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REPORT OF THE AID POPULATION SURVEY TEAM TO KENYA AUGUST 14-31, 1972

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September 15, 1972

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A- Listing of Team Members and Persons Contacted in Kenya

B- Laurenti Memo to Mr. Kdegwa

C- Training For National Family Planning Program (Given by USAID/K to M.O.H.)

D- Background Information On
1-Nurse Education Programs
2-Nurse Manpower
3-Services in Family Planning
4-Administrative and Supervisory Support for Nursing Services
5-Role of Registered Nurse Midwives Assigned to Leadership Positions in The Family Planning Program.

E- Background Information on Medical Training Center

F- Proposal for The [illegible]
Proposal)

G- Listing of Newspapers Published in Kenya

BEST AVAILABLE DOCUMENT

FINDINGS AND RECOMMENDATIONS OF THE A.I.D. POPULATION SURVEY TEAM TO KENYA-AUGUST 14-31, 1972

I. BACKGROUND

In May 1972 the GOK presented USAID/K a copy of the First Working Draft of "The Kenya National Family Planning Program Five Year Plan". USAID/K was requested to review the plan, comment on it, and to give some indication to GOK as to which parts of the plan USAID/K might consider supporting.

USAID/K responded positively to the plan and requested AID/W, PHA/POP to organize a population survey team to come to Kenya for two or three weeks to study the Draft Plan and assist the Mission to expand its assistance in Family Planning to GOK.

The Special Terms of Reference for the Team were as follows as per Nairobi 3126 dated June 28, 1972.

"To reappraise current POP dynamics project, which includes Health Education, POP Lab and Vihiga Activity Elements and identify prospects for expanding U.S. assistance. Emphasis such expansion most likely would be in developing in-country capability train clinical personnel in FP services. Team would assist Resident POP Officer prepare comprehensive PROP covering all current activities and proposed expansion. PROP to be completed during Team visit."

The above terms of reference were drawn up with the assumption that the First Working Draft of the Kenya FP Program Five Year Plan would be changed very little in its final form and that the very existence of the draft plan indicated that the various responsible Ministries were agreed on the objectives, organization and programs as presented in the plan.

As the Survey Team began to visit various GOK Ministries it became clear that there was no concensus on the various parts of the plan. The Ministry of Health assured the Team that the draft plan would have to undergo extensive revision and major changes would be made.

A local representative of the IBRD who participated on the IBRD Population Team to Kenya, stated in no uncertain terms that the AID POP Team visit was premature that the IBRD was awaiting the revision of the plan and would have an appraisal team review the final version. He felt that there might in fact be revisions of the revised plan before the Bank could accept a final plan. Once the plan was approved, IBRD would determine its own inputs. After this IBRD would chair a meeting of all the interested donors and work out with each donor what their role would be. It was implied that other donors would have little say as to the emphasis of the plan; that therefore, it would be a waste of time for AID to do extensive work on its possible contribution until the Bank had settled key issues.

In discussions with Mr. Luigi Laurenti, Ford Foundation Advisor to Ministry of Finance and Planning, Mr. Laurenti stated that the Ministry was surprised that AID had brought a Population Team to Kenya at a time when most of the major issues in the plan were not clearly defined and no donor could determine its contribution. He stated that the Ministry of Finance and Planning did not consider the plan of the Ministry of Health adequate or in a state that they could request donor assistance; that before the plan is finalized it will have to be reviewed by the Ministry of Finance and Planning, and then it will be distributed to prospective donors. Mr. Laurenti felt that the Team visit was useful in that it acted as a stimulus to the Ministry of Health to think out its problems and analyze its position.

In the light of the above uncertainities and apparent confusion within the Ministry of Health, the Survey Team suggested to USAID/K that it would be most difficult and inadvisable to proceed to prepare a PROP integrating all present and proposed USAID assistance. The Team felt it highly unlikely they could make specific 5 year recommendations for assisting the training and communications elements of the plan as these were also subject to extensive revision.

The Survey Team and USAID/K agreed that the Team would endeavor to do the following as stated in Nairobi 4091 dated August 23, 1972.

"It presently appears that due to various unresolved problems within the plan and within Ministry of Health, Team is unable to prepare an analysis of plan and other documents and will endeavor to identify areas and approximate scope assistance Team believes feasible. If specific elements can be identified in advance of final long-term plan, Team will prepare Draft Interim PROP for FY '73".

II. REVIEW AND ANALYSIS OF FIRST WORKING DRAFT AND AVAILABLE REVISIONS OF GOK FP PROGRAM FIVE YEAR PLAN

A. BACKGROUND

Mr. Lurenti of the Ministry of Finance and Planning stated that about a year ago the Ministry had begun to be concerned about the poor progress being made by the Ministry of Health FP efforts. At the time, the Permanent Secretary of the Ministry of Finance and Planning had requested the Ministry of Health to develop an internal GOK paper on improving FP activities in Kenya. Apparently little was done until the IBRD stated that they were interested in possible FP assistance to Kenya and wanted a FP Plan from the GOK. The first draft was prepared in a few days but the Bank Official did not arrive to pick it up. The second preparation resulted in the First Working Draft dated April 1972.

One point which concerns the Team is the authorship and manner of preparation of the FP Plan. We were told by Dr. James Russell, Population Council Advisor to the MOH and others that of the total plan only about 17 pages were prepared by Kenyans, the remainder of some 130 pages were prepared by various expatriate advisors in the Ministry of Health and Ministry of Finance and Planning. We were also told that little consultation with Kenyan officials was held during the preparation of the plan. This probably accounts for the difficulties the Team encountered in various contradictory interpretations of the plan and its objectives.

The present status of the First Working Draft revisions is not clear. Several sections are under revision at the Ministry of Health, but Dr. Russell has indicated that the basic difficulties in the various sections, as pointed out by the IBRD Team, have not been resolved. The officials within the Ministry of Health have been unable to sit down and discuss these problems. Another variable was added to the whole process when the WHO, PSA proposal for Rural Health Services was presented on August 1, 1972. This proposal prepared for soliciting assistance from the Norwegian Government, UNICEF, WHO and possibly others takes a different approach to FP then that presented in the FP plan. We were told that the Ministry of Health was instructed to "marry" the two plans into one. To the Team, this seemed to be a most difficult, if not impossible task considering the different scopes of the two plans.

The IBRD apparently wants a revised FP Plan by the end of September so that it can be presented at a meeting in Washington. We were

told that the Ministry of Health could not possibly prepare a realistic final paper before Christmas, however, a final draft has been promised to the Ministry of Finance and Planning by the latter part of September. Mr Laurenti felt that something would be forthcoming from the Ministry of Health, but it would have to be carefully reviewed and rewritten to conform to Ministry of Finance desires. He assured that when this final plan is released, it will make sense and will have a very strong emphasis on population growth limitation. He felt it unfortunate that GOK was presently saddled with having to funnel most of its FP activities through maternal and child health delivery systems. The inefficiency of the Ministry of Health coupled with the shortage of personnel, health centers and other health infrastructure, would limit the MCH approach. Also the prejudice of some health personnel in relegating FP to a very low priority did not ameliorate the problem at all.

B. SUMMARY OF THE KENYA FIVE YEAR FP PLAN "DRAFT"

It should be remembered from the outset that the FP plan is merely a draft and that revision of the plan is already in an advanced stage. Because of this, the summary and critique of the plan are quite cursory, the team feeling that there is no need to belabor details which are likely to change. However, Kenyan officials felt that in broad outline the final version of the plan would resemble the draft.

Summary

Objective

The stated objective of the five year FP plan draft is quite explicit, "The target of the National Family Planning program over the next five years is to achieve the maximum possible population growth rate reduction". The actual numberical target as stated is to avert 228,000 births over the five year period, which would lower the growth rate from its present estimated 3.3% to 3.05%. While this appears relatively small, the rationale is that considering the past record of the FP program and the present lack of facilities and personnel, the above target figure would be a notable beginning.

