi, Deputy Permanent Secretary
 - 4) Mr. P. Kariuki, Deputy Secretary
 - 5) Dr. S. Kanani, Senior Deputy Director of Medical Services
 - 6) Dr. Frank Mueke, Deputy Director of Medical Services
 - 7) Dr. James Maneno, Assistant Director of Medical Services
 - 8) Dr. Reginald Gipson, Chief of Party, Drew
- b. MEPD - Ask Dr. Maneno to arrange meetings with appropriate officers.

c. USAID/Kenya

- 1) Mrs. Allison B. Herrick, Director
- 2) Mr. Charles E. Costello, Deputy Director. (Evaluation Officer)
- 3) Mr. William S. Lefes, Program Officer

- 4) Mr. Tom Lofgren, Projects Office (PRJ), Officer backstopping health projects.
- 5) Dr. Rose Britanak, Chief, Health Nutrition and Population Division (HNP)
- 6) Dr. Jack Slattery, HPIP Project Manager, HNP

7. Reference and Background Material

a. HPIP Project Paper which contains inter alia

- 1) Logframe
- 2) Grant Agreement
- 3) Implementation Schedule
- 4) Project Budget

b. GOK/Drew contract which contains inter alia

- 1) Contractor's Scope of Work
- 2) Updated Implementation Schedule

- 3) Contract Budget
- c. Drew Technical Proposal
- d. Drew Financial Proposal
- e. HNP Project files which contain inter alia
 - 1) Project Implementation Letters (PIL)
 - 2) Project Identification Document (PID)
 - 3) General Project Correspondence
 - 4) Financial Reports
 - 5) Participant Training Files
 - 6) PASA and PIO/T documents
- f. Drew proposed revision of original Scope of Work in contract
- g. USAID/Kenya Health Sector Assessment
- h. USAID/Kenya FY 1984 CDSS (in preparation)
- i. USAID/Kenya FY 1984 CDSS Health and Nutrition Background Paper (draft)
- j. Project Evaluation Summary (PES) - Form AID 1330-15 (3-78)

Copies of items b., c., d., e., 6) f, and j. have been sent to DHHS.

Attachment I - HNP Memo dated 4/16/82

Attachment II - HNP Memo dated 4/2/82

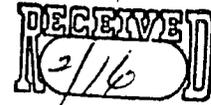
Draft:USAID/HNP:JSlattey:GOK/MOH:JManeno:USAID/PROG:WLefes:jwk:6/3/82
Clearance:HNP:RBritanak (draft)
PRJ:TLOfgren (draft)

memorandum

DATE: February 11, 1982

REPLY TO
ATTN OF: Jack Slattery, HNP, USAID/KenyaSUBJECT: Health Planning and Information Project (615-0187)
Mid-Project Evaluation

TO: DISTRIBUTION



1. Attached please find a copy of the draft Scope of Work for the Health Planning and Information Mid-Project Evaluation. This was not included in the copy of the letter which I sent to Dr. Carl Stevens on January 30, 1982. The Ministry of Health is in the process of reviewing the Scope of Work.

2. When the Scope of Work is finalized we will send you a copy of it.

Distribution: (w/copy of Draft Scope of Work)

cc: Dr. James Mahoney, HRA, DHHS
Ms. Christina Schoux, AID/W, AFR/DR/EAP
Dr. James Shepperd, AID/W, AFR/DR/HN
Ms. Shane McCarthy, AID/W, AFR/EA, OIC



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

OPTIONAL FORM NO. 10
(REV. 7-76)
GSA FPMR (41 CFR) 101-11.6
5010-112

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DRAFT

KENYA

HEALTH PLANNING AND INFORMATION PROJECT
(615-0187)

SCOPE OF WORK

FOR

MID-PROJECT EVALUATION

A. Introduction

The Grant Agreement for the Health Planning and Information Project (HPIP) was signed by USAID/Kenya and the Government of Kenya (GOK) August 30, 1979 for a total of \$2,453,000. The HPIP is a three-year activity to assist the GOK to develop and train Kenyan staff to plan, implement and evaluate health programs and policies, with the primary emphasis on expansion of rural health services delivery. The project is expected to lead to a more efficient use and equitable distribution of GOK health sector resources and development and implementation of future joint USAID/GOK health sector activities.

To accomplish this the Project Paper proposed financing the following elements:

1. 79.5 person months of long-term technical assistance services to assist in implementing and administering the project;
2. 50 person months of short-term expert consultant services to assist in implementing discrete portions of the present project, assessing and designing additional projects, and evaluating the present project;
3. 180 person months of M.A.-level participant training and 50 person months for seminars and observationsl tours;

4. Nine health planning and policy conferences and workshops;
5. \$250,000 for action studies, field trials and other baseline information data gathering and research activities;
6. \$250,000 for commodities including office furniture and equipment, library reference materials, expendable supplies and services, and five project vehicles.

The GOK is to contribute \$819,000 to the project (25 per cent of the total project costs) by providing inputs including: salary support of clerical staff, drivers and managers; office space and phone services, vehicle maintenance; one-way international travel and salary support of all training participants; and \$150,000 in local currency to support action studies, field trials and baseline data gathering activities.

