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OPPORTUNITIES FOR PRIVATE SECTOR
FAMILY PLANNING INFORMATION AND SERVICE
ACTIVITIES IN KENYA

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ABBREVIATIONS

AALC	African-American Labor Council
AFL-CIO	American Federation of Labor and Congress of Industrial Organizations
AID/W	Agency for International Development, Washington
AMREF	African Medical Research Foundation
APHA	American Public Health Association
AVS	Association for Voluntary Sterilization
CBD	Community-Based Distribution
CEFPA	Center for Population Activities
CHW	Community Health Worker
CORAT	Christian Organizations Research Advisory Trust
CRS	Catholic Relief Services
COTU	Confederation of Trade Unions
FAO	Food and Agricultural Organization (United Nations)
FLE	Family Life Education
FP	Family Planning
FPA	Family Planning Association
FPAK	Family Planning Association of Kenya
FPIA	Family Planning International Assistance
FY	Fiscal Year
GOK	Government of Kenya
ICA	Institute of Cultural Affairs
I&E	Information and Education
IEC	Information, Education, and Communication

ILU	International Labour Office (United Nations)
INTRAH	International Training in Health
IPPA	International Planned Parenthood Association
IPPF	International Planned Parenthood Federation
IRHP	Integrated Rural Health Program
IUD	Intrauterine Device
KCS	Kenyan Catholic Secretariat
MCH	Maternal and Child Health
MOH	Ministry of Health
MP	Member of Parliament
MYW	Maendeleo ya Wanawake
NCCK	National Christian Council of Kenya
NGO	Non-Governmental Organization
OB/GYN	Obstetrics and Gynecology
OC	Oral Contraceptive
PCMA	Protestant Churches Medical Association
PHC	Primary Health Care
PHN	Population, Health, and Nutrition
PP	Project Paper
PSI	Population Services International
PVO	Private Voluntary Organization
SDA	Seventh Day Adventists
SIDA	Swedish International Development Administration

TBA	Traditional Birth Attendant
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development*
USG	United States Government
VHW	Voluntary Health Worker
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

* Generally denotes in-country mission.

I. INTRODUCTION

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Purpose of the Consultancy

This report is based on a three-week (May 26, 1982 - June 17, 1982) consultancy to Kenya. The visit was made at the request of USAID/Kenya. Its purpose was to assess opportunities for private sector family planning (FP) information and service activities in that country.

The initial request called for two consultants who would be able to spend approximately five weeks each in Kenya and who would have the resources required to travel about the country to identify private sector organizations that are or might become active in family planning. Because of a breakdown in communications, one consultant who had been invited to participate in the effort accepted another assignment and became unavailable at a time when it was too late to seek a replacement. A check for in-country travel funds, written by the American Public Health Association (APHA) on May 26 and sent via pouch, reached Kenya only at midday on June 17, several hours before departure time. This delay prevented any first-hand contact with organizations outside Nairobi, but that omission probably had little effect on the form or content of this report.

The request for consultant assistance resulted from a recognition by USAID/Kenya that there is a large, relatively unrealized potential for private sector involvement in family planning information and service activities in Kenya, and from a subsequent strategy decision to emphasize aid to the private sector. As the only major donor organization providing substantial amounts of family planning assistance outside formal agreements with the Government of Kenya (GOK), the Agency for International Development (AID) in the past has channeled most of its population assistance to the country through centrally-funded grantees and contractors. It is now planning to support the activities of non-governmental organizations (NGOs), using three bilateral approaches: initial and continuing three-year funding of the projected National Council on Population and Development, now in its formative stages; direct operational program grants to U.S. and Kenyan private voluntary organizations (PVOs); and the possible creation of a new facility that would identify, fund, and monitor private sector groups that are interested in developing innovative approaches to family planning information and services.

Scope of Work

The scope of work outlined for the consultants included contributions to the design efforts of all three bilateral approaches, visits to 15 NGOs in Kenya, and the compilation of detailed information about the interests, activities, resources, needs, clientele, past performance, and

leadership potential of the 15 NGOs which represent a range of types of organizations that might reasonably be expected to be or become active in family planning. A number of factors--lack of one consultant, lack of transportation, limited time, the limited interests of many organizations in family planning--made necessary some departure from these expectations. Thirteen of the 15 identified organizations were contacted, in two instances only by phone. The types of NGOs that are likely to be interested in or to have something to contribute to family planning were categorized; approximately 50 organizations known to have an expressed interest in some aspect of family planning were identified, and minimal information about the organizations was recorded. In addition, some time was spent in trying to identify where matters stand in relation to the establishment of the National Council on Population and Development which, if it is organized as expected, will have among its members the major NGOs now active in family planning for whom it is expected to provide coordination, funding, technical assistance, and project evaluation.

Acknowledgments

In compiling information for this report, the consultant called upon Spencer Silberstein and Ned Greeley, USAID/Kenya, whose assistance was invaluable. Each has an enviable, detailed knowledge about the population situation in Kenya and the people and organizations involved with it, and both were most generous in sharing their time, knowledge, and materials.

II. THE KENYAN POPULATION SITUATION

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Implications of Rapid Growth

It has become almost a cliché, even in Kenya, to note that Kenya has the highest growth rate of any country. Rapid growth and its implications for development goals are mentioned more frequently now than several years ago by political leaders, the press, and informed members of the general public, but evidence of a sense of urgency to resolve the problem is difficult to find. Negotiations between a group of international donor agencies and the Government of Kenya, which is seeking renewal of the very substantial support that the Integrated MCH/FP Program received during the five-year period, 1974-1979, have dragged on for more than two years, with donors pressing for reforms that hint of the promise of improving the dismal record of the past and the GOK reluctantly yielding, point by point.

Kenyan Government Efforts

Although Kenya has had a population policy for a longer time than any of its neighbors and was among the earliest of the African countries to incorporate population considerations into its development plans, it has never seriously promoted family planning. Program efforts were sporadic and sparse at the beginning. Since 1974, family planning has been added to the maternal and child health (MCH) program of the Ministry of Health (MOH), an organization that has had neither the human resources nor the will to do promote the effort. In mid-1980, for example, an appraisal team from the World Bank reported that of 830 health facilities operated by the MOH, only 250 (30 percent) offer daily family planning services, 136 provide part-time services, and 444 (45 percent) offer no family planning services at all. (The record of private sector health organizations, which provide approximately one-third of all health services in rural areas, is worse than that of the MOH.)

The Case For and Against Family Planning in Kenya

The complex sets of interdependent variables that are responsible for Kenya's rapid growth have been abundantly documented and are well-known. Among the factors are the decrease in the rate of mortality, better health and nutrition, the decline of the traditional practices and values that contributed to birth-spacing and the persistence of others that favor high fertility, a decline in the length and prevalence of breastfeeding, and both men's and women's persistent preference for many children. Another variable is the grossly inadequate access of the bulk of the rural population and a substantial proportion of the urban population to family

planning information and services. That rapid population growth constitutes a serious impediment to the attainment of desired development goals is beginning to be recognized and accepted. That family planning, that is, reproductive restraint, may be a solution, and perhaps the only feasible solution, is not being acknowledged.

One could argue that family planning will not work in Kenya. After nearly two decades of effort and the expenditure of tens of millions of dollars, the results have been negligible. Only a small fraction of eligible couples (4 percent-6 percent) regularly use modern contraceptives; rumors and misunderstandings about contraceptives are widespread (in a recent survey, more than one-half of the women respondents who recognized the oral contraceptives believed use of the products would make them ill); traditional attitudes favoring high fertility still persist; and relatively few people, including some national leaders, understand and fully appreciate the relationships among individual fertility, population growth, and development aspirations.

An equally plausible argument may be made that family planning has never had a fair trial in Kenya. The official approach has been linked to maternal and child health services, and has thus excluded large segments of the population; policies on contraceptives and their distribution have been and continue to be highly restrictive; there has been no sustained program of information and education (I&E); the mass media have not been used effectively; and neither contraceptives nor accurate information about them are widely available to the general public. In a few places where information and services have been made available by private sector agencies (e.g., Chogoria Hospital), rates of acceptance suggest that program deficiencies, and not public apathy or resistance, may be largely responsible for the poor results obtained to date.

It will not be easy in Kenya to effect significant changes in the official and public attitudes toward population and family planning; nor, under the best of circumstances, will change be rapid. But there are emerging possibilities that give promise of some improvement, if they develop as planned. One of these is the projected National Council on Population and Development.