Organization

The draft states, "the services required to make target achievement possible are to be provided as an integral part of the health services of the country. All health facilities are to be equipped to offer family planning services and staffed with personnel trained in the provision of family planning services." Thus it is quite clear

XII FIVE YEAR BUDGET - KENYA NATIONAL FAMILY PLANNING PROGRAMME

(In some categories estimates are made beyond five years)

ALL FIGURES IN KENYA POUNDS

	1	2	3	4	5	6	7	8	9
TRAINING									
Construction 12 facilities (@ KL [illegible])	1560000								
Operations 12 facilities (@ [illegible])			156000	156000	156000	156000	156000		
Construction 7 facilities			1400000						
Operations 7 facilities	750000				108000	108000	108000	108000	108000
Construction National Centre									
Operations National Centre									
Short term training	95000	95000	[illegible]	30000	30000	30000	30000	30000	
Rental training facilities	75000	75000	95000	95000	95000				
Sub Total	2480000	170000	75000						
MOTIVATIONAL SERVICES			1803000	281000	389000	294000	294000	138000	108000
Field Educators	30000	75000	120000	165000	180000				
Provincial & District Supervision	36600	36600	36600	36000	36600				
Mass campaigns	25000	50000	50000	50000	50000				
Sub Total	91600	161600	206600	251000	266600				
CLINICAL SERVICES									
KEN/REM Salaries	153120	340000	348000	348000	348000				
Provincial & District Supervision	85440	85440	85440	85440	85440				
Equipment	1500	4500	4500	4500	4500				
Contraceptives	36000	76000	152000	228000	253000				
Clinic clerical service	18360	18360	18360	18360	18360				
Sub Total	297420	532300	608300	684300	714300				
TRANSPORTATION									
Purchase	30000	19500							
Operations	19600	23600	23600	23600	23600				
Drivers	23040	23040	23040	23040	23040				
Sub Total	72640	66140	46640	46640	46640				
HEADQUARTERS									
Administration	10150	10150	10150	10150	10150				
Information & Education	8030	8030	8030	8030	8030				
Clinical Services & Training	6590	6590	6590	6590	6590				
Planning Res. & Evaluation	24470	24470	24470	24470	24470				
Sub Total	49240	49240	49240	49240	49240				
TECHNICAL ASSISTANCE (10 advisors)									
CAPITAL	160000	160000	160000	160000	160000				
RECURRING	2340000	19500	1480000						
[illegible]	610900	1119780	1096780	1472780	1625780	=	3839500		
[illegible]	3[illegible]900	1139280	2876780	1472780	1625780	=	6426020		
						=	10265520		

that the plan relies upon the Ministry of Health to provide the delivery system for achievement of its objective.

Under the Ministry of Health the family planning organization will consist primarily of; a National Family Planning Council or interministerial policy-making body with the Chairman appointed by the Minister of Health; an executive committee to handle the day-to-day working of the organization; an administrator responsible for initiating and implementing the program; and four divisions (clinical services and training; information and education; planning, evaluation and research; and administrative, fiscal, purchasing and supply) to carry out the program.

Clinical Services and Training

The five year plan calls for providing full-time planning services in 132 clinics, selected either on the basis of population density in the surrounding area or present high demand for family planning services. Once these clinics are adequately staffed, full-time, the family planning services would be extended to other clinics. No staffing pattern per clinic has been set forth, but there will be 50 registered nurses trained as supervisors to oversee the work of the clinics.

SUMMARY OF TRAINING (SECTION VI) OF
FIVE YEAR F.P. PROGRAM "DRAFT"

The overall goal of the Family Planning Training Programme is to prepare all Physicians, Medical Assistants, and Registered and Enrolled Nurses and Midwives in Government service to provide family planning services within the context of general health services, field educators, nutrition workers, social workers, social welfare officers, educators, labour officials etc. to provide clinical, informational, and motivational services in support of the National Family Planning Programme. It is intent of the MOH that family planning services shall be offered through existing service facilities utilizing all types of health personnel. Constraints are given as:

(1) Shortage of medical/paramedical personnel

(2) Maldistribution of personnel

(3) Addition of preventive services for already overworked staff

(4) Family Planning services are not given priority

(5) Lack of enough basic education facilities to meet manpower needs.

The plan projects manpower output from 1972 to 1981 in two ways (1) existing institutions (2) expansion/new facility plans within a 5 year period, Phase I (3 yrs.) and Phase II (2 yrs.).

Output-Existing Institutions	1972	1981
*Physicians	90	160
Medical Assistants	130	190
Kenya Registered Nurses	155	155
Kenya Registered Midwives	57	57
Kenya Enrolled Nurses	168	168
Kenya Enrolled Midwives	55	55
Enrolled Public Health Nurses	33	33

Output-Phase I and Phase II Expansion	1981
Medical Assistants	280
Kenya Registered Nurse/Midwives	348
Kenya Enrolled Nurse/Midwives	854
Enrolled Public Health Nurses	113

Calculations on projected manpower in government service are made on the basis that 70% of graduates enter Government Service (except for Physicians-25%). Projections of total government personnel based on existing educational institutions and proposed expansion is:

Personnel in Govt. Service	1972	Output existing Institution 1981	Output Phase I and II 1981
Physicians	307	465	-
Medical Assistants	668	1363	1619
Kenya Registered Nurse/Midwives	699	1190	1534
Kenya Enrolled Nurse/Midwives	2260	2593	3107
Enrolled Public Health Nurses	44	220	590

The goals for training programs in family planning in both basic education and short term training are:

Basic Education

Appropriate instruction in family planning so that upon completion of training they are equipped to "practice" family planning as part of

* Medical Schools-University of Nairobi, Makerere University, Kampala and outside East Africa. This cannot be increased unless 2nd Medical School is established in Kenya.

professional activities with little or no additional re... training. the MOH has direct... health ... development in ... family planning content ... inclu... in ...

[illegible]

... given to all health ... training in the field ...

[illegible]

BEST AVAILABLE DOCUMENT

INFORMATION AND EDUCATION-MOTIVATION

THE PLAN BACKGROUND

The present draft 5-year plan calls for an essentially new GOK initiative in the field of family planning information, education, and communication-motivation (IEC), aimed at obtaining wider adoption of family planning practices through the country. The GOK for the first time will assume the amyor responsibility for planning and performance of the public educational-promotional Family Planning Association of Kenya (FPAK), and IPPF affiliate, and to a lesser degree the IPPF Regional Office. The plan envisions continuation of the FPAK and IPPF work in the IEC-motivational field, in coordination with the more extensive activities of the GOK.

This new initiative is to be spearheaded by the Ministry of Health, with the cooperation of an interministerial Family Planning Council when established. In the Ministry of Health, the planning, coordination, and implementation of overall IEC motivational support for the F.P. program, including enlistment of help from other Ministries and private organizations, is to center in a proposed new Information and Education organizational unit. This I & E unit, serving under the Ministry's Administrator of the program, will give exclusive attention to IEC-motivation needs in the family planning field.

INFORMATION AND EDUCATION UNIT

The Information and Education unit, it is planned, will carry out interpersonal motivational work at provincial, district, and local levels. This is to be performed through several hundred Field Educators, to be recruited by this unit. The Field Educators will be major users and distributors of information-education-motivation materials, including audio-visual materials.

The I & E unit at the headquarters level, under direction of a broad-gauged Information and Education Officer, will be responsible for overall planning and coordination of family planning IEC activities as a whole. This includes planning and arranging for production and distribution of IEC materials required by the Field Educators; production and distribution of printed and audio-visual materials required in the overall program's staff training activities; planning and technical program guidance of mass media support; and enlisting the help of other branches of the Ministry of Health, other GOK Ministries, and private organizations and groups. Also, the unit is expected to provide family planning orientation and training for extension staffs of the Ministry of Agriculture and other agencies. The Food and Agriculture Organization, UN, will cooperate as part [illegible] life project.