USAID/Kenya has use of the following financial arrangements for this project:

1. The selection of an appropriate technical assistance intermediary to provide the bulk of USAID-financed services under the project (PP estimate was \$1,812,000);
2. \$331,000 of project funds were added to an existing USAID/Kenya PASA with DHHS (formerly DHEW) to finance short and medium-term consultants to provide interim TA and to design additional health projects; and
3. The remaining funds (PP estimate \$300,000) were retained and administered by USAID/Kenya for logistical support, a health planning/policy conference, project evaluation and long-term training of 7 Kenyan nationals.

Below is a breakdown of USAID and GOK financing as proposed in the PP as actually allocated to date:

	(\$000s)				
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*Charles R. Drew Postgraduate Medical School

For a further breakdown of proposed budget by line item see HPIP PP pp. III-16 through III-18, and the COK-Drew Host Country Contract. For actual expenditures to date by line item see last Financial Implementation Status (FYIS) Report available at USAID/Kenya's Controller's Office.

The Implementation Schedule in the HPIP Project Paper called for annual evaluations. Annual USAID/Kenya evaluations were tentatively scheduled for June 1981 and July 1982. A final evaluation was scheduled for June 1983. Presently it is proposed to have only two evaluations, combining the 1981 and 1982 evaluations in this present mid-project evaluation and a final evaluation towards the end of 1983. The specific scope of work for the mid-project evaluation is described below.

B. Scope of Work

1. Background

The specific bases for this evaluation are the Project Paper (including the project's Logical Framework (Logframe) and Implementation Schedule) the Contractor's detailed time-phased work plans contained in the GOK/Drew Contract and that is prepared by Dr. Reginald Gipson, Chief of Party, Charles R.

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Drew Postgraduate Medical School (Drew).

The Logical Framework Matrix contains explicit statements of goal purpose, output and input targets and indicators to determine if those targets have been met. Although the GOK's progress in meeting staffing plans is an important indicator of progress, determination as to whether the desired institutional capabilities are being or have been developed will be based for the most part on qualitative judgements during the mid-project and final evaluations of how well planning and implementation activities are being carried out within the MOH and Ministry of Economic Planning and Development. Such determination will be made mostly on the basis of observations, reports and documents on the planning and implementation systems and activities of the MOH and discussions with senior and middle level GOK officials.

[The findings from this evaluation will be jointly reviewed by the GOK and USAID and will serve as the basis for a determination as to whether or not to continue the project. If it is decided to continue the project, the evaluator will make specific recommendations as to the extent the project purpose; assumptions, implementation and contractor work schedule, and cost estimates should be restructured.]

2. Specific Tasks

a. Goal Level

Determine the extent to which the project goal is realistic, and the extent to which it can be influenced by attainment of the project's purpose.

b. Purpose Level (Based on HPIP PP Logframe)

Determine the extent to which the MOH has:

1. Established a Division of Planning and Implementation staffed with professionally trained Kenyan staff;

2. Establish a Health Planning and Policy Coordination Committee composed of senior health officials and representatives of the Ministry of

Works (MOW) and MEPD; and

3. Placed trained health planners in the MOH and MEPD headquarters and provincial/district level posts.

C. Output Level (Based on HPIIP Framework)

Determine the extent to which the MOH has:

1. Assigned up to 10 persons to the Division of Planning and Implementation;
2. Placed upto 15 M.A.-level trained health planners in the MOH and MEPD headquarters and in selected provinces and districts;
3. Conducted planning and policy coordinating committee meetings quarterly, attended by 10-12 MOH senior officers and representatives of the MEPD and MOW;
4. Completed 3-6 major field trials and baseline data collection studies;
5. Completed 6-8 action research studies;
6. Conducted 9 major policy, planning and health information seminars;
7. Revised or developed a new Scheme of Service for non-medical professionals in MOH to be adopted by relevant GOK agencies; and
8. Developed content and methodologies for health program and project evaluation.

D. Input Level (Based on GOK/Drew Contract and DHHS PASA Contract)

Determine the extent to which:

1. DHHS/HRSA has provided 7½ person months of health economist technical assistance (Dr. James Jeffers);
2. Drew has provided 70 person months of long-term technical assistance (Senior Health Planner for 35.5 person months and a Health Information Specialist for 34.5 person months);
3. Drew has provided 18 person month. of short-term consultant services directly related to the implementation of the HPIIP;

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4. Dhus/has provided up to 26 person months of short-term consultant services for assessing feasibility and design of USAID and MOH jointly identified new health sector activities;

5. USAID arranged M.A.-level health planning training for 7 participants;

6. Drew arranged M.A.-level health planning training for 5 participants;

7. Drew has provided 5 short-term seminars overseas and 8 conferences in Kenya on health planning, policy and information;

8. Drew has arranged observational tour training in other African countries for 10 Kenyan officials;

9. USAID has arranged observational tour training in Asia for 5 MOH officials;

10. Drew and MOH have procured project vehicles, books, furniture, periodicals, supplies, printing services, and other support items; and

11. Drew assisted in conducting 6-8 studies, action research projects and 3-6 baseline information studies.

Other inputs by Drew are described as major tasks in the Scope of Work (Appendix I) in the Agreement between the Government of the Republic of Kenya and the Charles R. Drew Postgraduate Medical School. The evaluator will assess the extent to which the Contractor has been able to carry out these tasks and, as appropriate, recommend any modifications. Evaluator will compare actual inputs and outputs with those proposed in HPIP Project Paper.

