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EVALUATION  
CRS KENYA PROGRAM



Agency for International Development

Washington, D.C. 20523

1980

**KENYA FOOD FOR PEACE  
TITLE II EVALUATION**

**FINAL REPORT**

**Prepared for :**

**Office of Food for Peace  
Agency for International Development  
Washington, D.C.  
Under IQC No. AID/SOD/PDC-C-0261**

**Prepared by :**

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**APRIL 1981**

## PREFACE

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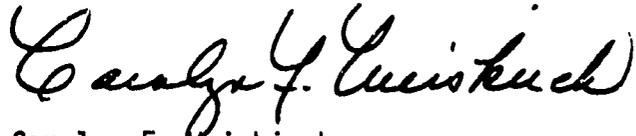
The CRS Title II Program in Kenya was begun in 1964. This program has changed faces several times since then and currently is primarily focused on the Maternal Child Health and Food for Work Categories. In addition to being the recipient of a Title II Outreach Grant, the CRS/Kenya program was also one of the four country programs for which AID has provided grant funding to finance the testing of the Growth Surveillance System (GSS) developed by Dr. Carlo Capone, Medical Director, CRS/Africa Regional Office in Nairobi, to determine whether the GSS was a valid means of measuring nutrition impact in MCH food and nutrition programs.

The evaluation team had hoped to comment on Dr. Capone's data and analysis of the nutritional impact of the Kenya MCH (food and nutrition) program as measured through use of the GSS as a part of this evaluation. This data was not available, however, and therefore at this time is not included nor commented upon.

While reading this report it should be kept in mind that at the time of the evaluation, near famine conditions existed in some areas visited due to the severe drought affecting much of East Africa. Not surprisingly, the regular program was affected. Whether such conditions are exceptional or should be expected and anticipated with regularity is a matter for further study and analysis.

The team is grateful for the cooperation, encouragement and support received from the Office of Food for Peace (Washington), USAID, REDSO/EA and CRS offices in Kenya, Catholic Relief Services in New York, and the Government of Kenya at all levels, including the various ministries in Nairobi, district and local officials, village chiefs and elders. Gratitude is also extended to parish priests as well as other distributing agencies and their staffs who were eager to share their ideas and concerns with us, and to CRS/Kenya for the services and advice provided by Michael Maren, a Peace Corps volunteer currently coordinating Food for Work projects for CRS/Kenya.

Ultimately our sincere thanks is extended to the Title II beneficiaries and other people of Kenya who freely permitted us to interview them in their homes and businesses. Their hospitality and candor were invaluable in our efforts.

A handwritten signature in cursive script, reading "Carolyn F. Weiskirch".

Carolyn F. Weiskirch

Office of Food for Peace

August 1980

## ACKNOWLEDGEMENTS

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The Kenya Title II Evaluation is the result of the work of many individuals and several different organizations. However, the following people merit particular acknowledgement for their organizational affiliations and in some cases their responsibilities:

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Many others made important contributions that unfortunately cannot be formally acknowledged.

The evaluation team members are solely responsible for the content and interpretations in this report and they should not be attributed to the Agency for International Development.

## GLOSSARY

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ABS	-	AID Annual Budget Submission
AER	-	Title II PL 480 Commodities Annual Estimate of Requirements
AID	-	Agency for International Development
ASAL	-	Arid and Semi-Arid Lands
CDSS	-	AID Country Development Strategy Statement
CRS	-	Catholic Relief Services
CRS/Africa Regional Office	-	Catholic Relief Services Office for Africa, located in Nairobi
CRS/Kenya	-	Catholic Relief Services Office for Africa, located in Nairobi
CRS/RMO	-	Catholic Relief Services Regional Medical Officer in Nairobi
CSM	-	Corn Soy Milk
FAO	-	Food and Agriculture Organization of the United Nations
FFP	-	Office of Food for Peace/AID
FFW	-	Food for Work Program
F & N	-	Food and Nutrition Program of CRS
Ghee	-	Clarified Butter Oil
GOK	-	Government of Kenya
GSS	-	Growth Surveillance System
Harambee	-	Self-Improvement Movement in Kenya
IQC	-	Indefinite Quantity Contract
K Shillings	-	7.20 KSh. = \$1.00 approximately
MCH	-	Maternal and Child Health Program of CRS
MOH	-	Ministry of Health in Kenya
NFDM	-	Nonfat Dried Milk
NGO	-	Non-Government Organization
PEM	-	Protein Energy Malnutrition

Posho	-	Maize Flour
REDSO/EA	-	Regional Aid Office for East Africa
SFB	-	Soy-Fortified Bulgur
USAID/Kenya	-	AID's Kenya Mission
USDA	-	United States Department of Agriculture
Volag	-	Voluntary Organization

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## INTRODUCTION

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### CHAPTER ONE

In 1980, the Kenya Food for Peace Title II program is sponsoring the distribution of over 9,000 metric tons of food commodities valued at approximately U.S. \$4 million to 138,000 beneficiaries. Catholic Relief Services (CRS), a private voluntary agency, is the implementing agency for the Title II program in Kenya. The largest component of this Title II program is a Maternal and Child Health (MCH) Program integrated with a food and nutrition education effort. Additionally, a Food for Work (FFW) Program has recently been initiated and may be expanded substantially in coming years. CRS/Kenya is the recipient of a Title II Outreach Grant to provide logistical assistance for the planned expansion.

In 1979, in response to requests by USAID/Kenya, the Kenya Title II CRS program was selected as the first in a new series of country-specific Title II evaluations to be conducted by the Office of Food for Peace (FFP) of the Agency for International Development (AID). This report presents the analysis, conclusions and recommendations of the Kenya Title II evaluation. To put the Kenya review into proper perspective, the introductory chapter summarizes the background, the objectives and scope, the methodology and the format of the evaluation effort.

#### A. BACKGROUND OF THE EVALUATION

The Food for Peace Program, also known as U.S. Public Law PL 480, was enacted in 1954, primarily as an agricultural surplus disposal measure. Since then, the focus of the Food for Peace legislation has shifted to give greater emphasis to the use of:

"The abundant agricultural productivity of the United States to combat hunger and malnutrition to encourage economic development in developing countries, with particular emphasis on assistance to those countries that are determined to improve their own agricultural production."  
(PL 480, 83rd Congress, Preamble)

Title II of the law authorizes food assistance:

"...to meet famine or other urgent or extraordinary relief requirements; to combat malnutrition, especially in children; to promote economic and community development in friendly, developing areas in order to alleviate the causes of the need for such assistance; and for needy persons and non-profit school lunch and pre-school feeding programs outside of the United States..."

The legislation outlines four general types of programs which could specifically meet these goals: Maternal and Child Health (MCH), Other Child Feeding (OCF), Food for Work (FFW), and School Feeding (SF).

The country-specific evaluations are intended to be used as a means of determining the effectiveness of these programs, the constraints under which they operate and possibilities for improvement. A generic "scope of work" was developed in 1980. This "scope" was adapted to specifically suit the Kenya context for this evaluation.

B. OBJECTIVES OF THE EVALUATION

According to the statement of work for the Kenya Title II evaluation:

Evaluations are intended to serve as a management report for (1) clarifying program objectives, and for (2) identifying ways of improving the food delivery system so as to increase benefits to the target groups being served. The study is expected:

- To clarify current objectives of the voluntary agency Title II programs.
- To review and evaluate the programs in terms of their contribution to planned accomplishments and objectives.
- To confirm the validity of program objectives at both the impact and implementation levels.
- To recommend any changes in program directions or implementation--including the food delivery system--which could increase its benefits.

Although a review and evaluation of past performance is an objective, emphasis is given to the analytical and planning aspects pertaining to the future of the programs. (IQC No. AID/SOD/PDC-C-0261).

The objectives and complete Statement of Work for the Kenya Evaluation appear in Chapter Two.

### C. EVALUATION METHODOLOGY

The Kenya Title II evaluation was conducted with extensive participation from the Office of Food for Peace, the USAID Mission in Kenya (USAID/Kenya), the Catholic Relief Services (CRS) offices in New York and Nairobi, and the Government of Kenya (GOK). Following the procedure outlined in the "generic scope-of-work," the evaluation was carried out in the following phases: an initial planning phase in the U.S., a planning visit in Kenya, the creation of a detailed evaluation design, and the conduct of the evaluation. A calendar of the major evaluation activities appears in Figure I-1.

After the December 1979 planning visit to Kenya, the evaluation team developed a detailed plan for the evaluation which is summarized in Chapter Two. The key features of the design included:

- Focusing attention on a few critical issues with high potential for influencing important Title II-related management decisions. Specifically, in the MCH Program, assessing what mothers do to supplement the diet of registered children and to protect their health.
- ⊙ Concentrating on three substantive areas: policy objectives and procedures, the CRS Maternal and Child Health Program, and the CRS Food for Work Program.
- ▶ Entering the evaluation with an understanding that CRS would do the nutrition impact analysis of its MCH program.
- ▶ Having a data collection plan covering three diverse ecological regions.

	May		June				July				August				September				
	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15	22
1. Pre-Planning*	XXXXXX	XXXXXX	XXXXXXXX	XXXXXX															
2. Kenya Data Collection & Analysis																			
a. Policy & Structure																			
Nairobi*					XXXXXX			XXXXXX											
Machakos-Kitui Districts						XXXXXX	XXXXXX												
Washington DC & New York City											XXXX								
b. MCH																			
Nairobi					XXXXXX			XXXXXX											
Marsabit District						XXXXXX													
Machakos-Kitui Districts							XXXXXX												
Central Province							XXXXXX												
c. Food for Work																			
General (Nairobi)					XXXXXX			XXXXXX											
Marsabit District						XXXXXX													
Machakos-Kitui; Western & Nyanza Regions						XXXXXX	XXXXXX												
3. Draft Report									XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX					
4. Period for Comments															XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
5. Revisions to Final Report																			XXXXXX

\* Pre-planning, including pre-planning in Kenya December 2-7, 1979.

FIGURE I-1: KENYA TITLE II EVALUATION: ACTIVITIES SCHEDULE

As actually carried out in Kenya, the evaluation evolved as follows:

- The MCH study was expanded to cover 14 food distribution centers in 6 districts.
- Interviews were conducted with more than 50 people for the Title II policy study, as well as with 59 MCH participants, and more than 50 FFW project related personnel.
- At the request of the Medical Director for the CRS Regional Office all communications with CRS/Kenya were submitted through the Medical Officer and answered in writing.
- The evaluation team cannot comment on the procedures or results of CRS's nutritional impact analysis as the data provided was not the nutritional impact data expected.

#### D. ORGANIZATION OF THE REPORT

The evaluation report has five substantive chapters preceded by an Executive Summary and followed by several Appendices. The Executive Summary provides a brief introduction to the evaluation effort, discusses major findings, and presents the report's conclusions and recommendations. It has been prepared as a self-contained document and should be of immediate interest to readers who desire a concise overview of the evaluation. Chapter Two describes the evaluation method. Chapter Three contains descriptive information on food assistance policy objectives and organizational structure in the Kenyan context. This includes an analysis of the similarities and differences of the principal organizations. In Chapter Four, the strategy, field operations, and participant response data for the CRS-MCH Program is presented and discussed. Detailed information on observed MCH activities and short-term nutrition and health benefits is given special attention. A recently initiated and rapidly expanding Title II activity in Kenya--the Food for Work (FFW) Program--is reviewed in Chapter Five. The FFW discussion emphasizes progress made to date and raises issues to be considered as the Program continues to expand.

## METHOD

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### CHAPTER TWO

This chapter summarizes the methods used in the Kenya Title II program evaluation. It is organized into four sections beginning with a general overview. The methods used in conjunction with each of the three major components of the evaluation--Food Aid Policy and Structure, the MCH Program, and the FFW Program--are discussed in detail. Each section describes the planned approach and the methods actually employed.

#### A. OVERVIEW

##### 1. Planned Approach for the Kenya Title II Evaluation

The evaluation of the Kenya Title II Program was the first of a new series of country-level evaluations managed by the Office of Food for Peace. In 1979 OFFP selected four contractors to help develop evaluation methods and assist in conducting the Title II evaluations. Individual studies are contracted through Indefinite Quantity Contracts with separate work orders for each evaluation.

A "Generic Scope of Work" was developed to guide the country evaluations and provide a common orientation, conceptual framework, and a set of questions to facilitate comparisons. The "Generic Scope of Work" was circulated for comments and revised, but it remains in draft pending the results of the initial country evaluations. The main thrust of the Generic Scope of Work also appears in the recently revised and updated AID Handbook 9-Food for Peace, at present available in draft form. Selections from Chapter 13 of Handbook 9, "Evaluations," succinctly summarize the overall intent of the Title II evaluation effort:

##### a. Background

Evaluations of Title II bilateral programs respond to the legislative mandate for comparative cross-country studies. These evaluative studies will enable AID/W-PDC/FFP and other concerned entities to assess the

extent to which the Title II programs are effectively designed and implemented. While this Section does not specifically address evaluations of Title II government-to-government programs and Section 206 programs, the study questions included in the attachment to this Chapter can easily be adapted for use in assessing these programs also. Evaluations of World Food Program (WFP) programs are performed by the World Food Program Evaluation Office in Rome, not by any one donor, and therefore are not subject to this section.

b. Concepts

1. In general, the evaluations will provide the necessary information to (1) make informed program decisions, and (2) measure performance against expectations agreed upon and finally planned program objectives. Country program evaluations should provide an opportunity for all involved entities at every level to fill the information gaps identified as important to all levels of decisionmaking including those of policy/program.
2. The country-specific Title II evaluations are intended to: (1) clarify current objectives of the voluntary agency Title II programs; (2) review and evaluate the programs in terms of their contribution to planned accomplishments and objectives; (3) confirm the validity of program objectives at both the implementation and impact levels; and (4) recommend any changes in program directions or implementation which would increase its benefits.
3. The evaluation thus can contribute directly to the process which determines in a broader prospective: (1) the important and realistic contributions that should be expected of each Title II program in achieving foreign policy and development objectives; (2) the best Title II program strategies or designs to be employed, given specific circumstances, to achieve these objectives; and (3) the appropriate level of resource best means available for managing Title II programs.

c. Implementation of Title II Evaluations

The PDC/FFP/T. II, in conjunction with the mission, will prepare evaluation schedules to assure timely evaluations of its Title II programs with participating countries.

1. Factors that Determine the Nature of the Evaluative Study:

There are three major factors that define the nature of a country-specific Title II program evaluation:

- a. Information Needs: the range of study questions that program decisionmakers need answers to; the level and quality of the information that will make the information usable by decisionmakers; and the immediacy with which the information is required.
- b. Availability and Access to Data: the extent to which data needed for the study are already collected or being collected and the costs associated with collecting unavailable data needed for the study.
- c. Availability of Evaluation Resources: funds, staff time, data, data processing and office facilities, and transportation that participating entities commit to the evaluation.

When designing a study, all three factors are taken into consideration. The Title II Office anticipates that no two country-specific Title II program evaluation designs will be the same as each of the three factors has a bearing on design of an evaluative study.

The Kenya evaluation was designed using the procedures specified in the Generic Scope of Work. Pre-evaluation work in Washington and with CRS headquarters in New York was followed by a planning trip to Kenya in December 1979. A country-specific scope of work for the Kenya Title II Program was then prepared reflecting the information needs of decisionmakers, the availability of data needed for the study, and the funds available for the evaluation. The initial Kenya scope of work was circulated for comments on December 7, 1979. The initial scope was relatively ambitious, based on the high interest in evaluation from USAID/Kenya and its apparent willingness to provide the additional funds required to examine a number of important issues thoroughly. When the necessary funding did not appear, a revised Kenya Title II evaluation plan was prepared. The procedures of the Generic Scope were used to adapt the evaluation to fit the resources available from FFP while at the same time responding to the highest priority information needs. The process and results are documented in "Working Paper 1--A Kit with 'Modules' for the Detailed Design of the Kenya Title II Program Review" (April 26, 1980). Selections from the working paper appear below in the methodology descriptions of the three evaluation components.

The final Kenya Title II Evaluation Plan reflected the inputs of AID/W, USAID, and CRS. According to this plan, the evaluation would focus on three key issues by assessing:

- CRS/MCH activities and benefits;
- CRS/FFW activities and benefits; and
- Title II policies of various organizations and their effects on program effectiveness.

It was agreed that, if resources permitted, the team would also compare nutrition education programs that are and are not accompanied by Title II food supplements.

The final Kenya Title II Evaluation contract negotiated with PCI specified the following objectives and statement of work:

#### Objectives

Evaluations are intended to serve as a management report for (1) clarifying program objectives, and (2) identifying ways of improving the food delivery system so as to increase benefits to the target groups being served. The study is expected:

1. To clarify current objectives of the voluntary agency programs.
2. To review and evaluate the programs in terms of their contribution to planned accomplishments and objectives.
3. To confirm the validity of program objectives at both the impact and implementation levels.
4. To recommend any changes in program directions or implementation--including the food delivery system--which would increase its benefits.

Although a review and evaluation of past performance is an objective, emphasis should be given to the analytical and planning aspects pertaining to the future of the programs.

#### Statement of Work

Fulfillment of this contract will be as follows:

1. Review with the cooperating sponsors, AID/W, relevant host government agencies, and USAID/Kenya the planned outputs and project purposes as defined in available project documentation and as perceived by the principals.
2. Examine the background and current structure of the voluntary agency Title II programs in-country analyzing the roles of the voluntary agencies and the host government agencies, the range of inputs and outputs, and the target groups benefiting from the program.
- 3.) Assess the policies and practices of the host government, cooperating sponsors and AID to determine congruence and harmony of program and project purposes, strategies and other policy-related matters, and implementation approaches. Also determine the extent to which the country program objectives are consistent with overall FFP policy and practices. (It is understood that country programs may differ in the priority they assign to the various FFP objectives).
4. From secondary sources assess the extent, degree, and basic characteristics of malnutrition in the various regions of the country; describe the specific impact (purpose to goal linkage) that achievement of current program objectives is expected to have on the malnutrition problem. (If a problem of varying objectives has been identified, this should be considered in the analysis.)
5. Appraise the relation between program inputs and outputs, focusing on how efficiently key functions are performed by the host government, and volags.
6. Assess the contribution to date, and the projected contribution, of Title II inputs/outputs to the improved nutritional, economic or educational status of the various target recipient groups. (Actual measurement of these impacts depends on the availability of data. If data are not available, some inferences can be made, and recommendations should be offered for undertaking surveys or studies or for establishing an information system.)
7. Ascertain the linkages between the volag and host government feeding programs with the nutrition activities and determine to what extent these linkages contribute to the efficacy of the feeding programs.
8. Based on the above review, prepare a set of recommendations for short-term and long-term actions by USAID/Kenya, host government, and cooperating sponsors for improved program effectiveness and operations. Describe the rationale and projected impact of any changes recommended. Areas for recommendations include possible re-direction as to focus of objectives, target groups or geographical areas; structural modifications in the organization and implementation of the program by USAID/Kenya, host government, and/or

volag. Recommendations should also be made as to any steps which might be taken to improve host government capacity to meet near-term and future management responsibilities associated with the food delivery system and its objectives.

## 2. Conduct of the Kenya Title II Evaluation

The evaluation team worked in Kenya from June 16 to July 11, 1980. The work schedule is summarized in Figure I-1. The first week was devoted to interviews in Nairobi and preparations for field work. During the second and third weeks the evaluation team collected and validated field information. The last week was devoted to analysis of the information gathered, preliminary drafting of the final report, and debriefing of CRS/Regional Office, CRS/Kenya, USAID/Kenya, REDSO/EA and the GOK.

After leaving Kenya, the evaluation team prepared a draft report. Some additional policy analysis information was gathered at FFP/AID and CRS headquarters in New York. The draft report was circulated to CRS, USAID, FFP, REDSO/EA and other interested AID and USG agency offices.

### B. METHOD FOR ANALYZING FOOD AID POLICY AND STRUCTURE

#### 1. Planned Approach

The organizations involved in the Kenya Title II program were believed to have differences of objectives that could affect their policies and procedures. The approach outlined in the April Working Paper for surfacing and analyzing these differences was as follows:

#### Core Module III - Assessing the Effects of Policies & Procedures on Program Effectiveness

Identify how the current programs are constrained by existing policies and procedures.

- Are there differences among the key actors about policy, procedures, priorities and budget that are constraining the Title II program?
- What are the effects of these policy and other differences on the effectiveness of the Program?
- What are the opportunities for improving performance by changes in policies, procedures, and their coordination among key factors?

#### References from "Generic Scope"

Decisions Influenceable: 3-4, 8-10, 13-15  
 Information Needs: 1.B 1, 2.1, 3.1, IIC 1-3

The key organizations to be included in the review were CRS/Kenya, CRS/Regional Office, USAID/Kenya, the Government of Kenya offices which have responsibilities for food programs, and a sample of the food distribution agencies. The plan was to interview representatives of each type of organization--program directors, managers, priests, field workers, government officials, politicians, etc.--to get a balanced view of each organization from several perspectives.

## 2. Actual Experience

The most important deviation from the original plan was constrained access to CRS personnel and information. The CRS Regional Office requested that all questions to CRS/Kenya be submitted in writing and be answered in writing with the approval of the Medical Director of the Africa Regional Office.

All communication went through the CRS Regional Office. The Medical Director attended all interviews at CRS the first week and answered most of the questions. Subsequently, the team had fuller access to the manager of FFW projects, but it did not have adequate access for analysis of CRS. A short interview with the CRS Country Director was arranged in Washington on August 8th.

As a result of the limited CRS/Kenya access, the policy analysis was expanded to include additional government officials, Catholic dioceses, Missions and local community leaders at the district, location and sub-location levels. Interviewing for this work was concentrated in Nairobi, Machakos and the Kitui areas.

The analysis of policy and structure for the food program was non-quantitative. It focused on identifying areas of consensus and difference that were constraining the food program. Questionnaires for the policy interviews appear in Appendix A-1 to A-3. A list of information sources appears in Appendix A-4.

C. METHOD FOR ASSESSING THE MATERNAL AND CHILD HEALTH PROGRAM

1. Planned

The April Working Paper outlined the following questions regarding the Kenya CRS-MCH program:

CORE MODULE I - Assessing CRS/MCH Where it is Fully Developed

- a. Is it working in the places where it is fully developed?
  1. Short term effects
  2. Long term developmental effects
- b. What factors appear to be responsible for the observed effects?
- c. What are the opportunities for improving the CRS/MCH program?
  1. Redesign or adjustment at fully developed sites and less developed sites.
  2. Intensification - present sites providing more services or penetrating to more people.
  3. Extensive expansion - reaching people outside the zones of present clinics.
- d. What are the implications for use of the CRS/MCH strategy outside of Kenya?

References:

Decisions Influencable: 1-10, 12a, 12c, 16

Information Needs (References from Generic Scope of Work: pp. 11-13 to V-29)

IA 1.2, 1.3; 2.1-2.4

IB 1.1-1.4; 2.1-2.4; 3.1-3.3; 4.2

IIA 1.12; 3.1-3.6; 3.15

IIB 1.1-1.2

The nutritional impact of the MCH program was being analyzed by the CRS Sub-Saharan regional office, so the evaluation team was instructed not to duplicate the CRS work. The plan was for the medical office to assemble its data and analysis and for the evaluation team to "validate" the data and methods. This division of labor would enrich the CRS analysis, add to its credibility, and allow the evaluation team to focus attention on other important issues not covered by the medical office.

The evaluation team would focus attention on the behavioral changes that were supposed to happen as a result of the CRS/MCH program: Were the children getting a substantial supplement to their diet and better protection against illness? This was information no one else was collecting, that was difficult to get, and critical for establishing the validity of the theories expounded in the CRS Field Bulletins.

The sample survey plans were to collect data from participants from "well-developed" clinics in three diverse ecological and cultural areas. Interviews would be conducted in clinics and also in the homes of participants and matched non-participants. The evaluation instruments would be tested in the first week and used extensively in the field work with two sub-teams collecting data on MCH. Clinic data would be used to identify participants for interviewing and to analyze the factors responsible for the observed effectiveness or ineffectiveness.

The data quality would be improved by using enumerators from Kenya's Central Bureau of Statistics (CBS), having a member of the evaluation team present at every interview, and being realistic about the number of interviews possible in the time available. Plans were based on collecting 54 participant interviews and 54 non-participants away from the clinics. In addition, it was hoped that 42 interviews could be done for participants in the Mutomo mobile clinics who got nutrition education without Title II food.

The plan was to analyze the data using simple statistical methods, hopefully in conjunction with the CRS data on nutritional impact. The analysis would be done with participation of CRS and Kenya's CBS.

## 2. Actual Experience

The initial plan for selection of the centers to be visited was developed in accordance with USAID/Kenya's interest in integration of the findings of the evaluation team with other development impact data. Recognizing the great diversity of Kenya, the sample method specified selection from three distinct environments with diverse agro-ecological, geographic and ethnic characteristics. Initially, Turkana and Kisumu Districts were selected for sampling of centers, but these districts were subsequently dropped due to emergency and famine conditions prevailing at the time the evaluation team was in Kenya. Kitui District, selected in the initial sample, was visited by the team.

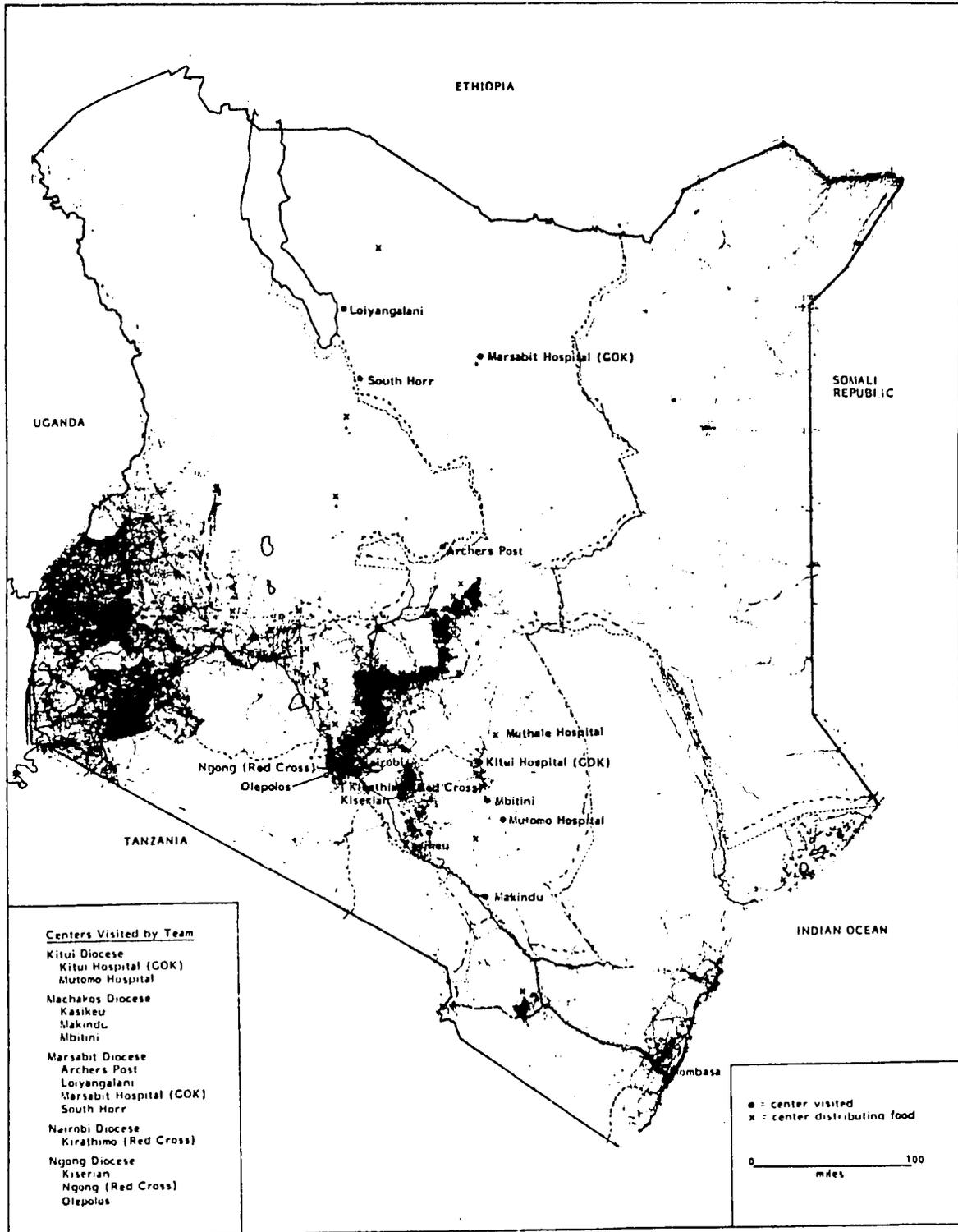
Because conditions varied greatly among the centers, it was decided to increase the sample size from three to fourteen, distributed among a total of six districts, which were: Marsabit, Isiolo, Kitui, Machakos, Kajiado, and Nairobi. Three centers were visited in each district with the exception of Isiolo and Nairobi, where one center was visited. Table II-1 lists the centers visited and number of interviews conducted.

The sample selection procedures, by optimizing for diversity, formed a non-random sample. As Figure II-1 shows, the centers visited by the evaluation team are located at the geographic fringes of CRS operations. The team recognized that this would result in observations of centers operating under the most difficult logistic and administrative conditions.

In contrast to initial expectations, no Central Bureau of Statistics (CBS) enumerators were available for work in Marsabit, the first district visited, and the number of evaluators available supported only one field team until the last few days of field work.

Interviews were carried out with 59 mothers participating in the MCH program, either at the MCH centers or in or near the mothers' homes. Interviews were conducted in the local language by trained, experienced enumerators from the Central Bureau of Statistics under the supervision of the evaluation team members.

FIGURE II-1: MAP OF KENYA SHOWING TITLE II MCH CENTERS



Kenya  
 Concentration of Population  
 Mid 1970's

Date	District	Place	No. of Interviews Conducted	
			Participants	Non-participants
23 June	Marsabit	South Horr Catholic Mission	5 at clinic	
24 June	Marsabit	Loiyangalani Catholic Mission	12 in village	
26 & 27 June	Marsabit	Marsabit District Hospital	2 in village	2 in village
27 June	Isiolo	Archer's Post Catholic Mission	-	
30 June, 4 July	Kitui	Mutomo Mission Hospital, Kitui	10 in village	3
1 July	Kitui	Kitui District Hospital	-	3
1 July	Machakos	Muthale Mission Hospital	-	
2 July	Machakos	Mbitini Mission Hospital	6 at hospital	
3 July	Machakos	Kasikeu Mission Hospital	8 in village	
1 July	Machakos	Makindu Mission	3 at clinic	
3 July	Kajiado	Ngong (Red Cross)	5 at clinic	
3 July	Kajiado	Kiserian Catholic Mission	2 at clinic	
3 July	Kajiado	Olepolos	-	
4 July	Nairobi	Kirathimo (Red Cross)	5 at clinic	
TOTALS:			59	8

TABLE II-1: MCH TITLE II CENTERS VISITED

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Many participant interviews were conducted pooling clinic and home interviews. It was feasible to find mothers at home and interview them, but frequently time was inadequate. Very few non-participants were interviewed due to the difficulty in finding mothers who were eligible for the program but who were not participating, the higher priority given to finding the participants, the time consumed in transportation to field clinics, and the protocol preliminary to interviewing. Evaluators sought samples of food prepared with the Title II food in order to analyze the energy content of the food with a bomb-calorimeter. However, only a few mothers could provide samples either because most were away from home, the CRS food was used up, or the day's porridge had been consumed.

Actual analysis of the participant data was done with simple statistics as planned but without the CRS data on growth and nutritional impact. CRS provided data on MCH enrollment, attendance, and commodity use that allowed an analysis of Title II food use by clinic.

The data collected and analyzed on clinic operations was more extensive than originally contemplated. MCH clinic and participant questionnaires are shown in Appendix A-5 and A-6. The information sources for the MCH component appear in Appendix A-7 and A-8.

Of the 14 food distribution centers observed by the evaluation team, 10 centers were operated by Catholic missions, 2 by a volunteer organization (the Red Cross), and 2 by GOK health organizations. Unfortunately, only five centers were observed when food was being distributed and services were available to participants. At the other nine centers, the facilities were visited, records were reviewed, and the staff described the procedures used.

#### D. METHOD FOR ASSESSING THE FOOD FOR WORK PROGRAM

##### 1. Planned

It was recognized from the beginning that it would not be possible to "evaluate" the long-term effects from FFW since most of the projects just started in 1980. However, USAID and CRS/Kenya were both interested in expanding FFW to the extent

that there were "unexplored and underexploited opportunities" to use food fruitfully in this area. The approach to FFW was thus oriented to exploration of future possibilities. The term "program review," rather than "evaluation," was frequently used.

The planned FFW questions as summarized in the April Working Paper were as follows:

CORE MODULE II - Assessing Food for Work Projects Supported by Title II

- a. What is being done in the places where projects are farthest along in their implementation?
- b. To what extent are effects of these projects being realized?
  - Short-term effects (e.g., completion of work tasks)
  - Long-term effects (e.g., community development programs)
- c. What factors appear to be responsible for the (expected) beneficial effects?
- d. What are the opportunities for improving the FFW program in Kenya?
  - In existing sites (including food aspects and non-food aspects of the projects)
  - Intensification--present sites, designing for cumulative impact
  - Extensive expansion--teaching people in other places

References from "Generic Scope"

Decisions Influenced: 1-4, 6-7, 12a-c

Information Needs: IIA 3.1-3.16  
IIB 2.1a

The planned data collection approach was to visit FFW projects in each of the three MCH areas. For comparisons to non-food projects, at least one "self-help development project" would be observed in the same area as the FFW projects. The target was six to eight FFW projects with emphasis on the oldest, largest, and most mature of the FFW projects.

The FFW data collection approach was to be less structured than that of the MCH because of the diversity of the projects. The team member responsible for this task was an anthropologist and proposed an applied anthropology approach. The analyst started by identifying the cultural, economic, ecological characteristics of the people and areas to be served. He read available material in the literature and consulted knowledgeable individuals. In the field work, he searched for "key informants" who were reliable, insightful, accessible, and articulate about the FFW projects. Interviewing a series of key informants provided a pattern of information about the projects from varied perspectives including project operators, participants, government officials, and knowledgeable observers. From this process, the analyst extracted areas of consensus and areas of disagreement. What works and what does not work? Why? What else could be done to improve the situation? The results were compared to the literature on FFW projects in other countries in drawing conclusions and recommendations.

## 2. Actual Experience

The FFW analysis benefited from a development conference taking place in Nairobi when the team was there. The conference papers and participants dealt with the broad issues of development of the marginal areas (arid and semi-arid lands) that are potentially the focus for many FFW efforts. This strengthened the network of key informants already established for the "program review."

## FOOD ASSISTANCE POLICY AND STRUCTURE IN KENYA

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### CHAPTER THREE

Food assistance programs sponsored under Title II typically involve a network of organizations. Each has a unique set of policy objectives and its own operational style. One of the initial tasks of the evaluation, therefore, is to describe the context of food assistance in Kenya and to clarify the policy objectives and the structures of organizations involved in Title II programs. The focus of this chapter is what is commonly referred to as a policy analysis, i.e., a description of the overall Kenya development and nutrition setting within which Title II programs operate, a comparative review of the objectives and strategies of key food aid organizations, a review of the roles and responsibilities of Title II-related organizations, and a discussion of salient issues raised during the course of the study.

#### A. DEVELOPMENT AND NUTRITION IN KENYA

##### 1. Government of Kenya Development and Nutrition Strategy

Kenya's 1979-83 National Development Plan is organized around an "alleviation of poverty" theme. Four methods of attacking poverty have been identified by the government. Of these, greatest emphasis is placed on the creation of income-earning opportunities through capacity utilization, employment creation, and rural development. Rural development strategies emphasize the strong link between agricultural growth and poverty alleviation, based on development efforts to improve small-scale agricultural techniques and develop arid and semi-arid lands for cultivation. The public provision of basic needs, such as education, health care, and water, is also a stated objective of the government. Local participation in the decisionmaking process is seen as an essential ingredient of successful rural development.

Efforts to alleviate poverty are being concentrated on five groups identified by the Government of Kenya (GOK). They are:

- Pastoralists--those whose incomes are derived primarily from the care of livestock in nomadic settings;
- Small farmers--those with land who derive most, but usually not all, of their incomes from working the land;
- Landless rural workers--those who have little or no land and who derive most, perhaps all, of their income from casual farm employment and non-farm rural activities;
- Urban poor--those who live in poverty in the urban areas with limited incomes derived from casual self or wage employment; and
- The handicapped--those who must be given skills commensurate with their abilities and opportunities to use those skills productively.

The first four of these groups have also been singled out as being "nutritionally vulnerable." A fifth vulnerable group identified by GOK consists of pre-school children and pregnant or lactating women.

A comprehensive nutrition policy is being developed by the GOK within the newly established Food and Nutrition Planning Unit of the Ministry for Economic Planning and Development. Because nutrition planning has traditionally been the responsibility of several ministries, this comprehensive policy is seen as the first step toward ministerial coordination and the integration of nutrition planning and development efforts.

The nutrition chapter of the GOK plan makes reference to the CRS/Kenya feeding and nutrition education programs and states that these programs are expected to continue. Reference is also made to the need for better coordination between government and non-government organizations. The GOK plan allocates KSh 4.5 million (U.S. \$625,000)<sup>1</sup> to nutrition interventions and programs through the Ministries of Health, Agriculture, and Social Services for the period of 1978-1983. This amount represents 0.13 percent of the total Five Year Plan

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<sup>1</sup> The exchange rate used throughout the report is 7.20 Kenya shillings for U.S. \$1.00.

Budget. If one adds about 1 million KSh for the President's annual disaster and famine relief budget, the total amount spent by the GOK on food aid and nutrition amounts to KSh 1.9 million per year (U.S. \$264,000).