HEALTH EDCUATION DIVISION

This Division has two important roles in IEC-motivation for family planning along with its other duties in general health education; (1) dissemination of information to the public, usually through group meetings about family planning needs, services and practices; and (2) production of IEC-motivational materials, printed and audio-visual, for the family planning program, plus performance of important related services. The Division is currently fulfilling these roles for the program within limited scope, including production of IEC materials for use of the Family Planning Association of Kenya (FPAK).

Over the 5 years ahead, the Division wishes to expand its headquarters operations, including staff training work, and to create an overall health education structure at province and district levels. Its present 35-member staff consists of 2 Health Educators, (one at the province level), 4 Health Inspectors, 1 Nutritionist, 8 production personnel in the Audio-Visual Production Unit, plus lesser staff in Nairobi. In addition, the Division is assisted by two A.I.D. technical advisors (health education and audio-visual) and by a Peace Corps volunteer - a graphic artist.

The Division has prepared a proposed plan (attached) calling for a considerable expansion of personnel over the next 5 years, including staff and equipment at province and district levels. The additional personnel proposed includes 100 Health Educator trainees (to supply candidates for 34 Health Educator posts in provinces and districts).

The plan calls for addition of 34 audio-visual vehicles over the 5 years, 32 for posting at the province level and 2 at headquarters; 32 Landrovers for general use at the province level, and 19 assorted types of vehicles including scooters for headquarters use. The audio-visual vehicles and staff are intended to give important help for the family planning work of local Field Educators (Information and Education Unit).

HEALTH EDUCATOR SERVICES

The province and district posts would be filled on a timephased basis, geared to the creation of qualified Health Educators.

The projected Health Educator structure would necessarily give its major attention to health education as a whole, but with special attention to family planning.

Training of Health Educators will be a major responsibility of the H.E. Adviser.

In January next, the Division will begin conducting training in family planning information and evaluation at the Medical Training Center, as part of an on-going program for 400 paramedical student per year. These paramedicals, to serve in various health posts at local levels, are expected to assist in promotion of family planning.

Three members of the Division's staff are presently receiving degree training in the United States. On return to Kenya, they are expected to contribute importantly to the training resources in health/family planning. Similar training for 6 additional participants has been requested by the GOK.

IEC MATERIALS PRODUCTION SERVICES

For preparation, production and distribution of IEC-motivational and training materials in family planning, the Information and Education unit of the Family Planning Program is expected to rely heavily upon the services of the Division's Audio-Visual Production Unit - the Ministry's central source for producing such materials. Additional production services, however, will be obtained for the F.P. Program from other GOK sources and through contracts or purchases. It is believed that the Audio-Visual Production Unit will be required to initiate or arrange for procurement of non-MOH production services, in addition to performing production and distribution work. This would be in line with current practices in the Ministry.

The A-V Production Unit's services are marked for a vital place in the IEC-motivational phase of the program. The draft 5-year plan of GOK envisages a significantly enlarged output of IEC-motivational materials (printed and audio-visual, including training aids) for family planning. This output, added to that required for general health services, is expected to be much beyond the capacity of existing staff and facilities of the A-V Production Unit. (The Ministry of Health is planning substantial expansion of Division, with enlargement of the Unit's space, increased staff, and supplementation of its equipment. The Swedish International Developement Authority has received a GOK request for funding of this new building and certain equipment items. The capital costs involved are expected to total approximately $300,000.)

In addition to its production services for family planning, the Unit probably will be required to help carry out other parts of the IEC-motivational work for the program, at request of the Information and Education Unit. These services may include provision of writing, editorial work for preparation of motivational and training materials, follow-up implementation work with the Ministry of Information and Broadcasting and selected mass media (including drafting of radio scripts and preparation of rough TV scripts, voice recordings, and visuals), [illegible]

management of materials distribution and distribution analysis. Pretesting of IEC and training materials, together with continuing evaluation of them through feed-back reports of Health Educators and Field Motivators would be logical [illegible] among its services. (The Information and Education Unit would be directly concerned with the above matters and its projected staffing pattern would necessitate much assistance in IEC implementation).

FAMILY PLANNING ASSOCIATION OF KENYA

The FPAK is now the program's primary source of IEC-motivational support, along with the IPPF Regional Office. The FPAK has initiated production and utilization of IEC materials to a useful degree, prepared for radio-TV coverage through the Voice of Kenya (Ministry of Information and Broadcasting), done considerable work with [illegible]ion, and stimulated mass media cooperation with the program. [illegible] sponsored one seminar with newspaper and media leaders, [illegible] probably useful results. The FPAK operates 3 cinema vans and [illegible]es for provision of family planning and employs a staff [illegible] Motivators. It has expanded the number of Field Motivators and area staff to 52.

POPULATION SERVICE, INC. (A.I.D. CONTRACT)

This contractor is conducting research in the field of condom marketing and arranging for testing of commercial promotion and distribution of condoms through the hundreds of small stores (dukas) in rural areas. IEC-promotion work is planned through various channels, including commercial advertising firms. One of these firms reaches approximately 700,000 rural people per month through a system of touring audio-visual van-teams. The contractor is also considering the possibilities of direct mail promotion and distribution.

WORLD ASSEMBLY OF YOUTH

WAY, through conferences and related work with youth leaders in Kenya, is helping encourage family planning motivation among the country's youth.

VIHIGA DIVISION PROJECT

Though not mentioned in the overall 5-year plan for the program, this activity will require significant use of audio-visual materials, printed matter, posters, films, and exhibits, especially in high-intensity areas. The materials needed by the FPAK Field Educator,

local KEN/MWs, and field motivators can be met partly by non-localized materials, but local adaptations will be important. Preparation and production of localized materials is likely to be the responsibility of the A-V Production Unit and the FPAK. The text writing, art work, photography, and printing involved, even for modest materials, will be definite work-load a factor in the materials production sphere, including distribution and distribution analysis-evaluation.

Planning Evaluation and Research

The planning unit will operate in the context of the overall health planning effort of the MOH and with the overall development efforts of the MOFP. The evaluation unit will be changed from its present position in the MOH section epidemiology and medical statistics so that full time can be devoted to the FP program.

Costs

The projected cost of the five year FP plan is £10,265,000 or approximately $28,500,000. Of this total of £3,839,000 are for capital construction and automobiles and £6,426,000 represents recurring costs.

C. BRIEF CRITIQUE OF FIVE YEAR PLAN

Objective

The objective of averting 228,000 births in five years which corresponds to a decrease in the growth rate from 3.39 to 3.05%, is not an unrealistic goal. This translates into getting 1.16 million acceptors during the plan period, fully 50% of all eligible acceptors and a great majority of those to whom service will be available. This is unrealistic. The large number of acceptors required is based upon past retention rates and clearly demonstrates the need for greater follow-up and motivational activities then have occurred in the past. MOH officials have said that the drop out rate is not as severe as FP figures indicate due to the inability of the evaluators to trace acceptors who do not return, but the dropout rate is, no doubt, disturbingly high. Strong motivational followup designed to retain acceptors appears essential for any success in the program.

There has been recently completed by WHO for the MOH a plan for the delivery of rural health services which calls for integrated FP service in all 1000 clinics planned for the rural sector. This plan is geared for completion in 1974, and for the five year period which the FP plan takes as its focus, may be consistent with the FP plan. However, the team feels that it would be a mistake to expand the scope of the FP plan too much during thei initial phase, as the ability of the MOH to control changes of the magnitude discussed in the FP plan will sufficiently strain the MOH without further increasing [illegible].