E. Working Relationships

The evaluator will also assess the working relationships of the Contractor and MOH and the support which the Contractor is receiving from the MOH, ^{Drew Home Office} and USAID.

F. Relationship of Input, Outputs, Purpose and Goal Activities

Three areas requiring special attention are:

1. Establishment of the Health Planning and Information Division;

2. Establishment of the Health Planning and Policy Coordination Committee; and

3. Establishment of a revised or new scheme of service for non-medical professionals.

2. Specific Assumptions

Verify the validity of these assumptions in the light of the views of project
To the level of assumptions related to the goal; determine the extent to which:

1. Suitable candidates for training were identified, trained and returned to the MOH;

2. Health planners trained under Project has appropriate access to MOH and Ministry of Economic Planning and Development (MEPD) executives;

3. Plans have been made to place MOH officers presently in training in appropriate health planning positions in Ministry;

4. Training in U.S. institutions, Kenya and Third countries has imparted appropriate planning, implementation, policy analysis and program skills; and

5. Organizational structure, reporting mechanism and communications channels are appropriate for making adequate impact on health plans, policies and budgets.

G. Condition Precedents and Covenants

The evaluator will determine the extent to which the Project's Condition Precedents and Covenants have been ^{satisfied} justified, and recommend any modifications.

H. Budget

The evaluator will assess the present funding status of the project in light of activities completed and those considered necessary for the remainder of the activity and recommend any modifications.

I. Recommendations

On the basis of the evaluator's findings the evaluators will present in the report and meetings with the GOK and USAID/Kenya options which USAID/Kenya and the GOK can consider for deciding how to proceed in the future with this project. The evaluators will give the 'pros' and 'cons' of each option and where appropriate rank the options in terms of its potential of attaining the project's purpose and goal as well as feasibility of implementation.

J. Project Reports

The evaluator will assess the extent that DHHS and the Contractor are meeting their reporting requirements.

K. Other

The evaluator will also discuss in the evaluation report external factors that have affected the project, in planned effects of the project, the project's impact on targetted beneficiaries and lessons learned as outlined in Part II of the Project Evaluation Summary (See Form AID 1330-15A(3-78))

3. Participants in Evaluation

a. Outside Evaluator - Dr. Carl Stevens, Professor of Economics, Reed College has been proposed.

b. Ministry of Health - Dr. James Maneno, Assistant Director of Medical Services; and

c. USAID/Kenya - Dr. Rose Britanek, Chief, Health Nutrition and population (HNP) Division, Dr. Jack Slattery, HPIP Project Manager, HNP

The evaluator will be contracted under the HPIP PASA (HZ/AR-135-4-77) with the Department of Health and Human Services/Health Resources Administration (DHHS/HRA). This person will be a Health Economist or Health Planner with extensive experience in the design and evaluation of health planning projects in developing countries and possess a minimum of a PhD in a field related to

health economics and planning. Dr. James Maneno will be responsible for arranging meetings and visits to Government institutions and providing any necessary GOK information and reports. Dr. Britanak and Dr. Slattery will be responsible for arranging entrance and exit interviews, review of the draft evaluation report and providing any USAID/Kenya information and documents related to the project.

4. DHHS/HRA Responsibilities

DHHS/HRA will contract the services of an evaluator for four (4) weeks to arrive in Kenya on or about 15 February 1982 for a minimum of two full work weeks in Kenya. Prior to coming to Kenya the evaluator will use one week of the consultancy to review the background documents (see below) and develop an evaluation method and plan based on this Scope of Work and the background documents. The evaluator will also visit the Charles R. Drew Postgraduate Medical School, DHHS and AID/W which enroute from Reed College to Nairobi. While in Kenya, the Evaluator will prepare a draft evaluation report to be jointly reviewed by the MOH, Drew and USAID. DHHS/HRA will arrange all travel, per diem and advances, including an advance (\$1500 estimated) to the evaluator for typing and reproduction services and to rent a typewriter and a vehicle for travel outside Nairobi, as required. Upon notification of the evaluator's ETA, USAID/Kenya will reserve hotel accommodation. The Evaluator will use taxis for transport to and from the Airport in Nairobi and around Nairobi. USAID/Kenya will provide the evaluator with office space.