The present Five Year Development Plan states that there is sufficient food in Kenya to satisfy the nutritional requirements of the population. This statement was made in 1978, and current estimates by the Ministry of Agriculture differ. The Plan explicitly recognizes that inequalities in purchasing power and in supply among regions, as well as seasonal fluctuations in food availability, result in periodic food shortages. The present food supply situation in Kenya is a matter of great concern and political debate. Despite the cultivation of additional marginal land, soil erosion, pricing, and marketing problems affecting productivity on higher potential land have resulted in per capita food production failing to keep pace with the growth of demand for food. Storage constraints and export practices have added to the food shortage problem. Even if the overall supply were adequate, a number of marginal areas and high risk populations would still require food assistance to avert potential famine and malnutrition.

## 2. The Nutrition Situation in Kenya

The major nutritional problem in Kenya is undernutrition caused by insufficient food to satisfy human requirements for energy, protein, vitamins and minerals. The specific types of undernutrition which are potential public health problems in Kenya are protein energy malnutrition, goiter, Vitamin A deficiency, and anemia. Protein energy malnutrition (PEM) is the most widespread form of undernutrition in Kenya, particularly affecting children less than five years old. In this population group, undernutrition is associated with a high mortality rate, illness, and retarded physical and/or intellectual development.

The degree of malnutrition affecting a child is determined by comparing his weight or height with those of a comparable population of healthy children of the same age. His weight or height is expressed as a percentage of the average (median) value of the reference population and is referred to as

weight-for-age (WA) or height-for-age (HA). The "Harvard Standards," developed from a large longitudinal study of well-fed disease-free children in the U.S., are the reference standards frequently used for making weight and height comparisons. Results of a recent study of the weights and heights of a group of preschool children in Nairobi are similar to the Harvard Standards, and suggest that these standards are appropriate for use in Kenya.

Current Food and Agriculture Organization (FAO) estimates indicate that children with cereal-based diets are likely to have adequate energy protein intake. Children short of all food, however, will differ from both protein and energy deficiency. The preferable solution is to increase the intake of high energy and high protein foods simultaneously rather than just to provide additional small quantities of foods exceptionally rich in protein. A high protein diet, which is frequently low in cost, would result in the food being used primarily as a source of energy. On the other hand, enabling children to increase their intake of the foods that they normally eat might be more nutritious and economical. Due to this finding, the undernutrition issue has shifted from a focus on the "protein gap," popular in the 1960s, to a more fundamental realization that undernutrition is often due to an overall lack of food rather than to a shortage of any specific nutrient.

Low food intake in children has many causes. Food shortage within the household is one of the most common causes of inadequate consumption. Also, children may not receive enough food because of the way in which it is prepared for them. For example, in Kenya, most children are fed a porridge made by cooking cereal flour and water. If the porridge is not concentrated enough, the child will not receive an adequate supply of energy. Social and cultural factors which limit the foods that the child eats or the time that the mother has for food preparation may also result in low food intake and thus, undernourishment.

An overview of the current nutrition situation in Kenya follows.

a. Protein Energy Malnutrition (PEM)

Several nutrition studies have been conducted to determine the degree of PEM in Kenyan children. Results from a 1978-79 survey are shown by province in Table III-1. This table shows the percentage of children who are either short for their age (stunted), too thin for their height (wasted), or a combination of the two. Approximately 30 percent of the population is moderately undernourished (WA less than 80 percent) and about 1 percent is severely undernourished (WA less than 60 percent). The table shows that the prevalence and degree of undernutrition vary among provinces, with Eastern and Coast provinces having the highest level of moderate PEM and Coast provinces having the highest incidence of severe PEM.<sup>1</sup>

b. Goiter

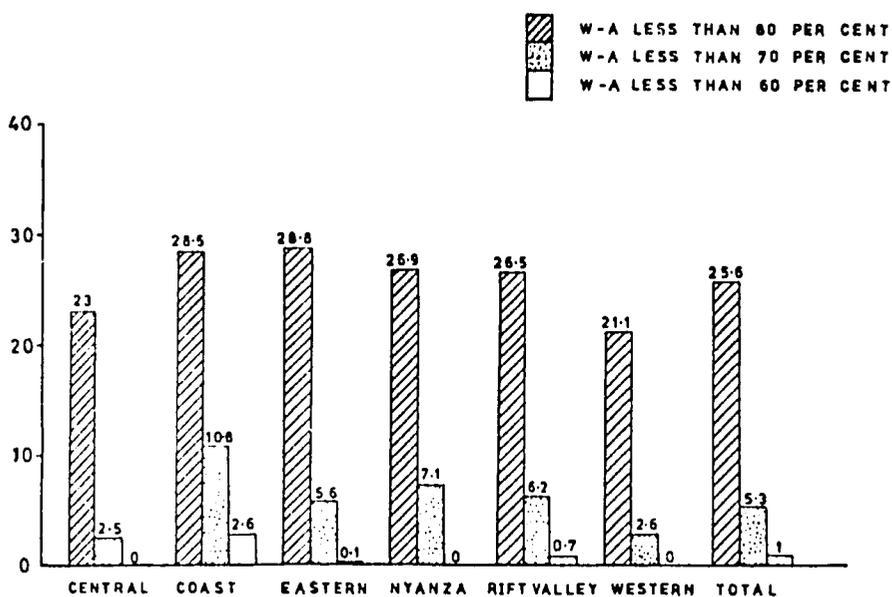
Goiter resulting from insufficient iodine in the diet is found in those specific geographic areas of Kenya which have a low-soil iodine content and consequently a low iodine content in edible grasses and plants. The higher prevalences of goiter (15 to 72 percent in school-age children) have been reported in the highlands of Rift Valley, Central, Western and Nyanza Provinces.<sup>2</sup> The government started a preventive program in 1970 which involved the iodination of locally produced salt in several high prevalence areas. This program was evaluated in 1972 and several changes made to increase its effectiveness. An analysis of the impact of the program is currently being conducted under the auspices of the Ministry of Health (MOH) and should be available in 1981.

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<sup>1</sup> A more detailed description of the way specific types of PEM vary among provinces is found in the Report of the Child Nutrition Survey 1978-79 (Central Bureau of Statistics, 1980).

<sup>2</sup> Bodhal, et.al. 1968.

TABLE III-1:  
PERCENTAGE OF CHILDREN HAVING A WEIGHT-FOR-AGE INDEX  
LESS THAN GIVEN VALUES BY PROVINCE - 1978-79



Source: Central Bureau of Statistics, GOK, Report of the Child Nutrition Survey 1978-79. 1980, page 40.

c. Vitamin A Deficiency

Vitamin A deficiency, with its associated skin and eye diseases, presents a potential public health problem in specific segments of the Kenyan population. It is more likely to be a problem among children than adults because of the proportionally higher vitamin requirements of children. Although in the past it was thought that Vitamin A deficiency was widespread, recent clinical and field experience indicates that Vitamin A deficiency in Kenya is likely to be found in limited areas and circumstances, e.g., prisons, among persons on some of the rice schemes (Mwea in Eastern Province) and during times of drought (in conjunction with other deficiencies).

d. Anemia

Both folate and iron deficiency anemias are found in Kenya, but their prevalence in the general population is unknown. There are, however, specific segments of the population or areas of the country in which anemia is prevalent:

- Pregnant women: the iron and/or folic acid intake by women is often insufficient to meet the needs for these nutrients during pregnancy. The problem is most severe in pastoral areas where iron and folate rich foods (dark green vegetables, liver) are rarely consumed by women;
- Iron deficiency anemia is found in areas in which malaria is endemic and which also have high rates of other parasitic infections. Coastal areas, along Lake Victoria in Nyanza and Western Provinces, along the Tana River and in some low-altitude parts of Eastern Province are the areas most likely to be affected;
- Pastoral areas such as North Eastern Province, Isiolo District and Marsabit District have problems with iron deficiency anemias. The anemia found in North Eastern Province is primarily the result of a diet composed almost entirely of milk. Schistosomiasis (*S. haematobium*) is also a contributing factor among adolescent males. The anemia in Isiolo District is likely caused by the combined effects of malaria and a poor diet. The causes of the anemia reported in Marsabit have not been ascertained; and

- Young children (under three years of age) who are fed primarily milk diets are prone to iron deficiency anemia.

### 3. Government of Kenya Food and Nutrition Programs

In 1979, after several years of discussing the need to coordinate food and nutrition policies and research, a Food & Nutrition Planning Unit was instituted with the Ministry of Economic Planning and Development. Its major purpose is the coordination of the diverse and complex aspects of food and nutrition, such as food supply and production with nutrition interventions and services. The Unit works with an Interministerial Coordinating Committee to conduct studies in the area of nutrition and establish guidelines for field programs. Priorities identified by the Committee thus far include the assessment of the nutritional impact of Integrated Rural Development Projects and the identification of the prevalence of malnutrition in cash-crop areas. In addition to performing an advisory function, the Committee is expected to generate commitment from executive officers in operating ministries. The Planning Unit is not involved in the implementation of programs, but it is responsible for monitoring and evaluating strategies and projects.

The Office of the President is responsible for organizing famine and disaster relief. Standing committees at the district level, chaired by the District Commissioner, are responsible for the continuous surveillance and monitoring of any famine or potential famine situations. The Office of the President, more than any other government agency, reaches directly to the grass-roots level through several levels of government officers.

Food policy has traditionally been the domain of the Ministry of Agriculture, particularly regarding production and supply. In light of recent food shortages and the discovery of the possibility of chronic national food crises, renewed efforts are underway to establish a sound food policy. Initial statements have been criticized by nutrition planners because they lack provisions for effective distribution mechanisms. Within the Ministry of Agriculture, a

TABLE III-2:  
SUMMARY OF NUTRITIONALLY VULNERABLE GROUPS,  
MEANS TO ACHIEVE ADEQUATE NUTRITION, & RESPONSIBLE GOK MINISTRY

Vulnerable Group	Means to Improved Nutrition	Responsible GOK Ministry*
Low income shareholder; Primarily home producers	<ul style="list-style-type: none"> <li>- Increase yield of maize through improved seed, fertilizer &amp; water availability</li> <li>- Increased production of food legumes</li> <li>- Emphasis of extension service on group extension</li> </ul>	Ministry of Agriculture Ministry of Agriculture Ministry of Agriculture
Rural landless poor	<ul style="list-style-type: none"> <li>- Increased employment through increased emphasis on rural public works</li> </ul>	Various
Smallholders subject to seasonal variations in food supply	<ul style="list-style-type: none"> <li>- Higher production of food crops: To be encouraged by extension workers</li> <li>- Improved marketing &amp; storage facilities</li> <li>- More realistic efforts to stimulate savings</li> </ul>	Ministry of Agriculture Ministry of Agriculture N/A
Urban poor	<ul style="list-style-type: none"> <li>- Increased employment opportunities</li> </ul>	N/A
Pastoralists	<ul style="list-style-type: none"> <li>- Improved husbandry techniques</li> <li>- Improved marketing</li> <li>- Food security system</li> <li>- Opportunity to adopt more settled life</li> </ul>	Ministry of Agriculture Ministry of Agriculture Ministry of Agriculture N/A
Preschool children	<ul style="list-style-type: none"> <li>- Nutrition education by MOA &amp; MOH (if adequate income)</li> <li>- Preschool Feeding Program in arid &amp; semi-arid lands</li> <li>- Family Life Training Program</li> <li>- Increased immunization</li> <li>- Expansion of Karen College</li> <li>- Expansion of nutrition-rehabilitation units</li> </ul>	N/A Ministry of Culture & Social Science Ministry of Culture & Social Science Ministry of Health Ministry of Health Ministry of Health
All people of Kenya (Wananchi)	<ul style="list-style-type: none"> <li>- Monitoring of quality of foods, especially iodization of salt</li> <li>- Monitoring of nutritional status by CRS</li> </ul>	Ministry of Health & Ministry of Culture Ministry of Economic Planning & Development

Source: Government of Kenya, Development Plan, 1979-1983, pp. 148-149, from Meyers, L.D., Nutrition in Kenya, USAID/Kenya, August 1979, unpublished.

small home economics unit is directly involved in a number of nutrition interventions, such as nutrition education, homestead food production, control of food wastage through preservation and storage, and food safety and sanitation. Training by home economics field workers encourages the growth and use of nourishing foods and the keeping of poultry and rabbits, as well as the use of intermediate technology for homestead improvement. The present outreach capacity of the home economics workers is limited by inadequate numbers and lack of transport.

The Ministry of Health is responsible for the treatment and rehabilitation of the severely malnourished, the identification of the moderately malnourished and those at risk, and the training of nutrition workers in both preventive/promotive and curative dimensions of nutrition. The Ministry of Health also deals with environmental health, sanitation, drinking water, and food inspection. The amount of resources spent on nutrition by the Ministry of Health is relatively small. In fact, all public health programs, including family planning, communicable disease control, nutrition and environmental health, amount to less than 10 percent of the total health budget. Supplementary feeding programs for children for rehabilitative/curative purposes are offered through the Ministry of Health at hospital pediatric wards, at nutrition rehabilitation centers, and GOK/MCH clinics. The supplement provided is non-fat dry milk. Primary constraints reported to hinder these programs are poor follow-up procedures--attributed to insufficient transportation and staff--and a lack of coordination among the various field cadres.

The Ministry of Culture and Social Services (formerly Housing and Social Services) operates a Family Life Training Program at nine centers throughout the country. These centers treat malnourished children by providing them a high protein-calorie diet; seek to prevent malnutrition through a program of nutrition education which includes food preparation demonstrations; and assist families in their efforts to improve family welfare through training programs. Again, inadequate follow-up due to lack of transportation and understaffing, a poorly-designed educational approach, and low community image (social stigma) are cited as program constraints. Community Development Officers and Assistants

and Social Welfare Workers are responsible for identifying the needy within a community with the help of village elders, assistant chiefs and chiefs. Due to personnel shortages, workers are not directly assigned to the local (sub-locational) level. Transportation shortages make it difficult for community workers to cover all rural areas.

The Ministry of Culture and Social Services also administers a pre-school feeding program to provide supplementary food--usually maize and beans--to children who attend Day Care Centers. In 1979, this program was operating in 10-12 centers in five districts in North Eastern and Coast Provinces. Approximately 30 children attend each center. The Development Plan indicates that the program is to be expanded during the 1979-83 plan period.

School feeding is carried out through the Ministry of Basic Education and the National School Feeding Council. School milk, an initiative of the President, is presently distributed to all primary schools in the country once or twice a week. The school lunch program, by contrast, reaches only a small proportion of all school children (34,000 out of 3.5 million enrolled children). A major initiative in school feeding is being started with the assistance of the World Food Program. In its first year of operation, 200,000 children will be served in 13 districts. It is expected that the program will reach some 600,000 children by 1984.

Finally, the Ministry of Transport and Communication is considering a feeding program for its road workers as a component of the Rural Access Roads Program. The rationale for the introduction of a food supplement stems from the work of Latham, et.al., on the nutrition and productivity of road workers. They suggest that the provision of a calorie-dense supplement may improve the productivity of road workers.

#### B. KENYA TITLE II FOOD AID POLICY AND OBJECTIVES

In FY 1980 the approved level of Title II CRS food assistance to Kenya totaled US \$3,975,800. By type of Title II-supported program, the assistance included:

### III-12

	<u>Number of Beneficiaries</u>	<u>Metric Tons of Commodities</u>	<u>Value (U.S. \$)</u>
MCH	105,000	6,920.1	\$3,115,500
OCF	3,000	145.1	64,200
FFW	10,000	1,269.2	519,300
Pre-School Feeding	<u>20,000</u>	<u>684.0</u>	<u>276,800</u>
	138,000	9,018.5	\$3,975,800

The following reviews the evaluation team's findings regarding documented and perceived policy objectives of Title II-related organizations. The section includes a comparative analysis of the policy orientations of the major Title II organizations and highlights areas of similarity and divergence. A diagram of the Title II organization structure is found in Figure III-1.

#### 1. Office of Food for Peace/AID

The objectives of the FFP in AID reflect the guidelines contained in Title II of the Food for Peace legislation and in AID's Policy Handbook on Food for Peace (Handbook 9).

According to the legislation, Title II food assistance commodities should serve developmental as well as humanitarian and nutrition purposes. Programs are to be conducted within a framework of increasing local participation in management and funding:

- To meet famine or other extraordinary relief requirements;
- To combat malnutrition, especially in children; and
- To promote economic and community development in friendly developing areas.

Within this overall policy framework, each of the Title II programs--MCH, FFW, OCF, SF--has a somewhat different focus. Since the Kenya evaluation emphasizes

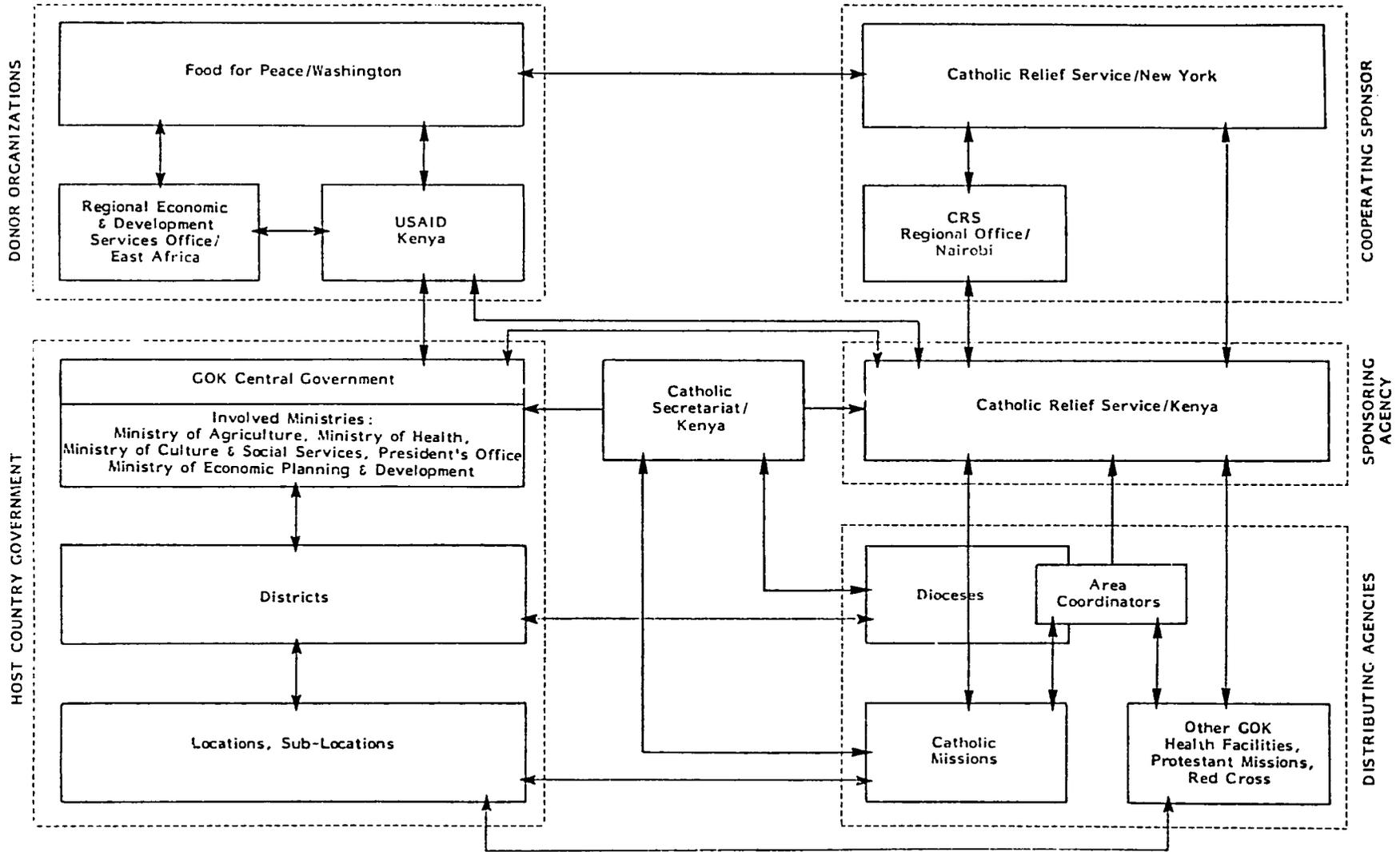


FIGURE III-1: DIAGRAM OF KENYA FFP TITLE II ORGANIZATIONAL STRUCTURE & RELATIONSHIPS

the MCH and FFW Programs, the specific nature of these two programs is discussed in more detail below.

According to AID Handbook 9, MCH Programs are established:

"...to provide commodities to the vulnerable, high-risk category of women of childbearing age and their children under the age of six with emphasis on children under the age of three. Attempts should also be made to reach these groups in terms of poverty and/or nutritional status, thus the effectiveness and extent of delivery systems will need to be carefully considered in planning programs to reach selected target groups."

FFW Program objectives differ markedly. FFW is aimed at the "achievement of needed agricultural/economic, and community improvements by providing commodities to support the labor of unemployed and underemployed local workers." The target group is defined as persons who are of low income status or who are otherwise economically needy.

Regulations in AID Handbook 9 stipulate that the "cooperating sponsor's plans for projects are to be developed in conjunction with the USAID Mission and relate to the Mission's Country Development Strategy Statement (CDSS)." In addition, projects should relate to the overall national plan. Food for Peace policy directives also indicate that "programs should provide for increasing assumption of responsibilities for some program aspects by host governments, within the context of their manpower and financial resource capabilities, with the long-term objective of carrying them on without U.S. assistance."

## 2. USAID/Kenya Mission

According to the USAID/Kenya Country Development Strategy Statement (CDSS) presented in January 1980, U.S. assistance emphasizes direct and indirect measures to promote agricultural production and general employment. The strategy includes assistance efforts to reduce the high fertility rates, to help establish an energy policy, and to plan and demonstrate low cost, innovative

community-based delivery systems for basic services such as water, health, nutrition and shelter. Seven substantive priority areas are identified:

- Increase in agricultural production on high and medium potential lands, primarily in Western Kenya;
- Expansion of production on and protection of fragile ASAL (arid and semi-arid lands) ecosystems;
- Rationalization of prices, tariffs, and export policy to provide incentives for investments that supplement agricultural and other sector employment opportunities;
- Training and institutional development;
- Support for demographic research and analysis, information dissemination services and population policies;
- Energy planning; and
- Planning and demonstration of multisectoral and community-based approaches to meeting basic human needs.

The CRS/Kenya Title II assistance efforts are consistent with several of these priority areas. The MCH program, for example, falls primarily into the final category of meeting basic human nutrition and health needs. The FFW program also falls into the final area. However, FFW activities also can potentially contribute to production increases and institutional development. For instance, FFW projects can involve clearing or regaining land, constructing agricultural feeder roads, or building terracing or irrigation systems.

The USAID/Kenya FY 1980 budget for Title II activities is eight percent of its total budget or \$6 million. For 1982-86, PL 480 food resources make up 12 percent of USAID's proposed assistance level. The CDSS foresees Title II resources being used increasingly for "development" purposes in partial contrast to what the Mission perceives to be the primarily "humanitarian" approach of Catholic Relief Services (CRS). The CDSS also states: "While intermediaries may continue to serve as major implementation agents for the use of food resources, the government is expected to take a larger role in using food to redress the nutrition problem as it seeks to lessen its dependence on concessional food assistance."

Interviews with USAID staff indicate a preference for using food inputs as one of several resources in an integrated development package. Thus, they are actively pursuing a policy which attempts to combine food resources with other required inputs to arrive at an acceptable level of development input.

### 3. Catholic Relief Services (CRS)

CRS is a voluntary, religious-affiliated organization with headquarters in New York and operations in 70 countries, including Kenya. CRS is particularly interested in the social aspects of development: the goal of CRS is to help the poor and the hungry. CRS provides development and disaster relief assistance in five program areas:

- Emergency and disaster services;
- Social welfare services;
- Socio-economic development;
- Services to refugees; and
- Food and nutrition.

In 1979, CRS expended \$241.2 million, representing nearly 70 percent of total funds available, in its food and nutrition and socio-economic development program.

CRS's policy is to serve the "people" in as direct a manner as possible, so it frequently works with private, rather than with government, institutions. Because CRS focuses its efforts at the community and grass-roots level, it measures the success of a project by the extent to which a community has been mobilized. Their concern with institution building is one oriented toward helping people build institutions that will serve them, rather than toward strengthening existing institutions that may be self-serving or may disregard the people's needs.

In Kenya, CRS's policy is to pursue the organization's goals and priorities without becoming unduly constrained by the agendas of other organizations. This position is aptly expressed by the CRS Medical Director for Sub-Saharan Africa who resides in Nairobi:

"...on the strength of the agreement each CRS program has with the host country government and with the local counterpart or operating agencies, CRS must remain free to carry out a valid food aid plan without constraints and limitations from the donor government, from the host government and from local agencies. Respect for local traditions and for local participation does not imply that CRS has to renounce its own goals and adapt itself to what CRS considers to be inferior or less effective programs. Wanting to achieve objectives and goals higher than those proposed by local authorities and agencies does not imply a disregard for local tradition and for self-determination..."

In Kenya, CRS handles all of the food assistance acquired under Title II provisions. The two major Title II programs are MCH and FFW. Briefly, the desired goal of the CRS-MCH program is the optimum growth of children living in vulnerable areas. Supplemental food and other program elements (improved health and improved nutritional practices) are viewed by CRS as essential inputs for insuring the children's optimum growth. The FFW program is viewed by CRS as an additional avenue for getting supplemental food to those who need it. However, FFW is also viewed as a means whereby CRS can expand its development-oriented efforts.

#### 4. Government of Kenya (GOK)

The government stresses the link between agricultural growth and the alleviation of poverty. It is also concerned with the implications of Kenya's present population growth rates for economic and agricultural growth and the problem of becoming and remaining self-reliant in food supplies. The GOK is directing efforts toward improving its pricing and marketing policies, and, in accordance with international donor emphasis, has pledged to provide improved and expanded social services to meet the needs of its people. The GOK does not appear to have a clearly articulated policy regarding overall Title II food

assistance activities; however, it has specified the benefits it hopes to derive from individual Title II programs. For the MCH program, the GOK expects that food supplements can be used to cure and, where possible, prevent malnutrition in vulnerable groups. To aid in this, the government is permitting some of its local health facilities to be used as distribution centers. The GOK views the FFW program as a means to relieve rural hunger and motivate community work, thus providing a basis for community self-reliance and improved food production

#### 5. Title II Program Implementation Agents

The CRS MCH and FFW programs are implemented through a number of different agents, each with their own unique policies and objectives. There are presently approximately 103 MCH program distribution centers--70 operated by Catholic Missions, 21 by Protestant Missions or other voluntary organizations, and 12 by the GOK.

In general, these agencies all share a common objective of providing direct assistance to vulnerable groups and individuals in times of need. Our interviews and discussions with MCH distribution center personnel suggest that most view the objectives of the MCH program as relieving hunger and malnutrition. The FFW program relies on "project sponsors" to implement FFW projects. The sponsors may be missions, volunteers, community group leaders, local Members of Parliament, or local government officials.

#### 6. Similarities and Differences in Objectives

Based on the preceding discussion, Table III-3 summarizes the documented and perceived objectives of Kenya Title II program organizations. The table also contains the results of our analysis of the similarity and divergence of objectives. In brief, some important differences in perspective exist, but there are many shared objectives that provide a sufficient basis for a cohesive Title II assistance effort.

TABLE III-3:

COMPARISON OF TITLE II POLICY & PROGRAM OBJECTIVES OF MAJOR ORGANIZATIONS

	CATEGORY OF OBJECTIVES		
	OVERALL TITLE II FOOD ASSISTANCE OBJECTIVES	MATERNAL & CHILD HEALTH (MCH) PROGRAM OBJECTIVES	FOOD FOR WORK (FFW) PROGRAM OBJECTIVES
OFFICE OF FOOD FOR PEACE/AID	<ul style="list-style-type: none"> <li>- Serve developmental, humanitarian &amp; nutritional purposes</li> <li>- Increase local participation in management &amp; funding</li> <li>- Meet famine &amp; unusual relief requirements</li> <li>- Combat malnutrition, particularly in children</li> <li>- Promote economic &amp; community development</li> <li>- Title II projects should relate to overall national plan</li> <li>- Gradual transferral of responsibilities for some program aspects by host government (within context of their manpower &amp; financial resource capabilities) to carry on without U.S. assistance</li> </ul>	<ul style="list-style-type: none"> <li>- Provide commodities to needy women &amp; children</li> <li>- Outreach to targeted groups based on their poverty &amp; nutritional status</li> </ul>	<ul style="list-style-type: none"> <li>- Achievement of needed agricultural, economic, community improvements by providing commodities to support labor of unemployed &amp; underemployed local workers</li> <li>- Target group includes those with low income or economically needy</li> </ul>
USAID/KENYA	<ul style="list-style-type: none"> <li>- Promote agricultural production &amp; general employment</li> <li>- Demonstrate &amp; plan low cost innovative community-based delivery systems for water, health, nutrition &amp; shelter services</li> <li>- Expansion of production and/or protection of fragile arid &amp; semi-arid eco-systems</li> <li>- Planning &amp; demonstration of multisectoral/community based approaches to meeting basic human needs</li> </ul>	<ul style="list-style-type: none"> <li>- Meet basic human nutrition &amp; health needs</li> </ul>	<ul style="list-style-type: none"> <li>- Meet basic human nutrition &amp; health needs</li> <li>- Increase production &amp; promote institutional development</li> </ul>
CATHOLIC RELIEF SERVICES (CRS)	<ul style="list-style-type: none"> <li>- To help the poor &amp; hungry through the provision of emergency/disaster services, social welfare services, socioeconomic development &amp; food &amp; nutrition</li> <li>- Interested in social aspects of development</li> <li>- Prefers to work with community-based private groups &amp; organizations</li> </ul>	<ul style="list-style-type: none"> <li>- Promote optimum growth of children in vulnerable areas</li> </ul>	<ul style="list-style-type: none"> <li>- Get as much food to the needy as possible</li> <li>- Use as means to expand development-oriented activities</li> </ul>
GOVERNMENT OF KENYA (GOK)	<ul style="list-style-type: none"> <li>- Overall desire to alleviate poverty</li> <li>- Concern over high population growth rates &amp; dependence on external food supplies</li> <li>- No clearly articulated policy regarding overall Title II assistance activities</li> </ul>	<ul style="list-style-type: none"> <li>- Food supplements should be used to cure &amp; where possible, prevent malnutrition in vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>- Promote community self-reliance</li> <li>- Improve food production</li> </ul>
TITLE II PROGRAM IMPLEMENTING AGENCIES	<ul style="list-style-type: none"> <li>- Provide direct assistance to needy groups &amp; individuals</li> </ul>	<ul style="list-style-type: none"> <li>- Relieve hunger &amp; malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>- Obtain resources to assist needy people</li> <li>- Design projects which are in accord with local priorities</li> </ul>
SIMILARITIES & DIFFERENCES IN OBJECTIVES	<p><u>Similarities:</u></p> <ul style="list-style-type: none"> <li>- Title II resources should be used to promote socioeconomic development among vulnerable groups</li> <li>- Food aid should be administered through locally based non-government institutions</li> </ul> <p><u>Differences:</u></p> <ul style="list-style-type: none"> <li>- On the issue of who should be targeted for receipt of Title II food assistance, some organizations prefer a "broad coverage" approach &amp; others desire a "needy recipient" criterion</li> <li>- There are difference perspectives on the long-term role of government institutions in food aid programs</li> </ul>	<p><u>Similarities:</u></p> <ul style="list-style-type: none"> <li>- Support should be given to new MCH program initiatives which serve to decrease future dependence on external food aid</li> </ul> <p><u>Differences:</u></p> <ul style="list-style-type: none"> <li>- Some organizations believe that food aid should be more oriented to agricultural development</li> <li>- More autonomy should be given to distributing agencies to design &amp; implement their own programs</li> </ul>	<p><u>Similarities:</u></p> <ul style="list-style-type: none"> <li>- Food can be used as one input in a local development program</li> </ul> <p><u>Differences:</u></p> <ul style="list-style-type: none"> <li>- More autonomy should be given to project supervisors to design &amp; implement projects which closely reflect local priorities</li> </ul>

Important similarities exist in the following areas:

- The major Title II organizations (FFP/AID, USAID/Kenya, CRS, GOK, implementation agents) agree that Title II resources should be used to promote socio-economic development among population groups that are vulnerable to food shortage and malnutrition;
- The major Title II organizations agree that Title II food aid should be administered primarily through non-government institutions that have demonstrated a capability to work effectively in rural areas;
- For the MCH program, there is agreement that new program initiatives which serve to decrease future dependence on external food aid should be supported; and
- For the FFW program, the major organizations agree that food can be effectively used as a development tool.

One observation needs to be made about these areas of shared objectives: a key characteristic of the policy statements is their broad and untargeted nature. This characteristic has the advantage of providing flexibility and adaptability--almost anything one wants to do can be justified under the umbrella of an overarching objective. However, vague and non-targeted objective statements also have negative connotations for organizations and programs. Without clearly stated and shared objectives, considerable resources must be exerted to direct and coordinate activities.

The analysis also points up dissimilar perspectives in several areas. For example, there is some divergence of opinion on the issue of Title II program beneficiaries. The Title II legislation states that targeted recipients should be the most vulnerable group. In its policy statements, CRS agrees with this. The CRS Regional Medical Director, in his review of experience with CRS food-aided nutrition programs, states:

"These are large-scale programs directed to young children who are either actually malnourished or are 'at risk' of malnutrition and which employ food aid as one of their major components. Most of the children who are to benefit from such programs belong to subsistence families who, in turn, belong to subsistence communities of the least developed countries."

However, in practice, CRS follows a "broad coverage" targeting approach rather than a "needy recipient" one. CRS selects areas for intervention where a substantial number of malnourished or "at risk" potential beneficiaries reside. Once a MCH distribution center or FFW site has been selected, however, all residents in the area--through self selection--are eligible for participation in the program. CRS abides by all eligibility criteria established by PL 480. Beyond that, it holds that selection within a needy area is not advisable unless needy children would be excluded because of the participation of the less needy. In situations where limited resources require selectivity, CRS has recommended that priority is given to households of children with evident nutritional need. Evaluation team members were informed of several cases where CRS denied distribution centers permission to restrict program participation to individuals who meet a pre-established set of criteria based on health and nutritional status. However, they indicated they had their own institutional policy to assist only the most needy in the areas of operation.

Some policy divergence is evident regarding the issue of the long-term role of the host government in food aid programs. The CRS and the GOK feel that Title II assistance should continue to be handled primarily through a largely autonomous voluntary agency structure. However, a somewhat different perspective is prescribed in the Title II legislation--"programs should provide for increasing assumption of responsibilities for some program aspects by host governments." During our interviews with USAID/Kenya personnel, some concern was voiced about the absence of a clearly articulated CRS strategy for strengthening the GOK's ability to assume greater responsibility for Title II-type food aid activities.

Finally, there is some divergence on the issue of whether Title II activities should be more preventive and less curative in nature. USAID/Kenya personnel feel that CRS is missing an opportunity by not giving higher priority to agricultural production and community development. Thus, USAID/Kenya is supporting CRS efforts to move ahead with a new oil seed production project.

### C. TITLE II PROGRAM ADMINISTRATIVE STRUCTURE

The overall organizational framework of the Kenya Title II program was presented in Figure III-1. In this section, the roles and responsibilities of key participants are further defined. A summary list of these roles, derived from the team's document review and field interviews, is presented in Table III-4. The following highlights that activities and relationships of major organizations.

In AID, the OFFP has responsibility for administering Title II programs. The OFFP also chairs an interagency Food Aid Subcommittee which is charged with reviewing and approving Title II programs. FFP is involved in all aspects of Title II as outlined in AID Policy Handbook 9. Initially, FFP was only involved in the provision of food assistance. Recently, however, the concept of "out-reach grants" to pay for some internal transport and other logistical support of the programs has been adopted and implemented. The revised version of Handbook 9 states that "as a means of improving program effectiveness, Missions should consider whether commodities should be augmented with funds and technicians, from AID or other sources, for the purpose of concentrating available resources to solve critical development programs in nutrition and health."

In Kenya, the USAID Mission formulates the U.S. Government's assistance strategy, prepares annual budget submissions, and monitors and supports the activities of the local sponsoring organizations--in this case CRS.

Title II programs are sponsored exclusively by CRS in Kenya. CRS/Kenya is headed by a Program Director and has a staff of 30 persons, including professionals, clerks, and drivers. The office has a Food Program Section, a Projects Section, an Accounting and Shipping Section, and a Transport Office (motor pool).

CRS operates its programs through a network of distribution centers and project supervisors. The MCH feeding program provides rations of Title II commodities to about 56,000 children and 31,000 mothers at some 103 centers located in various parts of Kenya.