XII FIVE YEAR BUDGET - KENYA NATIONAL FAMILY PLANNING PROGRAMME

(In some categories estimates are made beyond five years)

ALL FIGURES IN KENYA POUNDS

	1	2	3	4	5	6	7	8	9
TRAINING									
Construction 12 facilities (@ K£130,000)	1560000								
Operations 12 facilities (@ [illegible])			156000	156000	156000	156000	156000		
Construction 7 facilities			1680000						
Operations 7 facilities					108000	108000	108000	108000	108000
Construction National Centre	750000								
Operations National Centre				30000	30000	30000	30000	30000	
Short term training	25000	95000	95000	95000	95000				
Rental training facilities	75000	75000	75000						
Sub Total	2480000	170000	1806000	281000	389000	294000	294000	138000	108000
MOTIVATIONAL SERVICES									
Field Educators	30000	75000	120000	165000	180000				
Provincial & District Supervision	36600	36600	36600	36000	36600				
Mass campaigns	25000	50000	50000	50000	50000				
Sub Total	91600	161600	206600	251000	266600				
CLINICAL SERVICES									
RSN/ASM salaries	153120	340000	348000	348000	348000				
Provincial & District Supervision	85440	85440	85440	85440	85440				
Equipment	4500	4500	4500	4500	4500				
Contraceptives	36000	75000	152000	228000	253000				
Clinic clerical service	18360	18360	18360	18360	18360				
Sub Total	297420	532300	608300	684300	714300				
TRANSPORTATION									
Purchase	30000	19500							
Operations	19500	23600	23600	23600	23600				
Drivers	23040	23040	23040	23040	23040				
Sub Total	72640	66140	46640	46640	46640				
HEADQUARTERS									
Administration	10150	10150	10150	10150	10150				
Information & Education	8030	8030	8030	8030	8030				
Clinical Services & Training	6590	6590	6590	6590	6590				
Planning Res. & Evaluation	24470	24470	24470	24470	24470				
Sub Total	49240	49240	49240	49240	49240				
TECHNICAL ASSISTANCE (10 advisors)									
CAPITAL	160000	160000	160000	160000	160000				
RECURRING	2340000	13500	1480000						
	6410900	1119780	1896780	1472780	1625780	=	3039500		
	3150900	1139280	2876780	1472780	1625780	=	6426020		
						=	10265520		

Organization

The family planning organization is lodged in the MOH. For the clinical services and training division this makes sense. However, the inclusion of the other three divisions in the MOH is not necessarily optimal. For example, the evaluation unit would most logically fit in the Demographic Studies Unit of the Ministry of Finance and Planning. After all, it is the MOFP which has the primary interest in the cost and demographic impact of the program. The MOH people have a restricted medical/health vision of the scope and necessity for a FP program. Putting management of the entire program under the MOH could lead to a low priority status being given especially to the non-medical aspects of the program. An alternative would be to expand the FP Program Organization to an interministerial basis with the various ministries-education, agriculture, etc. - maintaining responsibility for the activities in which their interest lies. This apparently is not envisioned in the proposed establishment of an overall Family Planning Council. However, since each ministry sees FP from a different viewpoint, and with varying degrees of priority, certain parts of the FP organization would still be left with a too low status.

It seems that the MOFP has a broader outlook toward FP in that it most clearly sees the health and economic and social ramifications of an FP program. Because of this, it would perhaps seem most reasonable to assign overall program guidance and control to the MOFP. (See Section IIC for further discussion of the problems of priorities).

Clinical Services

As example of the restricted view of FP under the MOH umbrella is that only passign mention is made in the plan to non-clinical approaches for the delivery of contraceptives and FP services. It is clear that for the clinical delivery system to be effective, great numbers of health personnel with the concomitant high costs must be forthcoming. Yet, non-clinical approaches such as enlisting the help of private physicians, commercial distribution of contraceptives or information on non-clinical techniques - which require little administrative, technical, and financial resources - are given little or no attention. While the reason given for the strict medical approach is that there are political sensitivities involved in espousing FP for other than medical reasons. (It seems unlikely that the best chance of introducing non-clinical techniques would come from an organization dominated by the MOH).

On a more technical level, the plan lacks a discussion of the staffing pattern to be employed in the target 132 clinics. There is no mentich made of just what health personnel would be assigned to

each clinic. Furthermore, no procedure is delineated for determining where the first cadre of graduates is to be sent, even though selection of the 132 sites has been completed. This is an important decision, not so much as regards which clinics should be staffed first, but because there should be assurance that certain clinics will be fully staffed immediately so that family planning services can be performed and evaluated, rather than sprinkling the first graduates throughout all clinics. Such action would result in no full-scale delivery of these services anywhere until near the end of the plan period.

CRITIQUE OF TRAINING (SECTION VI) OF FIVE YEAR PLAN "DRAFT"

Training strategy for a five year period has been proposed which will include a scheme for both basic education and short term training aimed at training all levels of health personnel. In basic education, steps have been taken to implement the first phase, that is, notification of all officials of educational institutions who have responsibility for curriculum development to incorporate family planning content appropriate to preparation of students for practice following graduation so that little, if any, pre-service training will be required. A sound preparation in family planning in the KRN and KRM programs so that all nurses, in all settings can identify potential acceptors, inform them of contraceptive methods, motivate and refer is realistic. Additional knowledge and skills, during KRM and KEM training, in the clinical techniques is needed; in this clinical area students can be exposed and receive some practice (as in any other area such as Theatre, Medical, communicable disease etc.). Following graduation, a pre-service, short term training, will be required to develop skills in the clinical area in order to provide the expertise needed in working in family planning clinics. For all nurses to develop this "clinical expertise" during basic training appears unrealistic. A weakness of the plan for basic education is the lack or even consideration, of short term training for instructors of basic education programs with two types and different content appropriate to program. For instance, instructors in KRN and KEN programs need training in basic general knowledge and skills in family planning; instructors in KRM and KEM need knowledge and skills in the clinical techniques, side effects and complications. Educational materials and audio-visual teaching aids are needed and plan does not provide for preparation of these very important supportive materials.

The plan projects output of enrolled nurse/midwives and public health nurses in 1981 on the basis of existing schools and does not take into account the MOH plan to phase out the existing multipe enrolled nurse programs and substitute one program entitled "Enrolled Community Health Nurse" which combines general nursing, midwifery and public health nursing. [illegible] the plan states that expansion/consolidation [illegible]

and II will provide for 96 additional students enrolled per year and can be accomplised without additional nursing faculty. This is contrary to information secured from the Chief Nurse Officer who stated that additional faculty will be required. The potential for in-country training for faculty can now be realized, to some extent, by the new advanced Degree Nursing Program.

The plan to implement short-term training for all practicing health personnel during a five year period is necessary if the goal for training is to be seen and adequate services in family planning provided. This is important until such time that graduates of basic education programs will be prepared for first level family planning services. To date, a total of 70 doctors and 6 Registered Nurse Midwife Trainer-Supervisors have been trained. The goal to be achieved in a five years period considering the large numbers to be trained does not appear attainable because of the critical shortage of trainers. A very serious weakness of the training strategy for this large group is the plan to train all categories of workers in the same type and length of training. As an example, the enrolled nurse/midwives (2447 in number do not all need the same type and amount of training because of the differences in settings in which they work (e.g. hospital wards, such as, pediatrics, medical, surgical etc). All practicing enrolled nurses need basic information on family planning so that they can actively participate in motivation, information and referral. This type of training could be realized in local 2-3 day training programs. A determination needs to be made of the number of enrolled midwives who will actively provide clinical family planning services; these enrolled nurses should receive the 4-8 weeks course. To plan for all 2447 enrolled nurse midwives to receive the standard 4-8 weeks. Total training program including clinical Technique expertise is unrealistic in terms of time, cost, availability of Trainers and utilization.

A weakness in the administrative organization of the Family Planning Five Year Plan is lack of a visible Training Unit. The need for this is critical. The need is for a Unit, with a Training Officer in Charge, and a staff of physician and Registered Nurse-Midwife F.P. trainers. The training officer is necessary for policy determination, coordination of various training activities within and outside of the Unit, setting priorities within the Unit and within the overall family planning program. A cadre of expert trainers is essential to providing quality training programs, evaluation and appropriate revision of training courses, [illegible] and preparation of educational materials (in cooperation with the education and information section) and audio-visual teaching aids.

