

Country:

GRANT ACTIVITY DATA

TAB

TITLE Family Planning	FUNDS Population Planning and Health	PROPOSED OBLIGATION (0000)	
NUMBER 615-11-580-161	PRIOR REFERENCE	926	
		INITIAL OBLIGATION FY: 1975	SCHEDULED FINAL FY: 1980

Project Target and Course of Action: The goal of this multi-donor project is to achieve a reduction in the annual rate of natural increase from 3.3% in 1974 to 3.0% in 1979 by assisting the Government of Kenya (GOK) to develop a national capability that will make family planning services available to the general public. The GOK has a five year family planning program designed to develop the institutional capability within the Ministry of Health (MOH) to administer a national family planning program and recruit 640,000 new family planning acceptors. AID/W assistance in this multi-donor (IDA, SIDA, UNFPA, NORAD, FRG, DANIDA) effort will concentrate on training (in-country and U.S.); equipping and supplying family planning service points, a health education unit, research and evaluation sections of the MOH; and for other costs to cover selected recurring expenses on a declining percentage.

Progress to Date: In consultation and cooperation with the MOH and other donors the Mission has prepared a Non-capital Project Paper (PROP) for this activity. The PROP has been reviewed and found acceptable for Title funding.

FY 1975 Program: FY 1975 funds are required for participant training (\$147,000); commodities for family planning service points, health education unit and research and evaluation division (\$344,000); other costs which will include local salary support for family planning personnel on a declining basis (\$250,000) and contract costs (\$165,000) for technical personnel carry on in-country training.

U.S. DOLLAR COST (In Thousands)

	Obligations	Expenditures	Unliquidated	Cost Components	OBLIGATIONS						
					Estimated FY 1974			Proposed FY 75			
					Direct AID	Contracted Other Agency	Total	Direct AID	Contracted Other Agency	Total	
Through 6/30/73	-	-	-								
Estimated FY 74	-	-	-	U.S. Technicians							
Estimated through 6/30/74	-	-	-	Participants							
		Future Year Obligations	Estimated Total Cost	Commodities							
Proposed FY 75	926	2601	2520	Other Costs							
				Total Obligations							

PRINCIPAL CONTRACTORS//GENC

To be determined.

615016

FD-AAA-237

July 20, 1974

4p.

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR

FROM: PHA/POP, R. T. Ravenholt *RTR/RB*Problem: Approval of Family Planning PROP for Kenya

Discussion: The purpose of this project is to provide support to the Government of Kenya (GOK) multi-donor Five-Year Family Planning Program through the provision of technical services, participant training, commodities, and other costs for recurring/operational expenses so as to institutionalize the delivery of full-time family planning services on a national basis. This PROP is expected to cover a five year activity and does not entail capital development funded by AID. As the Kenyan's see it, the National Family Planning Program will be expressed in health as well as demographic targets, however, this proposed project is basically addressed to meet demographic targets.

(1) Title X Objective Served: Kenya presently has one of the highest rates of natural increase (RNI) in the world. Officially, the GOK cites the RNI as 3.3%, however, there have been estimates that it may be as high as 3.4%-3.5%. The GOK Five Year Family Planning Program which this project supports will establish the GOK capability in the extension of health and family planning services to rural areas through integrated delivery systems.

(2) What is to be done: The project will assist the GOK Five Year Family Planning Program to expand the delivery of FP services on a national scale as an integrated part of the health services. The goal is to help the GOK in achieving its demographic objectives over the next five years of reducing the rate of natural increase from the present 3.3% to 3.0% by 1979 through the recruitment of 640,000 new family planning acceptors over the five year period. This project in some respects is a continuation of a previous activity in that the Health Education Unit and the participant element will receive further assistance to increase and enhance the GOK capacity to carry out the country-wide efforts. Other elements of the project which are new are: assistance for equipment to the National Welfare Family Planning Center and its various divisions (besides Health Education Unit); clinical equipment for the 400 fixed service points and the 17 mobile units; the provision of some contraceptives; and recurrent costs to meet salary payments on a declining basis of additive family planning personnel.

(3) Is the project self-contained: AID's assistance is part of a multi-donor effort to support the Kenya Five Year Family Planning Program, of which the GOK is paying about 30%. Other donors are: IBRD/IDA, UNFPA, Sweden, Norway, Denmark and Germany. In addition, there are a number of other on-going P/FP related activities in Kenya supported by such organizations as Population Council, Family Planning International Associates (FPIA), IPPF, Pathfinder, and through centrally or regionally funded projects.