**TABLE III-4:  
SUMMARY LIST OF KENYA TITLE II ORGANIZATION ROLES & RESPONSIBILITIES**

ORGANIZATIONAL UNIT	KEY ROLES & RESPONSIBILITIES
OFFICE OF FOOD FOR PEACE/ AID	<ul style="list-style-type: none"> <li>- Administer Title II programs</li> <li>- Provide policy guidance</li> <li>- Establish food ration guidelines</li> <li>- Select and approve Title II sponsoring organizations</li> <li>- Prepare Title II budget submissions</li> <li>- Approve and monitor non-food outreach grants</li> <li>- Liaison with Congress and interagency committee</li> <li>- Review Mission CDSS and ABS submissions</li> <li>- Monitor Title II program implementation</li> <li>- Evaluate impact of Title II programs</li> </ul>
REDSO/EAST AFRICA	<ul style="list-style-type: none"> <li>- Assist upon request USAID/Kenya with Title II program development</li> <li>- Provide technical advice to USAID/Kenya upon request</li> </ul>
USAID/KENYA	<ul style="list-style-type: none"> <li>- Perform sector assessment</li> <li>- Establish country strategy (CDSS)</li> <li>- Prepare annual budget submission (ABS)</li> <li>- Approve program plan and AER and forward copy to FFP</li> <li>- Enforce program plan and AER and call forward for commodities</li> <li>- Monitor food programs and implementation of outreach grant</li> </ul>
GOVERNMENT OF KENYA	<ul style="list-style-type: none"> <li>- Sign Country Agreement with CRS (ensures that handling storage and transport costs of goods are financed by GOK, exonerates goods from tax and permits CRS to inspect food operations)</li> <li>- Provide some facilities and staff for MCH distribution centers</li> <li>- Approve public sector Food for Work projects</li> </ul>
CATHOLIC RELIEF SERVICES/ NEW YORK	<ul style="list-style-type: none"> <li>- Provide policy guidelines to regions &amp; countries</li> <li>- Raise funds</li> <li>- Supervise and monitor field activities</li> </ul>
CATHOLIC RELIEF SERVICES/ AFRICA REGION	<ul style="list-style-type: none"> <li>- Establish regional CRS program strategy &amp; guidelines</li> <li>- Provide technical advice on food programs</li> <li>- Supervise food programs</li> </ul>
CATHOLIC RELIEF SERVICES/ KENYA	<ul style="list-style-type: none"> <li>- Produce AER with annual or multiyear program plans</li> <li>- Solicit FFW project proposals and assist with project design</li> <li>- Raise funds</li> <li>- Administer CRS programs</li> <li>- Collect payments from distributing centers</li> <li>- Handle commodity transportation and storage</li> <li>- Supervise commodity use</li> <li>- Keep program records and submit reports</li> </ul>
TITLE II IMPLEMENTING AGENCIES	<ul style="list-style-type: none"> <li>- Initiate FFW projects</li> <li>- Provide commodity transportation from railroads</li> <li>- Manage commodities at distribution site</li> <li>- Execute food aid programs</li> <li>- Collect program fees and make payments to CRS</li> <li>- Gather data and submit reports</li> </ul>

The Food Program section is responsible for the CRS-MCH program. This section has a head supervisor, an administrative assistant, and six supervisors. The supervisors are all Kenya-registered nurses who have worked either for CRS in the field or in similar positions for other organizations. They are responsible for making periodic trips to the field (about once every three months to each center); setting up new centers; orienting personnel for new centers through seminars in Nairobi; and visiting proposed new sites to appraise whether the requirements for management capability, storage facilities, and selection criteria are adequately satisfied. The head supervisor's responsibilities are to approve the field trips of her staff; approve new centers; chair seminars on MCH personnel training; correspond with MCH centers about any type of problem; collect and analyze field reports from the MCH supervisors; and check MCH monthly reports for irregularities.

The major body of implementing agencies in Kenya are Catholic Missions, parishes, and, at an intermediary level, dioceses. Although the ethical and religious principles by which the Catholic Church is guided in Kenya are laid down by the Conference of Bishops, the individual dioceses in the country are administratively and financially independent from one another or from any central body. Fundraising from major donors is channeled through the Catholic Secretariat in Nairobi. The Secretariat also serves as a coordinating body and provides a forum for discussing issues, problems, and future decisions.

FFW projects were initially placed under CRS's Food Program Section but are being moved to its Projects Section. The Projects Section is responsible for writing proposals for socio-economic assistance, helping applicants design sound projects, and raising funds either from overseas CRS offices in Geneva and New York or directly from other donors. The Projects Section has a staff of 13 persons. The FFW manager usually visits proposed projects to assess their eligibility, the soundness of their design, and their possible impact. Monitoring takes place either through personal visits or monthly reports.

The CRS FFW program works through project supervisors rather than distribution centers and does not require an institutional base, such as a health center, for

its execution. Occasionally, FFW projects are designed as a joint effort of the parish or the mission priest and the local assistant chief and village elders or other local groups. The responsibilities of project supervisors include: providing transport from the nearest railroad or from the regional food aid program store to the project site; keeping records of workers' attendance; keeping monthly progress reports; monitoring the use of the food; and sending a full report on the work accomplished to CRS on completion of the project. The project supervisors receive advice and support from the CRS Food for Work project manager.

In an effort to delegate certain responsibilities to an intermediate level, CRS has appointed 20 area coordinators and pays the salaries of two of them. Area coordinators are employed by Catholic dioceses or missions; about half are currently working at the diocese level. They represent the link between CRS, the diocese, and the distribution center. Area coordinators are expected to receive, inventory, and store the quarterly food allocations for centers; notify centers or project supervisors to collect the food; and prepare monthly food commodity reports for CRS/Nairobi. In some instances, they are also active in identifying potential FFW projects and may be called upon to act in other capacities.

Because the ability, motivation and orientation of area coordinators and diocese personnel vary widely, the CRS country office has thus far limited their activities to carrying out logistical and administrative tasks. However, a meeting of area coordinators with the CRS country program director and his staff was planned for late 1980 to discuss the possibility of delegating more managerial responsibility to these coordinators.

#### D. FOOD ASSISTANCE PERSPECTIVES AND ISSUES IN KENYA

In conducting the evaluation, over 60 persons were questioned about food assistance in general and CRS Title II programs in particular. (Refer to Appendix

B for a list of persons interviewed and questions asked.) One of the topics covered during the interviews focused on current opportunities for improving food aid activities in Kenya. Three areas worthy of discussion emerged from the interviews:

- Suggestions for improving the Title II Program;
- Perspectives on developing closer ties between Title II activities and the GOK food and nutrition strategy; and
- Observations on the appropriateness of various food aid strategies under differing local conditions.

Each of these is discussed below.

1. How might the Kenya Title II Program be improved?

Diocese and area coordinators expressed interest in becoming more involved in decisionmaking which directly relates to their field work. Because the Title II Program structure prescribes the guidelines under which CRS must operate, it is generally felt that modification of the program structure would permit CRS to give greater operational authority to the local agencies. The diocese and distribution center personnel believe that their local expertise could be a valuable contribution in making such decisions as resource allocations if CRS could utilize it within the confines of the Title II Program structure. One church official suggested that as dioceses develop, they should be given more responsibility and more resources for supervising the implementation of diverse projects; for designing projects to fit the specific context of their area; and for exploring new initiatives. CRS would then have more time to provide technical support and perform other essential activities such as fund-raising, monitoring and evaluation.

2. How might coordination of Title II food assistance and GOK food and nutrition activities be improved?

Interviews with policymakers and senior officials at central government agencies revealed their appreciation of CRS and other voluntary agency activities, as well as their concern about the effects of long-term large-scale food aid programs. Any form of continued dependence on foreign food supplies or food aid programs was considered undesirable. "Bounded projects" carefully targeted to small and well-defined population groups were seen as appropriate short-term assistance programs. Officials of the Ministry of Health (MOH) support the CRS efforts and are reluctant to take over or extend the program. While the MOH encourages closer cooperation with CRS and would consider extending the CRS program to additional government facilities, it suggests that certain administrative and logistical aspects of Title II activities are beyond the government's current capacity. Several of the officials interviewed expressed reluctance about having the government engage in any large-scale feeding efforts except in cases of national food shortages or in areas where food production is a problem. The team's policy interviews at the district and the local (sub-locational) level tended to be interpreted as inquiries about the role of and need for food relief. This was not surprising given the current food shortage situation in Kenya. Even so, most respondents held that food given as relief in times of hunger should be linked to work on projects to improve the environment or establish a self-reliant system of food production. There was a general consensus that aid would be inappropriate during years of adequate harvests unless it was carefully targeted to reach highly vulnerable groups and/or to contribute to the development of marginal areas.

Several suggestions for improving coordination between GOK and non-governmental organizations (NGOs) were offered. Traditionally, the GOK has not been actively involved in voluntary agency affairs, particularly where churches are concerned. In recent years, committees concerned with the closer coordination of GOK and NGOs have been established, but so far results have been minimal. Efforts are underway to improve the link between the Ministry of Health and the Christian Mission Hospitals in order to establish criteria for government and

support of mission health systems and to integrate mission facilities and services into the total health delivery system. Interviews with government officials at the central and district levels indicate that most NGOs continue to operate quite independently, except in districts where there are few government facilities, e.g., Turkana. In those areas, the missions are the backbone of the existing service infrastructure.

With the establishment of a Food and Nutrition Planning Unit in the Ministry of Economic Planning and Development, there is now an institutionalized concern for improving the integration of food and nutrition policies and strategies in Kenya. It was suggested that CRS/Kenya join the Interministerial Coordinating Committee on Nutrition as a full member. CRS could then make its data available to the Central Bureau of Statistics (CBS) representative on that committee and work closely with nutrition statisticians at CBS to permit the Kenya Government to take advantage of CRS's rich data base and its findings, however tentative, about the development impact of its efforts.

CRS operated in Kenya years before a formal contract placing the liaison offices for CRS in the Ministry of Economic Planning and Development was signed with the GOK. The official strategy of CRS vis-a-vis the government is to carry out a high quality program and "keep the GOK informed." In practice, this means that the country program director communicates with the political head of a particular ministry to establish an initial relationship. The head of the MCH and pre-school feeding program has some dialogue with middle-level officials, specifically with the senior nutritionist at the Ministry of Health and with the head of the Family Life Training Program at the Ministry of Social Services.

In the field, the coordination of CRS activities with government officials is done on an ad hoc basis with decisions made by the local dioceses or mission. Although the evidence suggests that many local missions make serious attempts to coordinate with local government and local community groups, the opposite has also been observed. In some areas there is a distinct reluctance to coordinate projects with the government, since it is seen as slow and unwilling to

serve the people. The fact that many government cadres do not reach down to the local level is regarded with some concern. This is seen not only as a lack of capacity in terms of numbers, but also as a lack of willingness on the part of workers located at the divisional and locational level to make the effort to travel to the sub-locational or village level.

Because the GOK has established the district as the focal point for rural development activities, there is concern that CRS should also attempt to coordinate its activities at that level. There are 42 districts, but only 12 dioceses; however, in certain large districts, such as Kitui and Machakos, diocese and district boundaries coincide. The Food and Nutrition Planning Unit has suggested that CRS should actively seek to involve the relevant district officers from the Ministries of Health, Agriculture, and Social Services in their own district planning activities. As mentioned above, this is already happening in some places, but it is not a firm policy directive of CRS to encourage dioceses and area coordinators to engage in a more formal relationship with government officials.

We are not in a position to make a conclusive statement about the possible effects of involving implementors in decisionmaking or coordinating more closely with GOK. However, there is no doubt that such strategies are in line with USAID and GOK thinking, and that they should be explored.

3. What types of food aid strategies are most appropriate?

The fundamental issue of whether food is ever appropriate as a means of strengthening and enhancing the development process was discussed in many of the interviews. A common view held by field and central agency staff was that food is appropriate and desirable when it fulfills essentially a relief function. As such, it is considered useful during: (a) national shortage and drought; (b) seasonal shortages in particular areas, and (c) chronic food shortages (for example, in certain areas or for certain members of the population--the landless or very poor--food shortages are endemic, such as in the northern arid districts of Kenya).

Respondents' attitudes toward the appropriateness of food relief are frequently in response to the following variables: (a) timing/seasons, (b) types of projects, (c) types of agro-ecological zones, (d) the beneficiaries, and (e) the relief agencies themselves.

The timing/season can influence the suitability of food relief strategies. For example, in some semi-arid lands in Kenya, there is an insufficient harvest at least four years out of ten. The church and government officials who were interviewed believed that community development and self-help projects should be promoted in these types of areas. Self-help projects, aimed to improve the infrastructure of an area in terms of water, roads, and schools, would aid the afflicted areas during a poor harvest, as well as develop the community when the harvest has been reasonable and food can be purchased in the market. When local food supplies are adequate, food should not be given.

The type of project can also affect the appropriateness of food aid. Most interviewees were in favor of assisting self-help projects in times of seasonal, zonal or national food shortages. Famine relief, Food for Work, MCH projects, school feeding, hospitals and family life training centers were all considered beneficial projects. Initiatives that stress eventual self-reliance are considered most appropriate. These are seen as part of a more comprehensive development effort, where food is usually only one of the inputs and frequently not the essential one. Parish priests, village elders and local government officials all stressed the need for comprehensive development programs in which food played only a peripheral, albeit useful, part. Examples were given to projects where certain inputs, such as seeds, fertilizer, tools, materials and simple machinery are provided in addition to the food. In technically complicated projects, technical assistance and expert advice were considered essential.

A few of the staff interviewed related negative experiences with Food for Work projects. They felt that FFW could destroy people's self-help spirit or create expectations of food payments for future community development self-help projects.

Others suggested that food payments led to competition between food and non-food aided projects, which was detrimental to those efforts which relied on voluntary labor.

The type of agro-ecological zone must be considered in the design of a food-aid project. Basically, three types of lands are found in Kenya: marginal agricultural lands, arid lands, and cash crop areas. In the northern arid districts, food shortages are endemic and these areas may require more frequent and comprehensive relief or development efforts.

The preferences and policies of the relief agencies often determine the type of food aid strategy which is implemented. For example, Catholic Church Missions represented a range of attitudes toward food aid. At one end of the spectrum there is the paternalistic model of the missionary "giving food to the people." This model originates from Church activities in Africa early in the century. Missions of that type frequently have considerable funds available which have been solicited from small European or American voluntary groups and from overseas "constituencies," in the home area of a particular missionary.

At the other end of the spectrum is the attitude that definitely no food which can be associated with Church activities should be given. This view is typified by the young African priest who wants to get away from the Church as a place where one can receive "handouts," wishing to avoid "making beggars of the people." In the middle are those who want to use food carefully, meeting shortages without destroying self-help initiatives. In this model food would be distributed through local leaders without any strings attached during times of severe shortage. Otherwise, food would only be given if and when it fosters self-reliance in food production and improves feeding practices. This middle road also represents the official CRS and Catholic Mission policy.

E. CONCLUSIONS AND RECOMMENDATIONS

Conclusion 1: There will be a continued need for Title II food programs in Kenya in the 1980s.

The factors that suggest a continuing demand for a food program include the fact that Kenya's population growth rate is over four percent per year, immigration to marginal agricultural areas is increasing, total food production has become inadequate, and segments of the population are inadequately fed even when overall food supply is adequate.

Conclusion 2: There is sufficient agreement among the organizations involved in Kenya's Title II program about objectives and policies to enable them to plan and operate an effective and growing system despite their differences in emphasis.

The differences have not been a problem so far because there has been common interest in resolving administrative problems that constrain the growth of the food aid program.

Conclusion 3: The Title II program is poised for rapid growth in both the MCH and FFW programs.

The AER in FY 1981 authorizes 146,500 participants, including 105,000 in the MCH program, 18,000 in FFW, and 3,500 in Other Child Feeding. CRS/Kenya expects the MCH program to increase from 87,000 participants in May 1980, to approximately 105,000 by the end of 1980. CRS/Kenya believes that the results of the pilot tests of FFW justify expanding the program five to tenfold in the near future.

Recommendation 1: CRS should prepare a three to five year plan for using Title II food in Kenya and use the plan as a basis for discussion among the organizations interested in the Kenya program.

The Title II program's current size and dynamism and expectations of its growth all suggest the need for a three to five year plan which CRS could use in discussions with GOK, USAID, FFP, the Kenyan implementing agencies, and other interested parties such as the Kenyan area coordinators and specific project sponsors.

The plan should include:

- An estimate of the total size of the Title II program and the mix of MCH, FFW and other food programs;
- Explicit objectives, selection criteria for participants that at least establish priorities (even if they do not exclude lower priority people when there is abundant food), and an explicit strategy for using food in Kenya;
- Use of the "valid programs" concept throughout the plan;
- The functions to be decentralized and the extent of participation by different organizations;
- The administration and financial implications of the plan, including an analysis demonstrating CRS's ability to fulfill its role as sponsor for the entire program; and
- An adequate monitoring and evaluation component that provides feedback about the benefits to Kenyan participants in all the Title II programs.

CRS's Regional Headquarters/New York indicates that CRS/Kenya could draw up this kind of plan and it probably would be useful to do so. A format for a CRS/Kenya multi-year plan is already available as a result of work financed by AID with a Development Planning Grant (DPG). However, a three to five year commitment from AID to match the CRS three to five year plan would also be desirable to make this more than an academic exercise. OFFP presently does multi-year planning without such commitments. Better estimates of CRS requirements would enable OFFP to plan more effectively.

Conclusion 4: The MCH program creates moral obligations to continue to support the same participants for up to five years while the FFW program is flexible and can be easily adjusted up or down in response to changes in the supply and demand for Title II food.

The differences in the structures of the MCH and FFW programs could become important if the amount of Title II food for Kenya becomes a limit to program growth. MCH is oriented to "human development," i.e., improving the nutrition and health of preschool children and their mothers. Accepting participants into the MCH program implies a commitment until children are five years old; therefore, it is difficult to reduce available food supplements substantially without seriously affecting ongoing program operations. FFW is oriented to "economic development." Typically, the projects are short, "bounded," imply no continuing commitments, and can easily be enlarged or reduced as the supply and demand for food changes.

Conclusion 5: CRS is confident of its ability to finance and manage an expanding program, in spite of administrative problems that continued through 1979.

The CRS Regional Office/New York and the CRS/Kenya Director indicated CRS was ready to expand and could handle its responsibilities as sponsor for the growing program. Prior to consideration, however, an independent analysis of CRS/Kenya capabilities in key areas, including planning, budgets, staffing, supervision, food management, monitoring, and evaluation should be made. It is generally agreed that there have been improvements in these areas over the past several years.

Conclusion 6: Within CRS there are important differences of emphasis--from the traditional CRS emphasis on feeding the hungry to the concern about only using food within "valid programs."

CRS's Africa Region has pushed the "valid program" approach within CRS and has had considerable success in obtaining Title II resources for the MCH programs

in Africa, based on a program that promised nutritional improvement for nutritionally vulnerable children and mothers. The emphasis on "valid programs" fits well with the type of strategic planning advocated by AID and other development agencies.

Conclusion 7: The REDSO/East Africa Office is not deeply involved in the Kenya Title II Program.

The Regional Food for Peace Officer (RFFPO) in the REDSO/EA Office in Nairobi has responsibilities for FFP programs in East Africa. The RFFPO is not deeply involved in the Kenya program because there is a USAID officer who handles the FFP program as one of his duties. The REDSO officer is very experienced and has a good relationship with the CRS director based on years of professional and personal contact in other countries, and he is included in the USAID/Kenya PL 480 Title II Project Review Committee. Thus there is a working relationship between these two offices.

Recommendation 2: CRS should participate in the GOK Interministerial Coordinating Committee and share information about its program with GOK.

The CRS Title II program is growing to a size that deserves the attention of GOK nutrition planners, even if they are not involved in its actual operation. The Food and Nutrition Planning Unit could coordinate any GOK and CRS information exchange.

Recommendation 3: CRS should implement its stated intent to decentralize many functions to area coordinators and to FFW project sponsors.

The specifics of what should be decentralized and who should pay the bills would have to be worked out as part of the planning process and in negotiations between CRS and the other organizations. Making the Kenyan organizations pay

themselves is likely to generate stronger, more self-sufficient organizations; the poorer areas can probably be temporarily assisted with subsidies. Lack of available funding is a valid constraint and may slow this effort.

Recommendation 4: USAID and REDSO/EA should continue to find ways to take advantage of the experience available in each office for the benefit of the Kenya program.

The relationship between these offices should remain informal since it is based on the experience and personal relationships of specific people.

Recommendation 5: The Office of Food for Peace should reconsider the priority given in Handbook 9 to Maternal Child Health programs over Food for Work programs.

The priority of MCH or FFW programs should be established on a country-by-country basis according to the needs of that country. It is not obvious which should have priority in Kenya, but the relative effectiveness of the two programs would be better judged on the basis of their results in Kenya rather than on the basis of worldwide policies that led to the current priorities.

## THE KENYA MATERNAL AND CHILD HEALTH PROGRAM

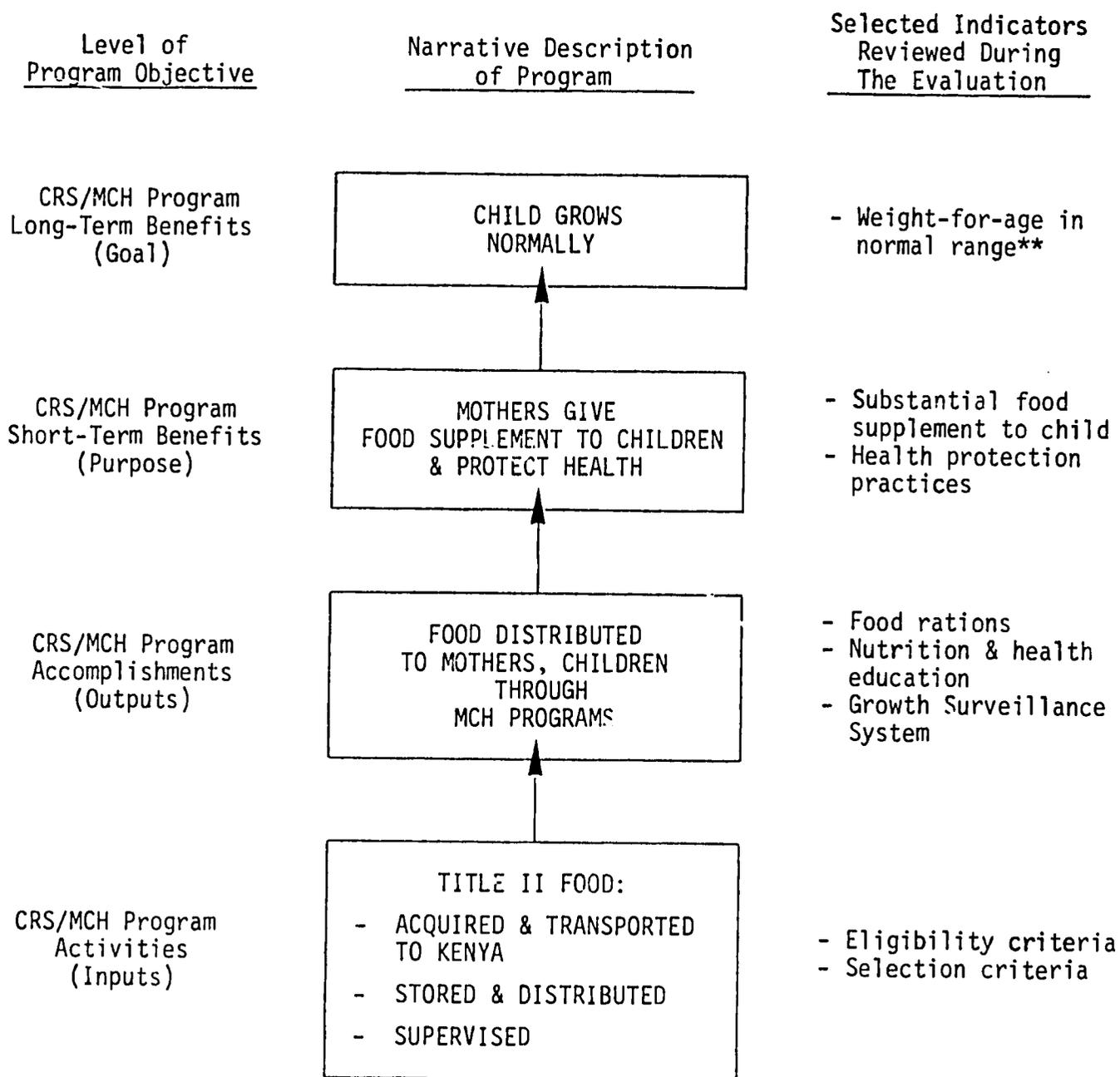
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### CHAPTER FOUR

This chapter describes and analyzes the Kenya CRS Title II Maternal and Child Health Program. In Kenya the MCH program is sponsored by Catholic Relief Services and is referred to by CRS as the Food and Nutrition Program. The major issues addressed in this chapter include:

- How successful is the CRS-MCH Program in areas where it is fully developed?
- What factors, conditions or constraints contribute to CRS-MCH Program effects?
- What opportunities exist for improving the CRS-MCH Program?

Each of these issues is examined in the context of the logical sequence suggested in the Office of Food for Peace "Generic Scope of Work for Country-Specific Evaluations," which is summarized graphically in Figure IV-1. According to the logic of this sequential process, the Title II food is acquired abroad, shipped to Kenya, transported inland to centers, distributed to beneficiaries and supervised. These program activities (inputs) are planned, executed, and monitored in different degrees by the OFFP, GOK, CRS, USAID and the distributing centers. These activities are intended to result in the delivery of food to eligible program participants (outputs) (to children up to five years old and their mothers). The CRS program specifies that food distribution is to occur within the context of a "Food and Nutrition Package," e.g., participants receive a proper "ration of food," nutrition and health education, plus monthly feedback on child growth status via the CRS "Growth Surveillance System." The expected short-term benefit (purpose) of the program is for participating mothers to give supplemental food to vulnerable children and follow recommended health protection practices. The mothers' improved food and nutrition practices, in turn, are expected to result in achieving the long-term benefit (goal) of normal child growth.

FIGURE IV-1: THE LOGIC OF THE CRS-MCH PROGRAM\*

\* Model drawn from "Title II Food AID Program Evaluation: Generic Scope-of-Work for Country-Specific Evaluation." Food for Peace: 1980.

\*\* Indicators not reviewed in the Kenya evaluation study due to missing data.

This chapter will follow the sequence of MCH activities and begins with an overview of the CRS-MCH Program rationale. Section B presents the team's observations on MCH program distribution center operations: the food rations; nutrition and health education; and the participant surveillance and feedback system. In Section C, the evaluation focuses on the mothers' food and nutrition practices, i.e., mothers' actual practices vis-a-vis program expectations of their behavior, and the conditions which influence the adoption and use of improved food and nutrition practices. Section D reviews available evidence on long-term MCH Program benefits to vulnerable children. Section E contains conclusions and recommendations. This analysis is based on information contained in published CRS documents, since CRS data which could have been useful for assessing possible impact was not available to the team.

#### A. CRS-MCH PROGRAM RATIONALE<sup>1</sup>

The goal of the CRS-MCH Program is to promote adequate growth in children. While CRS acknowledges that economic and cultural changes are prerequisites for the eradication of malnutrition, the Medical Director of the CRS/Regional Office argues that these changes will not occur during the "preadolescent life of the children who are suffering from malnutrition." Thus, CRS endeavors to provide short-term aid with immediate benefit to the child. CRS targets the MCH Program to reach children from subsistence communities who are considered to be at high risk of malnutrition. Subsistence communities, as defined by CRS, are those involved in agricultural or pastoral activities and who spend a disproportionate amount of their incomes to satisfy basic food requirements, usually at marginal levels of intake. As a result, the subsistence family, especially the child, is likely to be continuously "at risk" of malnutrition.

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<sup>1</sup> The strategy of the MCH Program described in this section appears in various publications of CRS Field Bulletins 27, 28, and 29 by Dr. Carlo Capone, who is the Medical Director for the CRS/Regional Office in Nairobi.

In order for food supplements to reduce the risk of malnutrition among targeted children, CRS believes that the food must not only complement the diet of the child, but must, to an even greater extent, complement the income of the family. This is because in subsistence economies there is "little or no demand for subsidized supplementary foods for the child...the demand is for subsidized foods as a revenue increment for the whole family."

As a revenue supplement for the family, however, the food intended for the child's consumption has to compete with alternative uses:

- Relief of hunger of other household members;
- Relief of nutritional insecurity (arising from marginal intakes) of the whole family; and\*
- Sale or exchange for cash, goods, or services with non-nutritional purposes.

To counteract the tendency to use food supplements in these ways, CRS feels that supplements should be delivered to families as part of a "contractual assistance package." The contractual package includes food aid, nutrition education, and nutrition surveillance, all of which must be provided simultaneously in order to be effective. It is felt that use of the Growth Surveillance System can fulfill the latter two requirements.

As part of the "contractual assistance package," parents of a registered child are made aware that receipt of a food supplement which is, in effect, an increase in family revenue, requires them to undertake certain responsibilities and obligations. Under the contract, parents (caregivers) agree that:

- They will administer to the child the supplementary foods received at the center or the home equivalents of these foods, as an addition to the usual diet, making sure that the child obtains an adequate food intake during the programming period;
- They understand that an adequate rate of growth, as assessed through the child's Growth Record (chart), is sufficient evidence of the fact that they are carrying out the first two points of the agreement.

The counterpart to these parental obligations is the MCH center's obligation to provide nutrition education or promotional activities. Program workers at MCH distribution centers are responsible for informing parents about:

- The nutrition requirements of the child;
- The role of supplementary foods in complementing the home diet;
- Home equivalents of the supplementary foods;
- Parasitic and infectious diseases that can have a negative effect on the nutritional status of the child;
- Procuring immunizations and vaccinations; and
- How to interpret the data on a child's growth chart to understand the status of that child.

The progress of the children (and by inference the contractual compliance of the parents) is monitored through a nutrition surveillance component. This component, referred to as the "Growth Surveillance System," was developed by Dr. Carlo Capone and introduced in Kenya in 1977. It consists of two types of charts-- a "Master Chart" and a "Growth Surveillance Chart."

The Master Chart provides a graphic representation of weight-by-age of the population of children seen on a given day in a given clinic. From the Master Chart, information can be obtained about the number, age group, village or location of children seen; the distribution of weights and numbers of new enrollees and regular attendees; and the nutritional status of the whole group in terms of weight-by-age as a percent of standard. This information can then be used to:

- Locate the percentage of the child's weight-for-age for filling in the Growth Surveillance Chart;
- Provide health workers with an on-going assessment of the nutritional status of children at individual centers;
- Assist in program evaluation and planning at the regional level; and
- Assist in program planning at the national level.

The Growth Surveillance Chart provides information on the growth of one child over a period of time. It is designed to be easily understood by mothers, to allow recording of data at any time interval, to be usable with any anthropometric indices expressed as a percentage of standard, and to be independent of the weight or length unit used.

## B. DISTRIBUTION CENTER OPERATIONS

### 1. Food Distribution Centers and Enrollments

The original list of centers and numbers of registered participants supplied by CRS showed that 101 centers were actually distributing food. A total of 56,200 children and 30,956 mothers were registered in the program. This would suggest an average of 556 children and 307 mothers were served at each distribution center. Seventeen centers served more than 1,500 participants, and 36 centers served fewer than 550.

Table IV-1 summarizes the characteristics of thirteen of the 14 food distribution centers observed by the evaluation team. The center not included in this table is Olepolos, in Kajiado District.

Considerable variation in the level of efficiency was found in the different distribution centers. In the more efficiently run centers the participants were divided into groups of manageable size and scheduled for attendance on different days. Variation was found in the number of times during the month that a center distributed food depending on how many participants the center had to serve.

In those centers which exhibited a highly organized program participants were attended to on a first come, first served basis with numbered tokens given to the women to assure their turn. The first order of the day was the weighing of children and recording of the weight on the Master Chart, the "Growth Surveillance Chart" and in the center's register. Women were at this time individually counseled about health problems or lack of weight gain that their children were experiencing.

TABLE IV-1:  
CHARACTERISTICS OF THE 13 FOOD DISTRIBUTION CENTERS VISITED BY TITLE II EVALUATION TEAM

CHARACTERISTICS	Food Distribution Center #												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Weigh Children	R	R	R	R	R	R	R	R	R	R	R	R	R
Group Lecture	R	No	R	R	R	R	R	S	R	R	R	R	R
Individual Lecture	No	No	R	R	R	R	R	R	R	-b	R	No	?
Immunizations	R	No <sup>c</sup>	-	R	No	No	No	Not on Site	R	No <sup>d</sup>	R	No	No
Curative Services as Part of Food Distribution	R	No <sup>e</sup>	No <sup>e</sup>	R	No <sup>e</sup>	No <sup>e</sup>	No <sup>e</sup>	No <sup>e</sup>	?	No <sup>e</sup>	R	No <sup>e</sup>	No <sup>e</sup>
Staff	2	3	5	6	4	4	3	5-6	4	2-3	2+ MCH Staff	3	2
# Days per Week Food Distributed	1	1	2	3	2	3	1	1-2	1	1	1	1	1
All Commodities in Stock at Site Visit	Yes	Yes	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No
Nurse in Charge?	Yes	No	Yes	Yes	No?	Will Be	No	No	Yes	Yes	Yes	No	Yes
June 1980:													
Children Enrolled:	325	300	300	1100	450	1000	500	375	500	250	184	400	200
Mothers Enrolled:	254	155	200	400	250	500	250	100	300	150	100	300	67

- a. R = Regularly  
S = Sometimes
- b. There is some followup
- c. There is a dispensary onsite
- d. Immunizations are a prerequisite for attendance
- e. No curative services but mothers referred to dispensary usually onsite

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The food distribution was preceded by a brief lecture usually about child care, food preparation, treatment of diarrhea, etc. After the lecture the women received their food rations, distributed according to the sequence of the numbered tokens.

Less efficiently run centers attempted to follow the same general procedures but with less success. Two centers had no lecturer available and in two others no individual counselling was given to the mothers.

In addition to the lectures and counselling, several other factors contribute to efficiency or lack thereof in the centers. Pre-measured and packaged rations observed in a few centers contributed to orderly distribution. However, in most centers the women brought their own containers. It was also observed that queue jumping and pushing were eliminated or kept to a minimum if some sort of partition (i.e., a table or counter) separated the food distribution area from the children's weighing area. Although only two of the visited centers had curative health facilities available concomitant with food distribution, almost all the centers made referrals to nearby health centers or dispensaries in cases of severe malnutrition or disease.

a. Selection of Participants

CRS uses a broad standard of eligibility for selecting MCH program participants. Young children and pregnant and lactating women comprise the groups at high risk of malnutrition, thus fitting the eligibility criteria. The CRS policy is to serve children from six months to five years of age and their mothers. Children under six months are not usually enrolled because breast feeding is generally adequate up to that age and MCH participation could be a disincentive to breast feeding.

CRS prefers to accept everyone who meets the broad eligibility standards rather than risk exclusion of anyone who may be vulnerable to malnutrition. The CRS Regional Office in New York argues that excluding healthy children from an

economically attractive program is risky because of the possibility that the MCH program might inadvertently become an incentive to keep children in a low weight-for-age category. Whether this would actually be the case seems questionable and requires further scrutiny.

In light of the liberal self-selection criteria and having limited amounts of food and administrative capacity, some distributing agencies have ignored the policy of "first come, first served" and did give preference to severely or moderately malnourished children over those with weight-for-age close to the standard. However, the MCH program is generally regarded as preventive care, thus no one interviewed advocated restricting participation to severely malnourished children.

Some self-selection may occur due to the economic level of a family despite there being eligible children. Participants pay a monthly fee, usually KSh. 5.00 (US \$ 0.70) for services and food rations.<sup>1</sup> A financially better-off woman may not wish to attend a clinic to get low cost food. This attitude could change, however, if the economic value of the food becomes more attractive. On the other hand, the monthly fee per participant may exclude eligible children from families with little cash income.

Geographic self-selection has been a factor in program participation and which CRS is trying to ameliorate by establishing more centers in the arid and semi-arid areas of the country. The distance away from the centers that people live also de-selects eligible people. There has been some controversy within several distribution centers about how much effort should be made to serve eligible people who were beyond easy walking distance. People living nearby were most likely to come regularly. Mobile programs for monthly food distribution in areas where there is demonstrated need but which are too far away from the centers have not been encouraged by CRS.

The participation of mothers and pregnant women in the program deserves comment. Women are generally regarded as a high-risk group, but research on the nutritional status of women of childbearing age in Kenya is sparse. Certainly among pregnant

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<sup>1</sup> This fee is used to help cover the cost of transportation.

women, folate and iron deficiency anemia are potential public health problems. Kusin and Lakhani are doing studies on the effects of the overall nutritional status of a woman on her survival, health, and performance or that of her offspring at the Medical Research Center in Kenya. The treatment of women as food recipients varies at different centers, with some pregnant women being denied participation until they have a qualified child. Other centers were observed including lactating women based on the rationale that the food ration consumed by the woman would improve her breast milk.

Another selection issue which bears mentioning is the enrollment of children without their mothers being enrolled. The CRS approach calculates the food ration on the basis of its economic value for the family and its nutritional adequacy for the child after some of the food has been consumed by others in the family. It is possible that the cost of protecting the vulnerable children could be cut substantially by eliminating the mother's ration and improving the education/promotion component to increase the mother's motivation. Whether a food ration with a lower economic value would be sufficient to motivate regular participation or one with reduced nutritional content would result in the achievement of growth objectives is as yet unclear.

b. Attendance

CRS supplied the evaluation team with attendance data for 95 centers. Four other centers were listed as having "no report" for each month or had no reference number to link the attendance data with the data on the amount of food distributed.

The total number of mothers and children attending for the months of January to May 1980, together with the average number of participants attending per center for these months appears in Table IV-2. Total recorded attendance increased from 63,356 in January 1980 to 79,925 in May 1980, an increase of 26 percent over the four month period.

The Director of CRS/Kenya stated that enrollments are now above 105,000 as a result of a recent campaign to expand the MCH system, and he expects attendance to reach 105,000 by the end of 1980.

TABLE IV-2:  
ATTENDANCE AT CENTERS FOR WHICH DATA WAS SUPPLIED, JANUARY - MAY 1980

	Total Mothers Attending	Total Children Attending	Total Participants Attending	Average* Mothers Per Center	Average* Children Per Center
JAN '80	22,954	40,402	63,356	264	464
FEB '80	24,068	41,555	65,623	290	501
MARCH '80	24,008	43,511	67,519	258	468
APRIL '80	27,812	48,695	76,507	296	518
MAY '80	28,634	51,291	79,925	311	558

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\* Averages computed only for centers for which data were available.  
 Source: CRS/Kenya.

c. Food Center Attendance Compared to the Eligible Age Group

Table IV-3 shows the population of the eight provinces of Kenya, an estimate of the number of children between six months and five years in each of these provinces, and the proportion who attended a CRS pre-school or MCH center for food in May 1980. It is estimated that 1.92 percent of all children in Kenya received food, including as many as 4.9 percent of children in Central Province, but less than 1.3 percent of children in Rift Valley, Coast, Western, North and Eastern Provinces.