III. THE NATIONAL COUNCIL ON POPULATION AND DEVELOPMENT

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Conception of the Council

Late in 1979, when external support for health and family planning for the period 1974-1979 was terminating and discussions about the terms and conditions of new support were beginning, the permanent secretary of the Ministry of Economic Planning and Development, recognizing a need for an expanded flow of information about population dynamics and their consequences, recruited, with support from the Ford Foundation and the United Nations Fund for Population Activities (UNFPA), two consultants to produce a plan for an inter-agency MCH/FP information and education program. It became quickly apparent that a focus on MCH/FP would be much too narrow and that what was needed was an agency that could plan, implement, and supervise an inter-agency, multi-media I&E program that would focus on family planning but, in addition, provide many other kinds of information about population in relation to development.

Purpose and Function

The Council, as conceived by the consultants and approved by a national conference of interested organizations early in 1980, would include both departments of government and private sector organizations. Policy and planning would be its principal concerns. The day-to-day work of the program would be handled by a Secretariat made up of skilled professionals working under contract. It was recommended that the Council be a parastatal body, if possible; otherwise, it should be located in the Office of the President.

In subsequent discussions between a group of international donor agencies and the GOK, it was decided that renewed support for population in Kenya should be divided into two parts: One part would go to the MOH, for expansion and continuation of its family planning services, part of the Integrated Rural Health Program (IRHP), and one part would be used to establish and support, for an initial period of three years, the Council on Population and Development.

USAID/Kenya chose to support the Council as its part of the collective package of support from donors. It expects to provide approximately \$1 million each year for core support of the Council and specific funding for nine of the 16 projects tentatively selected for activation by the Council. All nine are private sector projects. A tenth project would continue an activity already supported by the Pathfinder Fund, with central funding from AID.

If the Council is established and operates as planned, it may become a significant stimulus to family planning in Kenya and bring the private sector into greater prominence than it has enjoyed in the past. But there is no assurance at this time that the Council will be organized as planned. It has taken two years to get the Cabinet's approval for the Council. Because of a government re-shuffle early this year, which reduced the number of departments in the Office of the President, responsibility for the Council now rests with the Ministry of Home Affairs in the Office of the Vice President. That Ministry recently developed a set of terms of reference outlining what needs to be done to get the Council established, and it has negotiated with two Kenyan consultants to prepare the necessary documents, descriptions, and procedures. As of June 17, 1982, the consultants had not begun to work. They are to be funded by the UNFPA, but they are dissatisfied with the rather generous payment which the UNFPA is prepared to offer. Moreover, official approval of the arrangement has not been received from UNFPA/New York. An expatriate consultant from UNFPA/New York is expected to visit Kenya between June 28, 1982, and July 10, 1982, to work with local personnel; however, it is unlikely that the consultant will be familiar with the Kenyan government's procedures; thus, most of the responsibility for the quality of the design will probably rest with the Kenyan consultants.

Optimal Conditions to Realize Potential

Several requirements will have to be met, if the Council is to have any chance of realizing its potential. The Council will need to be as independent as possible from routine, bureaucratic government control, which means that it should be a parastatal body. Parliamentary approval is required to create such an entity, and there may be some reluctance to seek this approval; moreover, it is not certain that, if sought, such approval will be granted. The Secretariat will need to be staffed by persons who have been chosen for their professional and technical skills and experience, not for their political connections. These experts should be hired on contract, not as government employees, and they should be held to high standards of performance by the Council. They should also have high enough rank to be able to move with relative freedom. In mid-June, before the job descriptions for the positions in the Secretariat had been written, the Office of Personnel was already recommending a rank several steps below what will be needed to attract candidates with the necessary qualifications. Thus, as of mid-June, there were many unresolved questions about the location, composition, membership, and relationships of the Council and its Secretariat, and it is by no means certain that these questions will be resolved in a manner that will enable the Council to be optimally effective. It was agreed that the Council would become operative by October, but, given the pace of its development to date, this deadline may not be met.

The Council, as a body with representatives from both the public and private sectors, should provide for the private sector new opportunities to assist in the difficult task of making family planning respectable and workable in Kenya. But the private sector has not been entirely an untapped resource in the past, and considerable activity already is under way.

IV. THE PRIVATE SECTOR

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Pioneers in Kenya

A private sector organization pioneered the introduction of modern contraceptive technology to Kenya, and private sector agencies have stimulated, helped to guide, and supplemented government efforts since they were begun. The Nairobi Family Planning Association (FPA) was established in 1956; similar associations were organized in Mombasa and Nakuru in 1957 and 1959, and in 1961, presumably with help from the International Planned Parenthood Association (IPPA), the three associations merged to form the Family Planning Association of Kenya (FPAK). Between 1956 and 1968, the FPAK and its precursors were the only Kenyan source of both family planning information and clinical services. In 1968, the government took over responsibility for all clinical services and left largely to the FPAK the task of informing, educating, and motivating the public to practice family planning. A year later, the FPAK again became somewhat active in providing services through a small number of "model" clinics. Another long-term contributor to family planning information has been the National Christian Council of Kenya (NCCCK), which, for approximately 10 years, has been conducting a family life education (FLE) program for youth, youth leaders, pastors, and, more recently, school teachers. It has also worked to develop curricula in population education, an effort that may have contributed to the recently announced decision by the Ministry of Higher Education to develop and offer a course on social ethics in the schools.

Potential Contributions

There is no doubt but that the private sector has significant potential to contribute to the advancement of family planning knowledge and practice in Kenya. But this potential will not be easy to realize. One reason is that, with the sole exception of the FPAK, family planning is not a major concern of any of the private sector organizations that are or may become active in family planning; thus, whatever they do will always be an adjunct to some other activity or interest which they consider to be more important. Furthermore, those who manage and staff these organizations are rarely strongly committed to family planning. To some extent (and perhaps to a considerable extent among many who become field motivators), they tend to share the doubts and reservations about family planning that are so prevalent in the country, and, in the absence of strong signals from government leaders about the urgency of reducing population growth--signals which are certainly not being acknowledged yet--they are likely to be very cautious and conservative in what they do. Much of the work of private sector organizations (including some work carried on by the private sector health facilities that increasingly are recruiting village volunteers) is done by amateurs who have had little opportunity to learn much about population or family

planning and who often are guided by supervisors who know only a little more than they do. Also, many of the organizations are small, serve a limited clientele, and have few resources; thus, they are and will continue to be dependent on outside funding for any family planning they undertake. Indeed, for some organizations, it is plausible that a principal reason for carrying on any family planning activity is that there is money to be had in that field, money that will enable them to engage in other, more congenial activities.

Despite these reservations, there is considerable interest in family planning in the private sector, and a fair amount of activity is already going on. Given encouragement, guidance, friendly criticism, and financial support, much of which the new Council on Population and Development may be able to provide, if it is properly constituted, private sector organizations could pioneer in approaches that the government, because of its inflexibility and bureaucratic conservatism, is not likely to undertake; and, through such activities, they may help to open up the country much more rapidly than might otherwise occur to an understanding and appreciation of the need for family planning.

The Principal Actors

A number of different kinds of private sector organizations have a potential role to play in family planning, each of which would be somewhat different from the role of the others, although there will be a considerable overlap, because most family planning activities can be reduced to the provision of information or services. The NGOs that may have something to contribute to family planning could be categorized roughly into the following divisions:

1. Medical Organizations
 - a. Church-Related Organizations
 - b. Other Organizations
2. Religious Organizations other than Medical Organizations
3. Women's Organizations
4. Professional Associations
5. Employers
 - a. Industrial Employers
 - b. Agricultural Employers

6. Labor Organizations
7. Commercial Organizations
 - a. Information-Oriented Organizations
 - b. Product-Oriented Organizations
8. Welfare Organizations
9. Youth Organizations
10. Educational Organizations
11. Donor Organizations

The FPAK, the only private sector agency exclusively concerned with family planning, is omitted from the list. The FPAK offers some limited family planning service through eight clinics and aspires to operate some mobile clinics, if funding can be found, but its major emphasis has been and continues to be activities in information and education. The FPAK produces motivational print materials; organizes and conducts seminars for youth groups, community opinion leaders, private physicians, and parliamentarians; recruits, trains, and maintains a cadre of lay educators and more highly trained field educators; sponsors exhibits; and makes limited use of the mass media through radio. In July, in conjunction with its annual membership drive, during which it hopes to recruit some 16,000 new members, the FPAK will celebrate its twenty-first anniversary. There will be a parade and other public festivities in Nairobi, including, the FPAK hopes, an address by the president of Kenya. USAID/Kenya has been asked to help fund the celebration, and it may do so.