5. Tentative Schedule of Activities (proposed dates)

a. Week One - In U.S. (February 8-12, 1982)

- 1) Review background material (Evaluator)
- 2) Develop evaluation method and plan (Evaluator)

3-5 Feb 1982
DHHS/HRA

- 3) Visit Drew, Los Angeles (Drs. A. ^{Wagner}Wagner and A. Cannon)
 - 4) Visit DHHS (Mr. James Mahony and Mr. ^{Daniel}Daniell Stephens)
 - 5) Visit AID/W (Dr. James Sheppard and Ms. Christina Schoux, AFR/DR)
- *b. Week Two - in Kenya (February 15-20, 1982)
- 1) Day One - Entrance Interview with Mission
 - Meeting with Mission and MOH to review evaluation methodology and plan and to finalize logistical arrangements and details of SOW.
 - 2) Day Two-six - Evaluator conducts evaluation interviews and visits.
- c. Week Three - in Kenya (February 22-27, 1982)
- 1) Day One-three - Evaluator conducts evaluation interviews and visits.
 - Prepares draft report and recommendations.
 - 2) Day Four - Evaluator submits draft report to USAID/Kenya and MOH before noon.
 - 3) Day Five - Evaluator meets with Mission to discuss draft report and recommendations in morning
 - Evaluator meets with USAID and MOH to discuss draft report and recommendations in afternoon
 - 4) Day Six - Evaluator conducts any final interviews and collects any further information before departing Kenya.
- d. Week Four - in U.S. (March 1-6, 1982) Evaluator prepares original plus 3 copies of final report to be received by USAID no later than April 1, 1982.

6. Suggested contracts in MOH, MEPD and USAID

a. MOH

- 1) Dr. W.K. Koinange, Director of Medical Services

*Note: February 15, 1982, is a U.S. Government holiday.

/ 25

- 2) Dr. S. Kanani, Senior Deputy Director of Medical Services
 - 3) Dr. Frank Mueke, Deputy Director of Medical Services
 - 4) Dr. James Maneno, Assistant Director of Medical Services
 - 5) Dr. Reginald Gipson, Chief-of-Party, Drew
- b. NEPD - Ask Dr. Maneno to arrange meetings with appropriate officers.
- c. USAID/Kenya
- 1) Mrs. Allison B. Herrick, Director
 - 2) Mr. Charles E. Costello, Deputy Director
 - 3) Mr. William Lefcs, Program Officer and Mission Evaluation Officer
 - 4) Mr. Tom Lofgren, Projects Office (PRJ), Officer backstopping health health projects
 - 5) Dr. Rose Britanak, Chief, Health, Nutrition and Population Division (HNP)
 - 6) Dr. Jack Slattey, HPIP Project Manager, HNP

7. Reference and Background Material

- a. HPIP Project Paper which contains inter alia
- 1) Logframe
 - 2) Grant Agreement
 - 3) Implementation Schedule
 - 4) Project Budget
- b. GOK/Drew contract which contains inter alia
- 1) Contractor's Scope of Work
 - 2) Updated Implementation Schedule
 - 3) Contract Budget
- c. Drew Technical Proposal
- d. Drew Financial Proposal
- e. HNP Project files which contain inter alia
- 1) Project Implementation Letters (PIL)
 - 2) Project Identification Document (PID)

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- 3) General Project Correspondence
 - 4) Financial Reports
 - 5) Participant Training Files
 - 6) PASA and PIO/T documents
- E. Drew proposed revision of original Scope of Work in contract
 - g. USAID/Kenya Health Sector Assessment
 - h. USAID/Kenya FY 1984 CDSS (in preparation)
 - i. USAID/Kenya FY 1984 CDSS Health and Nutrition Background Paper (draft)
 - j. Project Evaluation Summary (PES) - Form AID 1330-15 (3-78) Copies of
- Items b., c., d., e.6), f. and j. will be sent to the evaluation within the next week.

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UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
U.S.A.I.D. MISSION TO KENYA

UNITED STATES POSTAL ADDRESS
US AID NAIROBI
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

INTERNATIONAL POSTAL ADDRESS
POST OFFICE BOX 30267
NAIROBI, KENYA

January 20, 1982

Kenya

Dr. Carl Stevens
Professor of Economics
Reed College
Portland, Oregon 97202

Dear Dr. Stevens:

I assume that Mr. James Mahoney of Health Resources Administration, Department of Human Services (HRA/DHHS) has contacted you about your possible participation as Evaluator in the USAID/Kenya - Ministry of Health Mid-Project Evaluation of the Health Planning and Information Project (615-0187). In this connection a copy of the Scope of Work for the Evaluation and the following background documents are enclosed:

1. Project Implementation Letters 1-13
2. Project Implementation Orders/Technical Services and Amendments
3. Department of Health and Human Services/Health Resources Administration (DHHS/HRA) PASA Contract and Amendments
4. Government of Kenya (GOK)/Drew Postgraduate Medical School (Drew) Agreement
5. First Draft Revision of GOK/Drew Agreement
6. Draft Revised Scope of Work for GOK/Drew Agreement
7. Drew Cost Proposal
8. Drew Technical Proposal
9. Project Evaluation Summary

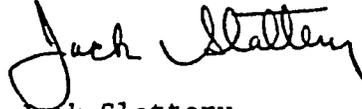
I have already sent you a copy of the USAID/Kenya Health Sector Assessment and the Health Planning Project Paper which contains the GOK/USAID Grant Agreement and Logical Framework Matrix.