In May 1979, 61.5 percent of all children receiving CRS rations were located in Central and Eastern Provinces, yet these provinces contained only 33 percent of the population of Kenya. Rift Valley, Nyanza, Western and Coast Provinces, containing 59 percent of the total population of the country had 31.5 percent of the total number of CRS participants (Figure III-3). The concentration of CRS-MCH centers in Central Province and adjacent areas of Eastern Province can be seen on the map (Figure II-1). CRS experiences logistic and administrative constraints which have led in the past to this concentration, but it is supporting new centers in logistically difficult areas.

d. The Prevalence of Malnutrition Compared to the Geographic Distribution of CRS Participants

The nutritional status of young children in Kenya was surveyed in 1978/79 (CBS, Children Nutrition in Rural Kenya). The survey showed that chronic undernutrition (nutritional stunting) as measured by weight-by-age was most prevalent in the rural parts of Coastal and Nyanza Provinces and least prevalent in rural parts of Central Province and in Kenya's urban areas. Crawford and Thorbeck measured food poverty in Kenya by analyzing food requirements, food prices, and income. They thus derived what they called a "food poverty line." Central Province had the lowest proportion of households below the "food poverty line" and Coastal Province had the highest (Crawford and Thorbec, 1979). This suggests that the concentration of food distribution centers in Central Province is imperfect in terms of the distribution of malnourished children.

TABLE IV-3:  
ATTENDANCE AT CRS FOOD CENTERS COMPARED TO THE ELIGIBLE AGE GROUP

Province	Total Population 1979 <sup>1</sup>	Estimated Number of Children Aged 6 to 60 Months <sup>2</sup>	Number of Children Attending CRS/Preschool or MCH Centers May 1980	% of Total Children of Eligible Age Attending for Food
Central	2,348,000	408,550	20,105	4.9
Eastern	2,717,000	472,750	11,460	2.4
Nairobi	835,000	145,290	2,764	1.9
North Eastern	373,000	64,902	818	1.3
Rift Valley	3,240,000	563,760	6,041	1.1
Nyanza	2,634,000	458,310	5,198	1.1
Western	1,836,000	319,464	3,533	1.1
Coast	<u>1,339,000</u>	<u>232,980</u>	<u>1,372</u>	<u>0.6</u>
Kenya Total	15,322,000	2,666,006	51,291	1.92

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<sup>1</sup> Preliminary figures for 1979 population census. Press Release, Central Bureau of Statistics, Nairobi, November, 1979.

<sup>2</sup> Based on an estimated 19.9% of population being aged 4 years or less, a crude birth rate of 5.34 per 1,000 population, and an infant mortality rate of 95 per 1,000 live births, approximately 17.4 of the population is between 6 months and 60 months (figures from Kenya Fertility Survey, page 45 and "The Implications of Kenya's High Rate of Population Growth," Social Perspectives, Vol. 4, No. 1, November 1979, Central Bureau of Statistics, Nairobi).

The concentration of distribution centers in Central Province also appears imperfect when weight-for-age (WA) is used as the measure of malnutrition. WA is the only measure of nutritional status used in the growth surveillance system (GSS) in Kenya. The criterion for distinguishing adequately nourished children from the malnourished is weight-for-age of 80 percent of the Harvard standard for each child's age. Accepting WA as an adequate but crude measure of malnutrition, the prevalence of malnutrition (using the CBS criteria of WA under 90 percent) is 23 percent in Central Province compared to the national average of 25.6 percent (Table IV-4).

CRS/Kenya acknowledges that the concentration of its distribution centers in Central Province is imperfect, given the need for services vis-a-vis the prevalence of malnutrition. The evaluators recognize, however, that logistic problems encountered in other provinces have hindered the ability of CRS to establish distribution centers there. While not planning to cut back their activity in Central Province, CRS is preparing to expand their efforts in the other provinces. The outreach grant from AID has been used to strengthen the staffing and infrastructure serving Northern Kenya. Referring to Coastal Province, the CRS/Kenya Director indicated that efforts to increase coverage in the area have not as yet, brought much improvement. The potential distribution sites in Rift Valley, serving only about a dozen participants, were too small to be economical. Increased staff and vehicles which are now available help enable CRS to expand the program and encourage greater attendance.

## 2. The Food Ration

In part because of near famine conditions and logistic difficulties, the quantity of food available to the MCH food distribution centers has been inadequate to provide full rations to participants in most places. The food received in January-March 1980 is summarized in the Recipient Status Report in Appendix D. Authorized rations are listed in Table IV-5.

TABLE IV-4:  
THE PREVALENCE OF MALNUTRITION COMPARED TO THE GEOGRAPHIC DISTRIBUTION OF CRS PARTICIPANTS

Province <sup>1</sup>	% of Children per Province (6-60 months) at less than 90% Standard Weight for age <sup>2</sup>	Proportion of Malnourished Children Who Could be Served with the Food Distributed in May 1980
Central	23.0	21.4
Eastern	28.8	8.4
Rift Valley	26.5	4.0
Nyanza	26.9	4.2
Western	21.1	5.2
Coast	<u>28.5</u>	<u>2.1</u>
All Kenya <sup>4</sup>	25.6	7.5

<sup>1</sup> Data not available in this form for Northeastern or Nairobi.

<sup>2</sup> From "Report of the Child Nutrition Survey 1978/79."

<sup>3</sup> Using estimated population figures and attendance figures from Table III-2.

<sup>4</sup> Assuming prevalence of undernutrition in areas of Kenya not covered is same as in areas covered.

TABLE IV-5:  
FOOD RATIONS FOR THE MCH PROGRAM

A. COMMODITIES DISTRIBUTED

1. Corn Soy Milk (CSM) consists of processed cornmeal (59%), soy flour (17%), nonfat dried milk (15%), soybean oil (5.5%) and a vitamin pre-mix. CSM is distributed in 22.79 kg bags to the center. CSM was replaced by NFDM in early 1980.
2. Soy-Fortified Bulgur (SFBul) consists of processed bulgur wheat (85%) and defatted, toasted soy grits (15%). SFBul is distributed to centers in 22.79 kg bags.
3. Soybean Salad Oil (SO) is deodorized, bleached, refined and partially hydrogenated to improve its storage stability and flavor. SO is presently distributed in cartons of six 3.78 liter cans.
4. Nonfat, Dried Milk (NFDM) has been distributed in 1980 only. It comes in cartons containing 2.04 kg each.

B. AUTHORIZED RATION SIZE FOR THE MCH PROGRAM

FY78	2.0 kg CSM 1.36 kg Bulgur .9 kg Oil
FY80	2.0 kg Milk 2.0 kg Bulgur 1.0 kg Oil
FY81	2.0 kg Milk 2.0 kg Bulgur 1.0 kg Oil

Table IV-6 shows the average monthly amount of food allotted per participant from January to May of 1980. To assess the adequacy of the food supplies, the actual food distributed is compared to the authorized levels of 2.0 kg. of NFDM, 2.0 kg. of soy fortified bulgur, and 1.0 kg. of soy salad oil, or a total of 5 kg. of Title II Commodities. During this period NFDM was phased in to replace CSM so the sum of the two should be approximately 2.0 kg. It appears that the food supplied by the distribution centers was approximately 3/4 of the full ration level. The evaluation team found centers visited were running out of different commodities at varying times rather than depletion of all commodities occurring simultaneously.

The distribution of Title II commodities by Province is summarized in Table IV-7. The detailed data used for this table show that the only MCH centers distributing full rations of bulgur and of CSM/NFDM were the three centers in Coastal Province. The only centers giving full rations of oil in March-May, 1980 were the seven Nairobi centers.

The MCH Program in Kenya deliberately programs a large ration for two purposes: to be economically attractive to motivate participation and to be nutritionally adequate for the enrolled child, even if the food is shared by others in the family. This discussion examines the ration in terms of: (a) the amount authorized, (b) its economic value, (c) its nutritional adequacy, and (d) the amount actually distributed.

a. The Authorized Ration

The quantities of the authorized rations have increased substantially since FY 1978 and the mix of commodities has changed. CSM was phased out of the ration during 1980, but continued to be distributed until supplies were exhausted. The reasons for the changes in ration size and composition were explained by CRS/New York as follows:

TABLE IV-6:  
AVERAGE RATION (KG) OF FOOD PER PARTICIPANT PER MONTH FOR CENTERS  
WITH AVAILABLE DATA (INCLUDING CENTERS REPLYING THAT AMOUNT GIVEN WAS ZERO)

Commodity	January	February	March	April	May	Mean March-May	Authorized Ration
N.F.D.M.	0.00	0.4	1.03	1.21	1.26	1.17	
C.S.M.	1.93	1.24	0.75	0.29	0.11	0.37	2.00
OIL	0.71	0.78	0.64	0.78	0.84	0.76	1.00
BULGUR	1.43	1.46	1.56	1.43	1.47	1.48	2.00

Source: Derived from data provided by CRS/Kenya (July, 1980).

TABLE IV-7:  
AVERAGE QUANTITY OF EACH COMMODITY PER PARTICIPANT  
PER MONTH, MARCH - MAY, 1980 (kg)

Average Quantity of each Commodity (kg) per  
 participant per month (March to May 1980)

Province	NFDM + CSM	OIL	BULGUR
Central	1.46	0.76	1.4
Rift Valley	1.70	0.66	1.35
Eastern	1.48	0.70	1.59
Nairobi	2.05	1.01	1.72
Nyanza	1.55	0.89	1.50
Coast	2.02	0.79	2.10
Western	1.67	0.80	1.45

(Centers with missing data excluded but centers out of stock of any particular commodity included)

Why does CRS use and prefer NFDM to CSM in our programs and why has the ration been changed to 2 kg. of milk, 2 kg. of cereal and 1 kg. of oil?

The answer to both of these questions is basically the same: in that CRS/Africa Food & Nutrition Program addresses itself to the primary cause of endemic child malnutrition, poverty, the economic value of the Title II commodities as perceived by the recipient family is as important as the nutritional value.

In the case of NFDM vs. CSM, the former commodity is seen by most CRS/Africa recipient families as having a very high economic value. To the contrary, except in the case of long exposure and intensive education, CSM is seen as an off-color cereal with no more economic value attached to it than the local staple crop.

In addition, CSM is less appropriate for the nutrition education portion of the program. Traditionally, the centers try to inform the mothers of the relative food value of local and PL 480 foods by segregating them into three groups: building foods (i.e., protein foods) like milk, meat, eggs; energy foods like cereal and vegetable oils and; protection foods like fruits and vegetables which have vitamins and minerals. NFDM is well known as a building food, even by the most rural and illiterate of Africans, and it is very effective educationally when it is grouped with other local protein foods, such as eggs, which are not always recognized as being building foods.

When CSM is used as the "building food," this educational advantage is lost because it looks so much like their own cereal, which is an energy food. It is very difficult to associate CSM with foods like meat and fish in the educational portion of the program.

NFDM also has two other advantages over CSM: first, many populations see milk as a baby food and thus, it is less likely to be consumed by non-nutritionally vulnerable members of the family; and second, since it has a greater protein content per unit weight, it is a more cost-efficient commodity for recipient centers to transport and warehouse.

The new standard ration of 5 kgs., which is now proposed for most CRS/Africa sponsored programs supplants the old rations which equalled about one-third of the nutritional requirement of the three year old, is consistent with the belief that food programs which provide rations which correspond only to the nutritional need of the child, but do not respond to the economic situation of the family are inadequate."

b. Economic Value of the MCH Ration

The starting point for estimating the economic value of the MCH ration is to estimate the cost of the same amount of foods the mother considered "equivalent" on the local market. Dollar values are shown in parentheses based on the current exchange rate of 7.20 KSh. per US dollar.

Soybean salad oil is not produced or widely used in Kenya. The current price of corn oil is about KSh. 16.30 per liter, but this also is not widely used in rural Kenya. The nearest equivalent to the soybean salad oil would probably be kimbo cooking fat--a solid vegetable fat made predominantly from imported palm oil and currently selling for KSh. 14-15 per one kg. tin (US \$2.01).<sup>1</sup> Although the soybean salad oil is liquid and kimbo is a solid soft fat, it is not thought that this difference would result in the two commodities being used in different ways. Kimbo is sometimes used as an ingredient in children's porridge by mothers who can afford it. During the evaluation field work, kimbo was generally available in shops.

Dried skimmed milk powder, similar to NFDM in composition, is manufactured and available in Kenya in limited quantities at a price of KSh 11.50 per kilo, including a 20 percent mark-up for profit (US \$1.60)<sup>2</sup>

Soy-fortified bulgur wheat is not locally available for sale. The results of interviews with recipients showed that this commodity was generally considered to be as desirable as maize flour (posho) (KSh. 1.60 per kg.), but less desirable than either wheat flour (KSh. 3 per kg.) or rice (KSh. 5 per kg.). On this basis, it would seem realistic to use a rough estimate of KSh 1.60 per kg. (US \$0.22) for the soy fortified bulgur. Posho was in short supply, even in Nairobi, during the evaluation, but usually some was available outside the shops in the village markets.

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1 Government controlled price, Nairobi; July 1980.

2. Based on price quoted by Kenya Co-operative Creameries, Nairobi, July 1980.

On the basis of the above estimates of the local cash equivalents, the economic value of one MCH ration can be calculated:

	<u>KSh</u>	<u>US \$</u>
2 kg. soy fortified bulgur @ KSh. 1.60 per kg.	3.20	0.44
2 kg. non-fat dried skim milk powder @ KSh 11.50 per kg.	23.00	3.19
1 kg. soybean salad oil @ KSh. 14.50 per kg.	<u>14.50</u>	<u>2.01</u>
	40.70	5.64

Two rations would be worth KSh. 81.40. Three rations per month would be worth KSh. 122.10 per month (US \$16.96) or KSh. 1,465.20 per year (US \$203.50).

The economic benefit from the MCH package of the participant is reduced by the charges at the distribution center and by the cost and inconvenience of the monthly trips to get the food. The distribution centers normally collect KSh. 5.00 per ration to help transportation and administrative costs. Participation in the program requires travelling to and from the center and spending nearly all morning in center activities. The value of the mother's time is estimated roughly at KSh. 5.00 per half day--an estimate of the cost of agricultural labor in rural Kenya for equivalent time. Therefore, a mother receiving three rations is giving up the equivalent of KSh. 10.00 to receive food worth KSh 122.10 with a net benefit of KSh 102.10 per month (US 14.18) or KSh. 1,225.20 per annum (US \$170.17). (The net benefit for a family receiving one ration would be KSh. 30.70 per month.) Table IV-8 summarizes the calculations.

To put into perspective the MCH ration's economic benefit as an indirect income supplement, it is useful to compare its value to levels of income for rural Kenyan families. The latest published figures are for 1974/75, when the average annual household income of all families in rural Kenya was KSh 3,450 (US \$479.20). This figure includes income from farm surpluses, employment remittances, and gifts, but omits the value of food grown and consumed by the family. In 1974/75, 12 percent of the rural population had an income of less than KSh. 1,000 per year (US \$139.00) and 38 percent of the rural population had an income of less than KSh. 2,000 per year (US \$278.00).

TABLE IV-8:  
THE ECONOMIC VALUE OF PARTICIPATING IN THE MCH PROGRAM

	<u>Unit Prices for local equivalents</u>	<u>Monthly KSh</u>	<u>Annual KSh</u>
2 kg Bulgur Wheat @	1.60 =	3.20	
2 kg NonFat Dried Milk @	11.50 =	23.00	
1 kg Soybean Salad Oil @	14.50 =	<u>14.50</u>	
Gross Value		40.70	
Less: Charges to Participant for Transportation and Administration		<u>(5.00)</u>	
		35.70	
Estimated Value of Mother's Time to get First Ration		<u>5.00</u>	
NET BENEFIT: 1 Ration Family		30.70 (US \$4.26)	368.40 (US \$ 51.17)
2 Ration Family		66.40 (US \$9.22)	796.80 (US \$110.67)
3 Ration Family		102.10 (US \$14.18)	1225.10 (US \$170.17)

TABLE IV-9:  
VALUE OF CRS FOOD RATION COMPARED TO RURAL HOUSEHOLD INCOMES IN KENYA

Annual Household Income Range		Percent of Rural Households With Income in this Range <sup>a</sup>	Annual Value of MCH Food (KSh) With 1, 2, 3 Rations per Family			Value of MCH Rations as % of Annual Household Income <sup>b</sup> With 1, 2, or 3 Rations per Family		
(KShs)	(U.S.\$)		<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>3</u>
0-1700	0-236	18.5	368.40	796.80	1225.20	22%	47%	72%
1701-3400	237-472	22.5	368.40	796.80	1225.20	11%	23%	36%
3401-5100	473-708	13.8	368.40	796.80	1225.20	7%	16%	24%
5101-6800	709-944	11.7	368.40	796.80	1225.20	5%	12%	18%

<sup>a</sup> Adapted from Statistical Abstracts, Central Bureau of Statistics, Nairobi 1979, and assuming that household incomes have increased since 1974/75 (last year for which data was available) at the same rate as lower income index of consumer prices.

<sup>b</sup> Derived from Table and top of the range of household incomes.

Using these income figures and the food ration value estimates discussed above, Table IV-9 compares the value of CRS Food Rations and total rural incomes in Kenya.

c. Nutritional Adequacy and Consumption Patterns of the Food Ration

Accepting the unavoidable reality that food will be shared within the household, CRS deliberately provides a ration with more nutrients than the estimated amount required to supplement the diets of the registered participants. This section assesses whether the current MCH ration is adequate to support this nutritional strategy in Kenya.

In Kenya it is likely that undernutrition is primarily due to a low overall food intake rather than due to a deficiency of any particular nutrient or group of nutrients.<sup>1</sup> In this context the total energy provided by the diet provides the best overall estimate of the adequacy of that diet. Data on energy provided by CRS-MCH rations is contained in Tables IV-10, IV-11, and IV-12.

TABLE IV-10: ENERGY PROVIDED BY CRS-MCH RATION<sup>2</sup>

	<u>Energy (Kcal) per kg. food</u>	<u>Kg. per ration</u>	<u>Energy per Ration (Kcal.)</u>
Soy fortified bulgur	3500	2	7000
Non-fat dried milk	3630	2	7260
Soybean salad oil	8840	1	8840
TOTAL			23,100 per month (or 770 Kcal. per day)

1 See for example, The Rural Kenyan Nutrition Survey, February-March 1977. CBS Ministry of Finances and Money: Government of Kenya. Nairobi 1977.

2 Source FFP PL 480 Title II Commodity Reference Guide Section 3, Page 1.

TABLE IV-11: ENERGY SUPPLIED BY RATION COMPARED TO ENERGY REQUIREMENT OF CHILD<sup>1</sup>

Age (Years)	Energy requirement per person per day (Kcal) <sup>2</sup>	Percentage of energy requirement provided by one complete ration divided over 1 month	
		Assuming 100% goes to child	Assuming 50% goes to child
- 1	820	94%	47%
1	1180	65%	37%
2	1360	57%	28%
3	1560	49%	25%
4	1720	45%	23%

The amount of protein supplied by the CRS-MCH ration is presented in Table III-13.

TABLE IV-12: PROTEIN PROVIDED BY CRS-MCH RATION<sup>3</sup>

	Protein (gm per kg food)	kg per ration	Protein (gm/ration)
Soy fortified bulgur	17.3	2	346
Non-fat dried milk	35.9	2	718
Soybean salad oil	0	1	0
Total			1064 gms per month or 35.5 gms per day

<sup>1</sup>Energy and protein requirements - Report of a text FAO/WHO Ad Hoc Expert Committee WHO Tech Ref. Series No. 522, page 36, 1973

<sup>2</sup>The Rural Kenyan Nutrition Survey, February-March 1977.

The adequacy of the amount of protein in a diet depends on the overall composition of the mixture of amino acids comprising the protein in that diet compared to the composition of the mixture of amino acids required by the human body to use protein for tissue growth or replacement. If it is assumed that a child will receive only maize in addition to the food supplement provided by CRS, it is unlikely that the quality of the protein in the overall diet will be less than 70 percent compared to the quality of milk or egg protein. Thus, the egg or milk protein equivalent of the diet can be estimated as being not less than 70 percent of the total protein content of the diet. An analysis of protein quality is presented in Table IV-13.

TABLE IV-13: ANALYSIS OF SAFE LEVEL OF PROTEIN INTAKE BY AGE OF CHILD

Age	Safe level of intake of egg or milk (gm. protein per child) <sup>1</sup>	Percentage of safe level provided by one ration assuming 100g of Protein in diet equivalent of 70g milk or egg protein	
		<u>Assuming 100% goes to child</u>	<u>Assuming 50% goes to child</u>
6-9 mos.	11.8	211%	106%
1	14.5	172%	86%
2	16.2	154%	77%
3	17.5	143%	71%
4	18.4	135%	68%

Apart from energy and protein, the other nutrients likely to be of potential public health significance in Kenya are iron and Vitamin A. An analysis of iron and Vitamin A content in the CRS-MCH ration is presented in Tables IV-14 and IV-15.

<sup>1</sup> According to The Rural Kenyan Nutrition Survey, February-March 1977, page 70, adjusting of body weights used in Table 7, page 34 of this report. Safe level refers to the amount of protein considered necessary to meet the physiological needs and maintain the health of nearly all individuals in the specified age group.

TABLE IV-14: IRON AND VITAMIN A SUPPLIED BY CRS RATION (per month)

	Vitamin A per Kg	Iron per Kg (mg)	Vitamin A per ration (IU)	Iron per ration (mg)
Soy fortified bulgur	0	47	0	94
Nonfat dried milk	22000	6	44000	12
Soybean salad oil	0	0	0	0
<b>TOTAL</b>			<b>44000</b>	<b>106</b>

One ration (in the quantities recommended by CRS) thus provides 44000 IU of Vitamin A and 106 mg iron per month, equivalent to 1470 IU Vitamin A per day and 3.5 mg iron per day.

TABLE IV-15: IRON AND VITAMIN A SUPPLIED BY CRS RATION  
COMPARED TO REQUIREMENTS OF CHILDREN

Age (years)	Recommended Dietary Allowance <sup>2</sup>		Percent of RDA provided by one ration (per day)			
	Vitamin A (IU) <sup>3</sup>	Iron (mg)	Assuming Child Receives 100% Ration		Assuming Child Receives 50% Ration	
			Vit A	Iron	Vit A	Iron
0.5 to 1.0	2000	15	74%	20%	36%	10%
1.0 to 3	2000	15	74%	20%	37%	10%
4 to 6	2500	10	59%	35%	29%	17%

1 From Food for Peace PL 480 Title II Commodities Reference Guide.

2 US Recommended Dietary Allowances, 9th Edition, National Academy of Sciences/National Research Council, Washington, D.C. 1980.

3 Assuming 5 IU Vitamin A equivalent to 1 mg. retinol.

In summary, if a child were actually eating all of the standard rations recommended by CRS, he would be receiving, depending on his age, between 45 percent and 94 percent of his daily energy requirement, between 59 percent and 74 percent of his daily Vitamin A requirement and between 10 percent and 17 percent of his daily iron requirement. In relation to the amount of energy supplied by the ration, the amount of protein is almost certainly excessive, the amount of Vitamin A about adequate, and the amount of iron possibly too little. As there seems to be little likelihood of a child in Kenya receiving adequate energy and protein intakes simultaneously, it would probably be justifiable to consider replacing the soy-fortified bulgur with unfortified bulgur. Methods for adding utilizable iron should be explored.

The ration size recommended appears satisfactory to meet the stipulated CRS objective, that half the child's ration provide a substantial supplement to energy and protein requirements. The nutrient mix also appears satisfactory. Based on calculations of economical food consumption and data on reported use of foods, the team concludes that the participating families do not need larger rations to meet the nutritional needs of the registered children.

d. Quantity of Food Distributed by Centers to Recipients

Staff at all centers visited stated that they distributed the recommended ration per participant of 2 kg. bulgur, 2 kg. NFDM and 1 kg. soybean salad oil per month when the commodities were in stock. However, of the 13 centers visited, 7 were out of stock of one or more commodities at the time of the visit. Of the six remaining centers, four had recently run out, or expressed the fear that they would soon run out of one or more of the commodities.

Many participants received less than the intended ration because of mismeasuring. The actual quantities of the various commodities that mothers received were observed at four of the five centers visited on the day of food distribution. In one center one and a half pints (imperial) of oil were given, equivalent to approximately 0.75 kg. of oil. In two centers, two pints (imperial) of oil were given per participant--closer to the recommended 1 kg. During the interviews with mothers

who had received rations, several stated that they had received only one fruit juice bottle of oil. Some of the problems encountered by dispensing liquid oil according to a solid measurement (kg,) could be eliminated by adjusting the oil ration to 1 litre. Liquid measuring containers could be supplied to all distribution centers thereby contributing to fair and properly measured rations being received by participants.

At three of the five centers where the evaluators observed milk distribution, prepackaged cartons containing exactly 2.0 kg. were used. The other two centers measured the milk in a bowl containing approximately 2.0 kg. The former technique was much more efficient and accurate.

The soy-fortified bulgur was measured using a variety of different containers. Some centers used a bowl which they had previously calibrated using scales. One center was observed using a can that had previously contained 2 kg. of a popular cooking fat sold in Kenya. The assumption appeared to be that since this can had contained 2 kg. of cooking fat it would also contain 2 kg. of bulgur. Since the density of bulgur grains is less than cooking fat, the can contained only 1.65 kg. bulgur--80 percent of the recommended ration. Several other centers reported that they also measured the bulgur using a cooking fat can. CRS/Kenya later informed the team that they had recommended the use of such a can as a suitable measure provided that the can was tamped after filling and refilled to the top. This instruction was evidently not always practiced.

Based on interviews with mothers and center staff and observations of food distribution, the team concluded that participants rarely received more than the ration level of each commodity recommended by CRS/Kenya. However, as a result of low or non-existent stocks and errors in measurement, many mothers probably received a little less, and some mothers received considerably less than the standard ration. These findings are consistent with the data supplied by CRS on the number of participants at each center and the total amount of food distributed.

### 3. Nutrition and Health Education

The food supplement provided by CRS is supposed to be accompanied by a nutrition and health education program. The educational approach of the MCH Program was developed by CRS to follow from the contractual agreement between mothers and the food distribution centers. Regarding the educational component of center operations, CRS informed the team that the education required by CRS is a promotional activity associated with the food and with the growth chart. This is done mainly through individual talks with each mother, using the growth chart to show the child's progress. In addition, the food exhibit strategy is used with groups of mothers to teach them the local equivalents of CRS foods.

Except for the food exhibit, it has never been a policy of CRS to dictate to center personnel what topics should be covered in their lectures. It is up to the center personnel to choose topics that are relevant to their area. Although CRS supervisors may recommend the use of particular materials or books, no educational tools other than the growth charts are required.

The educational approach described in this statement is less rigorous than that outlined by CRS in which program workers are responsible for informing parents about the availability of immunizations and simple health practices in addition to teaching about growth charts and preparation of foods. The evaluators observed a great deal of variation in the educational components of center operations. Table IV-16 presents samples of topics discussed over the past year at two centers. Topics fall into three educational categories: (1) using the food ration, (2) practicing preventive health measures and (3) understanding growth charts. These three topics were examined because they fall within the terms of the contract with mothers.

In no center visited were educational programs conducted which covered all the stipulations of the contract. Even at the best organized centers, instruction in the use of food rations--CRS' major educational focus--could be improved.<sup>1</sup>

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<sup>1</sup> Technical assistance to improve the nutrition education component is available through the International Nutrition Communication Service contract funded by AID/DS/N.

TABLE IV-16: SAMPLE OF DISTRIBUTION CENTER NUTRITION LECTURE TOPICS<sup>1</sup>

<u>Center A</u>	<u>Center B</u>
Weaning	Cough and colds
Causes of food poisoning	Nutrition
Function of food	Malaria
Care of sick patient at home	Diarrhea and vomiting
Prevention of diarrhea and vomiting	Intestinal worms
Mother's milk is best	Home accidents
Bathing the newborn	Breast-feeding and weaning
Control of mosquitos	Family space and advantages mother and child
Personal Hygiene	Cough and colds
Natural family planning method	Feeding the family
Importance of coming to the clinic	Importance of health clinic
Malnutrition	Diarrhea and vomiting

Many participants interviewed were aware of the recommended methods of preparation of bulgur and oil, but the actual amounts reported to be used varied markedly. This may represent inconsistencies in teaching. Awareness of proper preparation methods of NFDM were minimal. This is especially noteworthy given the concern expressed by a number of health workers about the harmful effects of the misuse of NFDM, e.g., NFDM could be put into dirty bottles, made with impure water, or over-diluted. Reconstituted milk can also provide an excellent medium for the growth of bacteria when allowed to sit too long.

The contractual agreement also specifies that parents will keep their children free of major diseases. The Medical Director indicated that nutrition education should include teaching parents about immunizations and other health practices. Observations of the evaluators indicated that such information, while regularly presented at some centers, is only occasionally discussed at many others and then using traditional techniques. The preventive component of the program could probably be strengthened by updating the discussion topics and teaching techniques.

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<sup>1</sup> Taken from Center monthly reports to CRS/Kenya office.

Individual talks with mothers are another component of the educational program. The team observed that the time and energy given to individual counseling varies-- at some clinics visited it was excellent, at others non-existent. Strengthening this component (perhaps partially through a yearly seminar) and supervising it more closely would seem wise. Increased individual counseling, coupled with frequent demonstrations of food preparation (especially for new mothers), could have more potential impact than traditional lectures.

A written response from CRS suggests that CRS is not fully utilizing the educational potential of the food distribution centers and could strengthen and upgrade this component of the centers' program. This conclusion assumes that a major justification for the use of food in an ongoing MCH program is not only to reach nutritionally vulnerable children with short-term assistance, but also to help improve the preventive health and nutritional practices of families. Specifically, the team makes the following recommendations regarding the operations of the MCH food distribution centers:

- A major input of the CRS program is the provision of additional food to a mother so that she can supplement the diet of her young children to a level at least equal to half of their daily requirements of energy and protein. This fact should be clearly recognized and, in view of this, far greater emphasis should be placed on equipping mothers with the knowledge and skill to prepare the foods provided into palatable dishes likely to be eaten and enjoyed by young children.
- Mothers should not enroll in the program, nor should they receive food without having first received instruction in the proper use of the food supplied. In some centers this may mean admitting new participants on a limited number of occasions each year rather than every month as seems to be the current practice in many of them.
- The team viewed with dismay the observation that at some centers the staff were recommending that mothers reconstitute the NFDM into liquid milk. The dangers inherent in this practice are well known and should be made clear to the staff at all centers. NFDM should be provided primarily as a supplement to be mixed with porridge, stew, or bulgur or to be boiled up to make tea ( in areas where that is an acceptable dietary practice). In situations where the overall food supply situation is so precarious that mothers have no access to foods with which to mix NFDM, consideration should be given to supplying different commodities, perhaps additional bulgur or CSM rather than NFDM.

- CRS's long standing efforts to promote the use of dry milk as an addition to traditional home food are commended by the evaluators. Perhaps this is a clear example of the need for nutrition education for participating mothers that goes beyond the growth chart and is better controlled by sponsor and distributor supervisors.
- Special care is also needed to ensure that mothers successfully breast feeding their children, do not regard the NFDM as a breast milk substitute and switch from breast to bottle feeding. No evidence that this was happening was found by the team, but it is suggested that proper instruction should be stressed even more strongly than it is at present.

#### 4. Growth Surveillance and Feedback

The Growth Surveillance System (GSS) is an ambitious effort initiated by CRS to determine the "goal" level results of the supplementary feeding program by monitoring the growth of children registered in the MCH food and nutrition programs in Africa. Funding support for initiating and monitoring this system in several African countries, including Kenya, has been provided through a specific support grant to CRS from AID's Office of Food For Peace.

The Medical Director for the CRS Regional Office has written extensively about the concepts, the instruments and the preliminary results of the GSS work (CRS Field Bulletin 27, 28, 29). His office has undertaken an evaluation of the nutritional impact of the MCH food and nutrition programs in Kenya and other countries where the GSS is in use. This system is gaining acceptance in various African countries as a means of monitoring the impact of MCH programs. The GSS approach requires that each child be weighed every time food is distributed. The weight is first recorded in pounds or kilograms on a Growth Chart and then plotted on a Master Chart summarizing the nutritional status of all of the children receiving food at a distribution center at a given session. (See Figures IV-2 and IV-3 for examples of these charts.) The Master Chart indicates the conversions of the raw weight to a weight-for-age scaling, which is then plotted on the Growth Chart.

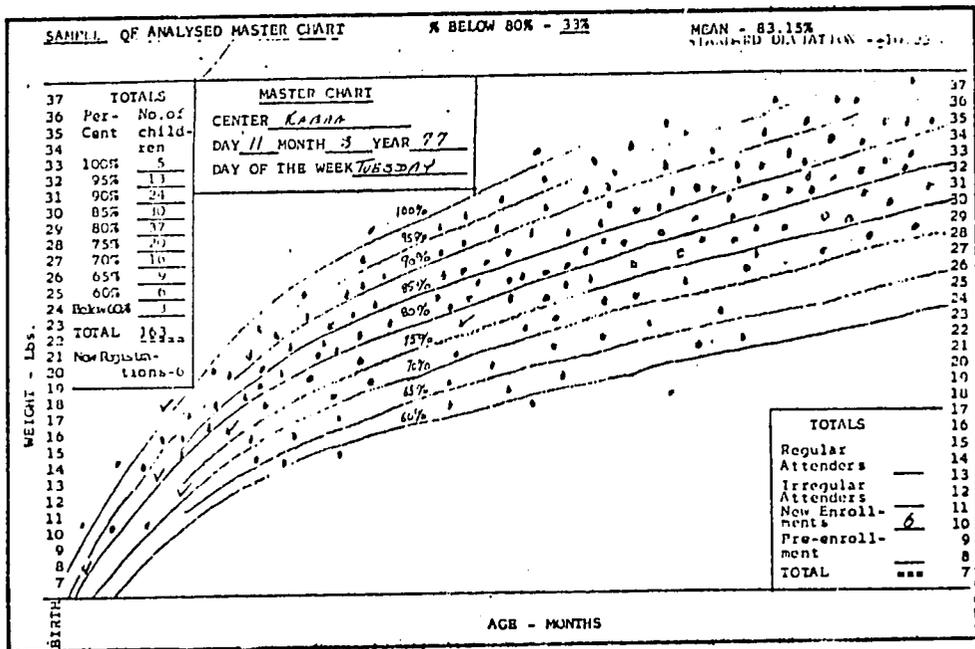
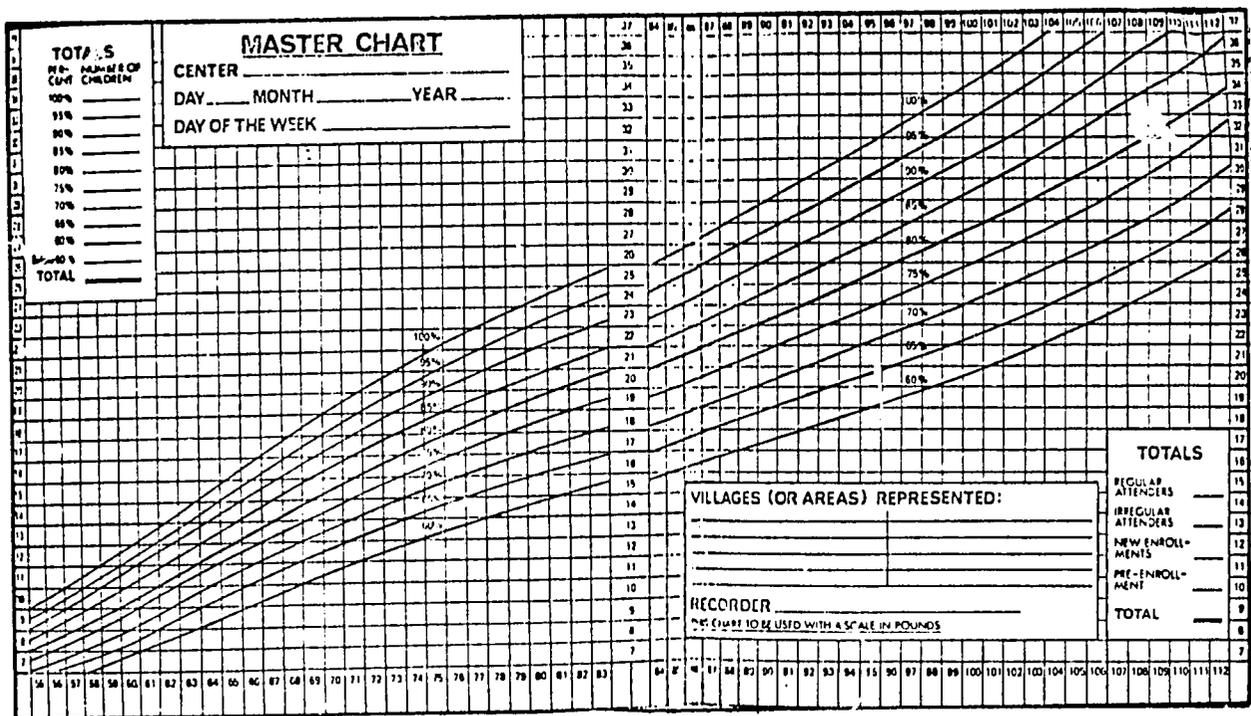


FIGURE IV-2:  
EXAMPLE OF CRS-MCH MASTER CHART



The Master Charts are sent monthly to CRS/Kenya for review. They are processed and forwarded to the CRS Regional Office to be used to monitor the progress of the program and to provide feedback to the distribution centers as appropriate. The Regional Office also uses the Master Charts as an administrative tool to spot unexpected changes that call for supervisory attention. Semi-annual summaries of the work under the AID grant have been published by the Regional Office.