The FPAK comes as close as any private sector organization to pushing at the boundaries of what is permitted under the somewhat restrictive regulations of the MOH. It continues to use Depo-Provera in its clinics, although that drug has been disapproved by the MOH; it is beginning to experiment with community-based distribution (CBD) of contraceptives, looking toward a time when the provision of initial supplies of oral contraceptives (OCs) can be liberalized; and it has a liberal approach toward sterilization. In the immediate future, it intends to play a leading role in the Council on Population and Development; to develop male motivation programs; to give high priority to demand-creating activities; to introduce CBD systems; and to begin to emphasize the need for family size limitation, in addition to spacing.

The FPAK maintains good relations with the MOH and receives some support from the Integrated Rural Health Program; has good political connections; attempts to keep its staff well-trained; engages in a variety of

activities; and is probably the best private sector family planning resource in Kenya.

A. Church-Related Medical Organizations

Church-related medical organizations, some of which have been active in Kenya since the beginning of the century, provide a substantial portion of the rural health services available in the country. Although most of the facilities are independently managed, there are two umbrella organizations that have or could exercise a coordinating and supporting function: the Medical Department of the Kenya Catholic Secretariat (KCS) and the Protestant Churches Medical Association (PCMA). As of mid-1980, churches were operating 374 health service facilities, ranging from hospitals to rural dispensaries, in addition to a number of mobile services. These facilities are partly supported by the MOH through the Integrated Rural Health Program. During the next few years, they will receive from the IRHP support for 30 new facilities that are expected to provide family planning and health services.

The church-related medical organizations could be a valuable resource for family planning, but, heretofore, they have contributed very little. A few token institutions, such as Chogoria Hospital, that have a commitment to family planning have done very well, but, for the most part, family planning is a side interest that receives little attention. Interest and activity among the Protestant facilities may increase next year, when the man who has been largely responsible for the family planning activities at Chogoria Hospital becomes the medical director of the Protestant Churches Medical Association. However, it is worth noting that the PCMA has exercised little leadership in the past, and it remains to be seen whether it can do so in the future. The PCMA is currently the object of a survey by the Christian Organizations Research Advisory Trust (CORAT), which is assessing needs for central coordination of member organizations, management planning and evaluation, staff recruitment and training, and a centralized logistics system. If the PCMA is strengthened and if its interest in family planning is expanded, it could become a likely candidate for USAID/Kenya support.

B. Other Medical Organizations

The most important organization in the category of non-church-related medical organizations is the African Medical Research Foundation (AMREF), a multi-interest organization with a large and varied staff active in providing services (AMREF operates the Flying Doctor Service), training, communications, and research. AMREF provides training and consultant services to the MOH, produces training materials, and operates

an experimental hospital and health complex that is testing new approaches with outreach staff and community volunteers. AMREF maintains a medical anthropology department with a linguist on the staff who is studying the ways in which health and family planning terms get translated into various Kenyan local languages. The organization has not given any particular emphasis to family planning, but it could and probably will do so in the future. Currently, it is preparing a proposal for USAID/Kenya for a maternal and child health, family planning, and nutrition unit in the Department of Community Health. The proposal is being revised to include a greater emphasis on the family planning component than was originally contemplated.

C. Religious Organizations other than Medical Organizations

In this category would fall such organizations as CORAT and the National Christian Council of Kenya (NCCCK). CORAT is a non-profit service corporation whose founding board of directors included a former attorney general and the current vice president of Kenya. It provides for church-related organizations advisory and consultant services in program planning, evaluation, management, and auditing; offers some training courses in these areas; operates a modest publications program; and carries on research and development activities in organization, administration, and financial management. CORAT has no particular interest in family planning, but it could be a most valuable resource for providing much-needed management training for those church-related medical organizations which in the future may become more active in family planning. CORAT currently is collaborating with Johns Hopkins University in an AID-funded project for operations research and management of community-based health and family planning programs in four church-related health care programs.

For a number of years, the NCCCK has been active in programs of family life education that include a family planning component. One of its projects is among those selected for funding during the first year of operation of the Council on Population and Development. The NCCCK offers inservice courses, lasting from two weeks to four weeks, for 360 primary and secondary school teachers per year. Four weeks of counseling courses are provided for institutional workers, and seminars for as many as 2,000 young people a year are offered. The Ministry of Higher Education recently indicated that a course on social ethics, to be introduced in primary, secondary, and higher education courses next year or the year after, will borrow heavily from an NCCCK syllabus on family education for adolescents and pre-adolescents.

Little information is available on the content of NCCCK programs and their potential effect on those who participate in them.

D. Women's Organizations

The largest, and perhaps the most influential, of the women's organizations in Kenya, Maendeleo ya Wanawake (MYW), has for several years included a family planning component in its programs for rural women's groups. One project supported by the Pathfinder Fund is in its third year. The project aims to teach some 960 local and village leaders how to motivate for family planning, and how to use coupons and keep records of acceptors; to test a small CBD project; to recruit 8,000 family planning acceptors; and to strengthen Maendeleo's management and supervisory system. A recent evaluation revealed continuing management and supervisory deficiencies, inadequate training, and insufficient knowledge and commitment among those who are supposed to be motivating their peers. A Maendeleo proposal has been selected for funding during the first year of the operation of the Council on Population and Development. Work is to begin in five districts in Eastern Province to upgrade the knowledge and skills of a number of both rural and urban women in several areas, one of which is family planning.

Maendeleo has the potential to reach a large number of women, but its management and supervisory capability still needs to be strengthened, as does its training activity.

The National Council of Women of Kenya, affiliated with the International Council of Women, is an umbrella organization for some 30 women's organizations and seven associate member organizations. Of its nine standing committees, only one, which is concerned with the child and family, seems to be interested in family planning. The Council appears to have a maternal and child health project that includes family planning among its interests, but no information about the project could be obtained.

Given its amorphous structure, the lack of central staff, and recent political difficulties, it is unlikely that the Council will have much to contribute to family planning efforts in Kenya.

E. Professional Associations

There are professional associations in medicine, nursing, social work, and teaching, but little is known about any interest they may have, as associations, in family planning, and, in any case, their participation would not go far beyond providing information and encouragement to their members. Their potential needs to be explored, but they do not represent a high priority opportunity.

F. Industrial Employers

Apparently, the GOK requires that firms employing more than a specified number of employees (50 was mentioned, but the number was not verified) are obliged to provide some medical and health services for their employees. These services, especially for those industries that employ large numbers of workers in one location, could be used to transmit family planning information and, perhaps, contraceptives as well. In the time available, it was possible to identify only one firm, General Motors Kenya, Ltd., that provides family planning counseling as part of its package of employee health services, but there are undoubtedly others, including, perhaps, Firestone East Africa, Ltd., whose personnel manager could not be reached, despite repeated attempts, and Kenya Cannery in Thika.

The commercial attaché at the American Embassy in Nairobi identified a number of U.S. firms and affiliates in Kenya that are large enough to be required to provide health services to employees. The potential for contributing to family planning seems to be large, but much more information needs to be obtained about the firms' activities and interests before any definitive judgment can be made. Exploring the interest and capability of these firms might be a task that could be contracted to a market research agency.

G. Agricultural Employers

There are a number of plantations in Kenya that employ substantial numbers of workers and that may offer health services that could be expanded to include family planning. Two, a sisal plantation at Taita-Taveta and a tea estate at Kericho, were scheduled for visits by the consultant, but lack of time and transport made the visits impossible. These two agricultural operations represent an unknown potential for family planning participation, but information could be readily obtained by a market research agency. As for industrial employers, there may be sufficient potential for useful family planning activity to justify a small expenditure to investigate agricultural employers' interests and capacities.

H. Labor Organizations

Currently, there seems to be little interest among labor organizations to help their members learn about or practice family planning. Several years ago UNFPA, the International Labor Office (ILO), and the Kenyan Ministry of Labour organized a seminar at which labor leaders, employers, and government officials met to discuss family planning. The meeting has been described

as a complete fiasco, with the labor group entirely uninterested. Attitudes have not changed noticeably since then.