The overall goal includes training of non-health, but related personnel in family planning; however, the "Plan" does not provide for training courses or preparation of trainers for this training activity.

SUMMARY: Weakness of the plan are seen as (1) lack of planning for short-term training for instructors in all of the basic education programs and preparation of instructional materials and audio-visual teaching aids (2) projected enrolled nurse/midwife manpower without consideration of trend to phase out multiple enrolled courses and substitute Enrolled Community Health Nurse programs (3) lack of appropriate types of training in family planning for various categories of workers depending on "the setting" in which they are or will be working (4) lack of plans for a Training Unit with expert trainer personnel (5) lack of training strategy for non-health but related, workers.

Planning and Evaluation

Evaluation efforts for the FP Program will have to be very carefully designed not only from the evaluation point of view, but from the practical operational point of view. Too often evaluation experts can come up with very elaborate and theoretically good evaluation plans, but if one carefully considers the implications of this system on the FP worker in the field, the drag on the time and effectiveness of the FP workers in the clinics is greatly hampered.

The present FP clinic card required for all FP visits constitutes a burdensome effort for the FP staff. Ideally it should only require 5 minutes to fill the card, which is a full legal sized folder with 17 items to fill, but in actual practice it takes 10-20 minutes to complete the card. This means that only 4-5 patients an hour can be processed through the red tape alone, not counting the medical examination. The present system has not caused serious difficulties because the number of FP patients per clinic has been relatively small. When the Program expands, the drag effect on services caused by administrative and evaluation-related requirements could prove to be a serious hindrance.

Cost of the Program

While the E10,265,000 cost is attached to what is called the five-year FP plan, certain of the costs of the plan cannot be attributed to family planning but are, in actuality, general health costs. Assuming that five per cent of the time with nurse/midwife training courses and 20 per cent of the field time after training is attributable to family planning, the FP cost component is E5,[illegible], or approximately 50 per cent of total cost. However, certain FP costs in areas such as motivational work performed by the health education unit of the MOH have been excluded from both totals.

While recognizing that the budget is preliminary and likely to change, the general level of funding is unlikely to vary much from the present figure. The total 1971 Kenyan MOH recurring budget amounted to E[illegible]. The recurring costs for

by the fifth year are £1,625,780 or approximately 25% of the present recurring costs. It seems highly unlikely that the GOK will be able to provide an increase of this magnitude. It must be remembered that there will already be increased recurring expenditures from other components of the health programs as well as the FP costs. Even though GOK expects foreign assistance to help defray the expenses of the program during this initial phase, it is still necessary to keep costs as much in line with the Kenyan ability to cope with them as possible.

A few examples of areas where close scrutiny of the level of funding appears required, should suffice to demonstrate the nature of the problem.

(1) The construction of a national family planning center where short term refresher training for FP personnel will be held is estimated to cost £750,000 with recurring costs of £30,000 per year. This seems to be a heavy cost to bear in relation to its proposed usage. Perhaps suitable alternative facilities could be found or, at least a less costly facility could be constructed. On this point the Team was told that a search for suitable training facilities had already been made without success, but that, indeed, the construction cost of the center could probably be reduced.

(2) There are to be 50 nurse supervisors, each one with car and driver. Surely some of the trainer supervisors with smaller areas of coverage would not require an automobile but could use some reliable and much less expensive mobylette-type vehicles. Recurring transport costs are estimated at £46,600 annually. This excludes the purchase cost of vehicles which would add about another £10,000 annually to the cost.

(3) The 19 training facilities which are to be estiablished were determined by the projected manpower needs of the FP program. The largest part of the training was for expansion of enrolled nurses training. However, the plan estimates that only 50 per cent of enrolled nurse graduates will enter government service. Surely some way could be found to reduce the number of nurses which are lost to government service. This would yield a significant saving in training and construction costs.

These examples are not meant to be exhaustive nor are estimates made with regard to the cost reductions which might be effected. To do so would be useless at the present stage of the plan.

The level of expenditures is stated to be justified on the basis of a benefit/cost analysis. [illegible] to provide benefits ranging from 2.1 times to 4.3 times the cost of the program depending on the procedure employed for amortizing capital cost.

The difficulty with benefit/cost analysis is that in lieu of alternative programs for which the resources in question can be used, benefit/cost ratios are little better than meaningless. The alternative use of the F10 million might easily produce a ratio of 10 to 20. Clearly in such a case the alternative program would be given a higher priority.

Footnote: (While there are some serious questions concerning the validity of the approach used for the cost benefit analysis, this does not appear to be an appropriate setting for such a critique on this point).

D. INTERPRETATIONS OF FP PLAN BY VARIOUS GOK OFFICIAL

The purpose of the Kenya National Family Planning Program is to achieve the maximum possbile population growth rate reduction. The Ministry of Finance and Planning views this as a very high priority item to ameliorate the problems of economic and social development.

In order to provide the population growth rate reduction the family planning program will be carried out through the existing health facilities in Kenya. Thus the action phase of the program is to be directed by the Ministry of Health. It is here that the differences of interpretation of the objectives of a Family Planning Program have their effect on the effectiveness of the delivery system.

The MOH view family planning as a health service to increase maternal and child welfare through the technique of child spacing. The MOH and health personnel have very little concern with the economic and social implications of rapid population growth. Moreover, from strictly a health view point, child spacing is a relatively low priority item where endemic diseases and other problems of health loom paramount. Thus family planning is relegated a very low position in the delivery of services. Herein lies the basic conflict. The plan specifically targets growth rate limitation as its objective. However, in the delivery of services the objective develops a maternal and child health welfare orientation which is not necessarily consistent with the original economic and social objectives of the plan.

The FP Plan notes that in the past Kenya health personnel have been preoccupied with curative health work and have considered family planning as a low priority activity. In fact, the Family Planning Association of Kenya has stated that as a result of this policy, there have been cases of FP clients being turned away from clinics without receiving any services.

Early in our visit the Team was told by Mr. Kyalo, the Permanent Secretary of the Ministry of Health that the objective of the FP Plan was not to limit population growth. The objective as the Ministry saw it was to space children for better Maternal and Child Health. No effort would be made to convince mothers to have fewer children, but to space children and to keep them healthy. Thus there appears to be no basic philosophical break with the past priority relegating family planning to a low status.

Given that the significantly improved health services that will be achieved through this plan and the concomintant reduction in the death rate, and with the low priority of child spacing service in an overall health context which insures low birth rate reduction, it is quite conceivable that in these circumstances the net effect of the program would be an increased rate of population growth. This should not be construed as necessarily a temporary phenomenon. Under present circumstances it is difficult to foresee conditions for changing its low priority for family planning from the medical aspect in the near future. Thus what commenced as a program for reducing the population growth rate, in fact, could produce an increased growth rate for the planned period.

To avoid such an inpasse, it is necessary to provide the family planning health personnel with a clear picture of the economic and social implications of rapid population growth in order to inculcate a greater appreciation of the importance of family planning.

The rationals for providing family planning services transcends the mere medical aspects and it should be clearly understood by the health personnel.

Since it is the Ministry of Finance and Planning which considers the FP Program a high priority item, the family planning organization might be placed in the Ministry of Finance and Planning instead of the Ministry of Health. The Health personnel would be responsible still for the services but on a more or less contract basis with the Ministry of Finance and Planning. Were the contract not to be fulfilled, funds for family planning activities could be withheld. Thus there would be a clearer financial incentive for the health personnel to provide the services. In any case, the MOHF should maintain close scrutiny of the financial aspects of FP activity in the MOH.

Attachment "B" provides some insight into this problem within the Kenya Government.