The analysis of Master Charts at the regional level includes: (1) visual inspection for errors, (2) calculation of average attendance per child at each center, and (3) the age distribution of children and assessment of growth performance by (a) calculating means and standard deviation of children's weight-for-age and (b) calculating the percent of the children that weigh less than 80 percent of the Harvard Standard.<sup>1</sup> The usefulness of these procedures were not assessed by the evaluators since they did not have access to the Master Charts, to the supervisors for discussions of usefulness, or to supervisory reports.

A distinctive feature of the GSS is that it can provide prompt feedback about children's weight-for-age changes not only to the regional office, but also to mothers and clinic staff. The evaluation team observed the growth charts being used at most of the centers visited to judge whether the child was growing normally and to make inferences about whether the mother was feeding the child properly and protecting its health; it was used as a diagnostic tool in a "well-baby clinic" situation; and it was used to motivate mothers to use the supplementary food for the registered child.

The validity of the data provided by use of the GSS depends on proper weighing and recording at the food distribution centers. The evaluation team found these practices generally satisfactory in the places where observation was possible. The scales for weighing children were checked in 11 centers by systematically weighing standardized 5 kg., 10 kg., 15 kg., and 20 kg. weights. The weighing procedures were observed in eight centers and were generally satisfactory.

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1 CRS, 1978, First Annual Report on GSS

However, all of the scales inspected were of the type made in the US and measured in pounds and ounces. Kenya adopted the metric system of measurement many years ago and people are not taught the imperial system of measurement in school. The possibility of misrecording weights because of this cannot be ignored.

Children were generally weighed with clothing, but without shoes. The recording procedures varied somewhat from center to center, but it usually appeared that the correct weight was recorded on the Master Chart, in a register maintained at the center, and on the child's Growth Record which the mother usually takes with her. The register of participants provides weight information and also identifies absentees, dropouts, and graduates (children reaching 5 years of age). However, no one at the center level appears to be using the registers for surveillance, evaluation, or research though they could be a valuable source of data about the nutritional impact of the MCH Program.

Use of the GSS for evaluation requires an accurate estimate of age. As a child is originally enrolled in the program, the date of birth is recorded on the Growth Chart. The (ages/dates) used, however, are not consistently accurate, as they may be based either on actual recorded birth dates or rough estimates of age such as "3 months," "6 months," or "1 year." A good age estimate is essential to the calculation of standard weight-for-age. An error of 3 months for a child who is about 18 months old would result in a weight-for-age error of plus or minus 5 percent.<sup>1</sup> Once the age at entry to the program is estimated, the subsequent weights at intervals have a dependable basepoint in time due to the recorded dates of food distribution and weighing.

In areas where people predominantly practice sedentary agriculture, it is likely that the quality of the age reporting is reasonably accurate.<sup>2</sup> In the pastoral areas, this is probably not the case. Experience from other work in pastoral areas of Kenya suggests that many mothers in the areas are not able to give the

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1 The Rural Kenyan Nutrition Survey. Social Perspectives 2(4): 1-31, 1977.

2 See, for example, "Child Nutrition in Rural Kenya."

age of their child to within six months without probing, using calendars of events, etc. This problem could be reduced in some areas if children were registered at birth, or soon thereafter, and weighed even if they were not given a ration until they reached six months. This would fit the concept of integrating food into an MCH program and should be feasible in those cases where mothers come with older siblings to get food anyway, or when they come for other MCH services.

If the growth data of children are to be interpreted on a longitudinal basis, it would be useful to have some indication of the reliability of the original date of birth, such as whether documentary evidence had been produced, the birth had been recorded in a health center, or it had been estimated at the time of registration.

Apart from the reservations about the quality of the original age reporting, it appeared that center staff were following the procedures recommended by CRS for monitoring the impact of the food distribution program on children's growth. Related comments on Nutritional Impact appear in Section D of this chapter.

Considering the general level of accuracy in recording data at the distribution centers, CRS might want to consider the possibilities of decentralizing GSS analysis. Center staff could be trained to analyze and interpret weight-for-age data rather than sending it to Nairobi every month. Perhaps quarterly reports to Nairobi would be appropriate.

### C. MCH PARTICIPANT FOOD AND NUTRITION PRACTICES

This section presents the evidence regarding changes in the practices of participating mothers regarding food supplementation and health protection to which they are contractually committed.

## 1. The Food Supplement for the Registered Children

Four issues relating to food supplement practices were addressed during the evaluation:

- How much time elapsed between distribution of the food ration and depletion of the ration?
- How is the MCH food prepared in the home?
- How do participants compare MCH food to other foods?
- How do this evaluation team's findings compare with other research?

Evaluating the extent to which registered children receive substantial food supplements in their diets is difficult and delicate. The MCH Program informs mothers of their obligations to feed the supplementary food properly prepared to the registered children. The evaluation team interviewed 59 participating mothers to assess their practices and preferences. In doing this, the team realized that a distinction was needed between information the mothers had on desirable MCH practices and information to assess what practices mothers actually followed. There was a presumed bias that the mothers would report that they were doing what the MCH program said they should be doing regardless of actual practices. The evaluators took the following steps to minimize this bias:

- Interviews were conducted away from the MCH center whenever possible to reduce the concern about discussing practices contrary to the center's instructions.
- Mothers were interviewed alone whenever possible to avoid responses being influenced by observers other than the interpreter.
- Interviewers were clearly identified as being separate from CRS and the health center and not reporting anything that was said back to the MCH center in a form that could affect the participants.
- Participants were asked for physical confirmation of reported practices whenever possible--such as asking to see the amount of food remaining from the food received one week earlier.

- Non-participants were questioned about their practices and attitudes whenever possible.
- In most interviews the interpreters were enumerators from the Central Bureau of Statistics who had experience putting interviewees at ease.
- Before interviewing, a protocol of prior consultation with the local sub-chief was followed whenever possible.

a. Length of Time that MCH Commodities Last

The period of time from food distribution until depletion of the MCH ration appears to be the best single indicator of whether mothers give registered children the intended substantial food supplement. The positive characteristics of this indicator include:

- Food runs out quickly when it is being shared among many people in addition to the registered child. When the food was used up in a short time the mothers readily acknowledged that the food was needed for the whole family.
- Mothers did not hesitate to say when the food ran out, even when it implied they were not following instructions; the question was not obviously asking if they knew and followed instructions.
- In places where severe food shortages existed, there was no reluctance to say that the entire family was eating the MCH food.
- In many home interviews, the mothers showed interviewers the remaining MCH food. In several places the sample of participants to be interviewed were selected from the list of mothers who had received food the previous week. If the mothers said that they had not shared the food among family members, there was also likely to be some food left for a physical confirmation of the answer.

The findings regarding the time that commodities last appears in Table IV-17. The average duration varied from one to four weeks on every commodity. However, the variations were not random: in centers where one commodity lasted a long time, the other commodities did also. The mother's practice of gradually using the MCH commodities during the month appeared to be related to the food shortage

TABLE IV-17:

NUMBER OF PARTICIPANTS WITH COMMODITIES LASTING ONE TO FOUR WEEKS  
BY WEEKLY INTERVALS BY CENTER (DISTRIBUTION POINT): AVERAGE NUMBER OF WEEKS  
PER CENTER THAT FOOD COMMODITY LASTED IS ALSO SHOWN

COMMODITY	Distribution Center									
	1	2	3	4	5	6	7 <sup>a</sup>	8 <sup>b</sup>	9	10
<b>BULGUR WHEAT</b>										
1st week	3	9	2	3		0		0	0	
2nd week	0	0	0	4		1		1	0	
3rd week	0	0	0	0	poor	1		0	0	
4th week	0	0	0	3	data	3		0	2	
average	1	1	1	2.3	range	3.4		2	4	
<b>NON FAT DRY MILK</b>										
1st week	3	6	not	2	to	0		0	0	
2nd week	0	6	dist	3	1	1		0	0	
3rd week	0	0	short	1	month	0		1	0	
4th week	0	0	supply	3		3		0	2	
average	1	1.5	-	1.2	1½ weeks	3.5		3	4	
<b>SALAD OIL</b>										
1st week	3	6	2	3		0		0	0	
2nd week	0	6	0	4		1		0	0	
3rd week	0	0	0	0		0		1	0	
4th week	0	0	0	4		4		0	2	
average	1	1.5	1	2.5		3.6		3	4	
NUMBER INTERVIEWED	3	12	2	11	6	8		5	2	

<sup>a</sup> Question not asked since interview was in a clinic immediately following distribution of food.

<sup>b</sup> Four out of five had received the ration the previous day.

<sup>c</sup> Number of responses per commodity does not always equal number interviewed because there were some missing data.

situation in an area and the quality of the food center operations. These characteristics are cross-tabulated with the amount of time commodities lasted in Table IV-18. When there was a severe food shortage, the ration was depleted in a few days; but in times of moderate shortage the food was used more gradually. When food center operations were good, it appeared that the mothers understood clearly what the food was intended for and tried to follow instructions. However, these findings should not be overstated since the number of centers and participants is small and the classifications are very subjective.

b. MCH Food Preparation

Participating mothers were asked how they prepared each of the MCH commodities to assess whether the results were likely to be appropriate for young children. The results of our survey, presented below, should be interpreted as evidence of the mothers' knowledge about food preparation and only suggestive of the mothers' actual feeding practices.

Responses to the question "How do you usually prepare (soy-fortified) bulgur wheat?" fell into three categories:

- Prepared as a porridge by first soaking the bulgur, then washing, rinsing and boiling it in additional water for about 20 minutes. (This is referred to as the "standard preparation").
- Prepared as above with 1-3 tablespoons of oil added during or after boiling. This is the method of preparation taught, albeit irregularly, at most centers visited.
- Used in stew or for some other purpose.

The majority of women interviewed said they prepared bulgur as a porridge (thin gruel) rather than as an ingredient in stew, and about half of these women said they added oil to the porridge. Very few women (4 of 59) mentioned other uses of the bulgur. Over half of the participants interviewed indicated they prepared the bulgur specifically for their younger children.

TABLE IV-18:  
TIME FROM COMMODITY DISTRIBUTION UNTIL FOOD IS USED UP--  
CLASSIFIED BY QUALITY OF CENTER OPERATIONS & SEVERITY OF FOOD SHORTAGE

Food Shortage

		SEVERE		MODERATE		MILD				
		<u># Centers</u>	<u>Average Weeks</u>	<u># Centers</u>	<u>Average Weeks</u>	<u># Centers</u>	<u>Average Weeks</u>			
Subjective Assessment of Center Operations	POOR			OIL	1	1				
				NFDM	1	1				
				SFB	1	1				
	FAIR					OIL	1	3		
						NFDM	1	3		
						SFB	1	2		
	GOOD	OIL	2	1.25	OIL	2	3.05	OIL	1	4
		NFDM	2	1.25	NFDM	2	2.35	NFDM	1	4
		SFB	2	1.00	SFB	3	2.82	SFB	1	4

Responses to the question "how do you prepare milk powder?" were more varied than those for bulgur. At least six participants indicated that they used the NFDM in several ways. Twenty-three participants said they mixed the milk with water (often boiled) and fed it directly to the child. The average amount of powder used was three spoons (likely dessert spoons--1½ tsp.) per 8 oz. liquid. This method of preparation was not recommended by CRS, but the evaluation team learned that staff at several centers visited were instructing mothers in this method of preparation. Twenty mothers indicated that the NFDM was added to the maize or millet porridge as recommended by CRS.

When asked how they used salad oil, most (44) mothers indicated that they used it as a supplement to the soy-fortified bulgur. Of these, 13 women also used it for frying or in stews. Only six claimed to use the oil for frying only. As mentioned earlier, using oil with bulgur is the encouraged method of preparation, although some women have also been taught to use the oil for frying food for the children.

In summary, the responses indicate that participants are aware of the preparation methods advocated for soy-fortified bulgur and soybean salad oil. There is less consistency in the awareness of the recommended uses of milk. This is probably due to the fact that NFDM is a new commodity in the food package. NFDM is most familiar to mothers as a beverage, not a dry supplement, and a consistent educational approach has not been developed to explain its proper use. The responses of the participants also indicated that mothers realized that food supplements should be given only to the child, but they acknowledged that they felt they had to share the food with the entire family in times of food shortage (something that was occurring in parts of Marsabit District and to a certain extent in Kitui and Machakos Districts).

### c. Preferences for Selected MCH Commodities

The potential of the food ration to provide a significant economic supplement was discussed in Section III B.1. The mothers' perceptions of value of the commodities comprising the food supplement, are however, less clear. The

role of soybean salad oil as a "high value" food providing a strong incentive for MCH Program attendance is generally accepted. Various similar types of oil are readily available commercially in most parts of the country and are purchased by those able to afford them. The value of soy-fortified bulgur, an item not usually found in Kenya, and of NFDM, an item recently introduced in the Kenya program, had not previously been assessed. Therefore, the team focused on participants' perceptions of the value of the soy-fortified bulgur and to a lesser extent on their perceptions of the value of NFDM.

Given the limited time for interviewing, the team simply asked participants to select between two cereal grains and answer why they preferred one over the other for each of three comparisons: maize flour versus soy-fortified bulgur wheat. Rice and wheat are widely regarded in Kenya as being high status foods and maize flour (posho) is the staple food in most areas. Participants were also asked to state their preference between the newly introduced NFDM and the commodity it replaced, Corn-Soy-Milk (CSM).

In general, bulgur is valued less than wheat flour and rice, and about equal to maize flour. The responses do indicate, however, that bulgur is an acceptable commodity. Reasons given for specific preferences are listed in Appendix C. Some participants reported that they preferred bulgur because they had been told it was nutritious. Whether it was actually preferred for that reason is not clear. A number of mothers said that they preferred bulgur to maize meal because bulgur could be cooked and eaten alone, whereas to eat ugali (a thick maize porridge), some relish or soup was needed.

With regard to NFDM and CSM, preferences were about equal. A third of the women had not used CSM, since they were new to the program, could not remember it, or were undecided about a preference. It appears then, that the commodities were equally valued. However, since NFDM had only been introduced one to four months prior to the review, its reasonable popularity already may indicate a greater preference than is conveyed by the raw numbers. One might speculate that the popularity of NFDM stems primarily from its versatility compared with CSM which, though popular, is generally perceived as a children's food. The sporadic milk shortages in Kenya might also account for some of its popularity.

d. Participants and Non-participants

The evaluators wanted to compare the observed practices of the MCH participants with the normal feeding practices of non-participants. However, the evaluators were frustrated in attempts to interview non-participants. The sampling procedure used was the following: the register at a food distribution center was reviewed to identify participants who received food the previous week. Participant villages were tabulated and in some cases combined when a local resident indicated that several names referred to the same area. Villages with at least a dozen participants were selected (this procedure led to one village being selected that was approximately ten miles from the center). All names from that community were recorded with all the available information about the child and/or mother from the register. The team went to the village, contacted the subchief who approved the efforts and explained to the people present that they should cooperate and give candid answers to the team's questions. In one case, several mothers from the list were among workers on a local self-help "Harambee" project, so they were interviewed individually away from their homes. Other women who were present were asked about their participation--some were participants who came at other times, some had no qualifying children, and the remainder were not interviewed due to lack of time. The team returned to the same community later in the week to find appropriate non-participants. There were virtually no mothers at home because there was an athletic competition for school children from various schools in the community where the food center was located. The team went to the sports competition to find appropriate non-participants, and after considerable searching interviewed four. The other women at the sports competition were generally participants or did not have a qualifying child.

In short, the evaluation team found that, given the extreme food shortage and drought conditions, there were not enough non-participants to form a meaningful sample. Thus the team cannot report findings concerning nutrition impact in MCH programs without food. Anecdotal information suggests, however, that in places where food is scarce, mothers will not come in for other services unless food is given also.

e. Comparison of Evaluation Findings with Other Research

Although detailed food habit studies have not been conducted for all areas of Kenya, the extensive food habit and consumption studies of Van Steenberg, et.al. in Machakos District, provide baseline data against which to compare at least the reported food practices of children of participants interviewed in Machakos and Kitui Districts. These two districts are inhabited by the same ethnic group--the Wakamba, and thus food habits are expected to be generally comparable. Van Steenberg and her colleagues of the Dutch Medical Research Center in Nairobi collected extensive anthropometric, dietary intake and food habit information for children under three from a sample of 73 households in two ecologically different areas of Northern Division of Machakos District.<sup>1</sup>

Analysis of data about the food intake of children under three showed that breast milk, cow's milk and maize were their major food sources. Most young children's foods were prepared especially for them, until they began eating food prepared for the entire family at two to three years of age. The analysis showed that cow's milk, started when children were between one and four months, was the first additional food. The majority of children were completely weaned at 18 to 24 months.

This is consistent with findings of the second Kenya Nutrition Survey which showed that 13.5 percent of children were still breast fed at 24 months in rural Eastern province (CBS, 1980). Thin maize porridge was the main dish for children up to two years of age. The Kenya survey also found that maize was the main ingredient of the weaning porridge for 55.2 percent of the children sampled in rural Eastern Province. For an additional 32.6 percent, either maize or maize and millet was the main ingredient of the weaning porridge. Ugali, a thick maize porridge with three times as many kilocalories as the thin maize porridge, was introduced toward the end of the first year and eaten less frequently.

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<sup>1</sup> Van Steenberg, W.M. (1976), Nutrition and the Akamba Child, Part I. Nairobi: Medical Research Center. June. Draft.

Van Steenberg, W.M., Kusin, J., and Onchere, S.R. (1978a), Machakos Project Studies. Agents affecting health of mother and child in a rural area of Kenya. VIII. Food Resources and Eating Habits of the Akamba Household. Trop. and Geogr. Med. 30:393-413.

The Title II evaluators interviewed a total of 28 participants from four food distribution centers in Kitui and Machakos Districts. While this is a small sample, the responses suggest that feeding patterns are on the whole similar to those reported by Van Steenbergen. For example, eight participants from a center in Machakos District reported breast feeding practices similar to those found by Van Steenbergen. Most children more than three months old were said to also drink cow's milk, and eat at least maize and/or millet porridge two to four times a day. The soy-fortified bulgur provided through the CRS-MCH program was eaten once a day. About half of the mothers said they prepared food especially for their children. In our small sample, this finding did not appear to be related to the age of the child, although the oldest child in the group was 21 months.

Identifying the subtle differences in food habits which might influence nutritional status requires a more extensive design than was possible with the time and resources available for this review. However, as a methodological experiment for future studies, the team conducted abbreviated interviews with eight non-participants. Here, too, the reported qualitative feeding patterns appeared similar to those of the participants, i.e., young children ate on an average of about three times a day, had specially prepared food, were breast fed for at least a year, and primarily ate maize porridge as a weaning food. Since poor weaning practices have been cited as a major problem in Kenya, the team originally intended to collect samples of porridge to look for differences in energy density between porridge prepared by participants and non-participants and/or between that prepared by participants and a nutrient-adequate sample. This information could have been combined with data on frequency and quantity of consumption of porridge to provide an indication of whether the participants did provide more kilocalories to their children. This would have provided some useful insights since Van Steenbergen et al's calculations of the nutrient content of the foods showed that the cereal-milk diet commonly ingested by young children in her Machakos study had sufficient protein, provided enough was eaten to meet the child's energy needs. <sup>1</sup>

In conclusion, examination of the responses suggest that participants who live in areas without severe food shortage and who attend fully operational centers have modified their infant and child feeding practices to incorporate the distributed foods. However, in comparing the participants' responses with research by other analysts, the team was unable to identify other modifications in standard feeding practices. This is not a negative finding. Feeding patterns similar to those described by Van Steenberg and reported by participants are on the whole satisfactory, the exceptions being the use of energy poor and nutrient poor weaning foods. Thus, the use of CRS-MCH commodities--which are high in energy and nutrients--should make a significant contribution to the overall quality of feeding in rural Kenya.

## 2. Health Protection Practices by the Participating Mothers

The mothers who participate in the MCH Program are expected to protect their children from illnesses. Thus, the evaluation team asked participating mothers about immunizations for their children and what they did when the children had diarrhea, vomiting, or fever. The answers regarding immunizations usually could be confirmed by notations on the child's growth record or by a visible vaccination scar. To obtain some indication of mothers' health practices and effectiveness of the health education lectures, the team asked them about their

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1 (from previous page). Methodological note: the evaluators planned to offer evidence of the energy density of childrens' porridge samples prepared by participating mothers from various locations and from non-participants. Arrangements were made to take samples, and do a chemical analysis in Nairobi using a bomb calorimeter to measure the kilocalories of energy in the porridge samples. This was appropriate since a major problem in child feeding practices in Kenya is feeding children foods that have a low energy density. As a result, the children are full before they have gotten enough nutrients for healthy growth; the MCH foods, when properly prepared, yield a high energy density children's food. Unfortunately, only four samples from participants could be collected. Other mothers had no samples to provide because (a) no porridge had been prepared that day, (b) the porridge had all been eaten, or (c) the mothers were away from home. The samples collected were dried, but the laboratory analysis was abandoned because the number of samples was inadequate to provide useful results. Visual inspection of the samples and the dry weights show that the sample from a home with a severely undernourished 19-month girl was watery by comparison to the other samples.

treatment for diarrhea and vomiting. Most (approximately 85 percent) of the 39 women who were asked the question regarding treatment for diarrhea said they took their child for medical diagnosis (hospital, private doctor, dispensary, or health center). About a fifth of the women who sought medical diagnosis also reported use of a common oral rehydration preparation of water, salt and sugar. Another fifth said that the oral rehydration fluid was usually their only treatment. The oral rehydration method is generally considered the most effective home treatment for diarrhea. Interviews with center staff indicated that either the oral rehydration preparation or the preparation followed by a hospital (or other medical facilities) visit were treatments they encouraged. Interviews with other knowledgeable medical personnel and several non-participant mothers confirmed that a common treatment for diarrhea is to take the child for medical treatment. The Second National Nutrition Survey reported that 52.2 percent of children with diarrhea had attended a medical facility for treatment. The oral rehydration method is also taught at a number of non-CRS health service delivery points. Thus, at least with this small sample of women, it is not clear whether the food distribution center is in fact modifying practices with regard to treatment of the very common complaint of diarrhea.

With regard to immunizations, about 80 percent of the 46 women who answered the question indicated their child/children had received at least some immunizations. This could usually be confirmed by notation on the child's growth record. Except in the pastoral areas where several women said they did not want immunizations, most mothers of unprotected children said that the cost of transport to a facility providing immunizations or the young age of their child were the only reasons why their child/children had not received any or all of the standard immunizations. Interviews with center personnel and persons working in non-CRS/MCH programs in the areas suggest that immunizations are usually highly valued and may act as incentive for attendance. Thus, once again it is difficult to isolate the specific impact of the CRS program in encouraging immunizations. This issue is further complicated by the fact that several centers require immunization as a prerequisite for program attendance. Again, generalization to the entire Kenya program should be made cautiously, if at all. This is especially true since it appears that the team visited areas where immunizations are well-received, which may not be true for other parts of the country.

#### D. IMPACT OF MCH FOOD AND NUTRITION PROGRAM

The evaluation team feels an assessment of the nutritional impact is critical to the CRS-MCH food and nutrition program evaluation. Impact data are available, and presently there are researchers working with these data in Nairobi under the direction of the Medical Director for the CRS Regional Office. In anticipation of receiving a preliminary analysis for validation, the team abstained from doing anything that might be construed as a nutritional impact evaluation.

Arguments against doing an MCH impact evaluation at this time included:

(1) The timing for such an assessment is premature; (2) it is sufficient to look at the concept and comment on whether there is a sound theory without collecting data; (3) the Growth Surveillance System (GSS) which provides child growth data is not an evaluation system, but an administrative tool for monitoring and supervision; and (4) such an impact assessment could be disruptive, irresponsible and distorted based on similar experiences in the past.

However, this evaluation team feels that the lack of a responsible analysis of MCH impact data is a serious omission. Counter arguments that seem germane to the team are as follows:

- CRS is sponsoring a very large program in Africa using Title II resources. CRS targets in FY 1980 in Africa are to provide over 13 million tons of food to 2,130,600 beneficiaries in 17 countries. In FY 1981, the target is in excess of 20 million metric tons of food aid for 3,074,150 beneficiaries in 20 countries, of which the MCH component will be 149,000 MT of food for 2,191,900 beneficiaries (See Table IV-19 or IV-20).
- The CRS-MCH food and nutrition program in Kenya is the fourth largest in Africa with 105,000 approved beneficiaries and more than 100 distribution centers.
- New commitments of the CRS-MCH programs imply long-term commitments to sustain the food until the participating children "graduate" at age five.

TABLE IV-19: CRS TOTAL PROGRAM

	1979		1980		1981	
	Total Beneficiaries	Total Tons	Total Beneficiaries	Total Tons	Total Beneficiaries	Total Tons
Benin	22,500	1,046	N/A	N/A	27,500	14,150
Burundi	86,000	4,607	102,000	6,025	95,000	5,797
Cameroon	28,000	1,344	35,000	2,100	40,000	2,400
Djibouti	N/A	N/A	N/A	N/A	42,500	4,500
Ethiopia	91,700	4,361	135,500	6,438	123,000	3,180
Gambia	24,400	2,280	28,500	2,676	33,500	2,080
Ghana	192,000	10,318.8	246,000	11,608.92	249,000	27,847.92
Kenya	133,000	7,507	138,000	8,226	136,500	8,762
Lesotho	177,500	10,828	199,000	12,479	201,000	12,606
Madagascar	92,000	5,787	120,500	7,386	120,500	7,136
Mauritania	63,000	4,137	34,100	4,137	66,150	6,586
Rwanda	71,200	3,938.4	81,700	3,931	92,500	5,059.7
Senegal	204,000	20,022	221,000	20,108	221,000	20,275
Seychelles	N/A	N/A	12,300	574.2	17,800	948
Sierra Leone	122,000	5,811	80,000	3,756	82,000	4,232
Sudan	30,000	1,080	50,000	1,800	63,000	3,780
Tanzania	105,000	4,635	79,000	4,468	131,000	7,652
Togo	170,000	6,988	183,000	9,998	61,000	3,660
Upper Volta	150,000	3,210	385,000	25,650	400,000	30,570
Zaire	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>871,200</u>	<u>34,019</u>
TOTAL	3,359,800	979,002	2,130,600	131,361.12	3,074,150	205,240.62

N/A = Not Available

TABLE IV-20: CRS MCH PROGRAM

	1979		1980		1981	
	Total Beneficiaries	Total Tons	Total Beneficiaries	Total Tons	Total Beneficiaries	Total Tons
Benin	18,000	870	N/A	N/A	24,000	14,000
Burundi	40,000	2,138	40,000	2,400	50,000	2,700
Cameroon	28,000	1,344	35,000	2,100	N/A	N/A
Djibouti	N/A	N/A	N/A	N/A	14,000	360
Ethiopia	91,200	4,322	105,000	4,977	120,000	3,000
Gambia	21,000	2,016	25,000	2,400	30,000	1,800
Ghana	165,000	7,833.6	176,000	9,756.36	176,000	24,532.8
Kenya	105,000	5,745	105,000	6,300	105,000	6,300
Lesotho	130,000	7,956	142,000	9,032	144,000	9,159
Madagascar	68,000	4,488	91,800	5,735	91,800	5,508
Mauritania	42,000	3,948	32,000	3,948	60,000	6,000
Rwanda	40,800	2,019.6	43,000	1,892	55,000	3,025
Senegal	179,000	16,830	198,000	17,820	200,500	18,047
Seychelles	N/A	N/A	7,600	4,104	7,600	456
Sierra Leone	115,000	5,325	72,000	3,228	72,000	3,660
Sudan	30,000	1,080	50,000	1,800	63,000	3,780
Tanzania	65,000	3,000	75,000	4,050	98,000	5,880
Togo	80,000	3,484	88,000	5,280	61,000	3,660
Upper Volta	100,000	2,160	160,000	8,640	170,000	10,200
Zaire	N/A	N/A	N/A	N/A	650,000	27,300
TOTAL	1,318,000	74,559.2	1,445,400	93,462.36	2,191,900	149,367.8

IV-54

N/A = Not available

- The CRS concepts are attractive in theory and the findings of this evaluation tend to support the plausibility of the theory despite the flaws of execution identified in Kenya.
- There is an abundance of data from use of the GSS that will permit testing the MCH F&N rationale in a manner that is unusual for development projects in the developing world in general, and in Africa in particular. In Kenya alone, 56,000 children are being weighed monthly (or at least frequently) and this longitudinal data is accessible.
- There could be methodological problems associated with a more extensive impact evaluation such as clearly specifying group and service characteristics that led to rapid or slow child growth. These problems would constrain the evaluation effort, but could be dealt with if faced openly and collaboratively.

The impact evaluation work does not have to be started in Kenya, of course. However, Kenya is relatively data rich compared to most African countries. There is a substantial amount of nutritional research literature already available to help isolate appropriate hypotheses and to interpret findings. The GOK is interested in the food aid program, supportive of research on nutrition, and receptive to using the research for policy making.

It should be noted that although an evaluative comparison between Title II sponsored MCH centers and non-Title II centers was contemplated, it was not conducted. The evaluation team recognizes the usefulness of such a comparison to provide insight into questions concerning the necessity of food supplements to achieve nutritional impact.

The team had planned to do a comparison in the Mutomo centers, but abandoned the idea in light of:

- Limited time which would probably have produced results too "quick and dirty" to be valid.
- Fear that those results would be interpreted as a proper evaluation and further work would not be done.
- Financial constraints and the opinion that the limited resources available should be used to complete the original evaluation as planned.

E. CONCLUSIONS AND RECOMMENDATIONS REGARDING THE MCH PROGRAM

Conclusion 8: The MCH Program is poised to grow rapidly from its May 1980 level of 87,156 participants.

The AER for FY 1978 gave CRS/Kenya the approval to serve 105,000 MCH participants, but actual attendance has never reached that level. Now CRS/Kenya indicates it has registered the new participants and increased its staffing and administrative, transport, and warehousing capabilities. CRS/Kenya plans to continue expanding the MCH program, especially outside Central Province, and anticipates no obvious obstacles. The evaluation team did not feel sufficiently informed to make an independent judgement of CRS's plans or its capability of managing the growing program.

Recommendation 6: The MCH Program should not increase beyond the level of 105,000 participants until CRS's capability to achieve that level of attendance while maintaining a well-run system has been proven. The conditions for approval of an expanded program should be the following:

- The multi-year plan described in Recommendation 1 (page III-33) is prepared and demonstrates a capability to manage a larger program.
- The 20 percent expansion from 87,156 participants to 105,000 should be consistent with the statements of intent to improve coverage of areas with high prevalence of malnutrition that are relatively underserved today.
- The plans for further expansion emphasize better coverage for the remote areas, the malnourished, the poor, etc.
- A "good faith" start has been made toward using GSS data for a nutritional impact assessment and/or conducting management studies based on the feedback about children's growth as a result of participating in the MCH program. GSS data should be made available to any qualified analyst under reasonable guidelines, as described below in Recommendation 7.
- The GOK concurs in the expansion of the MCH program upon the advice of the Food and Nutrition Planning Unit.

These conditions should not pose significant compliance problems for CRS. For its part, AID will have to recognize the added logistical and financial burdens that CRS will face with program expansion and assist where possible; or not expect more than can be reasonably accomplished within these constraints.

Conclusion 9: The MCH Program reaches approximately 1.9 percent of the children in the eligible age range of six to 60 months. The actual coverage is influenced by (a) the concentration of distribution centers in Central Province and some highly populated adjacent districts and (b) the diverse selection criteria used in various distribution centers.

CRS has advocated a "first come, first served" self-selection policy without excluding anyone in the eligible age groups although the local agencies have frequently given preference to the most undernourished. CRS plans to improve the coverage of the malnourished population by supporting new distribution centers in areas with a high prevalence of malnutrition, but does not intend to exclude any children in the vulnerable age groups as long as there is enough food to serve them along with the more needy children.

Recommendation 7: CRS should be allowed to use its broad eligibility standards but distributing agencies should be encouraged to use selection criteria that give priority to groups they consider to be malnourished or needy. CRS should use similar selection criteria in decisions about where to support opening of new food distribution centers, where enrollments should be increased, and where subsidies and promotion efforts should be concentrated.

Recommendation 7 is intended to encourage strategic thinking, planning, and focusing of resources on those groups defined by GOK and USAID as having highest priority. This should be acceptable to CRS during times of abundance and entirely consistent with CRS objectives when the demand for MCH food exceeds what is available from Title II and other sources.

Conclusion 10: The MCH program is successful in attracting mothers with pre-school children to participate in the feeding program where they can receive food and MCH services which have an attractive economic value.

This is an impressive achievement since it has been notoriously difficult to design nutrition programs that reach preschool children. The same MCH approach is being used by CRS in 18 countries in Africa, with authorized enrollments totaling 1,445,400 in 1980. This suggests that the CRS concept is a sound approach for attracting participants in diverse circumstances. According to interviews with participants and food center staff, apparently the attendance at distribution centers rose when news circulated that oil and milk were available and attendance went down when it was known that oil was unavailable. It appears that the economic value of the food ration is a relatively good incentive for attracting and maintaining participation in the MCH Program.

Recommendation 8: The Office of Food For Peace should consider an analysis of alternative approaches for achieving similar nutritional benefits for the registered children at lower cost.

To prepare for the eventuality of Title II food and funds becoming less available due to US budget cuts, the evaluators suggest some experimentation with less expensive rations be explored. It is plausible that participants can be attracted and motivated to attend regularly with a less expensive ration, especially if the program has an effective nutrition education component that communicates effectively the importance of feeding the supplement to the registered child.

Two possible studies that deserve consideration are:

- Exploration of how to integrate the CRS work with oil seed processing into the MCH program. Once participants are bringing oil seed to the MCH center for processing they would be getting an "active income supplement" which might motivate attendance and also provide a local supply of edible oil for the MCH program. How can these elements be combined to increase the self-sufficiency of the participating mother and to lessen the Kenya MCH program's dependence on Title II commodities?

Analysis of the feasibility of (1) registering children without registering their mother, (2) limiting the number of rations per family to two; or (3) providing a half ration for the mother. There are food distribution centers that enroll very few mothers; it would be useful to analyze their experience to assess whether it is more difficult to attract participants, or sustain regular attendance. Does analysis of the growth charts show a systematic difference in the growth of registered children from families with three rations, two rations, one ration, etc.? The same data can be used to test other hypotheses about the factors that affect the documented improvements in weight-for-age: the number of siblings, total family size, mother's understanding of the growth chart, regularity of attendance, etc. All the studies can be controlled for age at entry and time in the MCH program.

Without waiting for an analysis, no more than three rations per family should be distributed. The evaluators recommend experimentation with a less expensive ration because the supply of Title II food is certain to become a binding constraint eventually, perhaps very soon. Title II food should be treated as a valuable resource that should be used efficiently to achieve an objective such as nutritional impact on the children who are registered in the MCH programs.

Conclusion 11: The nutritional content of the recommended ration is sufficient for a substantial contribution of the nutritional needs of registered Kenyan children even if the children receive only half of the ration provided for them.

The ration is appropriate to the nutritional problems and the child feeding practices of rural Kenya with the following qualifications:

- The protein content is higher than needed.
- The iron content is low.
- The amount of oil is higher than rural Kenya families are accustomed to using.
- The use of NFDM as a dry supplement is unfamiliar in rural Kenya.

Recommendation 9: The Office of Food For Peace and CRS should consider changing the size and mix of commodities in the MCI ration, in accordance with the conclusions about the nutritional appropriateness of the ration being distributed in Kenya.

The evaluation team does not recommend any changes in the ration at this time but registers its observations to be considered together with findings from other countries about the nutritional appropriateness of the commodity mix. The economic value of the package seems more than adequate to insure participation, so some changes might be considered to improve nutrition or reduce cost. Possible changes could be the following: eliminating the soy-fortification in the bulgur or perhaps fortifying it with iron; and maintaining the oil ration while reducing the NFDM ration. The evaluation team does not think the evidence collected in this study is sufficient to justify reducing the oil ration. There is other research supporting the appropriateness of oil as an energy-dense supplement to children's food.

The evaluators devoted considerable effort to determining what portion of the ration is actually consumed by the child. Any future changes in ration levels must be made in concert with information regarding the adequacy of the child's dietary supplement.

The team does not recommend changing or experimenting with the ration among current program participants, but suggests that variations in commodity mix and/or quantities might be tried in areas where new programs are established.

Conclusion 12: Most participants in Kenya have received less than the recommended rations.

Rations have been short because of distribution centers running out of one or more commodities in many centers and because of mismeasuring rations. Shortages due to the overall food shortage in Kenya and transport factors contribute to administrative difficulties in the food distribution centers.

Recommendation 10: CRS should foster the distribution of full rations by (1) ensuring as resources are available that all centers have proper measuring instruments for the food, written instructions on proper measurements, and instruction from supervisors on proper measuring procedures; (2) changing the ordering procedures, so that the ratio of commodities in stock is the same as that distributed to participants (i.e. 2:2:1); (3) allowing "call forward" orders to be placed, but allowing for changes in demand for MCH supplies.

CRS/Kenya indicated that the shortages observed by the evaluation team were due in part to a "short order" that resulted from USAID's over-cautious attitude toward requirement estimates. As management has improved, however, the USAID has allowed CRS/Kenya more latitude in ordering so that a higher reserve can be maintained as long as inventory levels do not accumulate unreasonably.

Conclusion 13: The nutrition/health education component shows great room for improvement in Kenya.

Minimal attention is given to the health/nutrition component of the MCH system, the major emphasis being placed on the growth chart as the instrument for promotional activity associated with food. This is consistent with the CRS theory which emphasizes that poverty, not ignorance, is the cause of malnutrition. However, the MCH program does encourage the distribution centers to orient and motivate mothers to change their feeding and health protection practices for the children.

Four deficiencies were noted: (1) there were food centers with no lectures or other means of teaching nutrition, preventive health concepts or food preparation techniques; (2) there was inappropriate or insufficient guidance on topics such as reconstituting NFDM into liquid milk; (3) there was a lack of appropriate educational materials; and (4) centers not integrated with health facilities and personnel.