There is an African-American Labor Council, affiliated with the American Federation of Labor and the Congress of Industrial Organizations (AFL-CIO), and supported in part by the U.S. Government (USG), whose representative in Nairobi continues to be interested in the possibilities of expanding the health services of employers to include dependents and adding nutrition benefits and, over time, family planning. This representative believes that the first breakthroughs may come from urban union workers, and he is working carefully to identify a plant that might be willing to host a pilot project. (General Motors could be a candidate, because it already offers both nutrition and family planning counseling for its employees.)

It is estimated that family planning, if supported widely by labor unions, could benefit as many as 400,000 persons, but the prospects for any immediate large-scale involvement by unions appear to be dim.

I. Information-Oriented Commercial Organizations

These organizations--advertising agencies, market research firms, the press--represent an enormous untapped potential for promoting family planning. A major handicap, insofar as USAID or the philanthropic organizations are concerned, is that they are profit-making institutions which cannot be directly supported. The greatest immediate potential for their use lies with the projected Council on Population and Development, which could use them to develop professionally-crafted information campaigns that could do much to create a greater awareness and appreciation of family planning than now exists. Indeed, one of the most critical tests of the quality and efficacy of the Council will be the extent to which it makes use of these agencies. No significant use has been made of these agencies in the past, and one of the strongest recommendations of the consultants who developed the plan for the Council was that, as a matter of urgency, the Council should move rapidly to develop an effective mass media program. Failure to do so will be a signal that the Council, as are so many of the other organizations that have expressed an interest in family planning, is more interested in activity than outcome.

One important instrument for informing rural people in particular may be the growing number of district newspapers that are designed to present local news in local languages. The inclusion, systematically and regularly, of family planning and other population information in these periodicals could do much to inform local people and correct the misunderstandings and erroneous information they have about contraception.

J. Product-Oriented Commercial Organizations

Contraceptives are not generally available from commercial sources in Kenya. They should be. One important reason for the low use of modern contraceptives by Kenyans is that they are not conveniently available. Family planning in Kenya could benefit enormously from a social marketing system that, using existing commercial channels, could make contraceptives widely available at low cost to those who desire to use them. Such a system, if properly designed, could make use of community-based distributors whose motivation would be enhanced by the opportunity to earn income from their activities.

Evidence of what social marketing can accomplish is found in the experience of a condom distribution scheme that was instituted for a brief time in Kenya some years ago by Population Services International (PSI). The reports are that PSI was highly successful in getting its product accepted, but because of opposition to the organization's advertising, the scheme was terminated. Offensive advertising need not be a part of a social marketing scheme. All that is needed is some kind of neutral symbol--such as the green flag that flies above shops where contraceptives are available in Colombia--to identify places where products may be obtained. There is some indication that PSI may want to try again in Kenya. If PSI attempts another effort, it should use an approach that is somewhat more sensitive to the Kenyan situation than was the earlier attempt. One desirable arrangement might be to identify and use a Kenyan organization, so that the activity is not perceived as an intrusion by outsiders.

K. Welfare Organizations

Two Kenyan welfare organizations are moderately active in family planning and may become more so. One, the Salvation Army, has a project which is to be funded during the first year of the operation of the Council on Population and Development. The general purpose of that project will be to motivate people, especially men, to adopt family planning; the specific intention will be to increase family planning acceptance to 40 percent of the eligible population in 40 communities and to recruit and train lay educators to provide family planning services to at least 100 women in each of 40 locations. This will be the Salvation Army's first foray into family planning in Kenya. Whether the organization will choose to develop other projects is uncertain; further action probably will depend in part on experience with this project.

The Red Cross, which claims to have approximately 250,000 dues-paying members, attempts to encourage favorable family planning attitudes among its membership. It has good relations with the FPAK and, in some communities, local FPAK members serve on Red Cross committees. The organization

has operated family life centers in four communities that have provided from two weeks to six weeks of residential training for mothers, including instruction in family planning. Some of these services were taken over by the Ministry of Housing and Social Services, but the Red Cross still operates health services at Kwale, Eldoret, and Karen. The organization is beginning now a five-year development program with funding from the League of Red Cross Organizations in Geneva, to which it hopes to add a family planning activity.

L. Youth Organizations

Various youth organizations are the recipients of counseling and informative efforts by such agencies as the FPAK and the NCKK. And some national youth organizations provide for members some minimal information about family planning. For example, the Kenya Girl Guides Association has been concerned to teach girls the "basic facts of life regarding love and marriage in relation to family life," including theoretical knowledge of family planning, and the Young Women's Christian Association (YWCA) offers seminars in family planning in the vocational courses it conducts in Limuru and Mombasa. The Young Men's Christian Association (YMCA) also has vocational training programs, but, apparently, these do not provide any instruction in family planning.

M. Educational Organizations

Private sector institutions of higher education have an opportunity to provide family planning instruction in both the academic program and through the health services they provide to students. Egerton College in Njoro has conducted comprehensive courses in family life and human sexuality in connection with the Program for Better Family Living, and it has offered family-oriented extension programs in nearby communities. At the University College of East Africa, a group of students has formed a public health club and, in a volunteer capacity, is providing family planning information and non-clinical contraceptives in five sub-locations in Nandi District. The project, which the group hopes to continue for five years, is funded by Family Planning International Assistance (FPIA).

N. Donor Organizations

Several agencies centrally-funded by AID are active in Kenya. They include the International Planned Parenthood Federation (IPPF), which provides support to the FPAK; Family Planning International Assistance, which currently is supporting projects of five implementing agencies, four of

which are in the private sector; the International Training in Health (INTRAH) program, which, to date, has been concentrating on the training of nurses in collaboration with the training unit of the MOH; the Pathfinder Fund, which has supported projects in clinical services, training of volunteer motivators, and minilaparotomy training; and the Agency for Voluntary Sterilization (AVS). Other international agencies, including the ILO, the Food and Agricultural Organization (FAO), and SIDA, have, from time-to-time, been involved in private sector family planning activities in Kenya; some continue to be involved in such projects.

V. UNDERDEVELOPED OPPORTUNITIES

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Exploitation of a number of areas of activity could contribute considerably to a more rapid acceptance of family planning; but, because these areas of concern are not likely to be pursued by public sector agencies, private sector intervention would seem to be appropriate. The various subjects for consideration are described below, in no particular order of importance.

Social Marketing

It is true that lack of information has been a major hindrance to wider acceptance of family planning in Kenya, but it is also true that the availability of contraceptive supplies has been grossly deficient. The Council on Population and Development, when it is functioning, may be able to increase demand, but it is not likely that any public sector agency will be able to do much to increase the availability of contraceptives (beyond the modest increase in service delivery points, which the MOH has planned for the next six years). The record on MOH facilities' ability to maintain adequate supplies of drugs is dismal. This situation, it is hoped, will be corrected by a new supply system, currently being developed, but contraceptive supplies are not included in the new plan. Thus, there is an urgent and continuing need to make contraceptives more widely available everywhere in the country; if action is not taken, it is not likely that family planning practice will be increased to meaningful levels.

A commercially-based social marketing program, similar to programs that have worked well in other countries, could do much to meet that need. Such a program will not come about spontaneously in Kenya. It will need to be stimulated, encouraged, planned, and nurtured by an external agency highly sensitive to the particular difficulties likely to be encountered in Kenya. It may be that such a program is not possible at this time, but it will become possible, sooner or later, and it is not too soon to begin exploring possibilities.

Community-Based Distribution

Several private sector organizations are beginning to initiate trials of CBD. These efforts should be encouraged and supported. Schemes also should be developed and tested to permit local distributors to earn a small profit from their labors. A real hindrance to effective CBD is the current requirement that initial supplies of oral contraceptives be obtained at a clinic. Those private sector agencies that are interested

in exploring CBD also should be encouraged to undertake some controlled trials of non-clinical initiation of pill supplies, using the check-list approach that has been widely adopted elsewhere.

Mass Media Information

The resources of the mass media and of related professional communications agencies have scarcely been tapped in Kenya. The hopes are that the Council on Population and Development will begin to remedy this deficiency when it becomes operative, but the Council may need both external encouragement and additional support to fully and effectively use the media. If the Council's performance in using mass communications does not meet expectations, it may be desirable to develop a private sector entity to do what needs to be done.

