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TRIP REPORT

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BASICS

**FEMALE GENITAL MUTILATION IN KENYA:
MOBILIZING THE HEALTH
PROFESSIONALS TOWARD ITS ELIMINATION
FROM NYAMIRA DISTRICT**

Nairobi, August 12-31, 1995

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ACRONYMS

AAWORD	African Association of Women on Research and Development
AMREF	African Medical Research Foundation
BASICS	Basic Support for Institutionalizing Child Survival
CEDPA	Center for Educational Development and Population Activities
CSA	Center for the Study of Adolescence
DMO	District Medical Officer
FGM	Female Genital Mutilation
FIDA	International Federation of Women Lawyers (in English)
FPAK	Family Planning Association of Kenya
FP	Family Planning
IAC	Inter-Africa Committee
IEC	Information, Education, Communication
IPPF	International Planned Parenthood Federation
KAPAH	Kenyan Association for the Promotion of Adolescent Health
KMA	Kenya Medical Association
KMWA	Kenya Medical Women's Association
MOH	Ministry of Health
MYWO	Mandeleo Ya Wanawake Organization
NA	Northern Aid
NCHPAW	Network to Combat Harmful Practices Affecting Women
NGO	Non-Governmental Organization
PATH	Program for Appropriate Technology in Health
PHS	Population and Health Services
SDA-RHS	Seventh Day Adventist-Rural Health Services
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

At the invitation of BASICS and the USAID Mission in Kenya, Dr. Asha Mohamud, Senior Program Officer for the Program for Appropriate Technology in Health (PATH) visited Kenya from August 12-31, 1995.

The scope of work for Dr. Mohamud's visit was as follows:

- 1) Assess the capability of and the FGM eradication efforts of national and international agencies in Kenya;
- 2) Select a partner organization(s) for the subcontract;
- 3) Visit project sites;
- 4) Plan qualitative research design and instruments;
- 5) Revise the project work plan;
- 6) Draft the subcontract with partner agency;
- 7) Write a trip report and submit a draft to the USAID Mission in Kenya;
- 8) Organize debriefing meeting in Washington, D.C. for BASICS, PATH, and USAID/Washington; and,
- 9) Follow-up as needed.

Items No. 1, 2, 3, 5, 6 and 8 were achieved. Item No. 4 was delayed in order to involve the subcontractor(s) in conceptualizing and designing the research instruments which will help in facilitating their ownership of the project from its initiation. Completion of the trip report was slightly hampered by computer related problems and a power outage at the Serena Hotel. A finalized report will be submitted to BASICS and USAID/Nairobi by the end of September 1995. A summary of activities follows:

- 1) An assessment of FGM eradication efforts was carried out through interviews and by sending out a questionnaire to approximately 47 national and international agencies based in Nairobi, Kenya. Profiles of organizations with potential for either implementing activities or collaborating with BASICS were developed (see Appendix A). PATH is still collecting questionnaires to complete the organizational profiles. A complete listing of NGOs either involved and/or interested in getting involved in FGM eradication efforts will be compiled and submitted separately to BASICS and USAID.
- 2) The Seventh Day Adventist-Rural Health Services was selected as the partner agency for the subcontract.
- 3) PATH staff visited Kisii and Nyamira Districts and identified Nyamira and Ekerenyo Divisions of Nyamira District as the project sites in collaboration with SDA.
- 4) Development of qualitative research instruments has been delayed until the subcontract is signed and an appropriate advisory committee and local coordinators are identified.

Inclusion of the subcontractor in the conceptualization and development of instruments will help facilitate their ownership of the project.

- 5) The BASICS/PATH project work plan was revised.
- 6) The scope of work and a proposal for the subcontract with SDA-RHS was drafted.
- 7) A debriefing meeting with PATH/Nairobi and USAID's Nairobi Mission staff was held.
- 8) A follow-up plan was developed.
- 9) A debriefing meeting with PATH/Washington, BASICS, and USAID/Washington is scheduled for October 4, 1995.

INTRODUCTION

Dr. Asha Mohamud, Senior Program Officer at the Program for Appropriate Technology in Health visited Kenya August 12-31, 1995. The objectives of her trip were to: assess the female genital mutilation (FGM) related activities currently taking place in Kenya; select a partner organization(s) for the BASICS/PATH FGM Project; identify project site(s); develop a subcontract with Kenyan NGO partner(s); and develop the qualitative research instruments.

ASSESSMENT OF ORGANIZATIONS

In order to assess national and international organizations' efforts to eradicate FGM, Dr. Mohamud and Lorna Ng'ang'a developed an assessment questionnaire and sent it to approximately 47 non-governmental and governmental agencies in Nairobi (see Appendix A for the list of agencies contacted and Appendix B for the questionnaire). One third of the questionnaires were returned to PATH. Some of the agencies called to say that since they do not have any specific programs on FGM, they would not be able to fill out the questionnaire meaningfully. Others sent letters saying that they do not have any programs to report on at the moment. PATH's Nairobi office is still following up on those agencies who did not respond.

Dr. Mohamud also visited and interviewed 15 representatives of some of the above named agencies. Highlights of the visits include:

- 1) Only three organizations, Mandeleo Ya Wanawake Organization, its partner, the Program for Appropriate Technology in Health, and the Family Planning Association of Kenya have implemented FGM eradication programs in Kenya. These agencies produced training curricula and information, education, and communication materials including posters, pamphlets, and a video.

- 2) Pathfinder International coordinates the activities of the Network to Combat Harmful Practices Affecting Women. NCHPAW is a coalition of individuals and organizations who coordinate FGM activities in Kenya and advocate increased funding and programming for the issue. Pathfinder International is planning to implement research projects with three member organizations of NCHPAW. The research projects include:
 - a) A study on the historical and legal background of FGM in Kenya, in partnership with the International Federation of Women Lawyers;
 - b) A survey of organizations (which will be similar to the one carried out by PATH) in partnership with the African Association of Women on Research and Development; and,
 - c) A prevalence survey of IFGM in Kenya that will be conducted in 13 districts in Kenya with Mandeleo Ya Wanawake Organization.

An informal discussion took place between Pathfinder International, USAID, and the Center for Educational Development and Population Activities. At this meeting it was recommended that Pathfinder's FGM programs, including NCHPAW, be transferred to CEDPA. Neither Pathfinder nor CEDPA are sure what their future FGM activities will be.

- 3) The Kenyan Association for the Promotion of Adolescent Health, a network of 25 youth-serving organizations, and the Kenya Medical Women's Association have included FGM issues in their national and international advocacy activities. Activities include the Cairo and Beijing Programs conferences, fact sheets, and workshops for policy makers.

Both agencies have received small grants from PATH to support their advocacy activities. The Center for the Study of Adolescence is the Secretariat for KAPAH and is currently working on a proposal to address FGM issues more aggressively through its advocacy activities.

- 4) The African Medical Research Foundation is very interested in FGM issues and has recently included a message about FGM on an awareness raising calendar. AMREF would like to increase its FGM activities, but like all the other agencies, it is constrained by lack of funds.
- 5) Population and Health Services has an awareness raising project in the pipeline.
- 6) The Inter-Africa Committee on Harmful Traditional Practices is the local chapter of the regional IAC, a five organization network chaired by a member of the KMWA. This group is currently not registered and has not been able to implement any FGM

eradication activities. However, it has received some IEC materials from the regional IAC.

- 7) The Seventh Day Adventist-Rural Health Services (SDA-RHS) discourages FGM within SDA churches, but their activities are rather sporadic.
- 8) Northern Aid organized a workshop on FGM and AIDS for professionals from the northeastern communities last year and is looking for funds to carry out more activities.
- 9) The Kenya Medical Association plans to be proactive on advocating FGM eradication within the health care system, but has thus far been unable to raise funds for FGM activities.

Donor agencies, including USAID, Ford Foundation, Australian AID, Doctors Without Borders, and the International Planned Parenthood Federation/London Office (through its regional office), have supported FGM programs in Kenya.

There is an overwhelming interest from all the organizational representatives interviewed to be more involved in FGM eradication efforts. Lack of financial resources was the primary constraint mentioned as hampering what they could do in the future. Organizational profiles of the organizations visited and surveyed will be provided with the final report.

SELECTING A PARTNER ORGANIZATION

After examining the capabilities, commitment, local facilities in Nyamira Division, the possibility of reaching larger audiences at a later date, and sustainability issues, PATH staff selected the SDA-RHS to carry out a focused community based project in Nyamira District.

The reasons for selecting SDA-RHS include:

- 1) Interest and commitment from SDA;
- 2) Possibility of reviving the activities of the SDA church which discouraged FGM in the Nyamira and Kisii Districts in the past;
- 3) Availability of SDA infrastructures such as schools, churches, and health centers in Nyamira;
- 4) Possibility of sustaining the program after funds are withdrawn through SDA churches, rural health services, and school systems; and,

- 5) The need to involve new groups so that a critical mass of NGOs experienced in FGM program implementation are present in Kenya.

TRIP TO KISII

During the July meeting between USAID/Washington, USAID/Nairobi, and PATH/Nairobi, it was decided that the project would work on two sites in Kisii where MYWO's baseline survey was conducted. Because MYWO is working in Kisii District, PATH consulted with MYWO's Chairwoman, Ms. Wilkista Onsando, to recommend a project site other than where MYWO is working. Ms. Onsando recommended Bonchari District and Nyansiongo Districts. With that information, Dr. Mohamud and Ms. Lorna Ng'ang'aa (from PATH's Nairobi office) traveled to Kisii to assess the feasibility of working in these district.

Even though the two sites were part of the old Kisii District and are referred to as Kisii, they currently belong to two districts, Kisii proper (Bonchaari) and Nyamira District (Nyansiongo). Understanding that it would be administratively difficult for the project to operate in two districts, PATH staff visited both sites.

In Kisii, PATH staff visited the Kisii District Ministry of Health and discussed the project's objectives and activities and possible roles for the MOH if Bonchari were selected. The District Medical Officer and other health staff were very supportive of the project. In fact, they are currently working with the MYWO project which is active in three divisions of Kisii. MYWO was planning a district leaders workshop which will include MOH staff.

In Bonchari, PATH staff visited two clinics and interviewed their staff about FGM issues. The consensus from all the health personnel was that FGM is being carried out in all Kisii and that the health professionals play a major role in its performance. The MOH has raised awareness in the community about the possibility of tetanus infections and HIV/AIDS transmission when using traditional circumcisers. Consequently, there is an increased trend of parents seeking health professionals for their children's circumcisions. Children are brought to government facilities the day before the ceremony to receive tetanus toxoid shots. One dispensary estimated that of the 50 tetanus toxoid shots given during the first 20 days of August, 15 were for girls. Circumcisions are mostly done during the months of August and December which coincide with school holidays and harvest time.

According to most informants, the circumcisions take place at the initiates' home (privately), or at mission hospitals and clinics. Health personnel were aware of a vague prohibition against performing FGM in government hospitals but felt that doing it at home was not against the law. Many felt that the amount of cutting was kept to a minimum and that the major immediate complications they used to see in the past, no longer occur.