The cause of the problem apparently lies partially in the CRS contention that the growth chart is a necessary and satisfactory instrument for the dual purpose of nutrition surveillance and parental education. Financial and staff limitations also contribute to the above deficiencies. Suggestions for improvement are discussed in Recommendation 11.

Recommendation 11: The nutrition and health education component should be strengthened.

This can be done through:

- Increased attention from supervisors.
- Provision of promotion materials in addition to the growth record.
- Expanded demonstrations of the proper use of the Title II commodities.
- Increased attention to better use of Kenyan foods for good nutrition.
- Emphasis on giving instruction for Title II food preparation to every mother upon her entry into the program.
- Increased emphasis on linkage of the food program to an MCH program, including preventive and curative services.
- Explore alternative funding sources (i.e., DS/N for help in implementing this recommendation).

Conclusion 14: The nutritional surveillance system appears to be well done at the clinic level. It is unclear whether it is used for supervision or for evaluation of nutritional impact.

In the food distribution centers observed by the evaluation team it appeared that weights were being conscientiously and competently collected, recorded and translated into a weight-for-age percentage. The ages were gross estimates in some cases, but the children were being weighed regularly as a condition for receiving food. The growth record was used by the person in charge of the food distribution

center to see if the child was growing normally and to counsel the mother on ways to stimulate child growth.

The use of the nutritional surveillance system in Kenya is impressive. The growth record is used immediately in the clinic to provide feedback to the mother and the nurse in charge about whether the child was growing satisfactorily (a measure of the goal level impact expected from the MCH program) who then used the feedback information to decide whether the child should be referred for medical care, whether food distribution should continue as usual or be changed (e.g., to a close supervision schedule with 1/4 ration weekly instead of a full ration monthly), and for probing with the mother reasons for a child not growing and for motivating the mother to give better care to the child. It appears that every child is weighed at every food distribution and the process repeated. The evaluation team does not know of any better example in a developing or developed country of a program with a better feedback system for service delivery.

The weight-for-age data are also intended to be used for monitoring and evaluation of nutritional impact. The data are recorded on master charts which are sent to the regional headquarters and are reported to be used for triggering supervision visits.

The evaluation of nutritional impact is discussed under Conclusion 17.

Recommendation 12: CRS and the food distribution centers should consider registering children at birth or as soon as possible after, even if no food is distributed to the child until it reaches six months.

This approach will improve the linkage of the food program with normal MCH services; it will make it unnecessary to switch from one growth record (e.g., Road to Health) to the CRS/GSS chart; and it will improve the reliability of recorded birth dates for the nutritional surveillance system. There should

be little extra cost or inconvenience in this procedure. Many mothers will be bringing an older sibling to get food anyway and registering the child early will reserve a place for him/her. Alternatively, the birth of a child could be recorded on a sibling's chart or the mother's card.

Conclusion 17: The nutritional impact of the MCH program in Kenya is unknown because of the agreement that the CRS/Africa Regional Office would conduct this part of the evaluation. There is a rich data base available for analysis. However CRS is not giving access to the data until they have processed it.

The GSS component of the MCH Program in Kenya is unusual in that data that facilitate measuring and testing the nutritional impact of the nutritional program are generated. Most nutrition programs generate no data; thus, researchers must turn to costly surveys that yield only cross-section data or to even more costly programs that follow the progress of a relatively small sample of participants over time. The GSS data for Kenya provides a rich data base, as approximately 56,000 children in 108 distribution centers are being weighed frequently at known intervals and with known procedures.

The evaluation team recognizes that the omission of nutrition impact data detracts from the value or usefulness of this report. This omission appears to be due to a misunderstanding between the evaluation team and AID/FFP and the CRS/Regional Office. The data which was requested by the evaluators and which they expected to receive is evidently not data that is available from CRS. The information which CRS maintains has been routinely forwarded to OFFP in Washington is not adequate for the impact analysis desired by the evaluators. The evaluation team did not collect its own data because it was advised that such an effort would be a repetition of work already being done by the Medical Director.

Despite these problems and misunderstandings, however, the need for systematic analysis of the effect of the Title II assisted MCH Program on registered children remains the key issue. This type of analysis is needed in light of the fact that the CRS Food and Nutrition program is large and becoming widely used in Africa.

The concepts for reaching preschool children are attractive and appear plausible based on their current application by CRS/Kenya. Substantiation of this approach based on data analysis is now necessary.

The GSS as it has been developed and applied in Kenya by CRS appears to be an excellent source of weight-for-age information and longitudinal studies. There was little resistance on the part of parents or distribution center personnel to the evaluators using the growth charts of individual children. An impact analysis should be conducted as the means by which strengths and weaknesses could be evaluated and modifications made to turn the program into an effective development effort. The possibilities exist for modification of the program as it is operated by CRS as well as an internal review by AID of its policies, guidelines and objectives for Title II.

Recommendation 13: The Office of Food for Peace should follow-up to assure that the CRS/Kenya impact information on the MCH Program is received and analyzed.

The reasons for going ahead with the CRS Food and Nutrition Impact evaluation are described in Section III-D and in Conclusion 17. The key step is to provide an open access to the GSS data for qualified research and evaluation work. CRS/Kenya should have the files of Master Charts from Kenya's 108 food distribution centers. Each center will have its registers of participants; there are even some centers (South Horr) where the growth records themselves are kept at the food distribution center.

The Medical Director of the CRS/Regional Office should be encouraged to present his evaluation of the Kenya experience using the data and methods he considers appropriate and to share those data and methods with other professionals following the norms of good science and good management. Other researchers should be encouraged to share their data, methods, and results with the Medical Director as a courtesy and for the benefit of expert critical constructive comment. The evaluators accept the contention of CRS that it is not in the research business and is consequently unprepared and uninterested in undertaking its own data collection and analysis except for the purpose of program planning. This would seem to be all the more reason for CRS to cooperate with outside researchers and take into consideration the research results for an improved Title II program. The GOK should be invited to use GSS data for research that is germane to its nutrition planning and policy making.

## FOOD FOR WORK

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### CHAPTER FIVE

Because the Food for Work (FFW) Program in Kenya is less than two years old and most FFW projects are less than six months old, long-term effects cannot be evaluated at this time. However, both CRS and USAID are interested in an analysis of the current program with an emphasis on discovering the "unexplored and underexploited opportunities" for using food aid in Kenya.

Chapter Five is divided into five sections: (A) Characteristics of FFW Projects, (B) FFW Field Operations, (C) Benefits from FFW Project Food Distribution, (D) Benefits Derived from Completed FFW Projects, and (E) Conclusions and Recommendations.

#### A. CHARACTERISTICS OF FFW PROJECTS

CRS/Kenya's interest in FFW projects coincides with the arrival of its present director in 1978. He had had considerable experience with FFW in Korea and India and considered it a promising approach for Kenya, too. CRS has deliberately supported a wide variety of these projects to see what would be most effective in Kenya. The general strategy has been to focus on (a) relieving temporary food shortage situations and (b) improving future food or water situations. The FFW program has been managed primarily by a Peace Corps Volunteer, seconded to CRS, who worked with diverse project sponsors on relatively small, short-term projects. The CRS/Kenya director believes that the pilot testing has been satisfactory and would like to expand the program five- to ten-fold. The FY 1980 approved Annual Estimate of Requirements (AER) included 3,600 workers plus 14,400 dependents. The approved FY 1981 AER includes an 80% increase.

FFW projects usually start when there is a food shortage. While distributing food as "relief" asks nothing of the receiver, FFW uses the food as a wage

for work on a useful project. The project is selected to bring long-term or short-term benefits to the community and/or the individuals involved. In a food deficit area, priority is usually given to projects that increase the future production of food for the needy. Figure V-1 illustrates the logic of a FFW project.

The objectives of the CRS-FFW program are consistent with CRS policy to get as much food as possible to those who need it. Additionally, FFW meets over-all the FFP, GOK and USAID/Kenya goals of mitigating poverty and unemployment through agricultural development programs to increase production. Specific FFW targets are being discussed within CRS by the Country Director and the new FFW Program Coordinator, who coordinated the pilot program. They will be analyzing the implications of the pilot testing experiences and, based on their analysis, set future program directions.

There are 44 FFW projects, if each component of a multi-purpose project is counted separately. Table V-1 summarizes the data from CRS files. An analysis of the data follows.

- Twenty of the 44 projects are for water development, six for resettlement, five for roads, five for schools, four health centers, three conservation (tree planting), and one women's handicraft center;
- The districts with the most projects are Marsabit with nine and South Nyanza with eight. Machakos has four active projects and several pending;
- All of the projects were begun in 1980 except for the Sololo and Moyale land clearing and roads projects (January 1975) and the Wajir Cattle Dam project (October 1979). The 1979 projects were originally considered famine relief;
- The 1980 projects are all "bounded" projects (i.e., limited commitments) that last from one to eight months except the Mpeketoni Resettlement project (#5) and the Wajir Women's Handicraft project (#44);
- The amount of employment generated by FFW projects ranges from ten days of work (#20) to 900 days (#8, #14) for "bounded" projects; the big resettlement projects at Sololo and Moyale will provide food for 142 workers over an indefinite time period;



TABLE V-1: DETAILS CRS FFW PROJECTS

Project Type	Proj. #	Project Title	District	Start Date	Number of Workers	Duration	Estimated Total # Work Days
RESETTLEMENT	1	Sololo Land Clearing*	Marsabit	1/79	142*	Indefinite	
LAND	2	Moyale Land Clearing*	Marsabit	1/79	142*	"	
CLEARING	3	Kabondo Self Help	S. Nyanza	2/80	260*	3 mos.	780*
FOOD	4	Gabra Resettlement	Marsabit	3/80	56	6 mos.	336
PRODUCTION	5	Mpeketoni Resettlement	Lamu	3/80	60-100	Indefinite	
	6	Malindi Resettlement	Kilifi	4/80	76	6 mos.	456
	7	Mboni Roads	Machakos	2/80	60	6 mos.	360
	8	Fokot Roads	Baringo	3/80	100	9 mos.	900
ROADS	9	Lorugumu Roads	Turkana	4/80	100	3 mos.	300
	10	Sololo Roads*	Marsabit	1/79	142*	Indefinite	
	11	Moyale Roads*	Marsabit	1/79	142*	Indefinite	
WATER (wells, dams, irrigation, water storage)	12	Wajir Cattle Dam	Wajir	10/79	80	Indefinite	

V-4

One part of a multisector project--figures cited in number of workers is for all projects in area (e.g., Sololo) and should not be totaled twice.

TABLE V-1 (continued)

Project Type	Proj. #	Project Title	District	Start Date	Number of Workers	Duration	Estimated Total # Work Days
WATER (wells, dams, irrigation, water storage)	25	Chapararia Water	W. Pokot	1980	25	3 mos.	75
	26	Marsabit Reservoir	Marsabit	1980	20	2 mos.	40
	27	Marsabit Wells	Marsabit	1980			
	28	Kosele Wells	S. Nyanza	1980	30	3 mos.	90
	29**	Archer's Post Water	Samburu	1980	30		
	30**	Barsaloi Water Catchment	Samburu	1980	35		
	31	Shimba Hills (cattle dips)*	Kwale	1980		6 mos.	
SOIL CONSERVATION	32	Marsabit Tree Planning	Marsabit	3/80	60	4 mos.	240
	33	S. Nyanza Soil Conservation	S. Nyanza	1980	25	3 mos.	75
	34**	Lokitany Nursery(Trees)	Turkana	1980			

\*\* Status to be confirmed with CRS/Kenya.

TABLE V-1 (continued)

Project Type	Proj. #	Project Title	District	Start Date	Number of Workers	Duration	Estimated Total # Work Days
WATER (wells, dams, irrigation, water storage)	13	Kabondo Self Help (laying pipe, cattle dips)*	S. Nyanza	2/80	260*	3 mos.	780*
	14	Mogotio Projects (water jars)	Baringo	1/80	150	6 mos.	900
	15	Alale-Lokishar Wells	W. Pokot	2/80	20	2 mos.	40
	16	Kaputir Irrigation	Turkana	3/80	60	2 mos.	120
	17	Kionweni Water (pipe laying)	Machakos	4/80	50	6 mos.	300
	18	Kasekeu Water (water tank)	Machakos	4/80	20	6 mos.	120
	19	Koru Water (pipe laying)	Kericho	4/80	20	6 mos.	120
	20	Badassa Water (Dam & Irrigation)	Marsabit	4/80	10	1 mo.	10
	21	Mandera Irrigation	Mandera	in 1980	45	3 mos.	135
	22	Meru Wells	Meru	in 1980	--	---	
23	Tonga Water (pipe laying)	S. Nyanza	in 1980	50	6 mos.	300	
24	Kanyaluo Water (pipe laying)	S. Nyanza	in 1980	60	6 mos.	360	

TABLE V-1 (continued)

Project Type	Proj. #	Project Title	District	Start Date	Number of Workers	Duration	Estimated Total # Work Days
SCHOOLS	35	Makindu Schools	Machakos	2/80	60	2 mos.	120
	36	Oltapesi-Eremit Schools	Kajiado	2/80	60	3 mos.	180
	37	Pokot Schools	W. Pokot	2/80	80	1 mo.	80
	38	Naquemequi School	Turkana	1980	20		
	39	Bushiangola School/ Stadium	Kakamega	1980	20	3 mos.	60
HEALTH CENTERS	40	Kabondo Self Help* (Kitchen Dispensing)	S. Nyanza	2/80	260*	3 mos.	780
	41	Nzoia Development Center (Health MCH)	Bungoma	4/80	5	8 mos.	40
	42	Shimba Hills* (Dispensary)	Kwale	1980		6 mos.	
	43	Kanyalo Dispensary	S. Nyanza	1980	15	3 mos.	45
OTHER	44	Wajir Women's Handicraft	Wajir	8/79	15	Indefinite	

- Eight projects are directly or indirectly linked to famine relief (#1, #2, #3, #6, #7, #9, #10, #11, #39).
- Four projects assist women's groups specifically (#31, #35, #42, #44) while many projects assist both men and women; and
- CRS has not decided whether to handle the Women's Handicraft project by sending successive groups of women to the same institution or by encouraging the creation of additional handicraft institutions. The 1979 resettlement projects are currently sending successive groups of new arrivals to a resettlement area. Presumably the FFW support could be cut off for new groups; however, interviews at the Songaa Resettlement project (for Rendilles in Marsabit) suggested that early settlers can, and do, assist later arrivals in an area that does not have FFW support.

## B. FFW FIELD OPERATIONS

### 1. Project Initiation

In January 1980, CRS sent application forms and information about FFW projects to Catholic Missions and many other voluntary agencies for distribution to local community groups (see Appendix E, Exhibit 1). The forms asked for information regarding (1) the type of project and the work to be done; (2) material requirements and how they will be met; (3) project management and supervision; (4) the number of people who will be affected and the community needs that will be met; (5) the support and involvement of local authorities; (6) plans for maintenance and continued effectiveness after project completion; (7) the estimated number of days needed for project completion, the number of workers, full-time or part-time work, responsibility for food distribution, adequate storage of food, measures to ensure food will not be sold or diverted, plans to pay cash in addition to food wages, proposed cash wage and the average daily wage for workers in the area, justification for not paying some cash if none is proposed, local contributions expected, and comments.

CRS followed up applications received with a visit to the project sponsor by the FFW Coordinator to discuss the project and anticipate potential problems. CRS has given priority to projects in food shortage areas and projects designed to supply water or increase food production.

The CRS Coordinator makes small commitments initially, evaluates the project's progress after a few months, and if appropriate, authorizes additional food shipments. This cautious procedure grew out of one situation where too much food was sent to a community where the proposed project failed.

The application form aids sponsors in designing viable projects. The application also guides the dialogue between the project sponsor and the CRS coordinator during the site visit. By reviewing and evaluating the experiences of all the Kenya projects to date, it should be possible to design an improved application form. The functions of the form should probably continue unchanged. A relatively unsophisticated application procedure is probably most appropriate for the type of sponsor involved, in spite of some losses in systematic analysis of needs, explicit consideration of alternative projects, feasibility analysis, and basis for evaluation.

## 2. Organizations Sponsoring & Supervising Projects

FFW projects are sponsored, administered and coordinated by diverse organizations: large-scale resettlement projects, Catholic Missions, volunteers, community-based self-help groups, Members of Parliament and local chiefs. The quality of project administration varies from excellent to poor.

## 3. Food Management

CRS arranges transportation to the nearest railroad and the project sponsor is responsible for transportation from there to the project. In Marsabit, AID has provided an Outreach Grant which reduces the transportation cost to the project sponsor.

At the project site, the food distribution procedure varies somewhat by project. In some remote areas where the same people work continually on the project, food is distributed monthly. In road or pipeline construction projects, the workers may change from day to day and thus may be given food daily.

The normal wage in food is 45 kg of rice plus 3.4 kg of oil for 20 days of work. (Soy-fortified bulgur is distributed in some famine relief areas.) Five hours of work per day is expected when money is paid. One project which pays money and food reports getting full eight-hour workdays (Marsabit Catholic Mission).

In small projects a single food shipment is sufficient to supply the entire project. For larger and longer projects, periodic shipments may be necessary. One project sponsor reported that a shipment was delayed during the limited time when the work had to be done. The workers were told there was a possibility that the food would not be delivered, but they continued working during the critical time to complete the job.

Food storage has not been a major problem. There have been isolated instances of FFW commodities appearing on store shelves, but this does not seem to be a significant problem.

Food is often shared among a group much larger than the five-person families assumed in the estimates of people benefiting from FFW commodities. This is not surprising in a period of food shortages.

#### 4. Commitments of Project Sponsors

CRS makes an agreement with the project sponsors using a standard form (Appendix E). However, many of the requirements are waived by CRS for specific projects where they are inappropriate; e.g., working ten days before receiving food is not appropriate when the labor force changes daily.

The need to make frequent waivers suggests that a revised "standard agreement" should be prepared. Experience to date should be sufficient to develop a revised set of standard operating procedures.

5. Monitoring & Evaluation

The project sponsor sends monthly progress reports to CRS/Kenya summarizing food received, food distributed, number of workers, progress of the project, and comments (Appendix E). When the monthly report is not submitted, CRS sends a followup request for the report (Appendix E). There is as yet no formalized procedure for evaluating the effectiveness of FFW projects.

The experience of the "pilot projects" provides a basis for revising the application and establish monitoring and evaluation procedures. This should be done in order to assist and manage promising projects. The system should be kept simple.

The CRS/Kenya staff for FFW will have to grow if CRS intends to handle a substantially larger volume of projects. Arrangements are already being discussed to hire an assistant for the FFW Coordinator by early next year. Both the FFW Coordinator and the new assistant would benefit from observing an established, well-run FFW project in another country.

FFW projects are diverse and may require technical knowledge, e.g., about "appropriate technologies" such as windmills, solar driers, etc. It would be useful to have a modest budget for technical assistance as needed.

6. Coordination

Coordination is critical for projects involving FFW food. Typically, the food from CRS is used as one part of a project that is managed by a non-government sponsor and that is of interest to several different government organizations. The main responsibility for coordination usually falls on the project sponsor who must ensure that the FFW food is available together with the necessary cash the tools and materials and equipment required, and the technical and management skill to carry out the project successfully.

Coordination between CRS/Kenya and the project sponsors has been on a project-by-project basis in the "pilot testing" phase. CRS has contacted potential sponsors directly with information about the FFW opportunities and has invited other potential project sponsors to contact CRS. CRS has had a full-time person for FFW since January 1980, and he has been busy nurturing the projects that are now operating. The problem for CRS/Kenya will be to evolve a structure that will permit more FFW-assisted projects and/or larger ones.

CRS is discussing groups of projects without yet having resolved the details of roles and responsibilities. Key issues include:

- The Ministry of Transportation wants food for 90,000 workers involved in the rural access roads program. This would involve FFW-assisted projects in many parts of the country. The predictable issues will be the extent to which CRS will want to become a "wholesaler" providing resources to a class of projects rather than a "retailer" dealing with each project on its merits. Will CRS coordinate with the national organization, at the district level, at the project level, or at all of the levels?
- Regional management is implied by naming 20 area coordinators. CRS/Kenya is receptive in principle to having these coordinators run whole programs in their areas "like we did in Korea." CRS expects area coordinators to take an active role regarding food for FFW and MCH programs. Based on interviews during the evaluation, the potential problems are the following:
  - Dioceses representatives complained their thinking was not influential enough regarding how resources were used in their areas;
  - CRS does not want to pay for the area coordinators, which may lead to more activity in the wealthy dioceses than in the poorer ones;
  - There may be tension between the CRS and the poorer areas about money to pay for the costs of management and other non-Food items needed to get impact from FFW food; and
  - There is likely to be stress within areas between organizations that have talent and funds to use with the food (e.g., Catholic Missions with priests from Europe) and organizations that want the benefits of FFW food, but lack the other resources (e.g., parishes led by African priests who lack a European constituency).

Coordination with GOK can be classified into policy coordination, coordination based on the effect on the food situation, and coordination of inputs with localities and other agencies. For example:

- Policy coordination consists mainly of CRS sharing information with GOK. The Food and Nutrition Planning Unit in the Ministry of Economic Planning and Development is the appropriate office for coordination since it is responsible for policy regarding both food as an input and the effects of various projects on food and nutrition;
- Coordination with local government is done by the project sponsors with CRS asking whether it has been done; and
- Coordination with government agencies supplying inputs is also done by the project sponsor. For example, road building projects sometimes receive materials and tools from the Ministry of Transportation. On one project there will even be bulldozers and a grader after the initial hand labor work is done.

In summary, most of the coordination with government is done by the project sponsors who will deal with CRS as a source of food. CRS coordinates with the food policy officials and checks to ensure that the project sponsors have done their own coordination. It is a plausible procedure.

It would be better to stop thinking about "FFW Projects." CRS's "FFW Program" is to supply food to a series of "FFW-assisted projects." The projects are the responsibility of other organizations, not CRS typically.<sup>1</sup> CRS's responsibility is to manage the FFW food efficiently so that (a) it gets to needy people during the implementation period and (b) is used in projects that have a reasonable chance of producing a "development bonus"--making a useful contribution to Kenya. CRS's responsibility includes checking with the project sponsor to ensure the sponsor has the other inputs coordinated and a project strategy that is plausible. CRS may provide inputs other than FFW food in some cases when the cost is justified by the "development bonus," but this is not typical today.

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<sup>1</sup> The exception that clarifies the role is CRS hiring Hans Meier to manage the resettlement projects at Sololo and Moyale. CRS has two roles--managers and FFW suppliers--in these projects.

This division of responsibilities provides a basis for coordination between CRS/Kenya and the sponsoring agencies that is natural to CRS with its orientation to feeding the hungry. It should also be natural for many potential sponsoring agencies that are development oriented and will regard FFW as just one more resource to be used under particular circumstances. The potential problems are most likely to involve project sponsors that are unsophisticated regarding development projects and interested in small FFW projects to get FFW food. Referring back to Table V-1, CRS is responsible for the benefits in the branch labeled "food distribution during implementation." The sponsoring organization is responsible for "project completion benefits" or "development bonus." The FFW-assistance is justified when the extra cost for handling the food through a FFW-project is more than justified by the expected "development bonus." The significance of this division of labor will be apparent in subsequent sections. This approach is compatible with CRS/Kenya's practices, but it is not clearly articulated as a strategy for selecting projects, or as a basis for coordinating them, or instructing project managers what to do in coordinating projects that include FFW food.

## 7. Other Inputs Required for FFW-Assisted Projects

FFW-assisted projects typically require FFW food and some non-food inputs such as cash, tools, materials and equipment and management and technical assistance. Most of the Kenya FFW-assisted projects are new, but there is extensive literature from other countries to supplement the evaluation team's observations about promising situations for FFW assistance in Kenya.

### a. FFW Food

The most promising situations for using FFW food appear to be the following:

- There is inadequate local food production and local food is not available commercially. These conditions are most likely to occur

in combination in the remote arid and semi-arid lands where rainfall and soil quality are marginal for agriculture production potential;

- The food shortage has not been so great as to weaken the people so much that they cannot do productive work and/or made it critical to provide "famine relief" to avoid deaths; and
- The project is timed for the agricultural calendar periods when labor is readily available. Typically, there are known periods other than planting and harvesting when food is scarce and labor abundant.

Although this combination of situations is the most promising for effective FFW activities, each in isolation should be given careful consideration as a temporary measure for filling a short-term gap. Projects that compete with planting and harvesting should be considered risky, since they could reduce food production and increase the dependency of the FFW participants.

If extreme poverty exists, but food is available commercially, cash or cash-plus-food wages should be the primary consideration. Workers generally prefer to work, and are more productive, under those circumstances when they receive a cash wage and this reduces the administrative burden of handling the food.

In Loiyangalani, many people had the money to purchase food; however the food distribution system was not functioning properly so there was little available. This type of situation is a plausible candidate for FFW, but requires effort to provide the food needed for purchase without damaging the commercial channels for food. A FFW project that strengthened the channels that bring food to Loiyangalani would be particularly appropriate.

#### b. Cash in FFW-Assisted Projects

The FFW-assisted projects in Kenya typically get cash from the project sponsor--e.g., Catholic Mission, a large foreign donor-sponsored project, or a local group using funds raised on a Harambee basis (self-help). The cash is needed for transporting FFW food, for wages, and for other expenses. Some of the issues involved in paying cash in FFW-assisted projects include:

- Skilled laborers usually have to be paid cash even if unskilled workers receive FFW-food for their wages. Construction of structures like schools and clinics involve a relatively low percentage of unskilled labor--one person mentioned 7% of total cost--so there is limited potential for substitution of FFW for cash wages on those projects;
- Paying wages with a combination of FFW food and cash produces higher worker morale and productivity. CRS recommends paying a part of the wage in cash in its guidance to potential sponsors. Marsabit Catholic Mission pays 40% of the normal wage in cash. MCM expects these workers to work a full day instead of stopping after five hours which would be the norm when only FFW food was provided for wages; and
- Paying some of the wages in cash sustains the demand for food through normal commercial channels which may be important for fostering independence from FFW food after the project ends. It helps to pay for other urgently needed items without the temptation to sell FFW food. The demand for other goods was illustrated in Kasikeu Catholic Mission where clothing was given for work on a church project (which was not a FFW project). In this project, carrying a pile of rocks to the building site was worth so many "points" which later could be redeemed for a used shirt from European donors.

CRS has reduced the cost of FFW food to some remote areas to charging a flat rate for transportation and using the Outreach Grant to further reduce costs to the sponsor where necessary. There probably are many opportunities where the potential sponsor cannot afford the cash costs of the project. This would result in the FFW food going to the well-organized projects run by donors or government ministries. A worthwhile experiment would be to provide CRS a limited fund of cash to be used together with FFW food for a limited number of projects where cash is critical to making the project visible. The money could come from a new Outreach Grant of OPG, from USAID/Kenya, from CRS, or from another donor. Alternatively, FFP could program some cash to go with the FFW food without restricting it to hardship situations, e.g., provide a certain number of dollars per ton of food supplied.

The FPP prohibitions against reselling FFW food may be undesirable in some situations observed in Kenya. In an experiment using FFW for projects in remote areas of Kenya during a temporary food shortage, wages for workers on the FFW-assisted project would be paid with "coupons" ("scrip") that could be

redeemed at a local food outlet for FFW food. The merchant would be selected by CRS (perhaps competitively) to distribute the FFW food--taking delivery at the CRS warehouse and distributing the food in exchange for coupons. The coupons would be transferrable, so workers could exchange them for cash or other goods with other people in the community who needed food and had some money but could not work on the project. If this approach were used:

- The wage would become more valuable to the workers because creating a market for the FFW "food coupons" makes it convertible into cash;
- The food needs of the whole community are responded to with the benefits going first to the project workers; and
- The local food outlet will be strengthened rather than weakened by the use of FFW food in the community; the payment to the food outlet could be made in cash from the project sponsor or perhaps it could even be made in FFW commodities which the dealer would be allowed to sell for cash to recoup the costs of transport and handling.

The normal concerns about spoiling the market for local food producers should not be a problem because the projects are in remote areas during a food shortage. The net effect of the experiment would be "targeted monetizing" of FFW food that is particularly appropriate to the conditions in Kenya. Naturally, the experiment should be carefully monitored to observe whether allowing people to sell "coupons" and the store to sell FFW food leads to abuses or waste.

#### c. Tools, Materials & Equipment

The need for tools, materials and equipment may limit the growth in Kenya of FFW-assisted projects. The projects will be labor intensive, short-term and in remote areas which suggests a scattered need for many hand tools that may not be needed on a longer term basis, e.g., the Marsabit Catholic Mission anticipated difficulties in getting tools for its proposed reservoir rehabilitation projects.

The area coordinators may be able to set up regional pools for lending or renting tools. Alternatively, CRS may be able to create a pool of tools for

lending or renting or for sale with a promise to repurchase the tools returned in good condition at the end of each project. It is possible that a local enterprise would provide the tools to projects if CRS created a market, e.g., CRS would provide a budget for sponsors to rent tools under certain conditions for FFW-assisted projects. This could stimulate the production and sale of locally made tools and distribution to remote areas.

Materials and equipment are arranged by the project sponsors. The present projects have made arrangements with the Ministry of Transport, a donor agency, or local Harambee groups to get the necessary materials and equipment. If and when CRS tries to stimulate the projects in poor, remote areas, it may be useful to be able to sell (or give cash for) the materials and equipment needed for the project too. Using the same kind of private enterprise channels suggested above could stimulate channels of distribution to remote areas. It may be economical to ship the FFW food together with the tools and materials required for the FFW-assisted project to ensure coordination of these items.

d. Management & Technical Assistance

Management and technical assistance will be important on projects that require engineering, specialized technical skills, quality control and followup. The responsibility will be on the project sponsors; however, CRS must be alert to inadequacy of management and technical assistance to avoid projects that bring no "development bonus." The problem should be least serious in integrated agricultural development schemes.<sup>1</sup> Problems are more likely on new projects, projects developed at the last minute because of crop failure or an unanticipated food shortage. CRS is working through many organizations and individuals that may be focusing on relieving hunger, but may not be experienced in managing development projects, e.g., mission priests and sisters.

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<sup>1</sup> It should not be assumed that the big integrated projects are necessarily well-designed and well-managed although it may be undiplomatic to say so.

CRS can provide management and technical assistance when needed. CRS has provided management assistance to the resettlement schemes at Sololo and Moyale through a contractor; CRS provides technical assistance through the FFW coordinator supervisor. CRS also has an agronomist who is working on an oil seed processing project in conjunction with the MCH program. In Kenya there are other potential sources of technical assistance (like Partners for Productivity). CRS might sponsor training for area coordinators and project sponsors on project design and project management methods; this would be consistent with CRS efforts to build up local institutions and local skills.

#### 8. The Cost & Value of FFW Food

Two questions arise about the cost and value of the FFW food assistance:

- Could equivalent food be purchased more cheaply from the regular food channels in Kenya?
- Is the value to the participant high enough to motivate productive work on projects that will yield a "development bonus?"

##### a. FFW Cost Compared to Cost of Kenyan Equivalents

The cost of FFW food delivered to the CRS warehouses can be estimated using data from the 1981 Annual Budget Submission. These illustrative calculations appear in Table V-2:

- The monthly ration of rice costs \$12.73;
- The monthly ration of vegetable oil costs \$2.79;
- Ocean freight to Kenya costs approximately 40% of the commodity cost; and
- Transportation to the CRS warehouse is estimated at 25 KSh per monthly ration.

The total estimated cost is \$25.20 (181.45 KSh) per monthly ration.

TABLE V-2: COST OF FFW COMMODITIES COMPARED TO COST OF KENYAN EQUIVALENTS

Cost of FFW Commodities

	<u>Rice</u>	<u>Oil</u>	<u>Total</u>
Quantity (000 kg) <sup>1</sup>	2,160	162	(K shillings)
Commodity Cost (\$000) <sup>1</sup>	611	133	
Cost/Kilo (\$) <sup>1</sup>	.2829	.8210	
Monthly Ration (kg) <sup>1</sup>	45	3.4	
Value of Commodities (\$/month) <sup>1</sup>	12.73	2.79	15.52
Value of Commodities (K shillings/month) <sup>2</sup>	91.65	20.10	111.75
Ocean Transport (40%) <sup>3</sup>			44.70
Port to Warehouse Transportation <sup>4</sup>			25.00
Total Cost at CRS Warehouse			181.45 (\$25.20)

Prices for Kenyan Equivalents

Rice - 45 kg x 5 Ksh <sup>5</sup>	225.00
Veg Oil - 3.4 kg x 14.50 Ksh <sup>5</sup>	49.30
Total Food Value	274.30 (\$38.10)

Notes:

- 1) Annual Budget Submission FY 1981
- 2) \$1.00 = 7.20 K Shillings
- 3) CIF Value - FAS Value = \$4,787,000 - \$3,419,000 = \$1,368,000 (ABS p. 89)
- 4) CRS Guidance to FFW project sponsors
- 5) GOK controlled prices cited in Chapter 3

For comparison to local prices, the government control prices cited in Chapter Four were used:

- Rice costs 5 KSh per kilo; and
- Oil costs 14.50 KSh per kilo.

The total cost of the monthly ration at these prices would be 274.30 KSh.

Based on this illustrative calculation it appears that the cost of FFW commodities delivered at the CRS warehouse is 33 percent cheaper than buying comparable commodities in Kenya. The CRS/Kenya cost structure also subsidizes projects located in some remote areas like Marsabit. Transportation costs are now spread equally over all locations receiving FFW commodities instead of having remote areas pay the full cost of transportation to their areas. In addition, outreach grants can subsidize the cost of transportation to the project site for sponsors that cannot pay the transport costs.

b. Value of Wages Paid with FFW Food Compared to Rural Wage Rates Paid with Cash

The normal wage rate for rural labor can be compared to the value of the local commodities to estimate attractiveness to Kenyan workers. In Table V-3 we used 10 KSh per day as the estimated wage for rural labor. At that rate the normal wage for 20 full days of work would be 200 KSh. If the workers do only five hours per day of work, which is the minimum requirement when all wages are paid with FFW food, the estimated wage rate is 5/8 of the full wage or 125 KSh per month.

Based on this illustrative calculation, the value of the FFW food ration alone would be perceived to be worth 274.30 KSh compared to a normal rural wage of 125 KSh for 20 five-hour days, 194 percent above cash wage under normal conditions. When workers receive 40% of the normal wage in cash (i.e., 80 KSh) plus the monthly ration of FFW food for 20 full work days, they receive a wage they should value at 354.30 KSh which is approximately 77 percent above the

TABLE V-3:  
ILLUSTRATIVE CALCULATION OF THE VALUE OF FFW FOOD  
 COMPARED TO NORMAL KENYAN RURAL WAGE RATE FOR CASH

A. FULL TIME WORK

Normal Rural Wage Rate for Cash

10 Shillings per day x 20 days = 200 K Shillings (\$38.10)

Wage with FFW Food Plus 40% Cash

FFW Monthly Ration	274.30	
Cash 40% x 200	80.00	(\$49.21)
	354.30	

Relative Wage (FFW + 40% Cash)  
 ÷ Cash Wage)

177%

B. WORKING FIVE HOUR DAYS

Normal Wage

5/8 X 200 K Shillings

125 K Shillings

FFW Monthly Ration

274.30 K Shillings

Relative Wage  
 (FFW ÷ Cash Wage)

219%

normal cash wage rate. The potential biases in these calculations understate the attractiveness of the FFW food.

The subjective value of FFW food would probably be significantly higher than the government prices for the commodities because the FFW-assisted projects are deliberately timed for periods of food shortage. They are located in remote areas where food will often cost more (due to transportation and handling costs), or there will be shortages.

The wages that are actually likely to be available to FFW participants are probably lower than the average because FFW projects are deliberately timed for periods when there is a surplus of labor. The projects are often in remote areas where there are few alternative jobs. In many cases, the FFW paid worker will not be the most productive worker in the family.

In summary, the cost of FFW commodities appear to be cheaper than local equivalents. The value of the FFW commodities to participants appears attractive relative to normal rural wage rates with cash. The structure of FFW programs makes it likely that the FFW commodities will be attractive in the areas where they are most needed. The FFW ration's economic value is high enough that the size and commodity mix could be changed without losing its attractiveness for FFW workers.

### C. BENEFITS FROM FFW PROJECT FOOD DISTRIBUTION

The logic of the FFW program (Figure V-1) shows two sets of benefits flowing from a successful FFW-assisted project: (1) benefits derived from food distribution during the implementation phase, and (2) benefits derived from completing the FFW-assisted projects. Section C analyzes the first set of benefits and Section D analyzes the latter.

The original logic of the FFW assistance was based on there being a food shortage. When "famine relief" was appropriate to save lives, no quid pro quo was

asked of the food receiver. It was noted that there were many situations in which the food could be provided as a wage for work that would produce a "development bonus" that contributed to the solution of longer term problems like food shortage, poverty, lack of infrastructure, etc. The expectation of a development bonus would justify spending more money for administering a FFW-assisted project instead of a "relief" program distributing an equal quantity of food in the same community.

Both FFW and relief projects were expected to get "food to hungry families during a period of need." This was a means to achieve nutritional benefits and avoid sickness and death, and in the case of children, to avoid impairment of their normal growth and development.

There was relatively little for the evaluators to observe about the "distribution of food to hungry families during the implementation phase" or "the nutritional benefits from food wages." In many places the projects had been approved but would not begin operation until the next shipment of food arrived. Several projects had originally been conceived as "famine relief projects" and belatedly reclassified as FFW projects.

There was some indication that the FFW food was being shared by more than the five person families assumed in the FFW planning documents, at least in the areas where there was a real food shortage. However, there was no evidence of major diversions of food from the participating workers to stores reselling to other people.

There was some interest in whether women's projects would yield more nutritional benefit than male-oriented projects. The argument in favor of women's projects was that the food and/or money wages would be used for feeding the vulnerable children. The argument for male-oriented projects or projects that employed both men and women was that men had more time available for FFW work since the women already cared for the children, carried the water, tended the garden plot, etc. Hence the men working on FFW-assisted projects could make a greater net addition to the family income in many situations. However, insufficient evidence was available to support either position conclusively.