Field Support Print Materials

Print materials have been in short supply, and the quality of those that are available has been uncertain. A recent evaluation of the field activities of a private sector agency indicated that many motivators, and their supervisors as well, were unable to provide even simple information about the contraceptives which they were presumably promoting. Deficiencies such as this could easily be remedied by providing to the workers, at the time of training, a set of materials with simple, clear explanations of what the available contraceptives are, how they are used, and what effects may be expected from their use. Again, it is expected that the Council on Population and Development will take the lead to ensure that such materials are designed, tested, produced, and distributed. The task will be large, additional support may be needed to mobilize the necessary expertise in the private sector, and an alternative source of stimulation and help should be made available so that other agencies will be able to take on some part of the task, if the Council does not perform as expected.

Sterilization

There is some evidence that female sterilization is acceptable and sought in parts of Kenya, but the operation is expensive and facilities are not readily available for those who may wish to use them. It would be desirable to devote some effort in the private sector to developing increased capability to perform outpatient sterilizations, such as mini-laparotomy, with the expectation that the provision of additional available services may tend to increase demand and eventually lower costs. If the

demand is so large that it cannot be met at current price levels, it might be cost-effective, in broad social terms, to consider subsidizing the operation for those who are seeking sterilization but cannot afford the entire cost of the operation.

Training

Considerable training of one kind or another seems to be going on in the private sector. It is unlikely that the quality of much of this training has ever been assessed. Because much of the training that is being done is given to paramedicals, auxiliaries, and community workers, a resource already exists--INTRAH, which maintains an office in Nairobi--that could assess the quality of current training efforts and the performance of trainees and suggest, help to design, and initiate curricular changes that might improve the field performance of those who are being trained. It is likely that much of the current training is being done, more or less, ad hoc and by people who are not themselves especially skilled in the subject they are teaching. Attempts to systematize and standardize curricular and training materials and procedures could enhance significantly eventual performance in the field.

Private sector agencies that are active in family planning, and especially those agencies that provide health and medical services, particularly need management training. Management deficiencies currently are hindering program performance in many ways. In encouraging and supporting management training, the principal aim would not be to improve family planning, but to make possible the more efficient and effective performance of any family planning activity that might be undertaken.

Other Possibilities

One activity that might be worth its cost would be a census of family planning field workers. A number of agencies, both public and private, employ workers whose function, wholly or in part, is to disseminate family planning information or to motivate prospective acceptors. It is doubtful that anyone knows how many FP field workers there are, where they are located, what they know, how they work, how they are accepted, and what they accomplish. Studies of MOH family health field educators indicate that the workers are not productive in family planning. It is conceivable that much of the effort devoted to recruiting, training, and supervising many of these workers is not worth costs and could be discontinued without any detrimental effect on family planning knowledge or acceptance. A carefully planned survey could provide information that could help to guide decisions to continue or to terminate support for field workers. It could

also provide useful information on workers' performance that could be used to improve performance, if it is decided that support should be continued.

A fair amount of family planning funding is being expended on family life education. It has never been made clear what FLE is or to what extent it contributes to an understanding and acceptance of family planning. Certainly, any direct treatment of family planning must receive a very small proportion of the time devoted to the subject, and it is questionable whether the benefit to family planning is worth the price. Again, a survey to assess what is being taught and to determine what influence the training may have might reveal that this is a fairly expensive and not very effective way to communicate family planning messages. It is worth noting that two of the 11 private sector projects selected for first-year support by the Council on Population and Development are large, long-term projects which are only peripherally concerned with family planning. One is on the list of projects to be supported with funds from USAID/Kenya.

There is great need in Kenya for more contraceptive information and materials for teenagers. The pregnancy rate among adolescents is high, accurate knowledge about contraceptives is low, and access to contraceptives is difficult. The Ministries of Education are highly conservative about population education; although there is a plan to introduce a course in social ethics throughout the school system, the course will almost certainly not contain much, if any, sex education, and it definitely will not include any information on modern contraceptive methods. The Ministries' viewpoint is supported by an apparently widespread public belief that knowledge about and availability of contraceptives will make the young sexually promiscuous. But, as was argued in the consultant report on the Council on Population and Development, "accurate information about contraception and access to materials for preventing conception are not going to make this group sexually active. A good proportion of them already is [sexually active]. What contraceptive knowledge and materials can do is to prevent resort to illegal and hence often dangerous abortions and the tragedies of unwanted children and ruined careers. And, since these are the citizens of the immediate future, they need knowledge about population trends and their role in affecting them so that they can make responsible decisions both now and later."

A substantial amount of the family life education now going on is aimed at young people. Currently, all of it is being carried on by private sector agencies. Chogoria Hospital has had perhaps the most highly effective program; the NCKK and Kenya Catholic Secretariat have been active for years in such programs; and the FPAK proposes to start a program of adolescent information. Ways should be sought to greatly expand the effort aimed at young people, but only if the instructors are prepared to provide something other than moral platitudes and admonitions and to deal honestly and effectively with young people's knowledge about and problems with sex and reproduction.

VI. SUMMARY AND CONCLUSIONS

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In this section, the consultant speaks of conclusions, and not recommendations, because the current situation in Kenya is too fluid to permit any meaningful recommendations. One five-year period of external funding for population by an informal consortium of international donor agencies has ended; a second period of six years, consisting of two three-year segments with an assessment and possible adjustments at the end of the first three years, is about to begin.

For more than two years, the GOK and a group of donors have been conducting discussions and negotiations in an effort to design a mutually acceptable approach and programs that promise more positive results in population and family planning than were obtained during the earlier period of support. Under the earlier agreement, family planning was made a function of the Maternal and Child Health Service of the MOH, and full responsibility for family planning rested with that ministry. Under the new agreement (it appears that a new agreement has been reached but not entirely formalized yet), responsibility will be split between the new Integrated Rural Health Program of the MOH, which will be responsible for government-provided family planning services, and the National Council on Population and Development, which will be responsible for the national effort in population information and education.

The Role and Function of the Council on Population and Development

The establishment of the Council could signal the beginning of a new and more serious government effort to deal with the problems of rapid population growth. But it is by no means certain that an adequate effort will be made. Much will depend on where the Council is located, how it is constituted, and how its Secretariat is staffed. As of mid-June 1982, the Council was still just an idea on paper, but an idea that had been accepted in a general sense by the Cabinet. The Ministry of Home Affairs in the Office of the Vice President has been assigned responsibility for the Council, but whether this assignment is permanent or temporary is not clear. Consultants had been recruited to prepare the documentation required to establish the Council--job descriptions for the staff, lists of requisite skills, criteria for organizational membership, organizational arrangements, and administrative procedures; financial operating procedures; and relations with the parent ministry and other agencies--but the consultants have yet to begin the work. Much will depend on the recommendations of those consultants and on the extent to which their recommendations are adopted by the GOK. If the Council is established as a relatively autonomous body, with the Secretariat staffed by a group of professionals chosen

for their expertise and experience and hired under contract to ensure high-level performance, the Council will have a good chance of making a significant difference in the way family planning is approached and perceived. If it is made a department in a ministry, staffed by civil servants with no particular interest, skill, or experience in the areas in which the Council is expected to operate and provide national leadership, the Council is not likely to have any significant impact in the near future, if ever.

However it may be constituted, the Council will be a mechanism for formally linking the private sector to the national family planning effort. The more important private sector agencies already active in the field are expected to be members of the Council and thus will have an opportunity to make inputs into policy decisions. To the extent that the private sector representatives have somewhat more liberal views than government departments and are more willing to try new approaches, their policy inputs and the projects they propose and have funded may have a positive and progressive influence on the course of family planning in the country.

Mission Support

USAID/Kenya appears to be in the midst of a transition. A project paper (PP) in draft form outlines proposed new bilateral approaches that emphasize support for and development of private sector activity, especially in demand-creation, expanded delivery systems, wider availability of contraceptives, and the provision of services to industrial and agricultural workers. The mission's central role in providing support to the new Council and in funding private sector projects developed through the Council should give it considerable leverage to ensure that the Council fulfills at least some of its promise to stimulate a more vigorous information and education program and to ensure that innovative ideas are proposed and tried.

Areas for Concentrated Activity

In the judgment of this consultant, the most important areas for concentration of effort appear to be:

- much wider and more effective use of the mass media, not only for family planning information, but also for a variety of more broadly defined population information projects;
- more effective, that is, realistic and focused, approaches to young people;

- expanded contraceptive distribution systems, using social marketing, CBD, and other private sector channels;
- management training for private sector agencies in health and family planning, and improvements in the training methods and materials used in the training programs of private sector agencies; and
- studies to determine the cost-effectiveness of field education and family life education programs and the elimination of support for such programs, if they are shown to be uneconomical.