III. ANALYSIS OF POSSIBLE USAID/K POPULATION ACTIVITIES IN LIGHT OF MP PLAN AND OTHER FP DEVELOPMENTS

A. EDUCATION PROGRAMS FOR HEALTH PERSONNEL

RECOMMENDATIONS FOR PARTICIPANT TRAINING DURING FISCAL YEAR AND TENTATIVE DIRECTION FOR COMING YEARS (5 YEAR PLAN)

REGISTERED NURSE MIDWIVES PARTICIPANT TRAINING THIS FISCAL YEAR

1. Six participants, Registered Nurse Midwives, presently being processed for FP/MCH training at Kikuyu Medical Center starting September 1972. Three months following completion of the training and posting of these trainees that physician and nurse from contracting institution make an evaluation and consultation visit to Kenya. It would be important that the physician and nurse be those who have actively participated in both the didactic and practicum of the training program. The purpose of their visit to be: (a) determination that the trainee is being utilized to full capacity of training intent (b) evaluate performance on-the-job and determine necessary training content revision for future training programs (c) provide consultation to the returned trainees. Suggest that a second visit, for the same purpose, be made six months following the first visit or at a time determined necessary as a result of the first visit.

During the training program for these six nurses advise that an additional activity be included during the training; that is, that the trainees prepare "tentative" (a) 6-8 weeks training program for enrolled midwives (b) instructional and teaching aids for the 6-8 weeks training program for enrolled midwives.

2. Plan to send one nurse for public health nursing, 4 month training, be deferred until it is determined what the purpose of this training will be, what position the nurse will be expected to fill and its direct relationship to the family planning program, and the capability of Kikuyu Medical Center or any other institution to provide this type of short term training.

3. Site visit assessment by AID/K to Kikuyu Medical Center during the time that the FP/MCH training is being conducted this fall. The purpose of the visit to be (a) relevance of training to meeting national needs (b) quality of the training with particular attention to the availability of cases for clinical practice in family planning techniques to develop needed skills.

Capability to provide knowledge and skills in teaching and supervision. (This writer would be available for this visit if requested).

4. If it is determined that Meharry does not have the capability to provide a quality program explore other institutions, such as, the Medical Center, University of Mississippi which has (1) a well established and American College of Nurse Midwifery approved educational program for training of nurse midwives with emphasis on training for rural midwifery and a strong component of family planning knowledge and skills (2) a refresher course for practicing nurse midwives (3) a basic collegiate and graduate school of nursing (4) a two month training program for family planning nurse clinicians (registered nurses) (5) a potential pool of qualified nurse midwives in the state to provide the faculty for a contract for a training program (6) OB, GYN and family planning physician expertise in teaching programs for nurse midwives and family planning nurse clinicians.

5. Provide participant training for the Registered Nurse Midwife who will be appointed to the Family Planning Program, MOH position. The type of training to be determined by the participants background in educational preparation, experience, knowledge and skill in family planning, administrative and program planning ability, curriculum development and teaching ability. The areas of needed knowledge and skill should determine the length and institution to provide the training. Date of training to be determined by the date the position is filled. A pre-requirement for support of this participant is the assured position of a physician in the FP Program MOH who will be a trainer with functions similar to that of the nurse participant. If possible, participant training for both should occur simultaneously in the same contract institution.

6. Send 4-6 registered nurse midwives for 4 month FP/MCH trainer-supervisor training in the fall of 1973. The decision to send these trainees to be dependent on (a) progress in development of a national family planning program (b) administrative solution of problems such as: classification of position, provision of transportation on-the-job (c) committed positions (d) that the position of the Family Planning Nurse Midwife in the FP Program, MOH is filled or reasonable assurance that it will be filled before the participants return.

TENTATIVE DIRECTIONS FOR COMING YEARS

1. Consider additional participant training for FP/MCH trainer supervisors under these conditions: (a) that former participants are being utilized for the purpose for which they were trained (b) that positions are assured (c) that they are only sent because this type of training capability cannot be provided. It is hoped the capability of contracting institutions [illegible]

2. Consider additional participant training for Physicians in Family Planning Programming, clinical knowledge and research.

3. Consider long term training of nurses in functional areas if the output of Kenya graduate programs is not adequate to meeting needs of the National Family Planning Program.

4. Dependent on training strategy in the final Five Year National Family Planning Program these potential inputs may be considered.

(a) during early implementation of the plan AID financial support for workshops for instructors in (1) KRN, KEN, and Enrolled Community Health Nurse programs (2) KRM and KEM programs (3) and Medical and Health Assistant programs.

(b) during early implementation consider financial support for preparation and publication of instructional materials for instructors of all of the above (a) programs.

5. Provide financial assistance in the form of stipends, equipment and supplies for the conduction of the 4-8 weeks family planning courses for enrolled m dwives including preparation and publication of educational materials and teaching aids.

6. Provide financial assistance in the form of stipends, equipment and supplies for the conduction of annual refresher courses for physicians and registered nurse midwive trainer-supervisiors. This support to include preparation of new educational materials, revision of existing materials and publication.

7. Support attendance of one Kenya registered nurse midwife in a family planning program leadership position at the International Congress of Midwives, approximately 1976.

8. Support attendance of one Kenya registered nurse midwife, who is in a leadership position in the National Family Planning Program to the International Council of Nurses meeting in 1977.

9. Support attendance of a Kenya physician in a trainer position in the Family Planning Program, MOH, to the International Congress of Obstetricians and Gynecologists.

10. Consider providing appropriate inputs into the basis education programs for nurses in order to increase nurse manpower in the future.

TRAINING REQUIREMENT AND RATIONAL FOR RECOMMENDATIONS

NURSING

1. Basic and Graduate Nurse Education Programs Information on the various basic and graduate programs was secured (see Background Information) [illegible] assessment of need for long term participant training could be made. The manpower pool for registered nurse leadership positions in the future for the functional areas of teaching and administration can be realised in-country by the rather recently established Department of Advanced Nursing at University of Nairobi. The extent to which this program can produce the quantity of nurses for the future in order to meet expansion and transition of basic education programs, service needs and an expanded National Family Planning programs needs future evaluation to determine possible needs for long term participant training (September 1972) in functional areas. The newly established Post Graduate Program for Registered Public Health Nurses at the Medical Training Center offers potential for preparation of Public Health Nurses for regional/district supervision positions. The need for future manpower for these positions, in relation to an implemented National Family Planning Program will also need evaluation in the future in order to determine long term participant training needs.

The potential for providing the needed consultation and supervision by MCH, of the six Registered FP N/M presently being processed for participant training at Meharry Medical Center after they return is doubtful. For this reason, the recommendation is made for a physician and nurse who actively participated in the training make follow up visits to provide consultation; in addition, the purpose being to assure proper utilization of their knowledge and skills. This plan will also provide the contracting institution the opportunity to evaluate and make appropriate changes in future training programs.

TRAINING OF REGISTERED FAMILY PLANNING NURSE MIDWIFE TRAINER-SUPERVISORS

The Five Year Plan anticipates a need for 90 of the above personnel, in order to adequately provide country wide trainer and supervisory services. It is anticipated that 40 will need to be trained in order to assure a total of 90. One group of six received in-country training in the spring of 1972 and all are presently posted. Pertinent problems and weaknesses of this training program occurred (see Background Information section Family Planning Nurse Midwife Trainer-Supervisor Training and enclosure Evaluation of the First Course for Family Planning Sister Supervisors - Trainers. The two key MCH Family Planning Program personnel involved in this training program are [illegible]

been assigned to coordinating PSA(WHO) plan and Five Year F.P. Plan; it can be expected that he will only have limited time to give to consultation and supervision of these six nurses who were trained. Mrs. Kanyoto has left the position and a replacement in the near future is doubtful. Out-of-country training for this key group of nurse leaders is necessary at least for this fiscal year and possibly the following year or two. The reason for this is (1) lack of a training facility in Kenya (2) lack of expert trainers to plan, conduct, evaluate, set priorities, develop supportive educational materials and provide continuity of training activities.