After visiting Bonchari, PATH staff met with Ms. Jeria, the MYWO Project Coordinator in Kisii, to inform her about the project, discuss MYWO's FGM activities and lessons learned, and to solicit her support for future collaborations. Jeria was very supportive of the project and promised technical assistance during workshops and seminars.

PATH staff then proceeded to Nyamira District and visited Nyansiongo and Nyamira Divisions. Two health centers (one governmental and one SDA-operated) and the District MOH were visited.

The issues raised by the health personnel were exactly the same as those raised in Bonchari Division in Kisii. The District Medical Officer, who had been posted in Nyamira for a year, was of the opinion that FGM will die a natural death in the Nyamira Division. This was in contrast to the opinions of other health personnel, including a hospital matron who has not circumcised her daughters. They felt that an earlier campaign by the SDA church was bearing fruit and had stopped many from circumcising their daughters. But, since SDA's educational activities had waned down over the past several years, some of the practitioners who had stopped performing FGM took back their blades.

The health professionals said that despite the talk about milder forms of FGM, they were not sure what was actually being cut. They think that intensive community education is necessary in Nyamira District. Most of the health professionals, including the public health officer from Burabu Division and the SDA health staff, were enthusiastic about the project and wanted to be involved in its implementation.

After visiting Kisii and Nyamira Districts, and consulting with the local partner, SDA-RHS, PATH staff decided on Nyamira and Ekerenyo Divisions of Nyamira District as opposed to Nyansiongo and Bonchari Divisions. This decision was based on the following reasons:

- 1) Since communication is a major issue for Kisii as well Nyamira Division--especially during the rainy seasons -- it would be impossible for the project coordinator(s) to operate in two districts.
- 2) It would be easier to mobilize and develop good rapport with leaders (health and others) from one district instead of two.
- 3) Since MYWO is planning activities in Kisii, it would be difficult to differentiate the effects of their activities from BASICS' efforts. Working in another district has the potential of fostering collaboration while avoiding territorial issues.
- 4) Nyansiongo is an old settlers' community which is sparsely populated, inaccessible during the rainy seasons, and has a higher educational and socio-economic status than the rest of Nyamira. Nyansiongo communities have had a history of very low turn out to previous campaigns by AMREF and other health organizations.

- 5) Nyamira and Ekerenyo Divisions, on the other hand, are highly populated and have relatively less educated people.
- 6) It would be interesting to revive and involve the old religious figures who discouraged FGM by training them with better communication and outreach methods as well as the health effects of FGM.
- 7) The Nyamira District Medical Officer strongly supports FGM eradication efforts. After the visit from PATH staff, the DMO briefed the District Development Committee about the project's objectives. A week later, the issue of FGM in Nyamira was addressed in a seminar organized by the Ministry of Culture.

SUBCONTRACT

After the decision to work with SDA-RHS was made, PATH staff met with its Director and the proposed Project Coordinator to discuss project objectives, their suitability for its implementation, coordination issues, collaborations with other agencies, and develop a scope of work (see Appendix C for the meeting agenda and Appendix D for the scope of work).

After the meeting, SDA drafted a project proposal based on the scope of work, and a project budget based on a budget ceiling they were given by PATH (US\$50,000.00 for one and a half years). SDA's draft proposal is attached (see Appendix E).

QUALITATIVE RESEARCH INSTRUMENTS

PATH staff refrained from drafting the research instruments themselves for the following reasons: a) lack of time because a significant amount of time was spent visiting various agencies and the field; b) SDA staff had scheduling conflicts; c) key project committees and/or resource people were not identified and/or available; and, d) the subcontract was being drafted.

PATH has learned from previous experience that the involvement of key project staff is necessary in order to lay a good foundation (i.e. ownership) for the project implementation. Therefore, the qualitative research instruments will be drafted during the month of October after the subcontract has been approved and/or signed. The signing of the subcontract will also allow SDA to pay for the per diem of the selected resource people whose involvement in the project will be not only technical, but will also help in the solicitation of support.

REVISED BASICS/PATH PROJECT PLAN

On August 16, PATH staff met with Ms. Judith McCord of USAID and Carolyn Kruger of BASICS to discuss the project plan and other project assessment activities. The BASICS/PATH project plan has been revised to reflect decisions made during this meeting and a previous USAID/PATH meeting in Nairobi. The revised plan is seen as work in progress and will be updated as more planned activities are solidified and decisions are made (see Appendix F). A project time line and an evaluation plan will be developed as soon as the SDA proposal is finalized.

PATH'S LOCAL TRAVEL BUDGET

PATH's subcontract with BASICS provides for technical staff salaries, while international travel and local travel in Kenya are built into the BASICS budget. After project plans became more concrete, PATH developed a tentative local travel budget which is coordinated with SDA project activities (see Appendix G). Because PATH has only one vehicle and can not be without a vehicle during field activities, PATH will hire a small car for the office and will use its four wheel drive vehicle during field transportation to Nyamira.

FOLLOW-UP ISSUES

During the months of September and October, PATH staff will carry out the following activities:

Nairobi

- 1) Work with SDA to finalize project proposal and budget;
- 2) Work with SDA to develop a coordinated workplan with time lines;
- 3) Organize a half-day meeting with SDA, project committee/resource people, and appropriate NCHPAW members to conceptualize and draft research instruments for health professionals and community members in Nyamira District;
- 4) Work with PATH/Washington to finalize research instruments;
- 5) Follow-up, analyze, and prepare a report on the findings from the organizational survey questionnaires;
- 6) Plan field testing of instruments and training of interviewers with SDA staff and Project Coordinators in Nyamira; and,

- 7) Plan and schedule data collection.

Washington

- 1) Finalize the trip report;
- 2) Organize a debriefing meeting for BASICS, USAID and PATH;
- 3) Work with PATH/Nairobi staff to finalize subcontract proposals;
- 4) Work with BASICS to draft subcontract and forward it to Nairobi for signatures and concurrence by USAID (all contracts to be signed no later than October 15, 1995);
- 5) Work with PATH/Nairobi to finalize research instruments; and,
- 6) Work with PATH/Nairobi in planning data collection.

CONSTRAINTS

Several constraints slightly delayed assessment activities during this field trip. These included: lack of availability of key contacts due to the then upcoming Beijing Conference; scheduling conflict with SDA staff (once they were selected as the collaborator); and, power blackouts at the Serena Hotel.

APPENDICES

APPENDIX A

Organizational Profiles

SEVENTH DAY ADVENTIST RURAL HEALTH SERVICES (SDA-RHS)

Description: SDA-RHS is the rural health services program of the Seventh Day Adventist Church of Kenya.

Services provided: SDA operates clinics in many rural districts and provides primary health care and reproductive health services including family planning services to low income and rural communities. After encountering high rates of STI infections and pregnancies among adolescents in their catchment areas, SDA used the available statistics and successfully convinced church leader to allow them to provide family life education and condoms to sexually active youth. SDA carries out community outreach activities through workshops, CBD agents, volunteers, and through mission schools and churches. During the past five years, SDA moved its programs from 80 percent donor dependency to 80 percent self-sustaining through drug sales and fee-for-services. SDA also carries out women's income generation and empowerment programs.

FGM related activities: SDA discourages FGM in Kisii, but does not have any systematic FGM eradication activities.

Potential for BASICS/PATH project: Because FGM may increase the risk of HIV infections among initiates due to group circumcisions and the use of single, unsterilized instruments, and because FGM has significant reproductive health complications which are being addressed in its clinics, SDA sees the issue fitting into its mission. Since SDA strives towards sustainability, it plans to integrate FGM education activities into its on-going community education activities. SDA will also disseminate FGM education through its churches in Nyamira Division which has many followers.

INTER-AFRICAN COMMITTEE ON HARMFUL TRADITIONAL PRACTICES (IAC)

Description: The Kenyan Chapter of IAC consists of representatives from five agencies including the KMWA, FIDA, the Red Cross, MYWO, and the FPAK. The Committee is usually chaired by a KMWA member.

Services provided: The IAC has been formed solely to address harmful traditional practices, and as such, is not involved in other activities/services.

FGM related activities: The IAC believes that elimination of FGM will be brought about through grassroots interventions. The Kenyan IAC received educational materials from the regional IAC and has written proposals but has not been able to raise funds for local activities. Another proposal is currently pending with the Geneva regional IAC office.

Potential for BASICS/PATH project: IAC Chairwoman, Christine Mwangi, who is also a member of the KMWA and NCPAW, believes that if the IAC is registered as a NGO and changes from organizational to individual membership, it will draw large numbers and become an effective advocacy body. IAC members can serve as a resource for BASICS.

Constraints: IAC applied for its NGO status but has not yet managed to be registered. It has no offices or secretariat and its membership fell from 20 organizational members to five currently active members. It has traditionally been plagued with member bickering and undermining of each member organization when it takes a leadership role. If IAC is registered, it may be necessary to differentiate its role from that of NCHPAW.

KENYA MEDICAL WOMEN'S ASSOCIATION (KMWA)

Description: KMWA is an association of approximately 100 women doctors and dentists which was formed in 1983. Its mission is to improve the health status of women. The association set up its office and secretariat, which is comprised of 8 people, in 1992.

Services provided: KMWA began by providing voluntary clinical ad hoc services in underserved areas of the country. They later established a well-women clinic in Nairobi. KMWA members provide family planning services, STD/HIV testing, treatment, counselling, and screening for cervical cancer.

FGM related activities: KMWA has not focused on FGM as a priority issue. However, KMWA members address it through advocacy for women's health issues. Examples of its FGM related activities include a member carrying out a knowledge, attitude and practice survey in Meru District in 1992-1993 and including the FGM issues in the women's health section of the country report for Beijing. KMWA is a member of various advocacy bodies including NCHPAW, IAC and the KAPAH. KMWA's FGM related activities are limited to these networks. As a KAPAH member, KMWA recently received a small grant from PATH aimed at sensitizing its members to adolescent reproduction health needs and will include FGM elimination as a topic to be addressed.

Potential for BASICS/PATH project: KMWA members are in a strong position to assist in the design of the research instruments, data collection and analysis, and can also assist in sensitizing health professionals at the local level. KMWA would like to increase its advocacy activities. As members of the Kenya Medical Association, KMWA can assist in the development of a policy for health professionals.

Constraints: Due to financial constraints, KMWA's secretariat is limited in its operations. Members are also constrained by time since they are mostly involved in the provision of clinical services.

KENYA MEDICAL ASSOCIATION (KMA)

Description: KMA (formerly the British Medical Association) is a voluntary professional association registered under chapter 486 of the Companies' Act. KMA is not a religious, tribal or political organization. KMA's membership fluctuates from year to year and has a current active membership of 1200 doctors who are involved in research and/or providing public or private health services. While all medical doctors and dentists (4,000) are technically members of KMA, only those who pay the membership dues receive KMA newsletters and participate in its annual conventions. KMA's membership has a 5:1 male/female ratio.