Consequently, the first finding about the effects of food distribution during the pilot phase is that FFW-assisted projects are designed and operated to bring food to hungry families. The areas served, the timing of the projects, and the built-in self-selection processes are set up to induce people to work for a food wage instead of a cash wage. However, there is virtually no attention being paid to what happens to the food after it is distributed to the workers. The contrast to the MCH program is instructive; there the weight charts provide some feedback about the expected benefits from the Title II food. In FFW, the attention is focused on the completion of the development project.

The second finding is that FFW assistance is narrower in its focus than "relief" since it only goes to workers on the project and their dependents. This finding follows directly from the regulations governing FFW. However, it clarifies the opportunity to improve the responsiveness of FFW programs to the needs of hungry families if more hungry families can be served without compromising the other objectives of the FFW assistance.

The third finding is that the channels of distribution for the FFW assistance are not explicitly considered as an important way to increase the impact of the FFW food. The focus is overwhelmingly on the project to be completed and the project sponsors' ability to manage food. GOK recognizes explicitly that the distribution system for food is an important problem area that requires attention. CRS and the project sponsors are sensitive to keeping projects short enough that they do not discourage planting and harvesting of food crops. They need to be similarly sensitive to protecting and nurturing channels for distribution of food.

This implies seeking out opportunities to use the existing food retailers, truckers, processors, etc., to perform services, to maintain demand for food to be purchased through these channels, and to create new opportunities for them.

The preceding discussion on the use of food "coupons" provides an example of using the FFW food to strengthened the channels of distribution and reach a

broader group of beneficiaries. The argument for paying some cash with the FFW food is also consistent with sustaining demand for food and supplies of food.

The fourth finding is that the people in areas of high malnutrition will get more FFW food due to the Outreach Grant and the concentration of FFW efforts in these areas. The cost of the FFW food will be significantly lower than it would have been for project sponsors because of the cheaper transportation and the flat rate method of charging sponsors.

In summary, CRS is running a FFW program which is planned and managed to get food to the right places during the right time (food shortage), to some of the right people (workers from the project and their dependents). It is not focusing on getting more impact out of the FFW food nor the channels of distribution as much as it could profitably do.

#### D. BENEFITS DERIVED FROM COMPLETED FFW PROJECTS

During the evaluation CRS was paying attention to whether projects assisted by FFW were being completed. It was premature in many cases to see the physical completion of projects but progress was being monitored. It was premature to evaluate the long run effects since there had not been time for the normal problems to develop--like the lack of maintenance or failure to make effective use of infrastructure that had been built as a "development bonus."

##### 1. Performance Ratings Regarding FFW Projects

The evidence from this evaluation is too scant to make an overall statement about benefits currently being derived from FFW project completion. There are too few projects and they are too "immature." Even for the projects that have accomplished some physical work, they are too diverse to generalize. Nevertheless, a subjective rating of some projects was made based on the judgments of

the CRS staff in Nairobi and Marsabit plus the observations of the evaluation team. These judgments are presented in Table V-4. The project numbers refer to Table V-1.

## 2. Factors Related to Good Performance

The following list of positive conditions were derived specifically from projects in Kenya:

- The food was needed. The families had very limited supplies and food was not available through normal distribution channels (e.g., stores and markets);
- FFW was integrated into well-planned and administered development projects;
- The FFW Program Director was experienced in managing and organizing development projects;
- Sound technical supervision was provided to the project;
- Sufficient material resources were available at the proper time;
- The project was well-timed. Labor was available and FFW activities were scheduled so as not to interfere with other vital activities; and
- Projects were implemented through existing, well-organized local self-help groups (e.g., Harambee groups, self-help development committees). This appears to be a very crucial factor and has immediate implications for project selection criteria. Communities with proven histories of successful self-help projects are more suitable as candidates for food aid as long as the need can be verified.

## 3. The Factors Related to Poor Performance

The list of factors related to poor performance include:

- Inadequate administrative support. This includes lack of trained administrative staff, poor record keeping, weak supervision;

TABLE V-4:  
SUBJECTIVE RATINGS OF THE PERFORMANCE OF  
SELECTED FOOD FOR PROJECTS

Good to Excellent

(#1, #10) Sololo - Land Clearing/Road

(#2, #11) Moyale - Land Clearing/Road

(#6) Malindi Resettlement

(#8) Pokot Roads

(#16) Kaputir Irrigation

(#18) Kasikeu Water Tank

(#19) Koru Water Pipe Laying

(#20) Badassa Water-Dam/Irrigation

(#25) Chapararia Water

(#35) Makindu Schools

Poor

(#6) Gabra Resettlement

(#5) Mpketoni Resettlement

(#12) Wajir Cattle Dam

(#14) Mogotio Projects-Water Jars

(#15) Alale-Lokishar Wells

- Logistical and isolated storage problems;
- Too many participants. The project involved more people than the administrators were able to support effectively;
- Too much food was supplied;
- Other project inputs (e.g., materials and technical supervision) were not available on time;
- Poorly conceived projects, defined as those not related to meeting needs of the poor community; and
- Project objectives not reached (e.g., water table not reached for a well).

4. Lessons Learned about Benefits that Derive from Completed FFW-Assisted Projects

There are some useful lessons and the benefits to be expected from FFW-assisted projects in Kenya despite the small number of projects and the recent start for many of them.

It will be relatively easy to evaluate the completion of the physical works in most projects. Most of the projects being assisted involve unskilled labor for doing fairly well-defined tasks, such as clearing land, building roads, laying water pipe, constructing structures like schools and clinics, and, in one case, learning handicraft skills. CRS will be able to get project sponsors to set meaningful targets for physical progress that can be monitored and interpreted when there is a work stoppage.

Demonstrating that there has been a "development bonus" will be very difficult for FFW-assisted projects in Kenya. The nature of the projects will make it difficult to interpret whether there is something different and better happening as a result of the FFW-assisted project or as a result of the FFW assistance. For example:

- There are self-help development groups that have done effective jobs building roads, schools, etc., and CRS has noted that they are likely

to complete the projects assisted with FFW food. However, some of these projects probably would have been done without the FFW food and there is no clear way to demonstrate that would have happened without the FFW assistance. It is in project sponsors' interests to create the impression that the project is additive in order to get the food. This will bias a casual study. Another approach to the self-help groups is to give preferences to places where the history suggests the project would not be done on a self-help basis. In this case, there would be an unfortunate incentive for communities to demonstrate their ineffectiveness as the price of getting FFW food, certainly an undesirable characteristic which fosters dependence rather than self-sufficiency. Furthermore, either criterion will have important political implications if the FFW program becomes big and economically attractive; the Harambee projects have been particularly successful in the Kikuyu areas and have led to a siphoning of many GOK resources into the Kikuyu areas to staff Harambee schools and clinics, etc. This success is resented by other tribes who want a bigger share in the GOK services available. Any selection process that gave a heavy weight to this factor would have political repercussions. Any evaluation of the importance of self-help organizations would have to contend with the differences in the communities that led to successful or unsuccessful self-help organizations;

- FFW assistance will typically be used as one of several inputs to a development project where the effect of the food cannot be separated from the other inputs; i.e., it is a "joint output." If the project is evaluated it is appropriate and feasible to explore the achievements of the project, but the contribution of the FFW food will probably be definable only as a reduction in the cost of the project when compared to the next cheapest method to complete the project. For example, in an Integrated Agricultural Development Project they used FFW assistance to feed people when their own supplies failed. In a sense the food saved the project; but from another perspective, it was just a quicker and cheaper way to solve the problem with the net benefit being the cost savings;
- Many projects will be developed to start quickly in a situation where the food is urgently needed. Project sponsors will want the food and prepare the best project they can, but often it will really be a well-intended pretext where the immediate food aid is the motivating factor. Some of the projects may be useful "development bonuses" but the "failures" will probably not be considered really wasteful if the demand for FFW food is in a time of need. In many projects the participants will receive FFW food during a temporary food shortage, but they will be doing exactly the same tasks that had been planned before the food shortage--clearing land, planting a new crop and cultivating it, or perhaps maintaining a previously built infrastructure project. In these cases, the entire "development bonus" will be based on conjecture about what would have happened without the FFW food; sometimes it will be feasible to say they would have

abandoned the settlement or the road would have been unusable, but normally it will be unclear or ultimately just a savings in cost compared to the next cheapest approach.

The development strategies that underlie the FFW program in Kenya are plausible but not substantiated. This is the best justification for evaluation of FFW-assisted projects so that evidence accumulates about actual experience regarding these theories. Specifically:

- Resettlement of pastoral peoples in permanent settlements is a high priority program for GOK to help integrate and control its population. Ecologists and anthropologists argue that these settlements will not support the pastoralists and their animals consistently over the years so that permanent settlements are likely to increase the pastoralists' vulnerability to drought. If this were known to be true, FFW assistance should be withdrawn from projects that make people more vulnerable; and
- The concentration on food and water development in the marginal areas (arid and semi-arid lands) is based on their vulnerability to periodic food shortages and FFW assistance contributing to a long-term solution. At the ecology conference in Nairobi, there was concern that the immigrants to these marginal areas would become permanently dependent rather than the temporary victims of circumstance. The theory was that migrants did not have the knowledge and production technology to successfully farm in the poor soils and poorer rainfall areas. If this theory can be substantiated, FFW assistance would not be put into roads and infrastructure to attract and sustain settlers until there was a technology with a reasonable probability of success.

In summary, the benefits that derive from completing FFW-assisted projects cannot be confirmed or denied now because the projects are so young. There is reason to expect projects will be completed, but it will be difficult to demonstrate that they were an important extra contribution. The underlying strategies for the projects are plausible and consistent with the strategy of GOK and USAID; however, there are critics who cast doubt on these strategies, too.

##### 5. Unexplored & Underexploited Opportunities

The "oil seed" project may potentially be CRS's most useful contribution to improving the long-term food situation in Kenya, but it does not fit the mold

of the FFW program at all. The concept as advocated by the Regional Medical Office is to create an "active supplement" to the income of the poor so they can afford to buy the food they need. Mothers are being encouraged to plant sunflower and sesame seeds, which eventually they will bring to the MCH center during their regular monthly trips to get CRS food. The seeds will be processed before their next monthly visit and thus provide the mothers with oil to sell or use. In addition, there will be nutritious "oil cakes" as a low cost byproduct that can go into children's food.

Projects that improve food processing and the channels of distribution for food may be important contributions to long-term self-sufficiency for the poor. Kenya has a dynamic private sector that can do many tasks if it is given a chance. The food problems of some areas are logistics problems rather than problems of poor rainfall and poverty.

- In Loiyangalani, the greatest contribution to food self-sufficiency would be finding a regular trucking service to supply the area with food. The evaluation team saw an embryonic fishing cooperative initiated by a Peace Corps volunteer. This effort attracted a trucker to come periodically with ice to buy fish from Lake Turkana. The cooperative is generating cash income from the fishermen, but they have little food available to buy. The best solution might be to make ice in Loiyangalani or to preserve the fish. Trucks could then come north to Loiyangalani filled with food instead of ice; they would go south with a load of iced fish and everyone would be ahead. An alternative approach would be for the fishing cooperative to buy a truck and expand the channels for bringing food into the area; and
- In the Songaa resettlement scheme near Marsabit Town, some women want to start a consumer cooperative to serve the community. There are not shops there now and some 300 families are 17 kilometers from the town.

Some of these projects will require different arrangements from the present CRS emphasis for FFW projects and the action implications have not been worked through; however, the evaluation team was asked to make suggestions for increasing the chances of project success.

The CRS Kenya food distribution system can expand the channels for emergency food distribution for some areas. CRS could consciously plan to strengthen

emergency food distribution in the areas most vulnerable to food shortages. Examples of activities that could be undertaken would include building warehousing capacity to serve the vulnerable areas, increasing the FFP food reserves from 10 percent (as is done now) to as much as 25 percent (which is permitted by FFP regulations) in order to have reserves near the vulnerable areas for times when they might be needed; opportunities could be created as quickly as possible for Kenyan contractors to operate the trucks and warehouses that handle CRS commodities and encourage them to handle other goods as well; the dukas (shops) could be used as channels for distributing FFW food whenever feasible in order to build up domestic food channels instead of eroding them. Liberalization of procedures for diverting food from the regular CRS program into emergency areas could be encouraged. The CRS network could be used to create a market for certain commodities, like seed oil, that are valuable and that allegedly can grow in the marginal areas of Kenya. Imported soy salad oil should be replaced with a local product as quickly as possible.

#### E. CONCLUSIONS AND RECOMMENDATION

Conclusion 18: CRS/Kenya is preparing for a major expansion of the FFW program after pilot projects in 1979 and 1980.

Since the present country director arrived in 1978, CRS has been preparing for a significant expansion of the FFW program in Kenya. It supported a few FFW projects in 1979 and by the end of 1980 there will be 40 to 50 projects. These diverse projects have typically been small, "bounded," and handled informally "to learn what could be done in Kenya." There is demonstrated demand for FFW projects from Kenyan organization. The approved AER level for FY 1980 was 10,000 beneficiaries and 18,000 for FY 1981. However, CRS does not plan as if food availability will constrain FFW expansion. USAID and GOK are likely to be supportive of FFW projects (a) in areas suffering from food shortage and (b) that develop water or food production or income for poor Kenyas. CRS plans to review its FFW experience, make changes in procedures, increase the staff and budget with an Outreach Grant, and promote the program.

Recommendation 14: The proposed expansion of the FFW program should be included in the multi-year plan described previously so that it can be coordinated with the proposed expansion of the MCH program.

The logic described in Recommendation 1 applies.

Conclusion 19: The systems and procedures for the FFW program have been informal, deliberately experimental, and used to learn "how things work in Kenya" before making a structured and formal set of procedures.

The procedures for promotion, application, selection, monitoring, followup and food management have all been informal and somewhat improvised. CRS/Kenya is ready now to review its experience and revise the procedures as appropriate.

Recommendation 15: The systems and procedures for management of FFW should be reexamined and revised to reflect CRS experience in Kenya.

The standard procedures and agreements should not require frequent exceptions and waivers. However, the revised procedures should remain simple so that relatively "unsophisticated" sponsors can still prepare acceptable projects.

Conclusion 20: The staff and support for the FFW program will have to expand to support a larger program.

FFW-assisted projects are likely to be located in remote areas around Kenya and thus require significant supervisory attention. The FFW coordinator has divided the country into four areas for supervisory purposes, one of those being projects that can be visited in day trips from Nairobi.

Recommendation 15: The staffing and support at CRS/Kenya will have to increase with the size of the program. A second person with a vehicle for extensive field work will be important. Some discretionary budget would be worthwhile for technical assistance and perhaps for a trip by the FFW coordinator to observe a successful FFW program that is fully developed elsewhere.

Recommendation 16: The FFW program should be considered a system to provide FFW food to a series of "FFW-assisted projects." CRS is responsible for the food system. The project sponsors are responsible for the FFW-assisted projects. CRS should only provide FFW-assistance to those projects that are sound and that can coordinate the input of FFW food with the other ingredients needed for success.

This clarification of relationships will make it clear that CRS is not trying to run the FFW projects. CRS is not precluded from providing other assistance to the same projects that receive FFW food. Specifically, in the case of promising projects that need it, CRS could provide the following kinds of additional assistance:

- Cash for subsidizing the transportation costs of the food and the wages of the workers;
- Cash for meeting the administrative costs or other expenses; and
- Tools, materials and equipment supplied directly or preferably allowed as budget items and purchased through regional pools managed by the area coordinators management assistance through a contractor of long-term or short-term work, training of project sponsors regarding project design, and management of FFW-type projects.

This allocation of responsibilities also clarifies coordination with GOK; CRS coordinates with the Food and Nutrition Planning Unit, and the Project sponsors coordinate regarding individual projects.

Conclusion 21: Providing FFW food for the Rural Access Roads project may involve a completely different scale of operations and style of management on the part of CRS.

The Rural Access Roads project, with 90,000 workers all over the country, may require CRS to change its role as a "retailer" dealing with projects individually to that of a "wholesaler" dealing with the national or district level officials. This would be an important change. The evaluation team lacks the information to judge how CRS should deal with such a change.

Conclusion 22: Delegating responsibilities to 20 area level coordinators should help in some areas. CRS/Kenya indicates that the area coordinators are very uneven in their preparation, ability and resources. A new relationship is evolving, but it is likely to work best in the strong dioceses. The weak dioceses may still need help from the CRS/Kenya in securing and managing FFW projects.

Conclusion 23: Coordination with GOK on a policy level can be done between CRS and the Food and Nutrition Planning Unit. Coordination regarding specific projects will be the responsibility of the project sponsors.

CRS will be responsible for the FFW food that goes to projects which are the responsibility of other organizations. The other projects should be "valid" ones and should be properly coordinated in order to qualify for FFW assistance, but CRS need not take responsibility for all of them.

Conclusion 24: The project selection criteria now give priority to (a) a situation where there is temporary food shortage, and (b) doing projects that improve the food production or water situation for the longer term.

This set of selection criteria fits well with the strategies for development of GOK and USAID because these situations are most common in the marginal quality agricultural areas that are vulnerable to periodic drought and have poor quality soils. High priority projects include landclearing and resettlement in the period before the first harvest. Lower priority goes to areas where there is no food shortage, but there is a promising development project in which food can be usefully employed.

Recommendation 18: Retain the present selection criteria that give priority to (a) situations with temporary food shortages and (b) projects that improve the food and water situation for the longer term.

This is a valid and usable guideline for selecting FFW projects. It is not intended to exclude other projects in food shortage areas or worthy projects in areas where the overall food supply is satisfactory but rather to give lower priority to them.

Conclusion 25: FFW food normally must be used in conjunction with cash, non-food items (like tools, building materials, equipment), and management/technical assistance to complete useful projects. Some sponsors will need help in order to coordinate these components effectively.

Paying part of the wage in cash and part with FFW food increases productivity. Cash is needed for skilled laborers who will not work for FFW food alone.

Some potential projects will require a lot of hand tools, and perhaps some equipment for relatively short periods. Assistance with management and technical supervision is likely to be needed for sponsors that are not experienced in the "development business," e.g., Catholic Missions.

Conclusion 26: FFW food delivered at CRS warehouses appears to cost less than equivalent food bought in Kenya.

An illustrative calculation indicated that the cost of a monthly ration FFW oil and rice is 181.45 KSh (\$25.45), while comparable goods purchased at Kenyan controlled prices would cost 274.30 KSh (\$38.9) or 51 percent more.

Conclusion 27: The value of the wage paid with FFW food is substantially higher than the normal wages paid in cash for rural workers in Kenya.

If workers work five hour days and receive only FFW food as payment for their labor, the FFW food is worth 194 percent more than a normal cash wage. If the

FFW food is supplemented with cash equal to 40 percent of the normal wage for an eight-hour work day, the FFW wage would be 77 percent above the cash wage. These calculations probably understate the economic attractiveness of the FFW wages for projects of the types contemplated for Kenya.

Recommendation 19: CRS should analyze the costs and values of FFW wages compared to cash wages to confirm the findings of the evaluation team and to consider the implications for the FFW program of a food wage substantially more attractive than the normal cash wage.

It may be worthwhile to pursue the cost and value analysis in greater detail (Conclusion 26 and 27) since the analysis is approximate. Assuming the general findings are confirmed, there may be important opportunities for doing innovative things in Kenya with FFW.

Conclusion 28: The benefits that derive from the FFW food distributed during the implementation phase are influential in the selection of where and when to do FFW projects, the choice of commodities, and the procedures for food management. Not considered sufficiently under present procedures are (a) the possibilities of serving other hungry families in the community who cannot or do not work on the FFW-assisted project and (b) channeling the FFW food through commercial channels to strengthen them rather than erode them.

Conclusion 29: The benefits that are derived from completing FFW-assisted projects could not be assessed in most projects because they were so new.

Subjective ratings of performance on FFW-assisted projects gave good to excellent ratings to 12 projects and poor ratings to five projects. The factors related to good performance ratings include the following: the food was needed; FFW was well integrated with other aspects of well-planned and administered projects, e.g., materials, supervision and timing; the projects were timed to take place at the proper point in the agricultural cycle; and existing self-help development groups were involved.

The factors associated with poor performance included the following: inadequate administrative support; logistical problems; too many people; too much FFW food; ill-conceived projects not suited to community needs; and objectives not met.

Conclusion 30: Evaluating the benefits from completing FFW-assisted projects will be relatively easy when measuring physical completion of the work and relatively difficult when demonstrating that there has been a "development bonus" as a result of the project.

The Kenya projects generally involve physical work like clearing land, building roads and laying pipe, which are easily measured.

Providing the "developing bonus" is more difficult because:

- Existing self-help development groups probably would have done some of the projects anyway--without the FFW assistance;
- FFW food is typically one of a group of inputs to a project and frequently not really an essential component of the project. In a sense the benefits are the cost savings from using FFW food instead of using the next more expensive source for the project; and
- Many FFW projects are proposed in response to a food shortage, so the project itself becomes a well-intentioned pretext to get the food. The work may be the same tasks that had been planned before the food shortage--clearing the land or planting and cultivating it until the harvest comes in.

Conclusion 31: The FFW program is compatible with the GOK and USAID development strategies, but not everyone agrees that these strategies are "valid."

Resettlement of pastoralists in permanent settlements may make them more vulnerable to drought. Settlement of the arid and semi-arid lands may be premature if the settlers lack the knowledge and technology for successfully farming marginal lands that have poor soil and periodic droughts.

Recommendation 20: The Office of Food for Peace and USAID/Kenya should encourage some experimentation with, and analysis of, innovative uses of FFW assistance in Kenya.

There should be a feasibility analysis of the use of FFW food:

- Without the normal restrictions to transferring the food from the workers' families;
- With variations in the size and composition of the ration that preserve its economic attractiveness, but increase its immediate nutritional impact on the community and/or decrease the cost of administration and/or enhance worker productivity;
- As a means to strengthen the normal commercial channels of food to remote areas--perhaps through FFW food transportation and distribution methods;
- In situations where it could be monetized with attention given to the local impact of the food input and the money generated for covering costs of transportation and handling in the country, and the other costs for FFW-assisted development projects; and
- The opportunities described in Section V-D and Conclusion 32.

Kenya appears to be a promising place for analyzing the feasibility of some innovative approaches to FFW. Note the following favorable characteristics:

- The CRS Program Director has long experience with successful FFW programs elsewhere and wants to expand the program;
- USAID/Kenya is interested and supportive of using Title II food in innovative ways for development objectives;
- The priorities for project selection means that FFW food will be unlikely to spoil the markets for other producers, so some of the normal prohibitions may not be necessary;
- The economic value of the FFW ration is attractive relative to rural wages in Kenya so there will be a lot of flexibility to make changes for other objectives without destroying the basic ability to attract and motivate workers with FFW food; and
- There are some specific ideas to start the analysis.

The Office of Food for Peace should commission the feasibility study, but the work should be done with the full participation of CRS/Kenya. This recommendation reflects the conflicting views with CRS about the relative importance of transferring resources to the hungry and supporting "valid" programs. FFP should be sure there is no inhibition about recommending approaches that deviate from CRS policy though CRS will not be expected to implement any ideas that conflict with its policies. The issue is not meant to inhibit the analysis and generation of ideas.

Conclusion 32: Underexploited and unexplored opportunities for using Title II food include the "oil seed project," projects to improve food processing and food distribution, and projects to strengthen the channels for emergency food distribution in areas subject to food shortages.

Recommendation 21: The Office of Food for Peace should note that in trying to determine if there has been a "development bonus" from FFW projects in the coming "country specific" evaluations, particular attention should be paid to the generality of this problem and the best methods to deal with it.

## METHOD

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### APPENDIX A

This Appendix includes the following material on methods used in the Kenya Title II program evaluation:

- A-1: Questions for Policy and Organization Interviews with GOK Officials
- A-2: Questions for Policy and Organization Interviews with FFP/AID
- A-3: Questions for Policy and Organization Interviews with New York CRS Officials
- A-4: List of Policy Analysis Interviews
- A-5: Information Required from MCH Clinics
- A-6: Guideline for Participant Interviews
- A-7: List of Persons Interviewed--MCH Activities
- A-8: Centers Attended
- A-9: Evaluation Team Questions on Food for Work
- A-10: Evaluation Team Questions on the Design, Organization and Objectives of the Maternal and Child Health Program

## APPENDIX A-1

### QUESTIONS FOR POLICY AND ORGANIZATION INTERVIEWS WITH GOK OFFICIALS

1. What are the most important strategies presently implemented in the area of food and nutrition?  
What are the most important problems in food and nutrition in Kenya?  
Is there an overall policy of the government how to deal with these problems?  
What is being done about these problems at present?  
What plans exist to continue along the same lines or to pursue new avenues?
2. What problems have been encountered in implementing present policy?
3. What role does food aid currently play in Kenya's development programs, related to nutrition, access to food, community development, health and education?
4. How important is food aid or feeding programs in the present or in future strategies?
5. Are you familiar with the CRS Title II programs operating in Kenya?
6. What, in your views, are the objectives of these programs?
7. What other feeding programs are presently operating in Kenya and who operates them?
8. What is the role of your ministry in planning and/or implementing these programs?
9. What are the plusses and minusses of food aid and feeding programs in your view?
10. What opportunities do you see for using the American food resources which are made available under PL 480 Title II legislation, in the most constructive way? Could they feed into already ongoing efforts?  
Would this fit with programs you are already implementing or have in mind to start?

## APPENDIX A-2

### QUESTIONS FOR POLICY AND ORGANIZATION INTERVIEWS WITH FFP/AID

1. Could you describe to us the relationship (i.e. what is the nature of interactions) between the Food for Peace Office and the other participating organizations, in terms of what you do for them, and what they are supposed to do for you; specifically:
  - a. Within the agency  
With REDSO Eastern Africa (is this typical?)  
With Kenya USAID Mission (is this typical?)
  - b. With CRS  
With the New York headquarters  
With the Africa Office  
With the Kenya country office
2. How does the Food for Peace Office regard the use of food in coordination with other resources?
  - a. If these resources are also provided through the FFP Office.
  - b. If these are provided in coordination with other AID resources.
3. In your experience, what are the relative advantages or disadvantages of voluntary agencies, specifically CRS, in carrying out Title II programs, as compared to direct bilateral food grants?
4. How do you view cooperating sponsors "practices of using food and perhaps other resources from different donors, for example AID and EEC to make up a "package" ?
5. How much control or influence does FFP exert or wish to exert over the type of distributing agencies employed by the sponsoring agency? and over the type of agreement between the sponsoring agency and the distributor?
6. What are the major differences between the MCH program in Africa (under Dr. Capone) and elsewhere?  
What are the added benefits (advantages) you expect to come out of these deviations from standard procedure?
7. Other donors are giving the largest portion of their food aid for monetization, with the proceeds of the food sales going to development projects, because they feel that food is not an appropriate input into most development activities at times when there is no food shortage. What is your view of the relative merits of direct interventions with food, versus monetization and use of proceeds for "regular" development projects?

## APPENDIX A-3

### QUESTIONS FOR POLICY AND ORGANIZATION INTERVIEWS WITH NEW YORK CRS OFFICIALS

1. Could you describe to us the relationship between your New York headquarters and the other actors involved in Title II activities in Kenya (that is, what you do for them and what they are supposed to be doing for you; what decisions are made by you and which ones are made by them). Specifically:
  - a. With the CRS Regional Africa Office
  - b. With the Kenya CRS Office
  - c. With the FFP Office Washington
  - d. With the Regional AID (REDSO) Office for Eastern Africa
  - e. With the USAID Mission Nairobi
  - f. With the Government of Kenya

(If CRS/New York is not directly interacting with any one of these, what are the rules and regulations that are supposed to be governing the relationships between any CRS representative at the regional or country level, and the other actors)

2. As a Voluntary Agency, what do you consider your relative advantages and disadvantages for carrying out Title II activities overseas, as compared to FFP dealing directly with a host government?
3. What is the CRS policy with regard to the building up of local institutions overseas for eventual take-over of CRS activities?
4. What is the time scale of your operations? Do you expect to spend another 5, 10, 25 years giving food aid in Kenya?  
How long do you think Kenya will be dependent on your feeding programs? What would happen if you pulled out tomorrow? Are you preparing the ground for local substitutes? A gradual increase in self-reliance? If so, how?
5. How many other donors do you receive resources from? What proportion of your resources comes from FFP? AID?
6. What other resources are used in CRS activities (for example drugs), and what proportion of total CRS activities do these constitute? In other words, what proportion of CRS activities are related to food programs?
7. Do you have any programs where food is used together with other resources? What programs are these? Where are they carried out?
8. What is the control or influence CRS can and wants to exert over distributing agencies? Do you find, in practice, that you are limited

primarily to Catholic Missions (note, in Kenya 75% of distributing agencies are Catholic Missions)?

9. Do you perceive any differences in philosophy or method between CRS and the local Catholic Dioceses or the Catholic Secretariat in Kenya?
10. What are the rules that govern CRS' relationship with these implementing agencies?
10. In your view, what is the target population in Kenya? Are they actually reached (our findings are that the MCH centers are concentrated in certain geographical areas. Would you like to see broader coverage? What would be the constraints to doing this?)
11. Factual questions: When was GSS started to be implemented, and when was it fully implemented?

The ration used to be 3 lb bulgur, 5 lb CSM, 2 lb oil; then changed to 2 kg bulgur, 2 kg CSM, 1 kg oil. Also, CSM was changed to NFDM. When did these changes take place and why?

Written statement of CRS policy.

## APPENDIX A-4

### LIST OF POLICY ANALYSIS INTERVIEWS

#### Nairobi, Kenya

Dr. Mueke, Ministry of Health, Assistant Director of Medical Services  
Ms. Nqui, Ministry of Health, Chief Nutritionist  
Mr. Karanja, Ministry of Agriculture, Commodities Section  
Mr. Newhouse, Ministry of Agriculture, Commodities Section  
Mr. Westlake, Ministry of Agriculture, Commodities Section  
Mr. Kerr, Ministry of Agriculture, Development Planning  
Ms. Wangema, Ministry of Agriculture, Home Economics Section  
Dr. Ojiambo, Assistant Minister, Ministry of Basic Education  
Mr. Nguaze, Ministry of Basic Education  
Mr. Muneithi, Ministry of Basic Education  
Mr. Macharia, Ministry of Basic Education  
Ms. Naiterra, Ministry of Basic Education  
Mr. Ngugi, Ministry of Economic Planning, Human Resources Division  
Ms. Vukovich-Browne, Ministry of Economic Planning  
Mr. Wasonga, Ministry of Economic Planning, Food and Nutrition Planning Unit  
Mr. Simpson, Ministry of Transport and Communication, Rural Access Roads Program  
Ms. Waweru, Ministry of Culture and Social Services, Women's Bureau

#### Kitui District

Mr. Kigen, District Commissioner  
Mr. Ettyang'a, District Development Office  
Mr. Ivuti, Assistant Minister for Agriculture  
Ms. Nzelu, Field Officer, National School Feeding Program  
Ms. Mbandi, Social Welfare Officer  
Mr. Muliyingi, Development Coordinator, Diocese  
Dr. Thuo, District Medical Officer of Health

Kitui District, cont'd

Sr. Mary of Lourdes, Kimangao Mission  
Ms. Claire Walsh, Codel Mobile Nurse, Muthale  
Ms. Leonora Gunst, MCH/CRS Nutrition Program, Muthale  
Mr. Gabriel, Clerk, Diocese  
Sr. Teresa Connolly, Mutomo Hospital

Machakos District

Sr. M. Albertus, Sisters of Mercy, Kibwezi Parish  
Father Martin Munuve, Parish Priest, Kibwezi  
Sr. Tryphonia Joanes, Nurse, Kibwezi Parish  
Father Adriano Bonifante, Kasikeu Mission  
Father Joaquim Orosco, Makindu Mission  
Father Augusti Zanoto, Makindu Mission  
Father Enrico Camerone, Makindu Mission  
Mr. Justin Kilundu, Headmaster, Primary School, Makindu  
Sister Wilma della Valentina, Food Program Coordinator, Makindu  
Mr. Gideon Mutisyo, Assistant Chief, Kai Sublocation  
Mr. Stephen Kyonda, Development Coordinator, Diocese  
Ms. Geraldine Huising, Village Health Workers Program Trainer  
Mr. Gellius Cremers, Water Engineer  
Mr. Jonathan Makau, Chairman of Sublocation Development Committee  
Mr. Kabungi, District Commissioner  
Mr. Nzuva, District Agricultural Officer  
Mr. Wambugu, District Community Development Officer  
Ms. Lupuwana, District Public Health Nurse  
Dr. Rachuonyo, District Medical Officer  
Mr. Ngillai, Nutritionist, Machakos Provincial Hospital  
Ms. Teresa Charles, Women's Coordinator  
Ms. Beate Ndungu, Village Health Workers Program Trainer  
Ms. Kimani, Social Welfare Officer  
Ms. Mbathi, Assistant Community Development Officer  
Mr. Zoebisch, Soil Conservation Specialist, Integrated Development Program  
Kangundo Women's Self-Help Group, Kangundo  
Mr. Muli, Kibnezi Health Project, African Medical and Research Foundation

APPENDIX A-5

INFORMATION REQUIRED FROM MCH CLINICS:

A. DESIGN AND ORGANIZATION OF CLINIC:

1. How is the clinic staffed?
2. How many mothers are enrolled? \_\_\_\_\_ How many children? \_\_\_\_\_
3. How often (days/week) is the clinic functioning? \_\_\_\_\_  
Is food distributed each day it is open? \_\_\_\_\_  
If not, when is food distributed? \_\_\_\_\_
4. How are mothers/children selected to participate in the CRS Program?
5. What services are included in the MCH program?
6. Does the clinic have specific responsibilities of the mothers/ children because it is participating in the CRS program? If so, what are they? (Does CRS require a contract between mothers and the clinic?)
7. What does CRS provide to the clinic?
8. What is the clinic required to provide to CRS/Kenya? CRS/Africa?
9. I'd like to ask you a few questions about the ration which you distribute:
  - a. What is the ration? \_\_\_\_\_  
(give amount, type, \_\_\_\_\_  
and time it has \_\_\_\_\_  
been distributed)
  - b. How often do you distribute the ration?
  - c. Are supplies adequate? (Have you ever run short of \_\_\_\_\_ ?)
  - d. What are your reactions to the change from CSM to non-fat dry milk? Will this have an effect on your program? If so, how?
  - e. If the mothers could choose the type of ration, what foods would they prefer?
10. What are the three major problems you encounter in the running of the clinic?

11. What changes would you like to make in the running of the clinic?

B. MOTHER'S PRACTICES/NUTRITION EDUCATION

12. Why do you think mother's come to the clinic? (What brings mothers to the clinic?)

13. Do mother's bring their children to the clinic when the children are well?

14. How does a mother know when to bring her child to the clinic?

15. What are the common reasons children come to the clinic? Common problems seen in this area? What are differences this year and last year (effect of drought?)

16. May I ask a few questions about the food habits of children in this area?

a. What do children under 1 year eat? \_\_\_\_\_

b. What do children under 5 eat? \_\_\_\_\_

c. When do children start eating solid foods? \_\_\_\_\_

d. What are they? \_\_\_\_\_

e. What do you suggest to mothers that they should give as weaning foods? \_\_\_\_\_

f. Are there any food practices in this area which may affect the health of the children?

17. Now I would like to ask you a few questions about the education part of the program:

a. How often are mothers given lectures about health/nutrition practices? \_\_\_\_\_ What are the topics for the last year (May 1979 thru May 1980)?

b. What do you tell mothers are nutrient requirements of the child (children)?

c. What do you tell the mothers about the supplementary foods (ration)? (Would you demonstrate how to prepare the ration?)

- d. What are some common home equivalents from this part of Kenya? (Do you think mothers use home equivalents? Do they feed the food directly?)
  - e. What do you tell mothers to do if their child has diarrhea?  
" " " " " " " " " " " " vomiting?  
" " " " " " " " " " " " fever?
  - f. What should a mother do if her child is not growing properly?
  - g. How will she know if her child is not growing properly?
18. If immunizations are a part of the program:
- a. What immunizations are given to the children and when?
  - b. Are supplies adequate? If not, explain.
  - c. Are the mother's aware of why immunizations are necessary?

C. OBSERVATIONS

19. Weighing procedures:
- a. observe and record weighing of \_\_\_\_\_ children:  
recorded value corresponds (+ \_\_\_\_\_) with scales \_\_\_\_\_  
recorded value DOES NOT correspond with scales \_\_\_\_\_  
children weighed naked \_\_\_\_\_  
children weighed with nappy only \_\_\_\_\_  
children weighed with clothes \_\_\_\_\_
  - b. calibration of scales (see separate sheet)
20. General description of clinic set-up and flow.
21. Description of "nutrition education" lecture/demonstration area.
22. Description of food storage area including stocks and listing of stocks distributed over the past year (by month) (SEPARATE SHEET)

- 23. Subjective evaluation of nutritional status of children attending.
- 24. Subjective evaluation of clinic performance and constraints.
- 26. Attendance and ration distribution for the past year:

Month	Attendance			Enrolled		Ration Distributed			
	New	Child	Mo	Child	Mo	CSM	NFDM	Bulgur Wheat	Oil
March 1979									
April 1979									
May									
June									
July									
August									
September									
October									
November									
December									
Jan 1980									
Feb									
March									
April									
May									
June									

## APPENDIX A-6

### GUIDELINE FOR PARTICIPANT INTERVIEWS

1. Clinic name
2. Mother's name
3. How many children do you have (fill in names, ages, etc. on child rec'd)
4. Do you have growth charts for this?
5. When did you last go to the clinic (date)?
6. When did you last get food from the clinic?
7. Do you receive food everytime that you go to the clinic?
8. How much food did you receive last time? bulgur kg \_\_\_\_, Milk power kg \_\_\_\_,  
CSM Kg \_\_\_\_, Oil Kg\_\_\_\_\_.
9. Do you always get this amount of food?
10. If not, why not?
11. Do you always pay this amount?
12. How much food do you have left now? Bulgur kg \_\_\_\_, Milk powder Kg\_\_\_\_,  
CSM Kg \_\_\_\_, Oil Kg\_\_\_\_\_ .
13. For each food, how do you actually use it?
  - a. Bulgur
  - b. Milk powder
  - c. Oil
  - d. CSM
14. Which do your prefer? Maize flour (Posho) or bulgur?