Participant training for the nurse who will be recruited for the position in the MOH, FP Program will be required. At present, there is no nurse in Kenya who meets requirements for the position. It is likely that appointment will need to be made from among the Registered FP N/M Trainer - Supervisor group recently trained within Kenya or from those presently being processed for participant training. Supplemental training of whoever is selected from these two groups will be needed because of the wide scope of education and experience required in order to effectively function in the assignment. Concurrent participant training for a physician in the same position with similar functions as the RN/M is essential.

Educational Materials and teaching aids in Family Planning are extremely limited for both basic educational programs and in short term training. Considerable input is required in all phases to meet the need for various phases and levels of basic education for all health workers and for the various other groups. Training materials are needed for students and for instructors.

All officials concerned with curriculum development and revision have been informed by MOH to incorporate family planning content and practicum into basic education programs of all health worker programs (professional and sub-professional). What will be needed, and does not appear in the Training Section of the Five Year Plan is provision for workshops for instructors of these programs.

Effective incorporation of family planning in Teaching programs cannot occur without preparation of the faculty.

PHYSICIAN, MEDICAL ASSISTANT AND HEALTH ASSISTANT

This team member, in the absence of Dr. Rodney Powell, could only take a very superficial look at the training situation of personnel other than nursing. The information secured was only in terms of its relationship to training of nurse personnel for family planning services.

The extent to which visible family planning content is included in the educational programs of medical and medical assistant programs appears to be taken; for health assistants there is a question if there is any (except possibly in the pediatric health assistant program). To the best that this writer could determine practical experience is very limited. Plans are underway to include family planning in the programs for medical and medical assistant students to accomplish preparation of practitioner in family planning services. This would seem imperative for future preparation of physicians to provide quality clinical services and to provide the needed consultation to the enrolled and registered nurse midwives who will be the prime providers of clinical services in family planning clinics. The inclusion of family planning in the training of medical assistants is imperative because in the absence of physicians, they are team leaders in health centers and determine the type, extent and priorities in the services being given. Without their knowledge in and support of family planning, the interest, knowledge and skills which enrolled nurse midwives will secure during the soon to be implemented eight week training programs will be lost. Secondly, consideration needs to be given to the provision of short-term training programs for physicians outside of the country in participant training programs such as the one to be started at Johns Hopkins University. It would seem advisable to utilize these physicians for conducting in-country training programs for physicians. In addition, to utilize them in planning content for the medical assistant training program and for conducting in-country in-service programs for medical assistants. Another way in which their talents could be utilized is in the training programs for Registered Nurse Midwife Trainers Supervisors.

SUMMARY: The program for preparation of Family Planning Nurse Midwife Trainer-Supervisors is launched; the second phase of training Enrolled Nurse Midwives will be implemented in a few months. Unless concurrent programs to prepare a core of knowledgeable physicians in family planning programming and expert clinical capabilities who can become trainers of physicians and medical assistants and also have input into the training and supervision of Family Planning Nurse Midwife Trainers-Supervisors the potential for success in nurse training programs is questionable.

TECHNICAL ASSISTANCE
(Medical-Paramedical)

Technical assistance in the medical and paramedical aspects of family planning, including provision of medical and paramedical advisers, should be given full consideration. Owing to Kenya's scarcity of experienced programmers in the medical field, especially in family planning, this assistance is urgently needed. It is believed that the leadership in the Ministry of Health also holds this view.

Preliminary discussions and exploration are underway regarding a possible GOK request for a team of medical and paramedical advisers to be provided to the MOH for an extended period. In view of the scheduled immediate departure of Dr. James Russell, MOH administrative adviser from the Population Council, the Ministry's need has special importance at this time.

Associated with the duties of this adviser should be his assistance in the selection of personnel for foreign training, directed specifically to strengthening and broadening the leadership cadre of the MOH. Appointment of such a programmer/adviser should be accompanied by the GOK appointing one or more counterparts to work with him.

B. TRAINING ASSISTANCE NEEDED FOR IEC-MOTIVATIONAL ACTIVITIES

INFORMATION AND EDUCATION UNIT

Information and Education Officer: The planning-coordination-guidance-training role of this Officer is a major key to implementation of the intended IEC-motivation work for family planning. Ideally, this person should be a highly competent specialist well-grounded in management and planning or broad-scope IEC activities in the family planning field, including balanced use of various channels, media, and techniques. The best qualified person that can be found for this post will require specific training for his new duties. This training will necessarily require several months. Therefore, the appointee should be recruited as immediately as possible, to permit his training before the beginning of Unit operations.
Deputy or Assistant IEC Officer: If this deputy or assistant is appointed, he also should receive training as quickly as possible, possibly at the same time and place as the principal IEC Officer.

The only training program now in being for IEC-motivation planners and leaders in family planning is provided by the East-West Communication Institute, University of Hawaii. It is a 3-month program, conducted twice yearly for about 15 trainees per session. The next training session begins in February 1973. If one or both IEC leaders are to be able to enter the February session, very quick action will be necessary. The second 1973 session at the Institute will start in mid-August 1973.

Training Officer(1) and Assistant Training Officer (1)

The work of both these Officers in the Information and Education Unit will be a first priority activity in the initiation and improvement of interpersonal motivational activities in the field, including dissemination and use of IEC materials. Unless already well-trained and experienced in formulating training courses and conducting training [illegible] or training for the intended work, tentatively, such training could be provided by several U.S. universities.

Training and orientation of these Officers, together with development of training plans and materials, should be completed before the IE&C organization begins its activities.

Provincial and District Field Educators

Training of these Field Educators in the Information and Education Unit can be provided mostly in Kenya, under direction of the Unit's Training Officer and Assistant Training Officer.

Technical Advisers (Information-Education Unit)

The Ministry of Health has expressed (informally) the desire for the full-time services of two technical advisers for this Unit, these to be supplied through foreign assistance. The two desired are: (1) a Communication-Motivation Specialist of broad competence and experience in family planning communication-motivation work in developing countries, and (2) a well-qualified Health Education Specialist with similar program experience. These advisers would be in addition to the two that A.I.D. is presently supplying to the Health Education Division--and whose appointments will need to be extended. The Communication-Motivation Specialist will be especially difficult to recruit, since their number is presently very small.

HEALTH EDUCATION DIVISION

Health Educators

The planned training of 100 new Health Educator Officers will present a preparatory need for skilled trainers training curriculum formation, and training materials. The A.I.D. Health Educator Adviser will begin training 20 of these in November 1972. His services will be essential for the planned training especially owing to the necessity for creation of an adequate body of trainers. It is probable that several such trainers are needed for initiation and continuation of the projected training in Kenya. Selective foreign training-of-trainers also should be necessary. This training would embrace the general health field, but include emphasis upon family planning education. (See pg. 3 re participant training.)

IEC Materials Production (A-V Production Unit)

The expanded production staff and facility planned for this Unit will require training in such matters as press operation, photolith plate making, photography, stripping, film and slide making, distribution and distribution analysis, pretesting and evaluation of materials, exhibits, production, radio-TV script writing and related skills, and courses in writing skills, as ability.

The Division's preliminary plan does not now provide staffing for writing-editorial positions, nor for such activities as pretesting of materials, distribution, distribution analysis, and materials evaluation.

The Division may decide to rely upon local contract services for the needed writing-editorial work. Perhaps this might be done also for materials pretesting and evaluation, but the experience of other programs with this approach has not been happy.

Training in the above skills, it is believed, can be provided by Kenyan training institutions and on-the-job practice. The Audio-Visual Specialist which the GOK wishes A.I.D. to continue to provide to the Unit will have an essential role in training for the production staff and also in health education training.

The need for such Specialist services, in these and the related IEC-motivational activities, is likely to be of extensive duration.

If one or more staff members of the Unit are assigned the tasks of distribution, distribution analysis, and continuing materials evaluation, several months of foreign training would be needed for them.

Manager, A-V Production

Training for overall management of the A-V Production Unit is a basic need. Training of this type is not available in Kenya.