If it works out so that you can come to Kenya to do the Evaluation, the Ministry of Health and USAID/Kenya would appreciate it if you could take an extra day or two to discuss your project concerning alternative revenue sources for supporting public and private health services and systems. From what we understand of your project we would be pleased if you could give serious consideration to Kenya as one of the project countries.

If you have any questions concerning the Scope of Work for the Evaluation or any other questions please do not hesitate to contact us by telegram or telephone. My office number is Nairobi 331160 extension 248 and our office hours are from 7:30 a.m. to 4:15 p.m. Monday through Friday. If you need to call me at home due to the time difference, my home number is Nairobi 582584.

With best wishes.

Sincerely yours,



Jack Slattery
Deputy Chief
Health/Nutrition/Population Division

Encl: a/s

c.c. DHHS/HRA:Mr. James Mahoney
✓ AID/W; AFR/DR:Ms. Christina Schoux
AID/W; AFR/DR/HN:Dr. James Sheppard



UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
U.S.AID MISSION TO KENYA

Dr. Sheppard
Gilda
HM

UNITED STATES PORTAL ADDRESS
US AID/NAIROBI
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

INTERNATIONAL POSTAL ADDRESS
POST OFFICE BOX 30007
NAIROBI, KENYA
1/28
USAID/30007

January 20, 1982

Dr. Carl Stevens
Professor of Economics
Reed College
Portland, Oregon 97202

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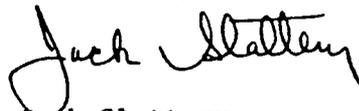
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Jack Slattery

Deputy Chief

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Encl: a/s

c.c. DHHS/MRA:Mr. James Mahoney
AID/W; AFR/DR:Ms. Christina Schoux
AID/W; AFR/DR/HN:Dr. James Sheppard

APPENDIX A

HEALTH PLANNING AND INFORMATION PROJECT

SCOPE OF WORK

Major tasks to be performed during the course of the project include the following:

- A. Assist MOH executives and other Kenya agencies in the establishment of the new Division of Planning and Implementation in the MOH. While a tentative organizational structure and staffing pattern has been developed, this is subject to continuous review, revision and consequent evolution, particularly as concerns relationships with other administrative units within the MOH.
- B. Assist in the establishment of the Planning and Policy Coordination Committee composition, charge and duties, authorities and reporting responsibilities.
- C. Assist in developing, refining and establishing health planning, implementation, evaluation and policy analysis procedures.
- D. Assist in the preparation of guidelines for decentralizing planning, implementation and evaluation activities to the provincial and district levels.
- E. Assist in the revision or development of a scheme of service appropriate for health planning personnel, both medical and non-medical, in the MOH and MOEPD. (This will be completed as evidenced by written recommendations by June 1, 1981.)
- F. Provide technical assistance in appraising health sector policies and programs, in the form of written memoranda as required by senior officers.
- G. Assist in the identification and assembly, from primary and secondary sources, of a minimum base of data needed to support health sector planning, implementation and evaluation activities.
- H. Assist the MOH/MOEPD in developing a list of research priorities and in developing appropriate procedures and guidelines for the solicitation, review and approval of research contracts.
- I. Assist the MOH/MOEPD in identifying the need for baseline studies, and assembling data and institutionalizing the continuous gathering of a minimum base of data needed to support health planning, implementation, policy analysis and health program evaluation.
- J. Assist in evaluating the results of action-oriented research studies and in developing procedures for the appropriate distribution of research findings.
- K. Assist the MOH in identifying consultant needs to assist in the design of specific projects and assist in preparing appropriate scopes of work for these consultant activities, which will be funded from other sources.

- L. Assist in identifying the need for consultant services to implement discrete portions of the projects; develop appropriate scopes of work in consultation with MOH officials and assist in recruiting appropriate experts. {Note: In addition to 18 person-months of consultant services to be fielded by the Contractor, the project will fund approximately 26 person-months of services from the Health Resources Administration in the follow-on project design category and 6 person-months of AID evaluators. The Contractor will work closely with these other consultants.}
- M. Assist in the selection of five {5} M.A. and 15 short-course training candidates and assist AID and MOH/MOEPD in making all necessary administrative arrangements for their placement and training. {AID will effect and fund actual placement of an additional 7 M.A. training candidates through its own procedures.}
- N. Help organize and made arrangements for observational tour training on behalf of 10 Kenyan officers. This will involve training in other African countries.
- O. Assist in seeing that M.A. Kenyan Planners {returned participants} are functioning effectively in appropriate positions on the MOH and MOEPD.
- P. Assist in organizing, conducting and evaluating eight {8} health planning, policy and information seminars.
- Q. Assist in developing an appropriate list of equipment {vehicles, office equipment, commodities} needed and effect timely acquisition and deployment of all such equipment, etc. Procurement will be in accordance with AID regulations.

memorandum

DATE: April 16, 1982

REPLY TO
ATTN OF: Jack Slattery, HNP *JS*

SUBJECT: Health Planning and Information Project (615-0187)
Mid-Project Evaluation

TO: Health Planning and Information Project Evaluators

Attached please find a copy of STATE 081077 which contains additional Africa Bureau guidance which must be used in conducting the subject evaluation. It requires that an executive summary be prepared for this evaluation and that a set of ten questions be answered in the summary. Since this guidance was not available at the time that the evaluation scope of work was being finalized it is now being distributed.