KMA has a National Executive Committee (NEC) which meets every three months, and many other issue committees including one for family planning and ethical committees. The NEC develops policies and keeps the membership informed of new technologies and emerging health issues. Technical committees carry out day-to-day program activities.

Services provided: In addition to their public and private sector clinical services, research, and keeping the membership updated, KMA currently runs a national family planning program aimed at updating and raising the awareness of private practitioners on family planning services issues. KMA provides free contraceptives to private practitioners in both urban and rural communities, and in turn, practitioners give contraceptives to their clients while charging them only for the price of service.

In order to maximize the reach and effectiveness of this program, KMA established committees comprised of medical doctors, nurses, and clinical officers to run this program on the national and local levels.

In keeping with recommendations of the 1994 International Conference on Population and Development, KMA is restructuring its committees to reflect the new reproductive health focus. Thus, the family planning committees will become family planning/reproductive committees. The FP/RH program is funded by USAID through Pathfinder International and is currently faced with deep funding cuts.

FGM related activities: Apart from treating patients suffering from FGM complications in their practices, KMA members have never focused on FGM as an issue. At times, KMA saw FGM as an issue that had political and cultural connotations and did not want to be drawn into politics.

Potential for BASICS/PATH project: KMA now wants to broaden its scope, especially in areas that encompass reproductive health. Since it is currently restructuring and refocusing its family planning program towards reproductive health, integrating FGM eradication efforts into its program is in keeping with its new mandate. KMA also believes that it needs to be more actively involved in bringing about and implementing a policy supported by the various cadres of health professionals.

KMA believes that since KMWA members are also members of KMA, it has the infrastructure in place to reach nurse practitioners and clinical officers through its family planning program. And, since it can reach the rest of the health professionals through the MOH, KMA has the manpower, the know how, and the credibility to develop an FGM policy and to institutionalize FGM eradication efforts into the health system.

KMA also believes that since FGM is a cultural issue driven by male dominance, male involvement at the highest level is necessary to avoid dismissal as “one of those women’s issues.”

Constraints: During last year’s KMA annual convention, young doctors were very critical of KMA stating that it represents the old establishment and that it is not fighting for their industrial rights.

Even though KMA provided office space to KMWA during its infancy, KMA and KMWA do not have a day to day working relationship with the exception of the Women and AIDS Project. KMA has given KMWA members a leadership role in this issue.

PATHFINDER INTERNATIONAL/REGIONAL OFFICE IN NAIROBI

Description: Pathfinder International/Nairobi is a non-governmental, non-profit organization with 35 staff members. Its programs focus on health services and family planning.

Services provided: Pathfinder International works with governmental and non-governmental health service organizations to provide quality family planning services. Its staff design, implement, monitor and evaluate family planning programs for various target audiences, including men and youth throughout the region.

FGM related activities: Pathfinder International coordinates the activities of NCHPAW, which addresses FGM among other gender issues, and is planning to conduct a national FGM prevalence survey in 13 districts of Kenya. NCHPAW’s goal is to address harmful practices affecting women including FGM, nutritional taboos, early marriage, early childbearing, child labor, prostitution, and to advocate for the eradication of FGM.

Pathfinder coordinates NCHPAW activities and provides management and technical assistance to its members in research activities.

Potential for BASICS/PATH project: As an international agency, Pathfinder is not suited to be the local implementer of the BASICS project; however, it is interested in FGM issues and coordinates the activities of NCHPAW which is an advocacy body. Since NCHPAW’s activities complement BASICS’ efforts, NCHPAW can serve as an advisory body for project activities without having the mandate to sign off on project implementation issues.

Constraints: Like most national and international organizations, Pathfinder's FGM activities are constrained by lack of funding and educational materials. In an effort to cut down on duplication of efforts, USAID recently decided to move the FGM prevalence survey project to CEDPA. The coordination of NCHPAW activities might also be transferred to CEDPA. This factor makes the status of Pathfinders FGM program quite uncertain. Is CEDPA committed to FGM issues? Does it have the capability to provide appropriate technical assistance to MYWO in carrying the prevalence survey? Can it provide the leadership necessary to coordinate the activities of NCHPAW? What is the future of NCHPAW anyway?

The very fact that NCHPAW is a network comprised of members of governmental, non-governmental, and donor agencies who are all interested in the issue of FGM, has made its operations very confusing, and at times, has hindered program implementation. It is not clear from its mission whether NCHPAW should be a loose network that aggregates and desegregates as needed to share lessons learned on FGM, build consensus for a FGM national policy, and jointly advocate for the eradication of FGM, or whether it should be an NGO with a secretariat that has the mandate to implement programs on FGM and sign off on member agencies's programs. Currently, NCHPAW is operating under the latter and is planning to register itself as an NGO. However, from experience, it appears to be a non-workable arrangement because:

- 1) Individuals representing agencies may not have the authority to decide for their agency.
- 2) Individuals may try to fulfill their organization's or individual agendas through NCHPAW.
- 3) Organizations raising funds on their own to implement FGM programs through their normal constituents may feel hindered by a group with a sign off mandate.
- 4) Since NCHPAW is a large body of individuals with different views, it might be difficult to reach consensus easily.
- 5) It is difficult to control the time of individuals working for other agencies.

The problems listed above have already hindered or delayed implementation of FGM activities, such as the survey of agencies planned by AAWORD.

However, NCHPAW maybe able to operate effectively if it either a) registers itself as an individual membership NGO; or, b) remains a coalition of individuals and organizations that unite for advocacy purposes. In either situation, NCHPAW should advise, but not have the mandate to sign off on, any organization's program.

If NCHPAW decides to register as an individual membership NGO, then its role vis-a-vis the IAC should be clarified since it is trying to register as an umbrella individual membership NGO.

NORTHERN AID

Description: Northern Aid is fairly new non-governmental organization formed to address development issues in the underserved and disenfranchised northeastern region of Kenya.

Services provided: Northern Aid organized a seminar on sustainable development in Isiolo last year. During the workshop, AIDS and FGM among the Somalis, Boranes, Rendiles, and among other groups emerged as issues that need to be addressed. Seminar participants raised issues such as the bleeding to death of a young girl and the community's feeling of non-susceptibility to AIDS.

FGM related activities: In response to the community-felt need, Northern Aid organized a seminar on FGM and AIDS. The seminar brought together Moslem scholars, health and social workers, and other opinion learders. This event was unprecedented since it started discussions on the taboo subjects of AIDS and FGM.

Potential for BASICS/PATH project: Since Northern Aid addresses FGM issues in the Moslem northeastern communities, it can not be considered for this project which will be implemented in Kisii where quantitative research findings are available. However, it will be important to network with them and share lessons learned as they break new ground in the area.

Constraints: Northern Aid is a new and inexperienced NGO that faces financial constraints. Northern Aid recently submitted a concept paper for an FGM project to PATH's Nairobi office requesting assistance in fundraising and technical assistance in conducting research and developing appropriate IEC materials for their community.

FAMILY PLANNING ASSOCIATION OF KENYA (FPAK)

Description: FPAK is a national family planning NGO affiliated with the International Planned Parenthood Federation (IPPF). The organization has 288 staff and 1000 volunteer CBD agents.

Services provided: FPAK provides family planning services aimed at supplementing government services in under-served areas through its 14 static, two sub-static clinics, and 1000 CBD agents. FPAK also operates two youth counseling centers in Mombasa and Nairobi.

FGM related activities: FPAK's FGM program is aimed at advocating for gender equity and eradication of harmful traditional practices. Supported by SIDA (Swedish? Canadian?), FPAK implemented FGM awareness programs in seven districts during 1991 and 1992. Since last year, FPAK has begun implementing two more focused projects to combat harmful practices including one to combat early marriage in Klifi District, and one to combat FGM in three divisions of Nyambene District (originally part of Meru District). The project has advocacy and training components as well as an information, education and counseling component. It reaches the general public including policy makers, mothers, youth, circumcisers and the council of elders.

FPAK does door-to-door education and small group outreach. The involvement of the council of the elders led to two chiefs passing an act banning FGM from their chiefdoms. Because circumcisers refuse to circumcise in these areas, parents are rumored to send for outside circumcisers.

FPAK has produced various information and educational materials on FGM and early marriage including brochures and posters for parents, a training manual, and a curriculum on FGM.

The FGM Nambene Project is funded by IPPF's regional office as part of its options for improving the status of women initiative. Even though the project is funded until 1996, funding shortages allow only for payment of staff salaries and limited activities.

Potential for BASICS/PATH project: FPAK is one of the few organizations in Kenya that have implemented FGM eradication programs and has produced training and IEC materials. Such materials can be used for BASICS' efforts, especially at the district level where the focus is not limited to the health professionals. FPAK FGM staff would be valuable in sharing experiences with BASICS/PATH local partners.

Constraints: FPAK is currently faced with significant financial cuts and may be releasing some of its current personnel. BASICS/PATH funds may be substituted to absorb staff salaries (as is happening with the IPPF project) in Nyambene, thus limiting project activities which are already limited by scarce resources. FPAK's project is already in progress and has determined what strategies to use. If used as a subcontractor to the BASICS/PATH project, one could not be certain whether the lessons learned were attributable to the BASICS/PATH project or to the IPPF project. FPAK's project is not in the Kisii District for which the BASICS/PATH project has been approved by USAID/PATH/BASICS and its target audience does not include health professionals. Thus, the introduction of the BASICS/PATH project with health personnel as its primary target audience could distort FPAK's program approach.

Another issue that came up as we considered FPAK for the BASICS/PATH project was the need to avoid tying FGM to family planning which is being depicted as a foreign intervention by the Catholic Church opposition.

PATH would like to work with FPAK to share materials and to provide technical assistance in formulating its communication strategy. PATH will be seeking funds for a joint FPAK/PATH project which will complement the MYWO project in Meru.

POPULATION AND HEALTH SERVICES (PHS)

Description: PHS is a local NGO established in 1985 with financial and technical assistance from its London-based affiliate, Marie Stopes International. It has four clinics and one maternity home in Nairobi, and five other clinics in Mombasa, Muranga, Meru, Kisii, and Kisumu. All clinics are located in the most densely populated areas and target low-income groups.

Services provided: PHS's services consist of provision of family planning methods, including non-prescriptive contraceptives in the work place, family life education (FLE) within the national youth services, training of traditional birth attendants, and clinical and preventive health care with special emphasis on maternal and child health.

FGM related activities: Currently, PHS does not have any FGM eradication programs; however, it is extremely interested in addressing the issue through its safe motherhood, FLE, and health personnel training. A program to create awareness of the health consequences of FGM in the practicing communities is currently in the pipeline.

Potential for BASICS/PATH project: PHS has a strong institutional capability, provides quality services, and strives towards making some of its services self sustaining in the long run. PHS is a very good NGO that the BASICS/PATH project partners should collaborate with in their general services as well as with their expected FGM awareness raising program.