To expand its bilateral support to the private sector, USAID/Kenya will need, as it has recognized, an intermediate facility that will identify, stimulate, fund, and monitor innovative approaches to family planning information and services provided by the private sector, because most such projects are likely to be too small for individual funding. An essential requisite for such a facility would be the capability to suggest project ideas to appropriate agencies and to assist with project design, proposal development, and project activity and evaluation. Such a facility could be a useful resource for the Council on Population and Development, because it could suggest ideas and provide assistance in project development, and also be able to fund desirable projects that are beyond the resources of the Council.

Centrally-Funded and Private Sector Organizations

Of the centrally-funded AID organizations now active in family planning in Kenya, FPIA seems to be the agency best able to assume the additional responsibilities of a facility such as that mentioned above. Even if it were willing to consider such an addition, which is by no means certain, it would require an expanded staff, additional funding, assurance that a new arrangement would not interfere with its central funding and relationship with AID/Washington, and the approval of its New York headquarters. If such a facility is considered by USAID/Kenya, it would be desirable to identify a few highly qualified, experienced, and committed Kenyan professionals and help them to set up an agency whose services could be contracted for the work USAID/Kenya would like to have done.

It will not be easy to work with and through the private sector in Kenya, and significant results should not be expected immediately. Kenya has shown itself to be highly resistant to the adoption of effective

approaches to family planning, and those who manage and staff private sector organizations tend to share the doubts, misgivings, and fears that support that resistance. Change will need to be introduced in a series of small steps. If the Council on Population and Development is able to mount and maintain a varied, professionally-designed mass media program, the readiness to accept change should expand. As acceptance of change increases, the private sector will become a much more flexible and innovative instrument of change than are government departments. USAID/Kenya is on the right track in preparing to use that instrument as fully and as effectively as possible.

APPENDICES

Appendix A

LIST OF ORGANIZATIONS INTERESTED
OR ACTIVE IN POPULATION

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LIST OF ORGANIZATIONS INTERESTED OR ACTIVE IN POPULATION

The following is a list of private sector organizations, identified during a three-week consultancy to Kenya, in June 1982, that are known or believed to be interested or active in family planning. Information about each organization also is provided. Several AID/W-funded agencies are included to give an idea of the range of activities which the Agency supports in Kenya.

This is not a complete list of private sector resources; nor is the information on any of the organizations complete or guaranteed to be accurate. The list does, however, indicate something of the range of agencies, activities, and interests in the public sector relating to family planning and could be used as the starting point for an inventory of private sector family planning resources in Kenya.

AFRICAN-AMERICAN LABOR COUNCIL (AALC)

Contact: Peter Cannon

Phone: 334107

Cannon personally is much committed to the value of family planning, but is pessimistic about opportunities to advance the concept or its practice in Kenyan labor unions. The UNFPA, the ILO, and the Kenyan Ministry of Labour in April 1980, organized a seminar to bring together representatives of labor, employers, and the government to discuss family planning. The meeting, as Cannon described it, was a complete fiasco. The labor group, especially, was totally uninterested, if not in fact hostile, and the meeting adjourned without any recommendations or conclusions. In May of that year, Cannon and others, including some union representation, organized an AID-funded seminar on the role of unions in rural development that led to a proposal to AID, jointly sponsored by the AALC, Kenya Plantation, and Agricultural Workers Union; Catholic Relief Services (CRS): Partnership for Productivity; Kenya Union of Savings and Credit Cooperatives; and the Confederation of Trade Unions (COTU). The proposal was designed to test a multi-service delivery system linking services in food and nutrition, savings and credit, and intermediate technology and self-help development. The target group was the employees of eight sisal plantations and two coffee plantations. The project was not funded.

Since April, Cannon (after some discussion with Nancy Harris of FPIA) has been trying to work out with urban workers a pilot project that would involve, ideally, an employer willing to extend health services (especially preventive services) to workers' families, and be linked to an "under five" project of Catholic Relief Services, to provide nutrition benefits, and to the gradual introduction of family planning services (not by CRS).

Cannon thinks, but is not certain, that there is a government regulation requiring employers of more than 50 employees to provide some minimal health and medical service.

In regard to family planning, he thinks that the first small breakthroughs may come from urban union workers. Currently, the top levels of the COTU express no interest.

Mr. Douglas Kioko, a consultant in the Kenyan Ministry of Labour (who put together the disastrous 1980 project) may now be working on another project proposal. (His phone at the Ministry is 722200.)

Cannon estimates that family planning, if widely supported by labor unions, could benefit as many as 400,000 persons.

The Council is an affiliate of the AFL-CIO and is partially supported by the U.S. Government.

AFRICAN MEDICAL RESEARCH FOUNDATION (AMREF)

Contact: Dr. Eric Nordberg, Medical Director

Phone: 501301

Training Department:

Officer in Charge: Dr. C.H. Wood, Director of Training

Training Staff: 10 (specialties unspecified); plus staff of other departments including doctors, nurses, health officers, social scientists, and educators

Training Objectives: To assist with training and retraining of all cadres of health and related workers

Types of Training: 1. Refresher courses, two days or more, usually in districts
2. Extension courses, up to three months, usually at AMREF

Funding Sources: 1. Government of Denmark
2. Ministry of Health
3. Other donors

Training Aids: Projectors, reference library, offset printing equipment, binding equipment, and photo laboratory

Source: RSCTU, Directory of Extension Training Institutions, 1981.

AMREF puts special emphasis on communications and health education through:

- applied research on methods and techniques of communicating with rural communities;
- training for paramedical and nursing cadres in health education and communication techniques;
- the provision of consultant services for voluntary community development agencies; and
- the production of training manuals.

There is a health education officer.

Source: Improving Family Life in Kenya. A Handbook on Agencies and Programmes, 1977.

AMREF, cont.

AMREF has a medical anthropology department with a linguist on the staff. The latter has undertaken to study the ways in which health and family planning terms get translated into various Kenyan local languages.

The organization also runs a hospital and health complex at Kibwaze, complete with outreach staff and community volunteers. It is testing various kinds of approaches to see what works and what does not, and what can be developed that might be adopted by the MOH. Currently, there is no particular emphasis on family planning, but there could be. One long-term project involving Kenya and other countries is attempting to develop a suitable manual for volunteers. This, it has turned out, is not an easy task.

AMREF is preparing a proposal for USAID for an MCH/FP/N unit in its Department of Community Health. A draft version has been circulated. The Agency is now revising the proposal to give greater emphasis to the family planning component. One component that may be included is a study of government health workers' attitudes, how they are developed, how they might be changed, and whether there are any particular attitudes related only to family planning work.

AGA KHAN HOSPITALS AND DISPENSARIES

During the time available, the headquarters of this health complex could not be located, and no information could be obtained.

AHERO MULTI-PURPOSE TRAINING CENTRE

Officer in Charge: Principal

Address: P.O. Ahero

Phone: Ahero 26

- Objectives:
1. To emphasize adult education training programs required in local communities, including education in family life, nutrition, health education and family planning
 2. To coordinate women's groups activities in surrounding villages
 3. To provide educational film shows

Geographic Area: Ahero and surrounding villages

AHERO NUTRITION CENTRE

Contact: Provincial Nutritionist
Nyanza Province
Ahero Multi-Purpose Training Centre

Address: P.O. Ahero

Phone: Ahero 26

- Objectives:
1. To help accelerate and stimulate social and economic development in Kano location
 2. To advise mothers in basic nutrition, hygiene, mothercraft, first aid, family planning, and home economics

Activities: Child welfare clinics, home visits, public lectures, and demonstrations in Kano

Both centers are funded in part by Catholic agencies.

Source: Improving Family Life in Kenya. A Handbook on Agencies and Programmes, 1977.

BLOCK HOTELS

Contact: Mr. D.J. Francis, Managing Director

Phone: 540780

The Block Hotels organization does not provide any systematic health, welfare, or family planning services to its employees.

CHANIA CLINIC (NYERI)

Contact: Dr. Kanyi, Owner

Chania Clinic has had at least two innovative grants from Pathfinder Fund. One enabled two nurses to go to Nigeria to learn how to be nurse-practitioners and to handle any clinical contraceptive practice and (presumably) to assist in sterilization operations.

The other, approved by the MOH, funded minilaparotomy sterilization for 275 women and contraceptives for 150 others for a year. It also provided for the training of 40 physicians in minilap procedures.