- 14b. Why?
15. Which do you prefer? Wheat flour (unga ya ngano) or bulgur?
- 15b. Why?
16. Which do you prefer? Rice (mchele-wali) or bulgur?
- 16b. Why?
17. How does the dried milk powder compare to the CSM? (a) better  
(b) same (c) worse (d) don't know
18. How do you think that your children are benefiting from the food given at the clinic?
19. If one of your children has diarrhea what would you do?
20. What would you feed a child with fever and vomiting?  
(This question was eliminated after several interviews as a bad question.)
21. Look for vaccination/immunization scars. If present ask what injection was for.
22. How did you first find out about the clinic?

#### Socioeconomic Questions

23. Distance from clinic \_\_\_\_\_kms or hours
24. Source of water
25. Distance from water
26. Description of house (chairs, roof, radio, etc.) Only if in home.

27. Do you have a shamba? What foods do you grow? What animals?
28. How long have you lived in this same place?
29. Do you do work for which you get paid?
30. Where do you get your food from?
31. How much money do you have to spend on food in one week?  
(Discontinued - poorly phrased question)
32. Where do you get this money from?
33. Education of mother (years in primary school, etc.)

Child Information

youngest child second child third child

1. Name of clinic
2. Name of Mother
3. Is child enrolled in program
4. Age - months
5. Still breast fed? Yes/no
- 5b. If no, how old was child when it stopped?
6. What food is child eating now?  
Is is family food or special food?
  - a. Milk. What kind? Liquid or CRS?  
How much?(cup/day est.)
  - B. Porridge. What kind?  
How old when started?  
How often does child eat?

Youngest child second child third child

How much porridge does the child eat?

Does it contain sugar? Milk? Oil?

Made how many times a day?

Is it made for individual child or all  
adults eat too?

APPENDIX A-7

LIST OF PERSONS INTERVIEWED -- MCH ACTIVITIES

SOUTH HERR Catholic Mission  
P. O. Box 106, Maralal

Father Dalzocchio Cornelia  
Miss Assunta, Assistant, Preschool Feeding Program

LOIYANGALANI Catholic Mission  
P. O. Box  
Maralal

Father Joseph  
Sister Cesariana Corioni; I. C. Preschool Feeding Program (PFP)  
Mr. J. T. Mooney, PCV, Loiyangalani  
Sister Benita Cesari, SubChief Ngenyi Lowa  
Councillor Patrick Baltor

MARSABIT DISTRICT HOSPITAL  
P. O. Box 5, Marsabit

Mr. Burudi, Clinical Officer  
Mr. Abdi S. Garroth, Nutrition Field Worker  
Mr. Student Nutrition Field Worker  
Mr. F. Karanja, Deputy Nursing Officer (int. by Larry)

KITUI DISTRICT HOSPITAL  
Mrs. E. W. Kitenge, Public Health Nurse  
Miss Mary Umoto, Nutrition Field Worker  
Gichana Ngatia, Nursing Officer  
Margaret Manyara, Community Nurse

MUTOMO MISSION HOSPITAL  
P. O. Box 16  
Mutomo, Kitui

Ms. Brigitte Musyoka, Staff Nurse, Public Health Program  
Dr. Brenda Clune, MD  
Sister Teresa Connolly, K.R.N. K.R.M., K.R.P.H.N., Sister i.c.  
Public Health Program

MUTHALE MISSION HOSPITAL  
Ms. Clare Wash, R.N., i.c. Muthale Primary Health Care Project  
Mrs. Leonora Gunst, Nutritionist, i.c. PFP

MUTOMO - Itumba sublocation, Mutomo Location

Mr. Joseph M. Kwinga, Headmaster, Itumba Primary School, Mutomo Location,  
P. O. Box 43, Mutomo, Kitui  
Mr. Musauli, Acting Chief, Mutomo Location

DIOCESE OFKITUI

Mr. Josephat Mulyngi, Development Coordinator  
Mr. Gabriel Clerk, i.c. Records for PFP

MBITINI CATHOLIC MISSION  
Mulala via Emali

Mrs. Justine Isidor Kamenwa, i.c. Food Distribution Centre  
Father Goerge Mbinde

KASIKEU MISSION  
Kasikeu

Father Adriano Bonefanti

ARCHERS' POST CATHOLIC MISSION  
P. O. Archers Post via Isiolo

Father Lino Gallino  
Sister Francesca, i.c. Nursery School Program  
Sister Luiga Cuppola, i.c. Preschool Feeding Program

MAKINDU CATHOLIC MISSION  
Sister Wilma Delavenentina, i.c. PFP  
Father Uakim Orosco

KISERIAN CATHOLIC MISSION  
Diocese of Ngong

Sister Pasekaline Merks, i.c. PFP

OLOOSEOS MASIA RURAL DEVELOPMENT CENTER  
Ms. Pauline Kusero  
Mrs. Naoimi Kariuki

## APPENDIX A-8

### CENTERS ATTENDED

23 June	South Horr Catholic Mission	5 participants interviewed at clinic
24 June	Loiyangalani Catholic Mission	12 participants interviewed in village
26 & 27 June	Marsabit District Hospital	2 participants interviewed in village 2 non-participants interviewed in village
27 June	Archer's Post Catholic Mission	
30 June 4 July	Mutomo Mission Hospital, Kitui	10 participants in village, 1 participant at clinic, and 3 non-participants interviewed
1 July	Kitui District Hospital	3 non-participants interviewed
1 July	Muthale Mission Hospital	
2 July	Mbitini Mission Hospital, Mulala	6 participants at hospital interviewed
3 July	Kasikeu Mission Hospital, Kasikeu	8 participants interviewed in village
1 July	Makindu Mission	3 participants interviewed at clinic
3 July	Ngong Red Cross	5 participants interviewed at clinic
3 July	Kiseria Catholic Mission	2 participants interviewed at clinic
4 July	Kiathmo Red Cross	5 participants interviewed at clinic

KIRATHIMO RED CROSS

Limuru

Mrs. Shiphirah Mundia, Nutrition Field Worker, i.c. PFP

NGONG RED CROSS

Mrs. R. N. Sampson, Karen Red Cross Volunteer, i.c., PFP

REDSO/EA

H. Peters Strong

David Nelson

USAID/Kenya

CRS

## APPENDIX A-9

### PCI Evaluation Team Questions on Food for Work, CRS, June 17, 1980

1. How are suitable projects identified and selected, i.e. what are your standard criteria for selection; what are your strategies for identification?
2. To what extent and how, if at all, do you coordinate your efforts to identify and select projects
  - a. with district government officials?
  - b. with local leaders (MPs, village elders, etc.)
  - c. with the local diocese staff,
  - d. with self help development groups?
3. How is the type and ration of food to be distributed to each worker decided upon?

What is the type and ration of food that you have used and are currently using in Food for Work projects?

Do you foresee any changes in the type and ration of food you will distribute in the future?
4. Do workers on any Food for Work projects also receive any cash income? If so, from whom? Can you identify for us projects where both cash and food are received?
5. Are there any Food for Work projects involving women, past, present or planned? If so, where? Doing what?
6. How is the food transported to the sites?
7. How is the food distributed? By whom (who supervises)?
8. How are projects supervised? In terms of project progress and in terms of the use of food?
9. Have you done any studies exploring what happens with the food? Is it eaten? By whom? Is it sold?
10. What problems have you encountered so far? In what areas of the program?
11. Can you comment on the characteristics of participants in Food for Work projects, i.e., their sex, age, occupation, level of education, usual income sources, landless/land owner?
12. What are your criteria for success or failure of a project?
13. How were these criteria decided upon?

14. Can you comment on the factors affecting successes or failures in detail?

## APPENDIX A-10

### PCI Evaluation Team Questions on the Design, Organization and Objectives of the Maternal and Child Health Program, CRS, June 19, 1980.

#### A. Design and Organization

1.
  - a. How many clinics offer CRS Title II - supported MCH services?
  - b. Where are these located?
  - c. With what organizations are they associated (e.g., missionary groups, government, etc.)?
2.
  - a. How many children are enrolled in each center?
  - b. Total?
  - c. How many mothers are enrolled?
3.
  - a. How many children attend each center per month (average).
  - b. How many mothers?
4. What services are offered by the clinics?
5. What benefits are expected for participants in the program? (Why should mothers participate?)
6.
  - a. What types of personnel are responsible for providing Title II CRS supported services?
  - b. How many?
  - c. What is their preparation?
7.
  - a. On average, what proportion of personnel time is spent providing or supporting Title II program services?
  - b. What type of supervision do they receive from headquarters?
  - c. With what frequency?
8.
  - a. Generally, how far do mothers and children travel to get to a center?
  - b. Are services provided only at MCH services?
  - c. If not, what other delivery mechanisms are employed?
9.
  - a. Is the progress of recipients (growth and development, nutritional practices, health protection, etc.) monitored?
  - b. If so, how?
  - c. If so, who is responsible?
  - d. Are the results shared with the clinics? Mothers?
  - e. If so, how and when?

10.
  - a. Do the mothers have responsibility for achieving program results?
  - b. Are these responsibilities spelled out in the form of an agreement or contract with the beneficiary from the start?
  - c. Is compliance with the agreement monitored?
  - d. If so, how?
  - e. How is the agreement enforced?
  - f. What measures are taken if children do not grow satisfactorily?
11.
  - a. Are there factors outside the control of the program supervisors that may reduce the success of the programs?
  - b. If so, what are they?
  - c. How difficult are they to overcome?
12. What specific topics are taught in the nutrition education component of the Food and Nutrition Program?

These questions adapted from: Title II food Aid Program Evaluation, Section II.A, March, 1980 draft.

B. Objectives

1. What are the short and long term objectives of the MCH (Food and Nutrition Program)?
2. To what extent have short and long term objectives been met?
3. Which elements (components) of the MCH program (or combination of elements) are responsible for positive results, e.g., food ration, nutrition education, medical care contact with mothers?

Adapted from: Scope of Work, Section II.B.1.

## **BACKGROUND INFORMATION ON CRS**

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### **APPENDIX B**

This Appendix contains useful background information on the policy, structure and operations of CRS as it relates to the Title II Program. The following information is included:

- B-1: Agreement Between Government of Kenya and CRS, April 24, 1980
- B-2: Area Coordinators List - 1980
- B-3: Title II, PL 480 Commodities Annual Estimate of Requirements  
FY 1978
- B-4: Title II, P1 480 Commodities Annual Estimate of Requirements  
FY 1979
- B-5: Title II, PL 480 Commodities Annual Estimate of Requirements  
FY 1980
- B-6: Title II, PL 480 Commodities Annual Estimate of Requirements  
FY 1981

APPENDIX B-1

USAID DISTR.(5-14).JHO.  
ACTION: HNP  
(DUE 5-23)  
INFO:O/DIR, PROG, CHRON, RF

FFC 6 (CRS)

AGREEMENT BETWEEN  
THE GOVERNMENT OF KENYA  
AND  
CATHOLIC RELIEF SERVICES - U.S.C.C.

The organization "Catholic Relief Services - U.S.C.C." which is registered as an international voluntary agency holding CATEGORY II status with the United Nations, (Hereafter referred to as "CRS"), desiring to import and distribute in Kenya, food commodities, pharmaceutical products and medical equipment, clothing, material and furnishings for educational use, as well as equipment and supplies for community development activity, to the extent that (CRS) can procure or obtain these goods for distribution to certain categories of beneficiaries in Kenya, and desiring to support locally initiated development, social assistance and relief activities will for its part:

1. maintain in Kenya an office and staff directed by an American citizen or other expatriate acceptable to Kenya, who shall be responsible for the management of the total CRS program;
2. obtain the above mentioned goods outside the territory of Kenya, mainly but not exclusively from the United States of America, and ship them to the port of Mombasa at no cost to the Government of Kenya;
3. address the shipments of the above-mentioned goods to its director or representative, residing in Kenya;
4. establish and supervise the distribution of the above-mentioned supplies to needy people without discrimination on ethnic, political or religious grounds;
5. locate the necessary financial support, in the United States of America or elsewhere, for implementing social assistance and/or community development programs;
6. promote financial and in-kind community participation in development and/or social assistance programs;
7. bring to the attention of the Government of Kenya any irregularities which may arise from the application of the present agreement.

The Government for its part shall:

1. Ensure that all costs of discharge, handling, port charges, transport and storage of the above-mentioned goods assigned to a government department, once arrived at the port of entry, be financed by the Government of Kenya.
2. Exonerate the above-mentioned goods, imported by CRS to designated beneficiaries, from all taxes, duties and levies.
3. Not prohibit CRS from the inspection of all operations throughout the country arising from the application of the present agreement, notably the inspection of ledgers, warehouses, distribution centers and stock inventories, wherever they may be, in respect of goods and services provided by CRS.
4. Permit that the various donors to the CRS Assistance Program be publicly recognized.
5. Exonerate from all duties, levies and taxes:
  - (a) all equipment, vehicles and supplies imported or purchased prior to clearance through customs, by CRS for use in its Assistance Program in Kenya.
  - (b) the personal and household effects imported by the expatriate staff of CRS within three months of their first arrival in Kenya (or such further period as may be approved by the Treasury in specific cases), provided that such duties and taxes shall be paid in the event of the goods being sold in Kenya to persons not entitled to the exemption.
6. Exonerate from income tax the emoluments paid from external sources to the expatriate staff of CRS.
7. Grant entry and residence permits for assigned international staff who are acceptable to Kenya.
8. Allow CRS to maintain bank accounts and to exchange American dollars and other foreign currency into local currency as needed, and at the official exchange rate, provided that all foreign currency fed into said bank account comes exclusively from foreign sources.

The present agreement shall take effect on the date of its signature by both parties. The agreement may be amended and modified at any time upon agreement by both parties. It may be annulled at anytime, by notice of ninety (90) days by one of the parties to the other party.

Done in Nairobi on the 24th day of April, 1980...  
in two copies in the English language.

For the Government of  
The Republic of Kenya

*[Handwritten signature]*  
.....

For Catholic Relief Services-U.S.C.C.

*[Handwritten signature]*  
.....  
24/April, 1980

APPENDIX B-2

<u>AREA COORDINATORS LIST 1980</u>		<u>Other Jobs</u>
1. Nairobi Area Coordinator P. O. Box 41353, Nairobi	Joseph Kiruku	None
2. Kisii Area Coordinator P. O. Box 520, Kisii	Brother Innocent de Kok	Headmaster
3. Kisumu Area Coordinator P. O. Box 365, Kisumu	Rev. Fr. h. hemelryk	Diocesan Education Secretary
4. Lodwar Area Coordinator Diocesan Offices Private Bag, Lodwar		Diocesan Secretary
5. Longonot Area Coordinator P. O. Box 279, Naivasha	Rev. Fr. C. Maloney	Parish Priest
6. North Kinangop Area Coord. P. O. Box 49, North Kinangop	Sr. Anselma	CRS MCh clini Manageress
7. Ol'Kaliau Area Coordinator P. O. Box 200, Ol'Kaliau	Sr. Edwidge	Nurse
8. Gatunga Area Coordinator P. O. Box 49, Thika	Rev. Fr. C. Molteni	Parish Priest
9. Ngong Area Coordinator P. O. Box 24801, Karen	Fr. John Thompson	Diocesan Assistant
10. Karatina Area Coordinator P. O. Box 30, Karatina	Rev. Fr. Felix	Parish Priest
11. Kiganjo Area Coordinator P. O. Box 60, Kiganjo	Rev. Fr. I. Colombo	Parish Priest
12. Naromoru Area Coordinator P. O. Box 6, Naromoru	Sister Carla	CRS - MCh. clinic Manageress
13. Marsabit Area Coordinator P. O. Box 261, Nanyuki	Rev. Fr. Mario Luccini	Diocesan Development Coordinator

- |     |   |                      |  |
|-----|---|----------------------|--|
| 14. | Meru Area Coordinator<br>P. O. Box 16,<br><u>Meru</u>   | Mr. Douglas Mworia   | None.                                  |
| 15. | Machakos Area Coordinator<br>P. O. Box 640,<br>Machakos | Mr. Stephan Kyonda   | Diocesan<br>Development<br>Coordinator |
| 16. | Kitui Area Coordinator<br>P. O. Box 300,<br>Kitui       | Mr. Josphat Mulyungi | Diocesan<br>Development<br>Coordinator |
| 17. | Voi Area Coordinator<br>Box 21, Voi                     | Rev. Fr. Correa      | Parish Priest                          |
| 18. | KBWCO (Mombasa Area)<br>P. O. Box 80522, Mombasa        | Mr. Jaffer           | CRS Freight<br>Forwarder               |
| 19. | Nakuru Area Coordinator<br>Box 933, Nakuru              | Mr. James Wainaina   | Diocesan<br>Development<br>Coordinator |
| 20. | Kima Area Coordinator<br>Box 150, Maseno                | Rev. Ones Mulanda    | Parish Priest                          |

TITLE II, PL 480 COMMODITIES  
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1978  
(See reverse for Instructions)

FORM APPROVED  
O M B NO. 24-R0031

1. COUNTRY  
KENYA  
2. COOPERATING SPONSOR  
CATHOLIC RELIEF SERVICES

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAILY PER MO	4. NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	5a. NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION											
					a. BULGUR WHEAT			b. SOYBEAN OIL			c. SORGUM CRITS					
					b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS			
Maternal Child Health Mother	30	65,000	10	12	35,000	2.0	700	35,000	1.36	476	32,000	.45	158			
Maternal Child Health Child	30	70,000	12	12	70,000	2.0	1,680	70,000	1.36	1,142	70,000	.45	378			
Preschool Child Feeding	25	11,000	9	300	11,000	1.4	139	11,000	.50	89	11,000	.45	45	11,000	1.2	119
Other Child Feeding	30	6,000	9	360	6,000	2.3	124				6,000	.45	24	6,000	2.2	119
Other Child Feeding	25															
School Feeding	20															
Food for Work Workers	30															
Food for Work Dependents	30															
Other																
<b>7. TOTAL RECIPIENTS</b>		<b>122,000</b>			<b>122,000</b>			<b>116,000</b>			<b>122,000</b>			<b>17,000</b>		
<b>8. TOTAL REQUIREMENTS FOR FY 19</b>							<b>2,643</b>			<b>1,707</b>			<b>605</b>			<b>236</b>
<b>ADJUSTED REQUIREMENTS FOR SHIPMENT (000 KILOGRAMS)</b>																
9. Quantity on Hand September 30 1976							600			510			199			
10. Quantity Received October 1 through February 28, 1977							571			334			115			
10a. From Prior Year Approval FY 76							57			-			-			
10b. From Current Year Approval FY 77							514			334			115			
11. Quantity on Hand February 28 1977							652			568			226			
12. Quantity Due or Rec'd for Current FY Program After Feb., 1977							909			754			173			
13. Total Line 11 Plus Line 12							1,561			1,322			399			
14. Projected Distribution March 1 through September 30, 1977							709			838			392			
15. Estimated Inventory, September 30, 1977							852			484			7			
16. Desired Operating Reserve							264			171			60			24
17. Adjusted Total Requirements FY 1978							2,055			1,394			658			262

CLEARANCES	SIGNATURE	TITLE	DATE
18. Submitted by (Field Representative)	<i>Michael A. Rife</i>	<i>Program Director</i>	<i>October 21, 1977</i>
19. Reviewed and Recommended by US AID or Embassy:	<i>Michael A. Rife</i>	<i>Asst. Dir. Office, USAID/K</i>	<i>1 November 1977</i>
20. Cooperating Sponsor Approval	<i>[Signature]</i>	ASSISTANT DIRECTOR - PROGRAM AND SUPPLY	NOVEMBER 29, 1977
21. ISC/AID - Washington Approval	<i>[Signature]</i>	Chief, Food For Development Division	January 16, 1978

44-1550-3 (1-77)

TITLE II, PL 480 COMMODITIES  
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1979  
(See reverse for Instructions)

FORM APPROVED  
O M B NO. 24 R0051

1. COUNTRY Kenya  
2. OPERATING OFFICE FOR SERVICE/US

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAYS PER MO	4. NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	5a. NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION											
					a. Corn			b. Bulgur Wheat			c. Soy Beans Oil			d. Other		
					b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS
Maternal Child Health-Mother	30	35,000	12	12	35,000	2.3	950	35,000	1.55	571	35,000	.98	370			
Maternal Child Health-Child	30	70,000	12	12	70,000	2.3	1922	70,000	1.55	1142	70,000	.90	756			
Preschool Child Feeding	25	13,000	9	270	13,000	1.5	164	13,000	.90	105	13,000	.55	55	15,000	1.15	15
Other Child Feeding	30	5,000	9	270	5,000	2.5	104				5,000	.45	20	5,000	2.2	5
Other Child Feeding	25															
School Feeding	20															
Food for Non-Dependents	30	3,000	9	9							3,000	.68	18	3,000	3	3
Food for Work-Dependents	30	12,000	9	9							12,000	.68	78	12,000	3	9
Other																
7. TOTAL RECIPIENTS		138,000			123,000			118,000			133,000			33,000		
8. TOTAL REQUIREMENTS FOR FY 19							3166			1318			2297			14

ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)			
9. Quantity on Hand September 30, 19 77			15
10. Quantity Received October 1 through February 28, 19 78			1109
10a. From Prior Year Approval FY 77			1030
10b. From Current Year Approval FY 78			159
11. Quantity on Hand February 28, 19 78			151
12. Quantity Due or Rec'd for Current FY Program After Feb., 1978			954
13. Total Line 11 Plus Line 12			1105
14. Projected Distribution March 1 through September 30, 19 78			1256
15. Estimated Inventory, September 30, 19 78			454
16. Desired Operating Reserve			317
17. Adjusted Total Requirements FY 19 79			3029

CLEARANCES	SIGNATURE	TITLE	DATE
18. Submitted by (Field Representative)	<i>John D. Matthews</i>	Program Director OMS/Kenya	2nd August, 1978
19. Reviewed and Recommended by US AID or Embassy:	<i>John B. Estelle</i>	Acting Program Officer USAID/K	4 August 1978
20. Cooperating Sponsor Approval	<i>John S. ...</i>	Assistant Director, Program and Supply	14 August 1978
21. ISC/AID - Washington Approval			

AID 1550-3 (1-77)

**TITLE II, PL 480 COMMODITIES  
ANNUAL ESTIMATE OF REQUIREMENTS — FY 19 80**

(See reverse for instructions)

FORM APPROVED  
O.M.B. NO. 24-R0051

1. COUNTRY Kenya  
2. COOPERATING SPONSOR CATHOLIC RELIEF SERVICES/USCC

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAYS PER MO	4. NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	3a. NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION											
					a. H.P.D. MILK			a. S.F. BULGUR WHEAT			a. SOYBEAN SALAD OIL			a. RICE		
					b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS
Maternal Child Health-Mother	30	35000	12	12	35000	2	840	35000	2	840	35000	1	420			
Maternal Child Health-Child	30	70000	12	12	70000	2	1680	70000	2	1680	70000	1	840			
Preschool Child Feeding	25	20000	9	270	20000	1.5	270	20000	1.5	270	20000	.5	90			
Other Child Feeding	30	3000	9	270	3000	2	54	3000	2	54	3000	1	27			
Other Child Feeding	25															
School Feeding	20															
Food for Work-Workers	30	2000	12	26							2000	.68	16	2000	9	216
Food for Work-Dependents	30	8000	12	26							8000	.68	65	8000	9	864
Other																
<b>7. TOTAL RECIPIENTS.</b>		<b>138000</b>			<b>128000</b>			<b>128000</b>			<b>138000</b>			<b>10000</b>		
<b>8. TOTAL REQUIREMENTS FOR FY 19 80</b>							<b>2844</b>			<b>2844</b>			<b>1458</b>			<b>1080</b>

ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)	CORN SOYA MILK	BULGUR WHEAT	SOYBEAN SALAD OIL	S.F. SORGHUM GRITS
9. Quantity on Hand September 30 1978	162	254	118	89
10. Quantity Received October 1 through February 28, 1979	702	384	157	84
10a. From Prior Year Approval FY 1978	452	384	-	-
10b. From Current Year Approval FY 1979	250	-	157	84
11. Quantity on Hand February 28, 19 79	381	183	190	159
12. Quantity Due or Rec'd for Current FY Program After Feb., 1979	967	631	350	178
13. Total Line 11 Plus Line 12	1348	814	540	337
14. Projected Distribution March 1 through September 30, 1979	1317	751	510	275
15. Estimated Inventory, September 30, 1979	31	63	30	62
16. Desired Operating Reserve 10%	-	284 (HPD MILK)	-	108 (RICE)
17. Adjusted Total Requirements FY 19 80	-	3128 (HPD MILK)	-	1188 (RICE)

CLEARANCES	SIGNATURE	TITLE	DATE
18. Submitted by (Field Representative)	<i>John B. Miller</i>	PROGRAM DIRECTOR/CRS KENYA	22nd March, 1979
19. Reviewed and Recommended by US AID or Embassy:	<i>John B. Miller</i>	Assistant Program Officer, H.Ir, USAID/Kenya	3rd April, 1979
20. Cooperating Sponsor Approval	<i>Ed J. Meyer</i>	H. J. NUGENT, ASST DIRECTOR, PROGRAM & SUPPL.	May 7, 1979
21. USAID - Washington Approval	<i>Fritz G. Miller</i>	Chief, Title II Division, FFP	July 25, 1979

AID 1550-3 (11-77)

TITLE II, PL 480 COMMODITIES  
ANNUAL ESTIMATE OF REQUIREMENTS — FY 1971  
(See reverse for Instructions)

FORM APPROVED  
O.M.B. NO. 24-R0051

1. COUNTRY  
**KENYA**

2. COOPERATING SPONSOR  
**CATHOLIC RELIEF SERVICES**

3. RECIPIENT CATEGORIES	3a. NUMBER FEEDINGS DAYS PER MO	4. NUMBER OF RECIPIENTS	5. NUMBER MONTHS OPERATING	3a. NUMBER DISTRIBUTED PER YEAR	6. PROPOSED DISTRIBUTION											
					a. N.F.D. MILK			a. BULGUR WHEAT			a. SOYBEAN SALAD OIL			a. MILLED RICE		
					b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS	b. NUMBER RECIPIENTS	c. RATE KGS	d. (000) KILOGRAMS
Maternal Child Health-Mother	30	35,000	12	12	35,000	2	840	35,000	2	840	35,000	1	420			
Maternal Child Health-Child	30	70,000	12	12	70,000	2	1,680	70,000	2	1,680	70,000	1	840			
Preschool Child Feeding	25	20,000	9	225	20,000	1.5	270	20,000	1.5	270	20,000	.5	90			
Other Child Feeding	30	3,500	9	270	3,500	2	63	3,500	2	63	3,500	1	32			
Other Child Feeding	25															
School Feeding	20															
Feed for Work-Workers	30	3,600	12	12							3,600	.68	30	3,600	9	339
Feed for Work-Dependents	30	14,400	12	12							14,400	.68	118	14,400	9	1,556
Other																
7. TOTAL RECIPIENTS.		146,500			128,500			128,500			146,500			18,000		
8. TOTAL REQUIREMENTS FOR FY 19							2,853			2,853			1,530			1,945
ADJUSTED REQUIREMENTS FOR SHIPMENT (METRIC TONS)					NPD MILK	CORN MILK	SOYA MILK	BULGUR WHEAT	SOYBEAN OIL	MILLED RICE	S.F. SO- LUBOILS					
9. Quantity on Hand September 30, 1971					-	158	-	408	194	-	31					
10. Quantity Received October 1 through February 28, 1980					307	410	-	501	107	214	59					
10a. From Prior Year Approval					-	410	-	-	-	-	29					
10b. From Current Year Approval					307	-	-	501	107	214	-					
11. Quantity on Hand February 28, 1980					110	2	-	129	4	34	9					
12. Quantity Due or Rec'd for Current FY Program After Feb., 1980					1,531	-	-	1,376	805	545	-					
13. Total Line 11 Plus Line 12					1,641	2	-	1,505	809	579	9					
14. Projected Distribution March 1 through September 30, 1980					1,371	2	-	1,417	749	636	9					
15. Estimated Inventory, September 30, 1980					270	-	-	88	60	-57	-					
16. Desired Operating Reserve					235	-	-	285	15	195	-					
17. Adjusted Total Requirements FY 1971					2,863	-	-	3,050	1,623	2,197	-					
CLEARANCES					SIGNATURE			TITLE			DATE					
18. Submitted by (Field Representative)																
19. Reviewed and Recommended by US AID or Embassy:																
20. Cooperating Sponsor Approval								Program & Supply								
21. ISC/AID - Washington Approval																

AID 1550-3 (1-77)

APPENDIX B-6: Title II, PL 480 Commodities Annual Estimate of Requirements  
FY 1981

## DETAILED INFORMATION ON THE KENYA TITLE II CRS-MCH PROGRAM

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### APPENDIX C

This Appendix provides further details on food preferences and quantities, as well as a bibliographical reference for information on the CRS-MCH Program. The following is included:

- C-1: Quarterly Recipient Status Report
- C-2: Partial Bibliography

QUARTERLY RECIPIENT STATUS REPORT FOR THE PERIOD OF  
JANUARY 1 - MARCH 31, 1980

COUNTRY KENYA  
 AGENCY CATHOLIC RELIEF SERVICES  
 DATE 25 APRIL 1980  
 SIGNATURE John Mathews  
 NAME & TITLE JOHN G. MATHEWS, PROGRAM DIRECTOR

PROGRAM BY CATEGORY RECIPIENTS	Average No. of Recipients Reached During the Quarter	COMMODITIES - QUANTITIES IN LBS - NET WEIGHT						
		VEG. OIL	BULGUR	C.S.M.	NFD MILK	GRITS	RICE	TOTAL
FOOD FOR DEVELOPMENT								
Maternal & Child Health (101)	69,230	388,726.6	504,800	114,700	668,736	10,400	-	1,687,362.6
School Feeding Nurseries (102)	17,560	21,252	60,300	27,650	23,328	38,600	16,700	187,830
Other Child Institutions Feeding (103)	3,140	3,095.2	35,050	12,450	6,588	25,350	-	82,533.2
Food for Work (104)	1,618	23,608.2	-	-	-	-	414,600	438,208.2
EMERGENCY								
Refugee Disaster (201)	-	-	-	-	-	-	-	-
UNLAPAR:								
General Relief (301)	-	-	-	-	-	-	-	-
TOTAL	91,548	436,682	600,150	154,800	698,652	74,350	431,300	2,395,934

APPENDIX C-1: Quarterly Recipient Status Report

## APPENDIX C-2

### Partial Bibliography

- Capone, C. "A Food and Nutrition Program for Drought/Famine Areas: Justifications and Guidelines" Field Bulletin, No 28  
Nairobi: Catholic Relief Services, Africa Regional Office (1978)
- Capone, C. "A Review of an Experience with Food-aided Nutrition Programs" Nutrition Planning, xxi-xxv (Editor's section) (1980)
- Capone, C. "The Oil Seed Module and its Role in Food and Nutrition Programs" Nairobi: Catholic Relief Services, Africa Regional Office (1979)
- Capone, C. "Integrating Title II Programs with Locally Operated Nutrition Socio Economic and Humanitarian Activities" Field Bulletin, No 27  
Nairobi: Catholic Relief Services, Africa Regional Office (1977)
- Catholic Relief Services, Progress Report on the Application of the Growth Surveillance System into the CRS-sponsored Food and Nutrition Program in Kenya (August 77-March 78). Submitted in conformity to the terms and conditions of the AID grant agreement OTR-6-1567 of August 1977  
Nairobi: Catholic Relief Services, Africa Regional Office (1977)
- Central Bureau of Statistics, Report of the Child Nutrition Survey (1978/79)
- "Energy and Protein Requirement", Report of a text FAO/WHO Ad Hoc Expert Committee WHO Technical Reference Service, No 552 (1973)
- Food For Peace, PL 480 Title II, Commodity Reference Guide, Section 3 p. 1
- International Eye Foundation Report, (Jan, Feb, Mar, 1979)
- Rural Blindness Prevention Project, Grant No. AID/aft-G-1266
- Thomas, B. P., "The role of Rural Organizations in involving the Poor in Kenya's Development" Report prepared for the Human Resources, Institutions and Agrarian Reform Division of the Food and Agricultural Organization of the United Nations. (1977)
- van Steenberg, W. M. "Nutrition and the Akamba Child, Part I" Nairobi: Medical Research Center (1976)
- van Steenberg, W. M., J. Kusin, and S. R. Onchere, "Machakos Project Studies: Agents affecting health of mother and child in a rural area of Kenya. Food Resources and eating habits of the Akamba household" Trop. and Geogr. Med., 30: 939-413 (1978)
- van Steenberg, W. M., J. Kusin, and A. A. J. Jansen, "Measured Food Intake of Children Under 3 in Machakos District, Kenya" Nairobi: Medical Research Center (1978)

## DETAILED INFORMATION ON THE KENYA TITLE II CRS-FFW PROGRAM

### APPENDIX D

This Appendix contains some of the written forms, reports, and applications used by the Food For Work Program. The following detailed information is included:

- D-1: Food for Work Application
- D-2: Food for Work Manager's Contract
- D-3: Food for Work Monthly Progress Report
- D-4: Sample Request for Food for Work Reports from CRS/FFW Managers

Ref \_\_\_\_\_

Date \_\_\_\_\_

Project title: \_\_\_\_\_

Location \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Name and position of person who will supervise work: \_\_\_\_\_

1. Describe in detail the work to be done. Include all relevant specifications, and attach maps and diagrams when possible.

2. What will the project require in terms of materials, land, and tools?  
How will you meet these requirements?

3. Describe how the project will be managed and supervised.

4. How will this project meet the present and future needs of the community?  
How many people will be affected?

5. Who are the local authorities approving the project and how can they be expected to cooperate? (Please attach all relevant letters of authorization. e.g. if you are planning to build a road you need MOW approval, or in the case of a classroom, a letter from your AEO.)

6. What plans have been made to ensure the maintenance and continued effectiveness of this project after completion?

Estimated number of days needed to complete this project \_\_\_\_\_

Number of workers \_\_\_\_\_

Will they be working full-time? (5 hrs./day 5 days/week) \_\_\_\_\_

Who will be responsible for the distribution of the food? \_\_\_\_\_

Are adequate food storage facilities available? Explain.

What measures will be taken to ensure that the food is not sold or that it will not fall into improper hands?

When possible, workers in FFW projects are paid a small allowance to discourage the selling of food in the local markets. If you plan to pay such an allowance;

How much will it be? \_\_\_\_\_

What is the average daily wage for workers in your area? \_\_\_\_\_

If the workers will not receive payment, give a brief justification of why they will not.

What, if any, will be the contribution of the local people in terms of money?

Further comments:

Agreement between Catholic Relief Services/Kenya and:

Name: \_\_\_\_\_

IMPORTANT - Read before signing:

1. All workers must complete 10 working days (1 day - 5 hours) before receiving food.
2. A worker who is absent one day may send a replacement to work for him/her.
3. It is the responsibility of the project supervisor to arrange transport of the food from the regional FoodAid Program storehouse to the project site.
4. 50 lbs. of grain (S.F. Sorghum Grits or rice) and  $\frac{1}{2}$  tin of oil will be allocated per worker per 10 work days.
5. Workers' attendance records must be kept daily by the project supervisor and verified by him before all records are sent to CRS at the completion of the project. A full report on the work accomplished should also be sent to CRS on completion of the project.
6. Under NO circumstances may food issued for a Food for Work project be sold or bartered. Should this stipulation be violated, the full value of food so issued plus the freight charges of such food to Kenya must be re-paid to CRS.
7. All food losses due to any cause are the responsibility of the applicant and full compensation must be paid to CRS.
8. Applicant may distribute food only to those projects specifically approved by CRS.
9. Workers must be recruited on the basis of need only. Distribution on the basis of religious or political affiliation is strictly forbidden.
10. Under the agreement between CRS and the Kenya Government, commodities which enter duty-free found in illegal hands may be confiscated by the police at the request of CRS.

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I have read and understood the above conditions and agree to manage the project in accordance with these conditions.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX D-3

CATHOLIC RELIEF SERVICES/USCC  
KENYA PROGRAM

FOOD FOR WORK MONTHLY PROGRESS REPORT

Project Title: \_\_\_\_\_

Name of person reporting: \_\_\_\_\_

Ref: \_\_\_\_\_ Report for the month of \_\_\_\_\_

Project Started: \_\_\_\_\_ Expected date of completion \_\_\_\_\_

Number of workers: \_\_\_\_\_

	Rice	Oil (cartons)	Other
Beginning of month balance			
Units received during the months			
Total units available			
Units distributed during the month			
Losses (explain below)			
End of month balance			

How much more food are you expecting from CRS: Rice \_\_\_\_\_  
Oil \_\_\_\_\_  
Other \_\_\_\_\_

Give a detailed description of work completed during the month:

Is the work progressing according to plans? If not please explain.

Further Comments

Please return this form promptly at the end of each month and at the completion of the project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send to: FFW Manager,  
Catholic Relief Services,  
Box 42675,  
NAIROBI.

APPENDIX D-4

FOOD FOR WORK  
CATHOLIC RELIEF SERVICES,  
KENYA PROGRAM

P. O. BOX 49675,  
NAIROBI.

Tel. 62171/ 62172

Date:

To:

Dear

We have not received your monthly Food for Work report(s) for the month(s)  
of \_\_\_\_\_.

Please forward it (them) to us immediately. We must have it (them) within  
the next two weeks as we cannot prepare our reports correctly without it (them).

Yours sincerely,

Michael Maren,  
FOOD FOR WORK MANAGER

P.S. If you have already posted this report but we have not received it,  
please alert us to this fact and send another copy by return mail.

/cj