If there are any questions regarding this guidance, Mr. William S. Lefes, the USAID/Kenya Program Officer will be able to assist in answering them at the time of the evaluation.

Attachment: STATE 081077

cc: (w/Attachment)

- / Dr. S. Kanani, Senior Director of Medical Services, Ministry of Health
- / Dr. J. Maneno, Assistant Director of Medical Services, MOH
- / Dr. R. Gipson, Drew, MOH
- Dr. J. Sheppard, AID/W
- Ms. Christina Schoux, AID/W
- Mr. James Mahoney, DHHS/HR, AID/W



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RUTABA/AMEMBASSY ADDIS ABABA 9552

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RUFHPPI/AMEMBASSY BISSAU 8048

RUEHBZ/AMEMBASSY BRAZZAVILLE 6588

RUTAOK/AMEMBASSY BUJUMBURA 2164

RUTAAX/AMEMBASSY CONAKRY 7289

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RUTADR/AMEMBASSY DAYAR 6313

RUEEDR/AMEMBASSY DAR ES SALAAM 2192

RUQMDJ/AMEMBASSY DJIBOUTI 7560

RUTAFN/AMEMBASSY FREETOWN 3985

RUEHOR/AMEMBASSY GABORONE 7460

RUQMKA/AMEMBASSY KAMPALA 5120

RUQMEM/AMEMBASSY KHARTOUM 1068

RUEHLK/AMEMBASSY KIGALI 3826

RUEHKI/AMEMBASSY KINSHASA 5773

RUTALS/AMEMBASSY LAGOS 3993

RUEHLG/AMEMBASSY LILONGWE 9865

RUFEPG/AMEMBASSY LOME 3625

RUTAOK/AMEMBASSY LUSAKA 8062

RUEHRU/AMEMBASSY MASERU 0520

RUEHRB/AMEMBASSY MBABAND 7743

RUQMDI/AMEMBASSY MOGADISHU 5235

RUTAMA/AMEMBASSY MONROVIA 7379

RUEENR/AMEMBASSY NAIROBI 5018

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RUEHSB/AMEMBASSY SALISBURY 5711

RUTADE/AMEMBASSY YAOUNDE 3345

BT

UNCLAS SECTION 01 OF 03 STATE 081077

AIDAC, ABIDJAN FOR REDSO/W, NAIROBI FOR REDSO/E

E.O. 12065: N/A

TAGS:

SUBJECT: EVALUATION INFORMATION NEEDED BY AFR.

1. AFR'S EXPERIENCE IN EVALUATION TO DATE INDICATES THAT IT NEEDS CERTAIN DATA ON EVERY PROJECT IN ORDER TO TEST THE PROCEDURES AND GUIDELINES USED TO DESIGN AND IMPLEMENT PROJECTS. THE BUREAU'S NEEDS FOR EVALUATION INFORMATION BOIL DOWN TO THE TEN QUESTIONS LISTED IN PARAGRAPH THREE BELOW. ALL FUTURE EVALUATION REPORTS SHOULD CONTAIN AN EXECUTIVE SUMMARY WHICH SETS FORTH EACH QUESTION FOLLOWED BY ITS ANSWER. EVALUATIONS COMPLETED BEFORE RECEIPT OF THIS

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CABLE AND ONGOING EVALUATIONS SHOULD ANSWER AS MANY OF THESE QUESTIONS AS FEASIBLE. FUTURE EVALUATIONS MUST ANSWER ALL TEN QUESTIONS USING EITHER QUANTITATIVE, QUALITATIVE OR IMPRESSIONISTIC INFORMATION.

2. IN ADDITION TO PROVIDING DATA TO TEST BUREAU POLICIES AND PROCEDURES, THE EXECUTIVE SUMMARIES WILL PROVIDE AN IMPORTANT SOURCE OF PROJECT INFORMATION FOR DECISIONMAKERS WITHIN AND OUTSIDE THE BUREAU. WE SEE THESE SUMMARIES AS PARTICULARLY USEFUL TO PEOPLE WHOSE ONLY INFORMATION REGARDING PROJECTS COMES FROM GAO REPORTS. WE PLAN TO DISTRIBUTE THE EXECUTIVE SUMMARIES TO THE CONGRESSIONAL COMMITTEES THAT DEAL WITH FOREIGN ASSISTANCE AND OTHER KEY AUDIENCES.