Dr. Kanyi, who started sterilizations as early as 1975, is, apparently, both innovative and in the good graces of the Ministry of Health. The minilap is a relatively simple outpatient procedure that does not require elaborate, sophisticated facilities or equipment. It is highly suitable for small rural or semi-rural clinics. It should be a major procedure of choice, if and when sterilizations become more widely approved and acceptable in Kenya, and there is probably enough demand already to justify the training of physicians. Two years ago, Johns Hopkins was preparing to provide some long-term technical assistance to the Kenyatta National Hospital teaching program. If now active, it may be including some instruction in the minilap procedure there. If not, and the instruction is not available elsewhere in Kenya, Chania Clinic might be a good candidate for further support.

Dr. Kanyi and his clinic are still functioning, although the word is that the Johns Hopkins doctors at Kenyatta Hospital do not entirely approve of his operating techniques. Dr. Kanyi is also involved in an AVS-supported FPAK project to modify four clinics to enable it to do laparotomies. The project is said to have been under way for approximately a year, but not much has happened yet.

Both Pathfinder Fund and the Association for Voluntary Sterilization (AVS) are supported by funds from AID/W.

CHOGORIA HOSPITAL COMMUNITY HEALTH DEPARTMENT

Contact: Dr. Geoffrey Irvine, Medical Director Address: P.O. Box 35
Chogoria

Chogoria Hospital is generally conceded to have the most effective community health and family planning program of any of the NGOs. Located in Meru District, Eastern Province, it serves a population of approximately 200,000 rural people.

As of 1980, there were, in addition to the hospital, 11 dispensaries open daily, and 6 dispensaries and 19 substations served by mobile teams and open once or twice a month. This number may be somewhat smaller now. The Health Department charges for its health services, but not for family planning.

In the past, Chogoria's family planning activity has received funding from FPIA; it will now be funded by the Swedish International Development Administration (SIDA).

Contraceptives are distributed to each community by both paid and volunteer workers. There are more than 20 full-time family planning field educators who have had two months of training and who are distributing non-clinical contraceptives, including initial supplies of orals.

The program recently began training family health field workers; approximately 30 have been trained to date. The workers receive one week of informal training and then meet periodically with family health field educators and dispensary staff for discussion and further training.

Dr. Irvine is expected to leave Chogoria at the end of this year to become medical director of the Protestant Churches Medical Association (PCMA).

CORAT, cont.

3. An important unmet need in Kenyan private sector family planning organizations is better management. This is an especially urgent need in the large number of church-related health institutions and programs that collectively provide a substantial proportion of the health services given in rural areas. CORAT believes that there is a latent demand to match that need and that if management training were readily available, most of the facilities, and especially the larger ones that provide hospital care, would eagerly seek it and benefit from it. CORAT would like to provide such training, but it lacks funds. It would like a grant that would enable it, over one or two years, to organize and provide management training and follow-up supervision to as many of the church-related health and family planning facilities as time and resources will permit. There is probably no single project activity with a larger potential for improving health and family planning services in Kenya than this kind of training, whether it is done by CORAT or some equally qualified organization.

CHRISTIAN RURAL SERVICES PROGRAM
(Anglican Diocese of Mt. Kenya East)

Contact: Mr. Kershaw Burbank, Jr., Executive Director

The program has a first batch of volunteer community health workers (CHWs) now at work after eight weeks of training. It is planned that the CHWs will supply drugs and contraceptives to the members of some 240 congregations.

This program will be a Phase I (first-year) participant in the joint Johns Hopkins/CORAT project on operations research and management in four church-related community health and family planning projects.

CONFEDERATION OF TRADE UNIONS (COTU)

Contact: Mr. Juma Boy, Secretary General

Address: Solidarity House
Nairobi

Phone: 23733

Peter Cannon, local representative for the American-African Labor Council, who is in close touch with both COTU and its 30 member unions, sees no interest at all in family planning among union leadership. A few individual urban union members are beginning to show a slight interest, but even they still have a long way to go.

Cannon is slowly and carefully working toward a project that could involve the union employees of one industrial plant in a pilot effort. What is needed is an employer altruistic enough to extend workers' health benefits to workers' dependents and willing to permit the introduction of a nutrition component and, much later, a family planning component. The project will take some time to get established, if it ever does.

DIOCESE OF MASENO SOUTH (ANGLICAN)

A community health program is being operated in 80 villages. A family planning activity recently was added.

This program may be a Phase II (second-year) participant in the Johns Hopkins/CORAT project on operations research and management in four church-related community-based health and family planning projects.

EGERTON COLLEGE

Home Economics Department

Officer in Charge: Mrs. S. Ombwara Address: P.O. Private Bag, Njoro

Activities: Comprehensive courses in family life and human sexuality (in collaboration with PBFL/FAO) and family-oriented extension programs in communities near the college

Source: Improving Family Life in Kenya. A Handbook of Agencies and Programmes, 1977.

ELDAMA RAVINE HOSPITAL

Contact: Bishop, Nakuru Diocese (Parent Body)

Address: P.O. Box 10
Eldama Ravine

This hospital provides rural health services, preventive and curative, including family planning, through an outpatient clinic, 15 centers served by local communities, mobile teams, and community health workers.

The service area is in the southern division of Baringo District, Rift Valley Province. The population is approximately 100,000.

FACTUAL FILMS, LTD.

Address: Baricho Road
P.O. Box 48290
Nairobi

Phone: 559528/557703

This is an organization that, according to Ned Greeley, shows free movies in villages and derives its income from advertising films included in the showings. It might be a very useful resource for the Council on Population and Development, which might consider accepting family planning documentaries as a free source of "entertainment" or by including paid ads for family planning, providing accurate information on individual contraceptives or mentioning where services are available and how they are obtained.

This company, as are most commercial organizations not directly involved in the production or distribution of contraceptives, is not likely on its own to add family planning materials to its collection. It will need to be approached, persuaded, and, perhaps, even paid. But it could be a valuable resource. It would be worth the effort to ascertain interest.

One question has not been answered: How can the program be brought to the attention of the Council Secretariat?

FAMILY PLANNING ASSOCIATION OF KENYA (FPAK)

The FPAK's three-year plan, 1982-1984, indicates that the association will:

- play a leading role in helping the new Council on Population and Development to coordinate family planning and population activities;
- continue activities designed to increase awareness of and knowledge about family planning;
- give high priority to demand-creating activities;
- continue to offer contraceptive services through static and mobile clinics;
- introduce CBD systems; and
- move from an emphasis on spacing toward an emphasis on the need for family size limitation.

The proposed strategy entails several approaches, including:

- working to increase awareness and motivational levels in local areas (special programs for men will be developed);
- taking steps to integrate family planning information services with other community development activities;
- working to increase commitment to reduce population as a crucial factor in development;
- improving and extending family planning services through mobile vans and community-based distribution and services;
- continuing staff training and development; and
- increasing emphasis on programs and services for youth.

The specific details of these activities can be found in an undated mimeographed statement, "Revised Three-Year Plan for 1982-1984."

Nineteen projects are described in the document "1982 Work Programme," dated November 14, 1981. Twelve of these projects are to be a continuation of programs begun earlier; seven will be new projects.

FPAK, cont.

Ongoing programs will include:

- community seminars for various categories of opinion leaders, ranging from one day to five days;
- recruitment of 240 additional lay educators and continued refresher training periodically for those in service;
- expansion to all other provinces of a pilot project for women's groups that has been successful in Central Province;
- continuing production of motivational print materials;
- continuation of the program of educational films;
- participation in A.S.K. shows and other exhibitions;
- production of literature and materials for youth;
- promotion of family planning and family life education through youth welfare clubs;
- provision of refresher courses for field educators;
- provision of refresher training for area supervisory staff;
- training for some 200 youth leaders to become family life educators; and
- an annual membership drive to recruit 16,200 new members.

The proposed new programs will cover:

- male motivation;
- development and production of new posters;
- production and airing of a series of radio programs on family planning.
- a consultation workshop for senior staff;
- development of new family planning messages;
- evaluation of FPAK youth programs; and
- evaluation of training for traditional birth attendants (TBAs).

FPAK, cont.

The details on each of these projects, including objectives, activities, target groups, evaluation plans, and estimated costs, can be found in the statement mentioned above.

