

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Control
Symbol U-447

1. PROJECT TITLE FAMILY PLANNING II	2. PROJECT NUMBER 615-0193	3. MISSION/AID/W OFFICE USAID/Kerya
4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY)		<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION
6. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY <u>82</u> B. Final Obligation Expected FY <u>85</u> C. Final Input Delivery FY <u>85</u>	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>4,000,000</u> B. U.S. \$ <u>4,000,000</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>AUGUST 1982</u> To (month/yr.) <u>OCTOBER 1984</u> Date of Evaluation Review <u>OCT. 22-NOV. 10, 1985</u>

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<u>Major Recommendations</u>		
1. USAID should continue its strategy of supporting fuller development of MOH's, IRH/FP Programs.	USAID	1985
2. The training of ECNs should continue and, if possible, increase.	USAID/MOH	ON GOING
3. COs should no longer be included in the NFWC clinical FP program. A new short course should be designed to meet their specific needs.	MOH	ON GOING
4. Seminars/workshops to update tutors on training methodology, technical information, specific health issues, lesson plans and teaching aids should be held annually.	USAID	1985
5. The NFWC should implement its plan to prepare a periodic newsletter for MCH/FP distribution to health workers throughout the MOH's system.	MOH	ON GOING
6. NFWC should emphasize in its training program that prenatal care is the best time to introduce women to information about FP with follow-up planned for the post-partum period.	MOH	1986

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9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Project Paper</td> <td><input type="checkbox"/> Implementation Plan e.g., CPI Network</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Plan</td> <td><input type="checkbox"/> PIO/T</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Logical Framework</td> <td><input type="checkbox"/> PIO/C</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Project Agreement</td> <td><input type="checkbox"/> PIO/P</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____	<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT A. <input type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input checked="" type="checkbox"/> Discontinue Project
<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____											
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____											
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____											
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____											
11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) Grace Mule, PH _____ Laura Slobey, PH _____ Stephen Klaus, PRJ _____ Richard Greene, PROG _____	12. Mission/AID/W Office Director Approval Signature _____ Typed Name <u>Charles L. Gladson</u> Date <u>August 21, 1985</u>												

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

<p>A. List decisions and/or unresolved issues: cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)</p>	<p>B. NAME OF OFFICER RESPONSIBLE FOR ACTION</p>	<p>C. DATE ACTION TO BE COMPLETED</p>
<p>7. Posters which demonstrate the value of child spacing should be displayed in all areas of RHF's and appropriate visual aids and reference materials should be provided to all schools of nursing in Kenya.</p>	<p>MOH/USAID</p>	<p>1985</p>

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FAMILY PLANNING II PROJECT NO. 615 - 0193
PROJECT EVALUATION SUMMARY.

I. PROJECT SUMMARY.

A. Background of the Project

The Integrated Rural Health/Family Planning Project (IRH/FP), Part B, under which the Kenya Family Planning II Project (No. 615-0193) operates is an interagency effort. These agencies are the Government of Kenya (GOK), World Bank, Swedish International Development Agency (SIDA), Danish International Development Agency (DANIDA), United Kingdom - Overseas Development Administration (UK - ODA), United Nations Children's Fund (UNICEF) and the United Nations Fund for Population Activities (UNFPA). The total (IRH/FP) project budget was 49.7 million US dollars.

In 1982 when USAID funding began, the funds were to be utilized to expand National Family Welfare Center (NFWC) (now known as Division of Family Health (DFH)) training capacity so that 900 Enrolled Community Nurses (ECNs) and 270 Clinical Officers (COs) would be trained during the project period of 3 years or 300 ECNs and 90 COs respectively each year.

B. Project Goals

The purpose of Part B of the project is to provide in-service training for rural health facility personnel, including comprehensive theoretical and practical family planning training for Enrolled Community Nurses and Clinical Officers.

C. Inputs and Outputs

The first phase of the project was initiated in August 1982 through September 1985 by a Grant Agreement between the United States and Kenya Governments signed on August 30, 1982. The USAID contribution to this activity was 2% or one million US dollars. This training component was a tributary of the Integrated Rural Health Family Planning Project (IRH/FP) whose

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"part A's" major undertaking is family planning demand creation activities which include a broad variety of activities designed to improve both the quantity and quality of rural health and family planning services.

During the first year of the project, the NFWC established six satellite ECN training programmes in provincial Medical Centers, whose training output is 216 ECNs per year, thus meeting almost the projected goal of 300 ECNs throughout the life of the project.

The projection for the Clinical Officers training for the 3-year period was 270. However, there was a shortfall in their training, at the time the evaluation was conducted only 60 COs had been trained, thus representing 22% of the numbers planned.