3. QUESTIONS FOR EXECUTIVE SUMMARY. (NOTE: THE WORD TECHNOLOGY AS USED BELOW REFERS TO FARMING METHODS, NEW DIETARY HABITS, NEW HEALTH PRACTICES; IT REFERS TO THE SKILLS, TECHNIQUES OR PRACTICES AID ATTEMPTS TO TRANSFER. ACCORDING TO ONE OF MCPHERSON'S SPEECHES, DONORS TRANSFER TECHNOLOGY OR RESOURCES AND AID HAS LIMITED ITSELF MAINLY TO TECHNOLOGY TRANSFERS IN RECENT YEARS.)

Q.I. WHAT CONSTRAINTS DOES THIS PROJECT ATTEMPT TO OVERCOME AND WHO DOES IT CONSTRAIN?

— DOES THE PROJECT ATTACK A LABOR, POLICY OR OTHER CONSTRAINT?

— EXAMPLE: THIS PROJECT ATTEMPTS TO RELIEVE THE LABOR CONSTRAINT THAT CAUSES FARMERS TO PLANT COTTON LATER THAN THE OPTIMUM TIME THEREBY REDUCING AVERAGE YIELDS BY 25 PERCENT.

Q.II. WHAT TECHNOLOGY DOES THE PROJECT PROMOTE TO RELIEVE THIS CONSTRAINT?

— DOES THIS PROJECT, FOR EXAMPLE, PROMOTE A NEW PLANTING TECHNIQUE, AN IMPROVED SEED, VACCINATION OF CATTLE OR A RESEARCH SYSTEM THAT INVOLVES SUBSISTENCE FARMERS AND, ACCORDINGLY, WILL ENHANCE PROSPECTS FOR DEVELOPING TECHNOLOGIES THAT MEET THEIR NEEDS?

— EXAMPLE: THIS PROJECT INTRODUCES A PACKAGE OF HERBICIDES, FERTILIZERS AND TRAINING IN THEIR USE WHICH WILL DECREASE THE LABOR REQUIREMENTS FOR WEEDING FOOD CROPS AND RELEASE THE LABOR FARMERS NEED TO PLANT COTTON AT THE OPTIMUM TIME.

Q.III. WHAT TECHNOLOGY DOES THE PROJECT ATTEMPT TO REPLACE DO INTENDED BENEFICIARIES PLANT WITH A DIGGING STICK, USE UNIMPROVED SEEDS, VACCINATE CATTLE AND RECEIVE ONLY UNUSABLE TECHNOLOGIES FROM GOVERNMENT-SPONSORED RESEARCH?

— EXAMPLE: THE INTENDED BENEFICIARIES NOW USE HAND

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HOES TO WEED THEIR SUSTINENCE CROPS. THE PROJECT PROPOSES TO REPLACE THEM WITH HERBICIDES.

Q.IV. WHY DO PROJECT PLANNERS BELIEVE THAT INTENDED BENEFICIARIES WILL ADOPT THE PROPOSED TECHNOLOGY?

--- DOES THE NEW TECHNOLOGY PROVIDE SUBSTANTIAL ECONOMIC INCENTIVES? DOES THE LABOR SAVED OFFSET SUFFICIENTLY THE COST OF THE TECHNOLOGICAL PACKAGE? DOES THE POTENTIAL FOR INCREASED YIELD OFFSET SUFFICIENTLY THE RISK AND COST OF USING IMPROVED SEEDS? HAVE PLANNERS OBTAINED THE OPINIONS AND POINT OF VIEW OF THE INTENDED BENEFICIARIES? "WHAT IS LACKING AT THE MOMENT IN MANY AREAS OF RURAL AFRICA IS THE INCENTIVE TO CHANGE, NOT THE ABILITY OR DESIRE" C. J. DOSE, A PROFILE OF THE AFRICAN CULTIVATOR.

--- EXAMPLE: IMPLEMENTING THE TECHNOLOGY COSTS ABOUT FORTY DOLLARS PER HECTARE; IT, HOWEVER, ENABLES THE FARMER TO INCREASE INCOME PER HECTARE AN AVERAGE OF ONE HUNDRED AND FIFTY DOLLARS.

Q.V. WHAT CHARACTERISTICS DO INTENDED BENEFICIARIES EXHIBIT THAT HAVE RELEVANCE TO THEIR ADOPTING THE PROPOSED TECHNOLOGY?

--- WHAT AVERAGE EDUCATION LEVEL DO THEY ACHIEVE? WHAT ACTIVITIES ASIDE FROM FARMING DO THEY ENGAGE IN? HAVE THEY USED HERBICIDES OR FERTILIZERS?

--- EXAMPLE: FEW INTENDED BENEFICIARIES HAVE ACHIEVED THE FUNCTIONAL LITERACY LEVEL; HOWEVER, MANY OF THEM HAVE USED FERTILIZER AND ALSO HAVE SPRAYED INSECTICIDES USING THE SAME KIND OF TANKS REQUIRED TO APPLY HERBICIDES. ACCORDINGLY, THE FARMERS ALREADY HAVE ACQUIRED MOST OF THE MANUAL SKILLS REQUIRED TO APPLY THE NEW TECHNOLOGY.

Q.VI. WHAT ADOPTION RATE HAS THIS PROJECT OR PREVIOUS PROJECTS ACHIEVED IN TRANSFERRING THE PROPOSED TECHNOLOGY?