(4) Who will do it: The Ministry of Health (MOH) will have responsibility for the program, which will be administered by the Director of Medical Services. The Deputy Director of Medical Services will be the Director of the National Family Welfare Center (NFWC) which will have responsibility for the day-to-day administration and coordination of all FP/MCH programs in the country. The MOH will coordinate all donor inputs. An Interministerial Working Committee (IWC) will advise the MOH in its task until a National Family Planning Council is established. The IWC will meet once every three months to help formulate policy and review the developments of the National Family Planning Program. The IWC will have representatives from seven Ministries, the University of Nairobi, the Family Planning Association of Kenya, and the National Council of Social Services.

(5) How will it be done: Under the National Program, the GOK will, in the next five year period, establish the capacity to provide full-time FP services in 400 fixed FP service points and part-time FP services in an additional 190 locations through utilization of mobile units. Each service point providing full-time FP services will be staffed by one trained community nurse, two family planning field workers, and a clerk-typist. Staff from the district supervisory offices (comprised of one public health nurse trainer/supervisor, one family planning field officer) will provide support as necessary to fixed and mobile FP service points. The District Medical Officer of Health heads all operations in his district and provides support/supervision. A schedule for training all necessary staff for the country-wide program has been worked out.

(6) What will it cost: The anticipated five year cost to AID of this project is \$3.5 million broken down into \$360,000 for direct technical services, \$517,000 for PASA/contract costs, \$533,000 for participant training, and \$652,000 for other costs. No construction involved. AID inputs into Kenya Five-Year FP Program will be approximately 8-9% of the total (\$38-40 million). The GOK will be providing about \$14.3 million (30%) of the total costs and six other donors, listed under Para. 3, will provide the remaining funds.

(7) Intended Outcome: Through this project, the GOK will be assisted to create an institutional capability to recruit 640,000 new FP acceptors over the five year period and thereby achieve the goal of reducing the rate of natural increase from the present 3.3% to 3.0% by 1979. The institutional capability to be established will include such indicators as 400 service points offering FP on a full-time basis, 190 service points providing FP services on a part-time basis through 17 mobile units, service points staffed with trained personnel to deliver FP services, field workers to motivate potential acceptors, and the administrative capacity with trained personnel to administer and give proper supervision to the program. Measurements to determine achievement of institutional capability will rely on basic data on acceptors, demographic data through sample surveys to determine fertility patterns, review of staffing patterns to assure complete staffing of service points, and on the spot visitations to determine quality and degree of FP services provided.

(8) What basic issues are involved in the proposal: (a) The first issue is the provision of FP/MCH through the integrated health services. To the present, Kenya has been promoting and providing FP services only on a limited part-time basis through the FPAK with support from IPTF. The Government, although it has had a FP policy for several years, had not concentrated its efforts or resources to expand operational FP activities, as necessary, to meet the population problem. Many GOK officials have recognized the need for FP, but had not been able or willing to exert enough attention to this need. Kenya has now decided on a National Program for the delivery of FP/MCH but in the context or in conjunction with the delivery of the basic health services. This approach has wide support and the Five-Year FP Program is an indication of this. The MOH, who will have overall responsibility for FP/MCH, has decided the FP/MCH program will function directly under the Director of Medical Services and his Deputy who will also be the Director of the NFWC. At the district levels, the FP/MCH program will be under the supervision of the District Medical Officers who in turn are responsible to the provincial medical officer. It is hoped that this organizational structure will enhance the delivery of FP/MCH services to most of the population.

(b) The second issue relates to the operational and administrative capability to promote FP and provide the services. A great need exists in Kenya for adequately trained personnel to provide FP services, motivate and recruit more FP acceptors, follow-up on acceptors and gather statistics on all FP related activities, evaluate program performance, supervise delivery of services/personnel, train and upgrade personnel, and provide the necessary administrative direction for the program. All these areas of activity are to be assisted through this project and it is hoped all of them will be operational and functioning adequately by the end of the project.

(c) The third issue relates to recruitment of FP/MCH clients. Having functioning FP/MCH service points, the required personnel, and the administrative structure is not sufficient. The general public has to be informed and convinced that FP/MCH is to their benefit. Clients have to be motivated to seek the services. The Health Education Unit of the NFWC will have this responsibility. Present staff will be increased and trained, the Unit will be equipped to produce the necessary information and educational materials to convince the public on the merits of FP/MCH. Advisors (two from AID at present) are assisting the unit to improve its capability and it is hoped the Unit will be fully operational with qualified staff by the end of the project and would have had enough success to recruit or convince enough women to seek FP services to meet the GOK target of 640,000 new acceptors.

This project is not considered bilateral assistance for purposes of Section 110(a) of the FAAct of 1961 and 25% host country contribution is not required as determined by the General Counsel.

There are no remaining issues to be resolved.

Recommendation: That you clear the attached Project Authorization (PROP) and the Action Memorandum to the Administrator.