Constraints: Because PHS is strongly identified as a family planning organization, it would be wise for the BASICS/PATH project not be closely identified with it. Since PHS is planning its own program, the issue maybe unavoidable in the long run, but it is a valid consideration in the present sensitive climate.

MINISTRY OF HEALTH (MOH)

Description: As the national governmental agency charged with the responsibility of improving the health status of the Kenyan population, the MOH provides nationwide curative and preventive health services, registers all health professionals practicing in the country (e.g. through the Medical Practitioners and Dentists Board), oversees health service research, and regulates drugs and other health related issues.

FGM related activities: Apart from occasional statements on FGM while opening conferences, MOH does not focus on FGM as a major health issue. The Public Health Department does not address the issue, therefore it falls under the Division of Research, whose Head represents the MOH at NCHPAW meetings. MOH activities on FGM are currently limited to NCHPAW activities.

MOH is indirectly involved in FGM issues since its personnel either treat FGM complications or carry it out in hospitals, clinics, or at initiates' homes. MOH policy on FGM is not clear to its staff in the rural areas who hear rumors that FGM should not be carried out in the government health facilities. Circumcisions done at home or at non-governmental clinics are perceived to be acceptable.

It is documented that large numbers of initiates are circumcised with the same blade. And with the advent of the AIDS epidemic, health educators have been discouraging the public against use of traditional circumcisers for both males and females. According to many health professionals, there is a rush to have children circumcised by health personnel in government health facilities

(mostly males), in private and mission hospitals or clinics, and at home. Parents often seek tetanus toxoid shots from the government health facilities the day before the circumcision. Only tetanus toxoid shots given to pregnant women are currently recorded. One dispensary in Kisii District estimated 50 (approximately 15 were for girls) tetanus toxoid shots for circumcision purposes during the first 20 days of the month of August. August and December are the peak months for circumcisions since they coincide with both school holidays and harvest times.

Potential for BASICS/PATH project: The MOH has the human resources, the infrastructure, and the potential to develop clear policies and guidelines on FGM health service systems -- whether public, private or religious. The MOH could be a powerful ally for the BASICS/PATH project. During a recent launch of a video on FGM by MYWO, Dr. Mwanzia, the Director of Medical Services at MOH, was informed of the project and he promised his support.

Constraints: The MOH is faced with financial limitations that constrain its effectiveness in implementing FGM eradication efforts. However, if it is motivated to address meaningfully FGM issues, it can access huge sums from donors that support health programs. For example, when the DANIDA Health Advisor to the MOH received the organizational survey questionnaire sent out by PATH, he inquired about FGM activities in the MOH and could not find any activity on record (at least from projects supported by his agency). He promised to bring up the issue for discussion within the MOH and to explore ways to support FGM eradication efforts within the context of his program.

APPENDIX B

August 17, 1995

Dear

The Program for Appropriate Technology in Health (PATH) and the BASICS (Basic Support for Institutionalizing Child Survival) received a small grant to implement a pilot program aimed at the elimination of female genital mutilation in Kenya. The mandate of the partners is to work with a non-governmental agencies experienced in working with professional and allied health workers.

PATH and BASICS are carrying out a small survey of colleague agencies that are working on the issue of female genital mutilation in order to avoid duplication, complement existing efforts, select an appropriate local partner, identify currently available educational materials, and develop strategies consistent with the views of the Kenyan activists.

Please fill in the attached questionnaire and a PATH staff person will pick it up from your office on Friday, August 25, 1995.

Thank you for taking the time to respond to this questionnaire in such a short time. If you have any questions or comments regarding this questionnaire, please do not hesitate to contact me or Ms. Lorna Ng'ang'a at PATH (tel: 569-331 or 569-357).

Sincerely,

Margot Zimmerman
Country Director
PATH/Kenya

BASICS
ORGANIZATIONS/INDIVIDUAL FGM ACTIVITIES QUESTIONNAIRE

In an effort to establish what activities national and international NGOs are doing about female genital mutilation in Kenya to reduce FGM incidences in their communities, PATH would like to get information on this issue from you and your organization.

1. Name: _____

2. Organization: _____

3. Address: _____ Tel: _____

4a. Contact Person: _____ Fax: _____

b. Position in the organization: _____

5a. Type of Organization: (a) National (b) International

a. community development organization

b. family planning organization

c. women's organization

d. educational organizational

e. health services organization

f. others (specify) _____

b. Number of staff in your organization _____

Number of volunteers _____

Annual Budget _____

6a. Does your organization have a program aimed at elimination or reduction of FGM, or one to create awareness about the issue?

b. If yes, what are the goals and objectives?

c. Is your program at the national level or district(s) level?

d. In which district is your program active? Name of district(s)

7. What are the components of your program?

IEC,
Training,
Counselling FGM survivors
Treatment of FGM complications
Advocacy

If IEC, have you produced any new materials? For what target audience?

8. What is the role of the staff in charge of FGM activities?

9. When did your organization start FGM eradication or reduction activities?

- a. the last 6 months _____
- b. the last 12 months _____
- c. the last 24 to 36 months _____
- d. Others (Specify) _____

10a. Who is the primary target audience of your program?

- a. Policy makers
 - b. Youth
 - c. Health personnel (specify)
 - d. Mothers
 - e. Circumcisers
 - f. General public
 - g. Others (specify) _____
-

b. What number of your primary target audience do you reach:

Per month? _____

Yearly? _____

11. What are the main constraints facing your organization's FGM elimination or reduction activities?

a. lack of trained personnel

b. lack of funding

c. lack of training materials

d. lack of IEC materials

e. lack of audio-visual materials

f. others (specify) _____

12. What experience does your organization have in the following:

a. Proposal writing

b. Project design and implementation

c. Project evaluation and monitoring

d. Project management

e. Qualitative research methodologies

f. Quantitative research

g. Training

13. a. What can the Kenyan government do to eliminate or reduce the incidence of FGM in Kenya?

b. What should national NGOs do? _____

c. What should international development and funding agencies do?

14. Can the national and international development agencies work together to intensify the fight to eliminate FGM in Kenya?
Yes _____ No _____

If yes, please give your ideas on how/ways they can work together:

15. Where does FGM elimination rank in your organization's priority issues?

(a) highest (b) high (c) average (d) below average
(e) no interest at all

16. Where does FGM elimination rank in your personal priority issues?

a) Highest b) High c) Average d) Below average
e) No interest at all

17. Does your organization belong to the Network to Combat the Harmful Practice Affecting Women (NCHPAW)?

a. No
b. Yes

If no, is your organization interested in becoming part of such a coalition?

18. What are FGM complains that people seek services for?

19. Do you treat all cases of FGM complains or you refer? If you refer where do you refer them to?

- 20a. Do you counsel girls on other complications that FGM causes?

b. Which ones do you mention? _____

21a. Is there a time when you get more FGM related cases than others?

b. What time is this? _____

22. What do you think health professionals like you should do to reduce FGM incidences in the community? _____

23. What do you think others should do? _____

24. Who else do you think should be involved in reduction of FGM cases?

25. Is there any other information you need to know that would help health providers in prevention of FGM incidences? If so what is it?

APPENDIX C

**Meeting Between PATH and Seventh Day
Adventist Rural Health Development**

August 25, 1995
4:00 to 5:00 PM

Meeting Agenda

1. Brief overview of project objectives (PATH).
2. SDA response regarding their position, commitment, possibility of cost-sharing and sustainability.
3. The roles of SDA resources (both personnel and facilities in the areas of health, education and religion) in Nyamira and Nyasiongo Divisions of Nyamira District.
4. Mechanisms of involving district MOH, clinical officers, nurses (Kenya enrolled community nurses and others), district officials, and NCPAW at the local and national level.
5. Program organigram.
6. Project scope of work.
7. Criteria for selecting and nominating the project coordinator; job description.
8. Setting up a meeting between PATH and SDA to draft a project budget and time lines, and to conceptualize and draft research instruments.
9. Discussion of other issues.

APPENDIX D

Tentative Scope of Work for Nyamira Project

1. Develop project plan, budget, and time line.
2. Conduct qualitative research in two divisions: focus group discussions and in-depth interviews with various target audiences (women, men, girls, boys, and health professionals) using FGD guides and semi-structured, in-depth interview questionnaires developed in conjunction with PATH staff.
3. Analyze and prepare a report in cooperation with PATH staff.
4. Co-organize a district dissemination and strategy development workshop with PATH (prior to the national workshop?).
5. Co-organize a national dissemination and strategy development workshop with PATH.
6. After the workshops: revise project time lines, implement the strategic plan developed including media and materials development workshops and outreach activities.
7. Develop monitoring, evaluation, and reporting plans.
8. Work with district development committee to incorporate FGM elimination activities into their organizational agendas and programs.
9. Document lessons learned for future replication.

APPENDIX E

TOWARDS ELIMINATION OF FEMALE GENITAL MUTILATION:
MOBILIZING HEALTH PROFESSIONALS AND
THE COMMUNITY IN NYAMIRA DISTRICT

NATURE OF PROPOSAL - A PILOT INTERVENTION

IMPLEMENTING AGENCY:

KENYA SEVENTH DAY ADVENTIST RURAL HEALTH SERVICES

TECHNICAL ASSISTANCE AGENCY:

PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH

PROJECT DURATION: 1 1/2 YRS

SEPTEMBER 1, 1995 - FEBRUARY 28, 1997

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1. **BACKGROUND**

The Seventh Day Adventist (SDA) Church in Kenya has been in operation since early 1906. It started in South Nyanza and spread throughout the entire country. Since the church believes in a holistic approach to life, health promotion through education forums as well as preventive and curative services have been an integral part of SDA policies and have formed the basis of the elaborate health facilities SDA has established in various parts of the country. SDA's health facilities form one of the largest clinic networks in the country run by a church organization.

The churches' health mission is to provide comprehensive and integrated primary health care including reproductive health services of the highest possible quality in an affordable and cost effective manner, especially to poor rural communities, irrespective of denominational concentration and political affiliations.

2. **SITUATIONAL ANALYSIS**

2.1. **Historical Background and Relevant Policies**

Female genital mutilation (FGM)--partial or total excision of the female external genitalia, with or without obliteration of the vulva, leaving a small hole for urination and menstrual blood--is practiced in more than 26 African countries, some Asian countries, and in Western Europe, the United States, Canada, and Australia (where African refugees have migrated to). It has been estimated that over 100 million women and girls have been subjected to this irreversible operation.

In Kenya, it is believed that more than 75 percent of the tribes circumcise their people. Kenyan tribes like the Luos, Turkanas, and the Pokots, do not circumcise either their females or males but use other forms of initiation into adulthood including removal of six frontal teeth (Luos) and piercing of the lower lips (Turkanas, Pokots). A prevalence survey conducted by Mandeleo Ya Wanawake Organization in four districts of Kenya indicate that nearly 90 percent of women aged 14 and above have undergone circumcision.

Early colonialists and religious groups tried to curb the practice but Kenyans saw it as an invasion of their culture by hated colonialists. Protection of circumcision thus became one of the motivating factors for the struggle for independence.