FAMILY PLANNING II EVALUATION

A. Background

The USAID assisted Kenya Family Planning II Project (No. 615-0193), part B of the Integrated Rural Health Family Planning Project (IRH/FP) being carried out by the National Family Welfare Center (NFWC) Program of In-Service Family Planning Training for Enrolled Community Nurses and Clinical Officers underwent a Mid-Term Evaluation between October 22, 1984 and November 10, 1984. The evaluation was conducted by a two person team. These were Mrs. Judith Rooks of the American College of Nurse Midwives and Mrs. Grace Mule, an employee of the USAID Mission to Kenya.

B. Goals of the Evaluation

One of the goals of the evaluation was to determine the progress of the project in terms of its goals, objectives, outputs and inputs. In addition the evaluation was to be used to analyse the effectiveness of the project outputs and to recommend any modifications in the implementation of the project.

C. Methodology

The team studied existing written documents, including curricular guides and handouts used in the NFWC training program. They also visited three provincial hospital training centers and conferred with senior Ministry of health personnel, tutors, current and past Enrolled Community Nurses (ECNs) and

Clinical Officers (COs) students of the program. They also observed the two cadres providing FP services in their respective areas of practice. In spite of the time constraint the team's goals were attained within the allotted time.

D. Issues and Problems

Although issues and problems are discussed under conclusions, it is important to note the following: A recent NFWC's internal evaluation of the CO training revealed that the level of FP knowledge and skills among trained COs was less than that of trained ECNs. In spite of COs being in charge of the Health Center with accountability for ECNs, their basic training is curative oriented. They do not provide MCH/FP services and are less knowledgeable than ECNs. It was observed that since they are mainly males, COs could only effectively utilize the knowledge acquired for motivation to male clients. Additionally, COs require management skills and knowledge of complications arising from the use of FP methods since they are managers of the RHF's.

It was noted that there was a general lack of reference and library materials for both teachers and students. Those available were outdated and lacked recent research findings in contraceptive technology. The students also lacked adequate models for practice. There was a need for the tutors to have updated information in the form of publications and refresher courses.

E. Lessons Learned.

1. USAID should work closely with GOK from the initial stages of project development to ensure that adequate funds are allocated in the GOK budget and assist MOH to improve their accounting and reporting system.

2. Before initiating the training of any cadre of health staff in a particular specialised discipline, and in this case the training of COs in FP, the goals should have been clearly defined and potential problems, in advance. A needs assessment should have been conducted to ascertain the extend to which the acquired knowledge would be utilised.

3. There is a need to improve the capability of producing, consolidating and distributing training materials within the Health Education department of the MOH.

IV. CONCLUSIONS AND RECOMMENDATIONS

A. USAID should continue its strategy of supporting fuller development of the MOH's IRH/FP Project.

B. Ministry of Health should conduct research to identify characteristics of MCH/FP facilities which are successful in meeting the FP needs of a large proportion of the women who come to the facilities for any MCH service.

C. When the Ministry of Health and Other PVO organizations have trained more ECNs, the integration concept should be implemented in facilities where they do not exist.

D. Posters which demonstrate the value of child spacing should be designed to appeal to childbearing women and should be displayed in all areas used by women who attend RHF's.

E. Whenever the MOH distributes circulars or any other written materials relevant to MCH/FP, copies should be addressed specifically to the categories of nurses who need to know the information being transmitted.

F. The NFWC should consider proceeding with their original plan to prepare a periodic newsletter.

G. The MOH should procure metrically measured intrauterine sounds for use in all SDPs.

H. The MOH should procure an adequate continuing supply of copper-bearing IUCDs.

I. Concise but specific information on proper use of the progestin-only pills for lactating women should be developed by the NFWC and be distributed with the pills.

J. Until the progestin-only pills arrive, the MOH should consider amending its rule to allow use of low-estrogen pills beginning at six months post-partum.

K. The training of ECNs should be continued and if possible increased. Any increase would require opening additional decentralized training programs; if additional students were added to existing programs, there would not be sufficient opportunity for students to observe and perform an adequate number of IUCD insertions.

L. The NFWC curriculum should emphasize that the prenatal period is the best time to introduce women to information about FP, with follow-up planned for the post-partum period.

M. A pelvic model for teaching and practicing pelvic assessment and IUCD insertions should be procured for every decentralized training program.

N. Tutors at the central NFWC facility in Nairobi should immediately develop a curricular unit on the appropriate use of low-dose progestin-only pills by women with lactational amenorrhea.

O. As recommended elsewhere in the main evaluation report COs should no longer be included in the NFWC clinical FP training program and the number of RNMs trained in the program should be increased.

P. The NFWC should develop a new, probably shorter, training program to meet the specific needs of COs.

Q. Key FP references should be identified and provided in small numbers to the libraries which are available to NFWC FP students.

R. The NFWC should convene an annual seminar-workshop to include all 22 of their tutors plus three or four of the District Public Health Nurses who are responsible for supervising MCH/FP services in the RHF's.