--- WHY HAVE OR WHY HAVE NOT INTENDED BENEFICIARIES ADOPTED THIS TECHNOLOGY?

--- EXAMPLE: OVER A FIVE YEAR PERIOD A PROJECT IN ZAMBIA ACHIEVED AN ADOPTION RATE OF 80 PERCENT FOR THE PROPOSED TECHNOLOGY. DURING THAT PERIOD, HOWEVER, THE PRICE OF COTTON ROSE TO A LEVEL ABOUT 50 PERCENT HIGHER THAN THE PRICE EXPECTED TO PREVAIL DURING THE LIFE OF THIS PROJECT. FARMERS ADOPTED THE TECHNOLOGY IN ZAMBIA BECAUSE THEY HAD AN ECONOMIC INCENTIVE. SYSTEMATIC INTERVIEWS WITH FARMERS IN THE PROJECT AREA INFER THAT PREVAILING FARMGATE PRICES PROVIDE SUFFICIENT INCENTIVE FOR FARMERS TO ADOPT THE

NEW TECHNOLOGICAL PACKAGE FOR FOOD CROPS--SO--THEY CAN PLANT COTTON AT THE OPTIMUM TIME. SINCE DEMONSTRATION TRIALS BEGAN ONLY SIX MONTHS AGO, THE PROJECT WILL NOT GENERATE INFORMATION ON THE ADOPTION RATE FOR ANOTHER EIGHTEEN MONTHS.

Q.VII. WILL THE PROJECT SET IN MOTION FORCES THAT WILL
 -- INDUCE FURTHER EXPLORATION OF THE CONSTRAINT AND
 -- IMPROVEMENTS TO THE TECHNOLOGICAL PACKAGE PROPOSED
 -- TO OVERCOME IT?

-- WHAT INCENTIVES DOES THE NATIONAL RESEARCH SERVICE
 HAVE TO CONTINUE WORKING ON THE CONSTRAINT ONCE THE PROJECT

AIDAC, APIDJAN FOR REDSO/W, NAIROBI FOR REDSO/E

HAS TERMINATED? DOES THE RESEARCH SERVICE HAVE CONNECTIONS WITH OTHER RESEARCH ORGANIZATIONS WORKING ON THE SAME PROBLEM? HAS SELF-INTEREST CAUSED GROUPS TO ORGANIZE AND PRESSURE THE GOVERNMENT TO CONTINUE FUNDING?

Q.VIII. DO PRIVATE INPUT SUPPLIERS HAVE AN INCENTIVE TO EXAMINE THE CONSTRAINT ADDRESSED BY THE PROJECT AND COME UP WITH SOLUTIONS?

--- IF PRIVATE INPUT SUPPLIERS AT PRESENT DO NOT HAVE AN INCENTIVE TO EXAMINE THIS OR OTHER CONSTRAINTS, DISCUSS HOW THE PROJECT MIGHT ASSIST IN PROVIDING INCENTIVES TO GET THE PRIVATE SECTOR INVOLVED IN SUCH ACTIVITIES. CAN LOCAL ENTERPRISES PRODUCE THE PHYSICAL PORTION OF THE NEW TECHNOLOGIES: IMPLEMENTS, IMPROVED SEEDS, FARM CHEMICALS? DOES THE PROMOTED TECHNOLOGY PROVIDE INCENTIVES FOR PRIVATE INDUSTRY TO INVOLVE ITSELF IN THE ONGOING IMPROVEMENT AND MARKETING OF THE TECHNOLOGY?

Q.IX. WHAT DELIVERY SYSTEM DOES THE PROJECT EMPLOY TO TRANSFER THE NEW TECHNOLOGY TO INTENDED BENEFICIARIES?

--- DOES THE PROJECT PROVIDE TRAINING IN THE USE OF THE NEW TECHNOLOGY TO EXTENSION AGENTS WHO IN TURN WILL TRAIN GROUPS OF FARMERS? WHAT ENTITIES WILL THE AGENTS USE TO ORGANIZE GROUPS: COOPERATIVE LEADERS, CLAN LEADERS, COMMUNITY LEADERS? DOES THE PROJECT PLAN TO DIFFUSE THE TECHNOLOGY THROUGH PRIVATE INPUT SUPPLIERS?

Q.X. WHAT TRAINING TECHNIQUES DOES THE PROJECT USE TO DEVELOP THE DELIVERY SYSTEM?

--- WHAT KINDS OF SKILLS DID THE DELIVERY SYSTEM NEED TO MAKE THE TECHNOLOGY TRANSFER AND HOW DID IT OBTAIN THEM? WHAT METHODS DID THE PROJECT USE TO DEVELOP THESE SKILLS AND HOW LONG DID IT TAKE? WHAT CHARACTERISTICS DID THE TRAINEES POSSESS PRIOR TO RECEIVING THE TRAINING-EDUCATION EXPERIENCE, SEX?

4. PLEASE KEEP THE EXECUTIVE SUMMARIES TO FIVE PAGES OR LESS. HAIG

BT

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