Protestant Christians condemned the practice among their followers and were able to eliminate the practice from groups of families. However, because religious people are part of the culture and their activities were sporadic, lasting change is still to be realized.

Following the death of several girls after initiation, Kenyan President Daniel Arap Moi made a very strong statement condemning FGM in Kenya. Such condemnation received mixed reception in the community with some people welcoming and others rushing to circumcise their daughters before any law was enacted.

Mandeleo Ya Wanawake Organization conducted audience research and initiated programs in four districts of the country. The Family Planning Association of Kenya (FPAK) implements two projects on discouraging harmful traditional practices, early marriage and FGM.

Concerned representatives of donors as well as national and international agencies also formed the Network to Combat Harmful Traditional Practices Affecting Women (NCHPAW). The network carries out advocacy activities and coordinates FGM activities in the country.

The SDA-Rural Health Service (RHS) is one of the many agencies interested in implementing FGM programs in Kenya, an opportunity which is presented by this project.

2.2. Socio-economic, Political and Cultural Factors

FGM is an extremely sensitive issue within the Kenyan culture, and touches on issues of tribal identity, womanhood, marriage and sexuality. It also deals with gender power and control of women's sexuality. Older Kenyans also remember the struggle around circumcision put forth by their forefathers during the colonial period leading to politicizing and resistance to change. This project aims to tackle the complex aspects of circumcision in a culturally sensitive manner while at the same time striving to improve the health and well being of women and girls in Nyamira District.

2.3. Interested Parties

The project will be implemented by SDA church personnel under SDA's Rural Health Project with close collaboration with the Nyamira District Health Management Team (DHMT). PATH/Kenya will be the collaborating agency providing guidance and technical assistance.

2.4. Problem Statement

Ninety-nine percent of women and girls over age 14 in the Nyamira District have undergone sunna-type (clitoridectomy) circumcision, and at one time or the other the majority have suffered from shock, blood loss, infection, painful intercourse, difficulties in childbirth, and reduced sexual desire. Almost all circumcisions are done by the time girls reach the age of 12 years. Girls in the District are given the wrong messages about their sexuality. For example, they are told that once they have been initiated (circumcised), they will be mature and can have sex with men as well as make decisions about their lives -- although this is neither possible nor desirable at age 6-12!!

3. PROJECT OBJECTIVES

3.1. Goal

Improved quality of life for girls and women, specifically in their access and utilization of reproductive health information and services.

3.2. Purpose

Gradual reduction of FGM in Nyamira and Ekerenyo Divisions of Nyamira District through appropriate information, education and counseling around issues of FGM, early marriage, teenage pregnancy, education, and other opportunities for girls.

3.3. Objectives

- Increase the community's awareness on the harmful effects of FGM.
- Educate and mobilize health professionals and members of the SDA Church to join the efforts to eradicate FGM.
- Include FGM eradication efforts in the District's development agenda.

In order to achieve these objectives, SDA-RHS will carry out a series of activities including:

- Conducting qualitative research in Nyamira and Ekerenyo Divisions on the existence, practice, and attitudes of health workers (potential change agents) towards FGM in their communities, as well as the factors that perpetrate the existence of the practice within the community. By February 1996.

- Design and conduct dissemination workshops at the local and national level to share research findings with relevant stake holders including policy makers, community members, and relevant health workers. By March 1996.
- Design and implement appropriate interventions that target health workers and the community based on the results of the qualitative survey.
- Conduct media and materials development training for the project coordinator, field officers, and volunteers. Develop and/or adapt appropriate IEC materials. By December 1996.
- Implement outreach activities (TBD).
- Compile field notes from project members' field experiences as "lessons learned" to be shared in designing wider intervention programs in other areas where FGM is practiced in Kenya. By December 1996.

4. **PROJECT SITES**

Nyamira District is one of the districts that make up the Nyanza Province. It is a new district carved out of the old Kisii District. Nyamira District is mostly hilly and Ekerenyo and Nyamira Divisions are located 1,500m above sea level. The hilly terrain of the District makes construction of roads very expensive and transportation difficult. In 1994, Nyamira and Ekerenyo Divisions had 52 percent of the District's total population of 486,104. Most of the community is engaged in mixed farming including growing crops and keeping livestock. Nyamira District has its headquarters at Nyamira town, 470 kilometers west of Nairobi, the capital city of Kenya.

5. **PROJECT STRATEGY AND IMPLEMENTATION**

5.1. **Project Planning & Activities**

5.1.1. **Meetings**

Meetings will be held to brief the following about the project: District Coordinators, District Officers, District Health Management Teams, local leaders (Chiefs, Assistant Chiefs, opinion leaders, women's groups, peer groups and men), Family Health Field Educators (FHFE), Community Health Workers, and PTs. The above meetings will solicit support for and participation in the project.

Further review meetings will be conducted during the period. An orientation meeting and skills training workshop will be organized with the enumerators.

5.1.2. **Mobilizing the Community**

Strategies for mobilizing the community include the establishment of health workers' committees and involvement of local leaders in health education. Chiefs/Assistant Chiefs have been demonstrably used in other programs in Kenya to effect community development. As such, they will be important players in the dissemination of the health information we will have collected. For the project to be successful in improving the health of the people, support from the above local leaders cannot be over emphasized.

5.1.3. **Qualitative Research (Baseline)**

This will be conducted with health providers from NGOs, MOH and private health practitioners and members of the community to guide the main intervention. It will be done in the two selected Divisions. SDA and PATH will make sure that local project staff are trained in qualitative research methods and that they participate in the data collection. The information derived from this research will form a basis for the intervention and the improvement of the health of the women in Nyamira District. Because the intervention will heavily depend on the findings of the baseline, the activities outlined are quite illustrative and will be modified as deemed necessary.

5.1.4. **Dissemination and Strategy Development Workshops**

In order to provide immediate feedback to the community, SDA and PATH will organize a district-level dissemination and strategy development workshop. This workshop will bring together District leaders, health professionals, church groups, teachers, women's groups, and other voluntary agencies in the District. SDA will share the findings of the research with the community and foster consensus on logical interventions. An attempt will be made to involve other voluntary agencies to incorporate FGM elimination activities into their day to day programs.

This workshop will be followed by a national level dissemination workshop which aims at informing FGM interest groups and the ministry of health about the

project and its objectives and findings. SDA and PATH will solicit feedback and support for their planned activities.

5.1.5. **Implementation of Interventions**

As mentioned above the exact intervention will depend on the research findings and the community's preference; however, some of the expected activities include:

Media and Materials Development Training

PATH will collaborate with SDA to train the local project staff in modern communication strategies including materials design, field-testing, and finalization. Using the findings of the research and proposed interventions, participants will be trained how to design appropriate messages using a participatory, hands-on methodology.

District Workshops

SDA will implement other workshops -- three or more -- as identified for the various target groups including health workers, religious groups, women's groups, and teachers.

Outreach Services

The project will first target the health providers to educate them about the harmful effects of FGM and to convince them of the need to reduce its prevalence and associated complications. The objective is to recruit these health providers so that they will in turn discourage FGM in Nyamira District.

The main strategy used will be the development of a referral system of health workers to facilitate health education to community members, especially the mothers. Health education will be provided on a continuous basis in clinics, schools, barazas, churches and among women's groups. They will be conducted by community health workers, community nurses, and FHFE.

In order to train the health workers, SDA will liaise with PATH and FPAK to modify any existing materials for use or prepare new ones for health workers. A new curricula may also be designed to incorporate into nurses' or other health workers' refresher training.

SDA will recruit church leaders to organize FGM educational activities in their churches and discourage the practice among its followers.

SDA will also work with the SDA schools to incorporate an FGM elimination module into their regular FLE. Such a module has already been developed for the MYWO/PATH project and will be either used as is, or modified to fit the needs of Nyamira District schools.

Lastly, a folk media strategy may also be used to disseminate information about FGM. This will be accomplished by the formation of folk media groups among community health workers. The CBDs and CHWs will play a big role in organizing these groups. This will include recruitment of the groups composing songs; practicing, planning and performing at barazas, parents' day, harambee functions, and other gatherings. During these functions, IEC materials and other visual-aids may be used to communicate vital messages.

5.1.6. **Resources Required**

Major equipment to be purchased includes an overhead projector. This will be an important piece of equipment for conducting successful seminars and training as outlined above. An existing four wheel drive vehicle will be provided for the life of the project for quarterly supervisory field visits by specific management staff. The Project Director, Program Officer, two Field Officers, and 13 resource persons (steering committee) will constitute a core team to oversee the implementation of the project.

6. **PROJECT MANAGEMENT**

6.1. **Management Structure**

The Project Director, who is also the Director of SDA-RHS, will provide overall strategic direction, leadership, and management of the project. He will take overall responsibility to ensure that project objectives are accomplished as planned. He will also serve as the liaison to the cooperating agency.

The Program Officer will supervise the Field Officer in areas which include report writing (as per work plans), and will conduct supervisory trips to the field (sometimes accompanied by the Director). He will ensure that the Field Officer prepares timely quarterly

reports and compiles the necessary data that is relevant to decision making. He will be directly answerable to the Director.

The Field Officer One will be responsible for the coordination of field activities. She will liaise with the Program Officer and other relevant counterparts in PATH to ensure the smooth running of the project, especially in the day to day field plans and activities. She will be responsible for report writing on a monthly basis for internal purposes, and on a quarterly basis for donor purposes (in liaison with the Program Officer). She will be answerable to the Director through the Program Officer.

The Field Officer Two will work closely with the other Field Officer, especially in planning the day to day field activities, but also in report writing. She/He will be responsible to the Director through the Program Officer.

The Accountant will be responsible for the financial accounting of project funds. This includes the production of monthly reports for internal purposes. The accountant will work in liaison with the Field Officer in producing financial reports for the donor. Expenditures will be shown by line item in reports to the donor.

The driver will be responsible for taking officers to various points of work as per a drawn schedule. He will also liaise closely with the Director and the Program Officer for Work Tickets, and with the Accountant for vehicle maintenance and accountability of vehicle operating funds.

7. **MONITORING AND EVALUATION** ⁽¹⁾

The SDA Director, Program Officer, and Field Officers will monitor project activities at the local level. Field Officers will be provided with activity recording, monitoring, reporting, and financial management forms. Information collected on this forms will be used by SDA and PATH for the internal evaluation of the project.

Two evaluations will also be carried out during the course of the project:

¹ An appropriate evaluation plan and indicators will be developed in November 1995.

- A. The first evaluation will be internal, and will take place midway through the project. Slight changes of approach for a strengthened project may be adopted depending on the recommendations.
- B. The second evaluation will take place as the project is ending and will look at cumulative changes attributable to this project.

It is expected that this project will significantly change the awareness of the community and will prepare the groundwork for a follow on project. While significant prevalence change may not happen during the one and a half year period, individual families may stop circumcising their daughters, health providers may either stop circumcising or get involved in the fight to eradicate FGM, church leaders may take the issue as a just cause for their church, teachers may learn more about the issue and use the FLE module, and young people exposed to the project's activities may decide not to circumcise their own daughters in the future.