Technical Advisers (H.E. Division)

The Health Education Division wishes to retain the two technical advisers now being provided by A.I.D.--the advisers in health education and in audio-visual production matters. The expanded family planning activities of the Division would greatly increase the value of their present services to the FP Program. Both advisers would contribute significantly to the enlarged program in training and field action.

Recommendations--Training & Advisory Assistance

The review team believes all the needs discussed above for training and technical advisory assistance in family planning IEC-motivation are appropriate for consideration by the Agency for International Development, if all or parts of the above are requested by the Government of Kenya within the framework of usual assistance standards. However, this is the view of the individuals composing the team and does not constitute or imply a commitment by the Agency.

OTHER ASSISTANCE POSSIBILITIES IN FAMILY PLANNING IEC-MOTIVATIONAL FIELD

Provision of vehicles for headquarters and field work of the Information and Education Unit and the Health Education Division, perhaps with cooperation of other donors. These include audio-visual vehicles, administrative-educational vehicles, and scooters. Their provision should be phased over the 5-year period, but with assistance decisions and action being initiated well in advance of each year's program operation, so as to allow adequate lead-time for vehicle procurement and delivery. Any assistance in this sphere should be conditioned on clear requirements regarding vehicle maintenance and the meeting of recurring costs.

The planned additions of printing equipment, recording facilities audio-visual production equipment, and visual displays-training facilities for the Audio-Visual Production Unit of the Health Education--to be needed for installation in the planned new building of the H.E. Division - may easily exceed the GOK's presently requested grant from the Swedish International Development Authority, assuming that the grant will be made. Participative assistance by A.I.D. may be requested early or late in the Plan period.

Additional Comments

1. IEC-motivational work for the FP Program should be carried out on a wide scale, including suitable use of mass media, group and community channels, and field education work. Careful, skillful, and sensitive utilization of each of such channels will be necessary to achieve suitability and effectiveness. Continual pre-testing of materials and messages, together with continuing central analysis of audience reactions is strongly recommended.

a. Promotional messages for mass audiesnces spread over very large areas should not be directed at stimulating local demands for clinic services, but at informing and interesting the public in the very real implications of too-rapid population growth and regarding the health benefits and other personal-family advantages of reduced birth rates. Clinics are too scarce and too-often overburdened to permit of indiscriminate promotion for the clinic-services. At the same time, there is urgent need for awakening and maintaining public concern with the population problem, as seedbed for future program development. Many organizations and agencies, including the school system, can contribute valuably to this generalized educational task.

b. IEC-motivational work directed at promoting family planning attendance at health clinics should be carried out locally by Field Educators, Health Educators, and [illegible]

only in areas where clinic facilities, staff, and supplies are available for rendering a reasonable degree of family planning services. It is hoped this will be the practice, with Field Educators and related workers serving as members of teams centered upon particular clinics, along with other team members including medical personnel, nurses, etc.

2. In light of the present and probable future shortage of clinical medical services for family planning in rural areas, the FP Program should give all feasible emphasis to the use of non-clinical contraceptives. Though broad encouragement should be given for use of the available non-clinical methods, such as condoms and foams, this is especially advisable in those areas where family planning clinic services are weak or not available. The Field in such areas, and the Health Educators and field personnel of other Ministries, could possibly assist in distribution of non-clinical supplies if desired, as well as helping in motivational work.

3. Preparation and production of the training materials for initiation of the volume and types of training envisioned by the 5-year plan will constitute a sizable and time-consuming task, including the time and talents involved in determining their content and scheduling. Assuming that the 5-year plan may go into operation within the next 12 months or so, the planning and production phases for these materials should be initiated as immediately as possible, well in advance of actual training work. The required writing-editorial and related services, other than printing, might well be obtained through contracts with Kenya sources. Medical and other technical staffs would, of course, be required to determine the content of such materials and collaborate with the writer-editors in the preparation task.

4. The headquarters staffing of the Information and Education unit or organization, as indicated in the present draft plan, is likely to be inadequate from the start, especially on the administrative-clerical side. Also, it is highly probable that the Officer heading this unit will need from the beginning a deputy or assistant Officer, to assure efficient operations.

5. Active encouragement of program interest and cooperation by radio stations (Voice of Kenya--Ministry of Information and Broadcasting) and newspapers, including the program's provision of necessary writing-cum-photo services, will be especially useful. More than 800,000 radio receiving sets are in use in the country, with broadcasting coverage being excellent in most areas. Attachment "G" is a list of newspapers published in the country, including circulation information.

C. USAID/K STAFFING

In the past Kenya population activity has been of a relatively small scale nature and has required only cursory surveillance by USAID/K staff. However, now that the GOK has embarked on a five year FP program of major proportions involving various ministries private organizations and donors, much greater demands upon the USAID/K staff will be required.

The Team strongly recommends that a population officer be assigned to USAID/K to devote his full time attention to population matters both within the Mission and in the country as a whole, since it is likely that there will be a significant USAID input in the FP Program. Without such close scrutiny over direct USAID population activity, whether this be through direct assistance or contractual arrangements, there is danger of mismanagement of the program. Along with USAID/K in house population activity, the population officer must be able to devote a significant portion of his time in the coordination effort with the Kenya Government and the various donors.

Because of the nature of this particular FP program, i.e., integration of FP services with overall health service, it is important that USAID/K be very cognizant of how effectively this approach delivers FP services. From past experience in Kenya it is conceivable that FP might be relegated a low priority even in this expanded health service context. An early recognition of such a situation would lead to quicker remedial action by all concerned.

IV. RECOMMENDED COURSE OF ACTION FOR USAID/KENYA

Considering that there is likely to be a few months time prior to the completion of a revised Plan and appraisal by IBRD, the following are some suggestion for USAID/K during this iterim:

(1) Maintain contact with Kenyan officials regarding the status of the plan and keep AID/W informed of progress.

(2) Keep abreast with other potential donors with respect to their thinking about inputs to the plan.

(3) Keep abreast of MOH progress in its attempts to solve identified problems in the training and communications area (See Sections III A and B).

(4) Following team discussions with GOK officials, the GOK may be [illegible] prior to final submission of its plan. [illegible] should be given full consideration as indicated in Sections III and B.

(5) [illegible] other donors, USAID should review plan and forward to PHA/POP/AFR.

(6) PHA/POP/AFR will review plan and will coordinate review with IBRD Washington. IBRD has agreed to work closely with PHA/POP on this review. After completion of IBRD review, PHA/POP/AFR will consult with USAID/Kenya about timing and appropriate next steps in assisting GOK.

(7) As missions and PHA/POP/AFR feel it is necessary, a small team consisting of Health Educator, and communications media specialist and possibly programming specialist would make short TDY trip to Kenya to assist USAID/Kenya program office to prepare PROP for assistance to GOK five year FP plan.

V. CONCLUDING COMMENTS

Due to the draft nature of the 5-year Family Planning Plan and lack of agreement on the various revisions in the plan, the survey team was unable to make conclusive recommendations about the plan or the future of the FP Program in Kenya. The team felt that the Ministry of Finance and Planning and Ministry of Health are now seriously reviewing and rethinking their positions regarding the FP Program. The previous lack of Kenyan involvement in the FP Program is no longer true and the team feels that the final version of the plan will represent an accurate GOK position on FP.

During this period of revision, it is best to allow the GOK to thrash out their differences with as little direct outside interference.

As soon as the final plan is presented, the mission and PHA/POP/AFR will review the plan and will keep close contact with the IBRD to assure that our general thinking on the overall plan is in agreement and that PHA/POP/AFR will not have to duplicate the review by IBRD.

The survey team was pleased with the cooperation and assistance of the Ministry of Health, Ministry of Finance and Planning, USAID/kenya and all of the other organizations and persons contacted. The GOK is grappling with a very difficult and sensitive problem. The Team is confident that the results of the GOK effort will greatly contribute to the development efforts of Kenya.