8. **FEASIBILITY AND SUSTAINABILITY**

Feasibility

SDA has the human resources and infrastructure capacity to undertake this kind of project with good results. Our experience of more than ten years running a network of over 40 clinics with strong reproductive health services and with strong community involvement and participation, makes us uniquely qualified to add on this FGM project. As elaborated below, SDA is able to easily integrate this project into its overall activities and achieve a good measure of sustainability.

Sustainability

The question of sustainability has been addressed by instituting a cost-sharing budget derived mainly from user fees. The concept of full time equivalents (FTEs) has been applied to account for specific personnel inputs in the project activities. A tapering budget has been employed with gradual weaning from donor funds (as much as is feasible). Appraisal of the project will be done continuously (process evaluation) to determine its long term sustainability.

9. **PROJECT BUDGET**

A budget covering the period September 1, 1995, to February 1997 is attached.

SDA YEAR 1 & 2 BUDGET

ITEM DESCRIPTION	RATE/Kshs	YEAR 1	YEAR 2 (6 months)	SOURCE
A. PERSONNEL				
Project Director	12,000.00 - (0.15 of FTE) x 12 months = 18,000.00 x 12	216,000.00	113,400.00	SDA
Programme Officer	32,000.00 - (0.25 of FTE) x 12 months = 8,000.00 x 12	96,000.00	50,400.00	SDA
Field Officer 1	20,000.00 - (0.75 of FTE) x 12 months = 15,000.00 x 12 <i>full-time equivalent</i>	180,000.00	94,500.00	PATH
Field Officer 2	10,000.00 x 12 months	120,000.00	63,000.00	PATH
Project Accountant	25,000.00 - (0.15 of FTE) x 12 months = 3750.00 x 12	45,000.00	23,625.00	SDA
Honoraria (resource persons) <i>Nat'l level - Res., Workshops</i>	13 persons @ 1,600 each x 12 days	174,702.00	74,880.00	PATH
SUBTOTALS				
		PATH	474,702.00	232,380.00
		SDA	357,000.00	187,425.00
			831,702.00	419,805.00
B. EQUIPMENT				
Vehicle 4WD (Including Insurance and Maintenance)	25% of 20,000.00 x 12 months	60,000.00	30,000.00	SDA
Overhead Projector		75,000.00	00.00	PATH
Video Recorder		75,000.00	00.00	PATH
SUBTOTALS				
		PATH	150,000.00	00.00
		SDA	60,000.00	30,000.00
			210,000.00	30,000.00

SDA YEAR 1 & 2 BUDGET

C. BASELINE QUANTATIVE RESEARCH		100,000.00	00.00	PATH
SUBTOTAL		100,000.00	00.00	PATH

D. SUPPLIES				
Stationary, Transparancies, Photocopying, Diskettes, etc.	2,500.00 x 12 months	30,000.00	15,000.00	PATH
Computer Ribbon and Other Computer Accessories	2,500.00 x 12 months	30,000.00	15,000.00	SDA
In-kind Insentives		25,000.00	10,000.00	SDA
SUBTOTALS		30,000.00	15,000.00	PATH
		55,000.00	25,000.00	SDA
		85,000.00	40,000.00	

E. QUALITATIVE RESEARCH				
Instrument Development	See PATH Budget	00.00	00.00	
Training of Interviewers	7 people @ 200.00 each x 2 days (Out of Pocket)	2,800.00	00.00	PATH
	2 people x 3 nights @ 4200.00 (will share double room)	25,200.00	00.00	PATH
	Lunch and 2 Teas x 2 days (10 people @ 550.00 each x 2 days)	11,000.00	00.00	PATH
	Road Trip Bills (2 people x 1000.00)	2,000.00	00.00	PATH
Data Collection	4 people @ 500.00 each x 20 days (Including Transportation)	40,000.00	00.00	PATH

SDA YEAR 1 & 2 BUDGET

District Dissemination and Strategy Development Workshop	50 people @ 1000.00 each x 3 days (Including Transportation)	150,000.00	00.00	PATH
National Dissemination and Strategy Development Workshop	6 people @200.00 each x 2 days (Out of Pocket)	2,400.00	00.00	PATH
	6 people x 3 nights @ 4200.00 (will share double room)	37,800.00	00.00	PATH
	Lunch and 2 Teas x 2 days (30 people @ 550.00 each x 2 days)	33,000.00	00.00	PATH
	Road Trip Bills (6 people x 1000.00)	6,000.00	00.00	PATH
Materials Development Training	20 people @ 1000.000 each x 7 days (Including Transportation)	140,000.00	70,000.00	PATH
District Workshops	25 people @ 1000.00 each x 1 day (Year 1) 25 people @ 1000.00 each x 2 days (Year 2) (Excluding Transportation)	150,000.00	75,000.00	PATH
Mid-Term Evaluation		20,000.00		
Final District Dissemination Meeting	25 people @ 1000.00 each x 3 days (Including Transportation)	00.00	75,000.00	PATH
Final National Dissemination Meeting	50 people @ 550.00 each x 1 day	00.00	27,500.00	PATH
SUBTOTAL		620,200.00	247,500.00	PATH

SDA YEAR 1 & 2 BUDGET

F. TRANSPORTATION AND ACCOMODATION COSTS

Local Transportation and Fuel	20,000.00 x 12 months		240,000.00	120,000.00	PATH
Project Director	2000.00/day x 3 days x 2 trips x 50%		12,000.00	6,000.00	SDA
	2000.00/day x 3 days x 2 trips x 50%		12,000.00	6,000.00	PATH
Program Officer	2000.00/day x 3 days x 2 trips x 50%		12,000.00	6,000.00	SDA
	2000.00/day x 3 days x 2 trips x 50%		12,000.00	6,000.00	PATH
Project Driver	1000/day x 3 days x 2 trips x 50%		6,000.00	3,000.00	SDA
	1000/day x 3 days x 2 trips x 50%		6,000.00	3,000.00	PATH
SUBTOTALS		PATH	270,000.00	135,000.00	
		SDA	30,000.00	15,000.00	
			<u>300,000.00</u>	<u>150,000.00</u>	

GRAND TOTAL

Kahs	PATH	1,644,902.00	629,880.00
	SDA	502,000.00	257,425.00
		<u>2,146,902.00</u>	<u>887,305.00</u>
US Dollars (50 Kahs = 1 US Dollar)	PATH	32,898.04	12,597.60
	SDA	10,040.00	5,148.50
		<u>42,938.04</u>	<u>17,746.61</u>

TOTAL REQUESTED FROM PATH

32,898.04	
<u>12,597.60</u>	
45,495.64	US Dollars

2,274,782.00 Kahs

TOTAL SDA CONTRIBUTION

10,040.00	
<u>5,148.50</u>	
15,188.50	US Dollars

759,425.00 Kahs

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**SDA FGM ERADICATION WITH HEALTH PROVIDERS
WORKPLAN FOR 1995**

	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	YR 2
PLANNING AND COMMUNITY DIAGNOSIS													
Meet with DHMT, DC & DO.	XXXXX												
Visit project sites, private and public clinics and dispensaries, and NGO clinics.	XXXXX												
QUALITATIVE RESEARCH													
Develop research tools with Resource Committee/PATH.		XXXXX											
Train Research Assistants.			XXXXX										
Collect Data.			XXXXX	XXXXX									
Analyze Data.				XXXXX	XXXXX								
Write Qualitative Research Report					XXXXX	XXXXX							
DISSEMINATION AND STRATEGY DEVELOPMENT													
District Dissemination Workshop							XXXXX						
National Dissemination Workshop							XXXXX						
INTERVENTION ACTIVITIES													
Materials Development Training								XXXXX					
District Workshops									XXXXX	XXXXX	XXXXX	XXXXX	
Curriculum Development									XXXXX	XXXXX	XXXXX	XXXXX	

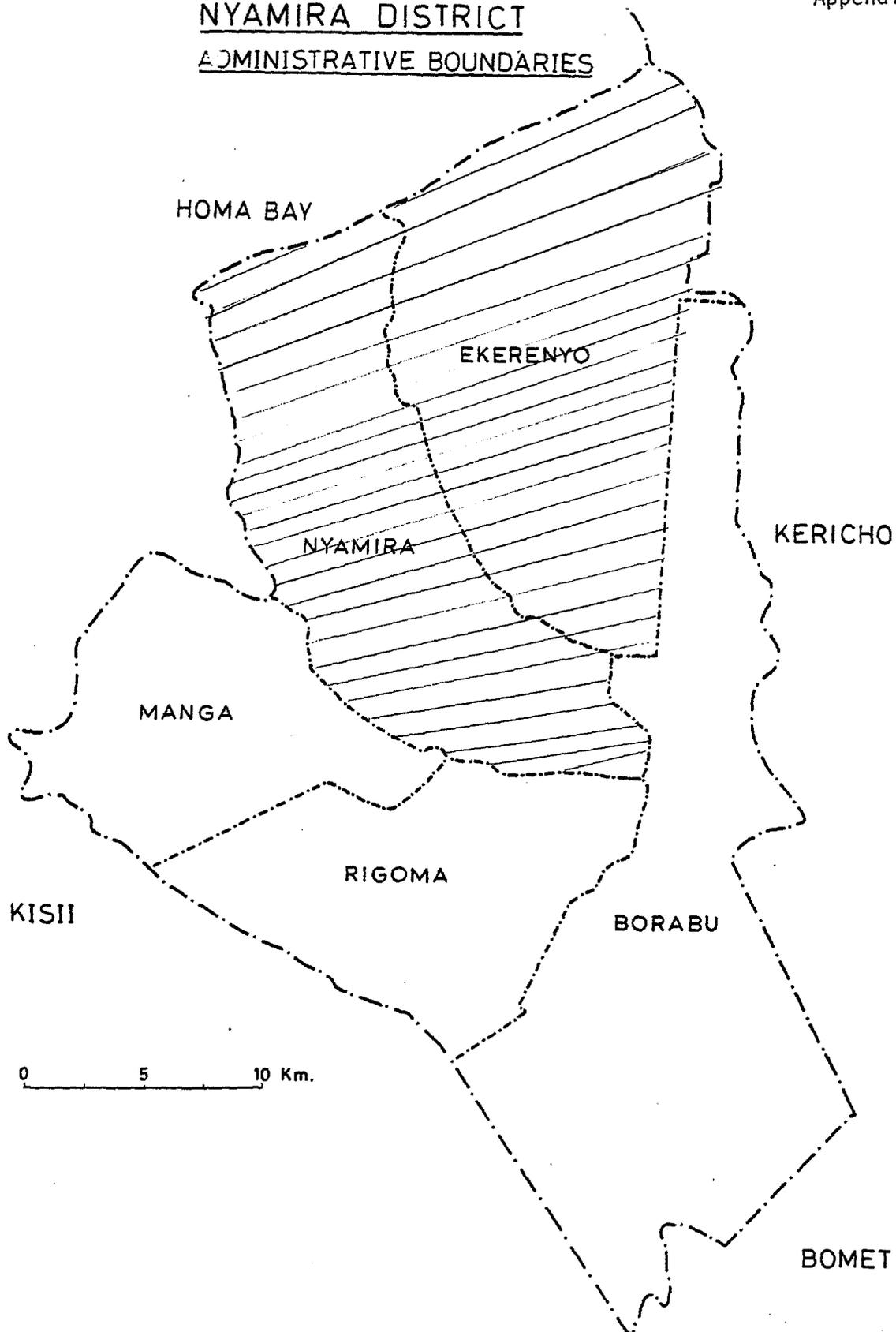
(needed during the workshops)

**SDA FGM ERADICATION WITH HEALTH PROVIDERS
WORKPLAN FOR 1995**

	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT
OTHER ACTIVITIES													
Internal Evaluation											XXXXX	XXXXX	
Develop Year 2 Workplan											XXXXX	XXXXX	
Monitoring		XXXXX			XXXXX			XXXXX			XXXXX		
Reporting Quarterly: Dec 15, April 15, July 15 Annual: September 15				XXXXX				XXXXX			XXXXX		XXXX
Final District Dissemination Workshop													XXXX
Final National Dissemination Workshop													XXXX

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NYAMIRA DISTRICT
ADMINISTRATIVE BOUNDARIES



APPENDIX F

Program for Appropriate Technology in Health (PATH)
AND
Basic Support for Institutionalizing Child Survival (BASICS)

Towards Elimination of Female Genital Mutilation in Kenya:
Mobilizing Health Professionals and the Community
in Nyamira District

I. Introduction

With funds from the United States Agency for International Development (USAID) and the Basic Support for Child Survival (BASICS) Project, the Program for Appropriate Technology in Health (PATH) plans to implement a 16-month female genital mutilation (FGM) eradication pilot program in Nyamira District in Kenya. The project will be implemented in Nyamira and Ekerenyo Divisions of Nyamira District. Nyamira District is carved out of the old Kisii District where Mandeleo Ya Wanawake Organization carried out both its quantitative and qualitative research.

II. Country Needs Assessment

During the past several years, the harmful effects of FGM became an issue of extreme concern among national and international development agencies working in Kenya. This led to a variety of organized and ad hoc activities aimed at raising the national level awareness regarding the issue as well as innovative community mobilization initiatives.

PATH will survey the capabilities and the FGM eradication activities of agencies working on FGM issues and/or willing to be involved at a later date. The findings from this survey will allow PATH to avoid duplication of efforts, identify existing programs and educational materials, and develop an intervention strategy that builds on lessons learned to date.

During the month of August, PATH Senior Program Officer Asha Mohamud, will visit Kenya and work with the PATH local office to carry out various activities related to the country needs assessment including:

- A. Developing an organizational assessment questionnaire and mailing it out to national and international development agencies.
- B. Identifying a local partner agency\agencies to implement a subcontract by interviewing and assessing the capabilities

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of a small pool of NGOs. The criteria for selecting the partner organization will include:

- Has a national headquarters and a chapter, clinic, or program component in the Nyamira District.
 - Has a strong commitment and willingness to fight for the total elimination of FGM in Kenya.
 - Has strong institutional capability and the ability and experience to design, fund, implement, monitor and evaluate a subcontract.
 - Has experience working with various levels of health professionals and the ability to command credibility among them.
 - Has the potential for expanding the program nationally through members or nationwide programs (health personnel, schools, churches, chapters, etc.).
 - Has a track record for transparency and sound financial management.
- C. Visit Kisii project sites. PATH program officers will visit the local private and public health facilities, meet local representatives of national NGOs, and meet government and community leaders as needed. This field visit will allow PATH staff to assess the relative strengths of the national NGOs and to solicit support for the program in the community. One issue that PATH staff need to consider is how to keep the BASICS project site from overlapping with the MYWO project sites in Kisii.
- D. Identify additional members for the Network to Combat Harmful Practices Affecting Women (NCHPAW) from the list of organizations contacted for the country assessment. NCHPAW members will play a general advisory and technical assistance role for project design and implementation, but will not have the authority to sign off on project implementation issues.
- E. Revise the project work plan² developed during the June 29 BASICS/PATH meeting in Washington based on agreements reached at the PATH/Nairobi/USAID/DC/Nairobi meeting of July 7, 1995, and the PATH/BASICS/USAID/Nairobi meeting of August 14, 1995. This program plan will be considered as a work in

² Revised based on BASICS/USAID/PATH meeting of August 15, 1995



progress and will be modified and finalized as more information about the partners and project sites becomes available.

- F. Plan the qualitative research design and instruments. With input from BASICS, PATH staff will develop a semi-structured questionnaire for various categories of health professionals including nurses, midwives, doctors, and allied health personnel as appropriate. As specified in the project scope of work (SOW), the questionnaire will consist of three sections aimed at documenting a) perceptions, beliefs, and practices related to FGM; b) role in perpetrating the practice as circumcisers; and, c) actual or potential role in treating the complications resulting from FGM and fighting for its elimination. In addition to the semi-structured questionnaires, PATH staff will design focus group discussion (FGD) guides for various health professionals and community members.
- G. Draft subcontract and budget with selected partner(s) based on the project SOW and available resources. PATH will work with BASICS to draft and finalize a subcontract for the local partner(s) which will be forwarded by PATH's Nairobi office. Since PATH is providing the technical assistance to the partner(s), it is important that subcontractor(s) keep a direct line of communication with PATH, not with BASICS. Previous experience with grantee organizations have shown that once they are aware of the fact that funds are coming from another agency, they try to cater to the original contractor and circumvent the proper channels of communication and reporting.
- H. PATH staff will develop a local travel budget for the life of the project and submit it to BASICS as a TDY-1 follow up.
- I. Write trip report and debrief BASICS, USAID/Nairobi, USAID/Washington, PATH/Nairobi, and PATH/Washington.
- J. Follow up and assist in finalizing country assessment instruments.
- K. By September 30, 1995, Dr. Mohamud will submit: a trip report, revised annual and life of project workplans, draft instruments³, subcontract(s), and a local travel budget to BASICS and USAID.

³ See trip report. Draft instruments will be developed by SDA, local resource people and PATH Nairobi.

III. **Qualitative Research** (October 1995 - February 1996)

Because quantitative information is available for the local project site, only qualitative research will be conducted at the local level. This will include FGDs and in-depth interviews (IDIs) with various community members including in- and out-of-school youth, women, men, community leaders, and circumcisers. FGD and IDI guides will be developed for this purpose.

Since information on the roles of the health professionals in either perpetrating or fighting FGM are not currently available, a semi-structured questionnaire will be used to solicit some quantitative and lots of qualitative type information from the health professionals. A systematic sampling technique will be used for the self administered questionnaires. A purposive sampling technique will be used to identify participants for FGDs and IDIs.

- A. During the month of October 1995, PATH's Nairobi office staff will work with local partner staff and resource people to develop, field-test, and finalize the various instruments. In November, interviewers will be identified and trained, and plans will be made for the field activities which will take place during the data collection phase. Priority will be given to using interviewers who could later be involved in local implementation activities. Additional planning activities include collecting listings of health facilities and personnel in Nyamira District including clinical officers, nurse midwives, community nurses, public health officers and doctors.

PATH/Nairobi staff will also work with the partner agency/agencies to finalize their SOW and proposal including a budget, clarified roles and responsibilities of the two partners, and coordination plans. PATH hopes that the subcontract for the local partner will be signed by 16th of October. PATH's Nairobi staff will ensure that the partner agency is meaningfully involved in conceptualizing, drafting, field testing and finalizing the research instruments.

- B. The data collection phase will start in November 1995, and will strive to overlap with the period when circumcisions are being carried out by the community in December. This will also be helpful in the documentation of case studies.

A PATH/Washington staff person will travel to Kenya to supervise and partake in the data collection, reduction, cleaning, analysis, and report writing.

By February 1996, PATH staff will submit a trip report, an evaluation plan, and the finalized sub-agreement contract(s). The qualitative research report will also be submitted at this time.

A quarterly report will be submitted to BASICS in January 1996.

III. Dissemination and Program Strategy Development Workshops (March 1996)

PATH will co-organize two dissemination and program strategy development workshops with the local partner(s) in order to disseminate the findings of the research conducted in Nyamira District. The local workshop will provide immediate feedback to the local community and will assist in the development of strategies for reaching the various members of the community that have been researched (health professionals, traditional circumcisers, girls, mothers, church groups, etc.). The national workshop, on the other hand, will inform FGM interest groups, the Ministry of Health (MOH) and the donor community about the research findings and will solicit input for their intervention. Prior to the workshops, PATH and its partner(s) will develop a summary information sheet of their findings and press releases about the workshops.

By end of April 1996, PATH staff will submit workshop reports, dissemination materials, any feedback from the media, and program strategies for Nyamira District.

VI. Implementation of Interventions (April - August 1996)

The partner agency will implement the intervention strategies developed during the dissemination workshop with technical assistance and supervision from PATH. Depending on available funds, specific activities may include:

- Organizing a media and materials development workshop for program staff and volunteers based on the findings of the local research.
- Organizing workshops and seminars for various district constituents (leaders, health personnel, etc.).
- Field testing and producing materials.
- Selecting and training peer educators.
- Selecting and training members of clergy on FGM issues.

- Implementing outreach activities through health, education, religious, and other social systems such as MYWO women's groups and clubs.
- Documenting and disseminating lessons learned.

The third PATH/Washington staff trip to Kenya will depend on the next big event such as the curriculum development workshop for health personnel, or media and materials development workshops for the district level intervention. These workshops are tentatively scheduled to begin in April or May 1996.

By end of July 1995, PATH will submit a trip report with draft materials, and a quarterly report. A workplan for year two and a follow on-proposal to BASICS will be submitted in August.

APPENDIX G

Program for Appropriate Technology in Health
and
BASICS for Institutionalizing Child Survival (BASICS)

PATH's Local Travel Budget

All costs have been converted into dollars using the rate of Kshs. 50.00 to the dollar.

Please note that Concorde will not allow their driver to drive PATH's vehicle because of insurance complications; therefore, PATH will need to hire a driver every time there is a trip. The approximate cost of hiring a driver is \$20 per day including per diem. The budget for petrol is an estimate and may slightly; therefore, we are including a contingency of 5% to cover this and any other incidentals.

A. Needs Assessment Trip:

1. Car hire for Kisii and Nyamira Districts	\$894. 92
2. Per diem for Lorna during field trip	\$161. 60

B. Development of Instruments:

1. \$5,000 to go in SDA's budget	\$5,00 0.00
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C. Field Testing Instruments (2 days) and Training Interviewers (2 days):

1. Vehicle for 6 days including petrol	\$495. 00
2. Training interviewers - in SDA's budget	\$ 0.00
3. PATH staff: 2 staff x 5 nights x US\$64	\$640. 00

D. Data Collection (10 days) for 2 people:

1. Car and driver for two weeks including petrol	\$1,02 8.00
2. PATH staff: 1 x 13 nights x US\$64	\$832. 00

- E. Local Dissemination and Strategy Development Workshop in Nyamira (2 days workshop and one-day planning)
1. Most expenses to be paid by SDA \$0.00
 2. PATH staff: 2 staff x 4 nights x US\$64 \$512.00
- F. National Dissemination and Strategy Development Workshop (2 days)
1. All expenses paid by SDA \$0.00
 2. PATH staff: 2 staff x 3 nights x US\$64 \$384.00
- (assuming Blue Post Hotel Thika)
- G. Training of Coordinators in a Media and Materials Development Workshop (5 day workshop and 2 days local planning and debriefing)
1. Car and driver for 10 days including petrol \$686.91
 2. PATH staff: 2 staff x 9 nights x US\$64 \$1,152.00
- H. Budget for at least 3 other workshops in Nyamira:
1. Use of SDA car [in their budget] \$0.00
 2. PATH staff: 1 staff x 3 workshops x 4 nights x US\$64 \$768.00
- I. Monitoring Trips:
1. Vehicle and driver for 5 trips including petrol \$1,372.18
 2. PATH staff: 1 staff x 3 days x 5 trips x US\$64 \$960.00
- J. Printing (This is strictly an estimate based on possible interventions.)
1. New curriculum for nurses
 2. Leaflet for TBAs with messages on health consequences of FC

3. Reminder cards for nurses	\$10,000.00
4. Curriculum development including use of external researchers/advisers	\$1,000.00
Maximum total for printing	\$11,000.00
Sub-total	\$25,886.43
5% Contingency	\$1,294.32
GRAND TOTAL BUDGET	\$27,180.75

APPENDIX H

List of Contacts

1. Njeri Muriithia
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3. Lalit Kraushaar
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4. Dr. Wangoi Njau
Executive Secretary
CSA
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Nairobi
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5. Zippy Mulumbe
FORD Foundation
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Nairobi
6. Charity Mailutha
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Telephone #: 763138
7. Litha Musyimi
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8. Jedidah Wachira
Program Officer
INTRAH
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Telephone #: 229670 or 230381 or 230382
9. Maina Kiranga
program Officer
FPPS
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Nairobi
Telephone #: 224646/55 or 227614
10. Dan Odallo
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11. Frants Staugard
Health Program Officer
DANIDA
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12. Dr. Allan Ferguson
GTZ
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Nairobi
13. Dr. Stella Abwao
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14. Dr. Dolly Gakunju
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15. Mr. Ndung'u Kahihu
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Nairobi
16. Joe Muriuki
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Nairobi

17. Dr. Florence Gachare
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Nairobi
18. Executive Director
Undugu
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Nairobi
19. Cyprian Owiti
Program Co-ordinator
PHS
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Nairobi
20. Rose Chege
Program Officer
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21. Sister Elizabeth
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Kenya Catholic Secretariat
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22. The Director
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23. Nelson Keyonzo
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24. Allan Ragi
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25. Janet Hayman
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Nairobi

26. Anna Abwire
Ministry of Culture and Social Services
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Nairobi
27. Dr. Peter Mokaya
SDA
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28. Director
KEMRI
P. O. Box 54840
Nairobi
Telephone #: 722541
29. Mr. Odongo
KMA
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Nairobi
Telephone #: 724617 or 221841
30. Asha Pai
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31. Saidi Aboud
Program Director
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32. Seth Ong'uti
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Nairobi
33. Dr. Nyarovai Wharde
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UNHCR
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Nairobi
34. CARE Kenya
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35. Fatma Anyanzwa
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36. Nicole Chartrand-tresch
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37. Mrs. Gladys Aginga
SIDA
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39. Dr. Jacqueline Oduol
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AAWORD
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Telephone #: 719526
40. Jean Kamau
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Nairobi
Telephone #: 717169
41. Jemimah Mwakisha
KIE
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Nairobi
42. Enow Adawa
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44. Ms. Musandu
Chairperson
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45. Anne Bwika
Tutor in Charge
Faculty of Nursing
KMTC
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46. Tabitha Oduori
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47. Dr. Ayo Ajayi
Population Council
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APPENDIX I

LIST OF HEALTH FACILITIES IN MYAMIRA DIST.

Name	Status	OWNER	Division
1 Myamira District Hosp	HOSP	GOV	Myamira Div.
2 Myamira MCH	HOSP	Private	Myamira "
3 Igema Hanbe	HC	GOV	"
4 Kebingo	HC	NGO	"
5 Kenyera	HC	NGO	"
6 Ogango	DISP.	GOV	"
7 Ranganya	HC	NGO	"
8 Tanga	HC	GOV	"
9 Myamanga	DISP.	GOV	"
10 Makhari	DISP.	Private	"
11 Bosanga	HC	GOV	"
12 Manga	HC	GOV	Manga Div.
13 Manyana	DISP.	GOV	"
14 Getahe	DISP.	GOV	"
15 Tombe	DISP.	GOV	"
16 Magombo	HC	GOV	Rigoma Div.
17 Keroka	HC	GOV	"
18 Gesima	HC	GOV	"
19 Gsani	HC	GOV	"
20 Gekano	DISP.	NGO	"
21 Rukhoro	DISP.	NGO	"
22 Ekerenzo	HC	GOV	Ekerenzo Div.
23 Etono	DISP.	GOV	"
24 Maywanya	DISP.	GOV	"
25 Myamusi	HC	GOV	"
26 Amaherio	DISP.	GOV	"
27 Itibo	HC	NGO	"
28 Matong'o	HC	NGO	"
29 Mabilkomu	DISP.	NGO	"
30 Omodania	DISP.	NGO	"
31 Myansinga N Home	HOSP	Private	Borabu Div.
31 Kilauri	DISP.	GOV	"
32 Isoge	DISP.	GOV	"

33	Borabu	HC	NGO	Borabu Aw.
34	Chepnombu	HC	GOV	"
35	Erongu	HC	NGO	"
36	Gietai	DISP	NGO	"
37	Mwani	DISP	GOV	"
38	Kipikebe	HC	private	"
39	Sotik Highlands	DISP	private	"
40	Mansiongo	HC	NGO	"

Riyoma
Div.

Gesima, Agnes Omwenga KECN
Box 3 2 Patrick Omweno KECN
Mamira 3 Charles Makhana PHT

BEST AVAILABLE COPY

Ethereng
Div.

Ethereng 1- John Ayuka KECN
Box 3. 2- Laban Mose KECN
Mamira 3 Yunis Nyayuki KECN
4 Cleopa Ojwang PHT
5

11 Etono 1 Elizabeth Mayoyo KECN
Box 3 2 Salome Mitemi KECN
Mamira

Riyoma
Div.

Egani Grace Ondene KECN
Box 3 Lydee Kemama KECN
Mamira Peter Ogeto PHT

Ethereng
Div.

~~Map~~ Magnagna - 1 Binard Momanyi - KECN
Box 3 2 Alex Ongori - KECN
Mamira 3 J. Ndoto - PHT

11 Nyamus - 1 Edward Bagara KECN
Box 3 2 Julius Nyabando KECN
Mamira 3 Othello Ochengi PHT

11 Amahierio - 1 Samuel Nyangwara KECN
Box 3 - 2 Charles Nyakioqa KECN
Mamira 3 Amara Ocheng PHT

Borabu
Div.

Chapnyonse - 1 James Arere KECN
Box 3 2 Lucy Mose KECN
Mamira 3 Evans Monda PHT

Isoge - 1 Epi Biba Maroro KECN
Box 3 2 Sarah Monyonho KECN
Mamira 3 S.O. sese PHT

Kijauri - 1 Teresa Omwang'ye KECN
Box 3 2 Joyce Matundo KECN
Mamira 3 Felia Osero KECN
4 Zachary Mubonea PHT

Borabu boru
cont.

Mwungori
Box 3
Mamira

- 1 Mary Kiarie - KEEN
- 2 Ester Mawko - KEEN
- 3 JOSEPH N MBAKA - PHT

Nyamira
Div.

Igani (Kambe)
Box 3
Mamira

- 1 - Mellen Obane - KEEN
- 2 - Charles MOKAYA - KEEN
- 3 - Frank OMOI - PHT

"

Ogango
Box 3
Mamira

- 1 Teresa Omba - KEEN
- 2 Charles Abiayo - KEEN
- 3 P. NYATOGO - PHT

"

Tinga
Box 3
Mamira

- 1 Sara MOKA - KEEN
- 2 Margaret MANGWALO - KEEN
- 3 C. Omasire - PHT

"

Mamira
Box 3
Mamira

- 1 Edib Otwori - KEEN
- 2 Patrick MUKANGI - KEEN

Manga
Div.

Manga He
Box 3
Mamira

- 1 James Mageto - RCO
- 2 Sibia Achoki - KEEN
- 3 Jane Iombe - KEEN
- 4 Zakaria MOKOSI - KEEN
- 5 N. Kanu - PHT

"

Mangeni
Box 3
Mamira

- 1 C. Moseki - KEEN
- 2 Peter Bosire - KEEN

"

Getane
Box 3
Mamira

- 1 Winifride Magembe - KEEN
- 2 Jeremiah Kerosi - KEEN
- 3 Kenneth Basweti - PHT

"

Tombe
Box 3
Mamira

- 1 Margaret Keba ya - KEEN
- 2 Rebecca Ndubi - PHT
- 3

1/2/2021

Rigoma Magombo H/c - 1 Lucy Myabuti KECN
Div Box 3 2 James Kerandi KECN
Mwanira 3 Chris Mosaasi PPHD

11 Keroka H/c - 1 Nelly Shikuku
Box 3 2 Bilie Mangeri
Mwanira 3 Turusia Momanyi
4 Rebecca Orina
5 Francesca Ondabu
6 Chweya Motuka
7 Joyce Mwambi
8 Peter M-Ogeto

Mwanira Bosiango H/c 1 Machine Momanyi
Div Box 3 2 Mogumbo Makori
Mwanira 3 Frank Omoti

Private

kip kabe ltd H/c - 1 J. Ongige RLO
Private Bay Sofik 2 A. Onduski KECN
3 Norah Ombori KECN

Maton

Mwansioyo N. Home - 1 Dr. e chweya MBCHB
Box 1 2 Dr. Myabuti MBCHB
Mwansioyo 3 J. Ouchiri
4 4 nurses

Borabu H/c - 1 Dr. Kemoni MBCHB
2 3 nurses all KECN

Matungo H/c 1 Mr. Gechiko
EHC

APPENDIX J

Distribution List

1. Carolyn Kruger, BASICS
2. Judith McCord, USAID/Nairobi
3. Cate Johnson, USAID/Washington
4. Margot Zimmerman, PATH/Nairobi
5. Kristin Bedell, PATH/Seattle
6. Carol Corso, PATH/Washington