Projects concerned with the training of FPAK staff and the production of materials were among the six chosen to be supported by the Council on Population and Development in its first year and funded by USAID. Other projects among the six are:

- a workshop for private medical practitioners;
- a workshop to inform parliamentarians;
- training of 320 TBAs; and
- evaluation of ongoing IEC projects.

None of these four efforts is listed in the 1982 work plan of the FPAK. The projects were first developed in 1980 and submitted to the consultants who were designing the new Council. It is likely that the FPAK gave them up and went on to other project ideas. But because funding for the projects is assured, if and when the Council becomes operative, it is likely that they will be carried out, perhaps in 1983.

The following additional information comes from an interview with Mrs. Gethi.

FPAK is planning a twenty-first anniversary celebration in connection with the annual membership drive (which may occur in July). The president has been invited to talk. There will be a procession, and other festive activities are planned. The preparations are taking much staff time. Partial funding has been requested from USAID/Kenya and will probably be granted.

The proposed seminar for members of Parliament (MPs), selected as one of the first-year projects for funding by the Council on Population and Development, will not be held, even if funds are available. Mrs. Gethi thinks it would be a waste of time, because elections will be coming up and the MPs will be campaigning and cautious on issues. The seminar can be held after the election, if funds are available.

The FPAK is sponsoring a series of one-day seminars (20 in all), each of which will have a member of Parliament as a key resource person. The plan is to have two seminars in each constituency, with the MP attending both. Participants will be sub-locational leaders. Both this and the following activity will receive funding from Pathfinder.

FPAK, cont.

Two trials of a CBD plan are scheduled for the fall in two areas in Nyeri and Kakamega, respectively. Lay educators (of which FPAK expects to have 120 by September) will be providing non-clinical contraceptives and resupplies of pills. A nominal payment will be requested to ensure that those who accept contraceptives intend to use them. The tentative price for a full year of service is 10 shillings.

FPAK field staff are providing input materials for the government-sponsored district newspapers. This may be a good way to provide accurate information about contraceptives and their effects to counter rumors and widespread misinformation.

The FPAK lacks funds for two projects: a series of seminars (one day to four days long) for extension workers, village chiefs, teachers, and social workers in districts; and purchase of vehicles and other resources for mobile clinics. In the past, seven such clinics have been proposed. The more ambitious plan now calls for four clinics in each of the eight provinces. The major constraint is lack of vehicles. (Judging from the experience with mobile vans in other countries, this is probably not a good project idea.)

Funding for field educators is now stable, with money coming through the integrated program from external donors.

Mrs. Gethi says that the FPAK is continuing to offer Depo-Provera injections at its clinics. Use of this drug was discouraged by the MOH, but Mrs. Gethi approached the president who assured her that she could continue to use the drug. (The MOH's position is in line with a resolution by Parliament disapproving use of Depo-Provera. The drug is still under investigation at the MOH, and no final decision has been taken.)

Mrs. Gethi strongly believes that the members of the Secretariat of the new Council should be Africans. She is worried that there may be too many expatriate consultants in the early stages of the Council's development. She has talked to the vice president about the Council, and has written a memorandum outlining what the FPAK thinks it should be and do. Mrs. Gethi is much in favor of coordination and avoiding overlapping functions that she hopes the Council can achieve, and she is prepared to cooperate in every way. Mrs. Gethi would deplore the appointment of civil servants to the Secretariat, because she feels that if that should occur, the Council would become just another governmental bureaucracy.

FAMILY PLANNING INTERNATIONAL ASSISTANCE (FPIA)

Scope

Regional

Kenya Project Titles

1. Africa's Future
2. Family Planning Services and Manpower Development in a Rural Hospital and its Satellite Clinics
3. Kwangware Health Care Outpost
4. Shaani
5. Saradidi Community-Based Health Project

Implementing Agency

1. Public Health Club, University College of East Africa
2. Presbyterian Church of East Africa, Chogoria Hospital
3. Institute of Cultural Affairs (ICA)
4. Nkomani Harambee Clinic
5. Department of Community Health, Faculty of Medicine, University of Nairobi

Objectives

1. To provide family planning information and non-clinical contraceptives in five sub-locations of Nandi District
2. a. To provide MCH/FP services in Chogoria Hospital Clinic and nine satellite clinics
- b. To implement a family life education (FLE) program for primary and secondary schools in Chogoria project area, including training-of-trainers, and seminars for church leaders and parents' groups
- c. To provide theoretical and practical training to 50 enrolled community nursing students

FPIA, cont.

3. To provide family planning and breastfeeding IEC services to Kwangware residents, especially adolescents, and initiate services in five ICA village development projects
4.
 - a. To provide family planning I&E services to 4,000 adults in five villages
 - b. To provide I&E motivation to 2,000 staff of Mombasa beach hotels
 - c. To provide family planning services to 500 new acceptors and 50 continuing users
5.
 - a. To recruit and train 30 village health workers (VHWs) to provide primary health care in their villages
 - b. To provide MCH/FP and general health services to 10,000 people
 - c. To organize and integrate a women's sewing group into the Saradidi cooperative for income-generation

Geographic Coverage

1. Five sub-locations in Nandi District
2. Chogoria project area
3. Kwangware
4. Five peri-urban areas of Mombasa
5. A remote village in Western Kenya

Target Groups

1. Rural village residents
2. Hospital and clinic visitors; students in primary and secondary schools; church leaders; parents' groups; enrolled community nursing trainees
3. Five villages in Machakos
4. Peri-urban residents of Mombasa; 2,000 hotel workers
5. 10,000 rural people with little access to health care

FPIA, cont.Anticipated Duration

1. 5 years
2. 7 years
3. 4-5 years
4. 5 years
5. 5 years

Comments

FPIA is a well-managed, AID/W-funded organization that supports and monitors more than 40 projects in Africa, including five in Kenya. The geographic area of interest is large and so is the staff, but the work load is heavy and the organization has all the projects it can handle. Kenyan projects require relatively more staff time than those in other countries, because the regional office is accessible and project staff tend to drop in and use up regional staff time in long discussions of relatively trivial matters.

The regional office is not eager to have more Kenyan projects, but if USAID/Kenya does decide to increase its support for private sector projects, this would be an excellent organization to develop and manage them. It would not be opposed in principle to becoming an agent to handle bilaterally-funded Kenyan projects, but it would want to be absolutely certain that the arrangement did not jeopardize its centrally-funded activities and relationships and that it provided for an adequate number of additional staff to handle the increased work load. Because such an arrangement would require negotiations and agreement among four sets of interests (FPIA, Washington and Nairobi, and AID, Washington and Nairobi), the problems of reaching a mutually satisfactory agreement among all the parties could more than offset the gain resulting from placing the projects in the hands of such a competent organization.

FIRESTONE EAST AFRICA, LTD.

Contacts: S. Fabian, Managing Director
Mr. T. Asamba, Personnel Manager

Address: Mombasa Road

Phone: 559922 or 559932

After repeated calls over a period of more than a week, the consultant failed to reach Mr. Asamba.

It is likely that Firestone does provide health services for its employees, but this has not been verified.

GENERAL MOTORS KENYA LTD.

Contacts: R. Johnson, Managing Director
Mr. E.D. Muriuke, Personnel Manager

Address: Mombasa Road

Phone: 556588 or 556573

General Motors operates a health service for its 400 employees, male and female, which is staffed by two nurses and a doctor. The unit takes care of injuries and minor accidents, provides nutrition information, and gives health and family planning counseling. No contraceptives are distributed.

The company, as is reflected in its personnel manager, seems to be quite comfortable in offering family planning counseling, and it would probably be willing to go further to provide systematic information and, perhaps, to handle some supplies, if there were an organization that could provide it with visual materials (e.g., posters and pamphlets) and, perhaps, non-clinical contraceptives. With nurses and a physician on duty, it is conceivable that the company could be persuaded to do the initial prescription of orals. Such possibilities would be worth pursuing, if a Kenyan agency (FPAK perhaps?) could set up a unit to disseminate informative materials and perhaps provide materials to the company's health services.

KAPSOWAR COMMUNITY HEALTH PROJECT

Contact: Africa Inland Church (Parent Body)
P.O. Box 13024, Nairobi

Address: P.O. Box 130
Eldoret

The project provides rural health services, including family planning, through a professional clinic, 10 dispensaries, mobile teams, and the community. Since 1976, nine satellite clinics have been operated by community health workers and volunteer married women who have received training. Family planning services are provided by the professional staff.

The service area is Talai location, Marakwet District, Rift Valley Province. The target population is approximately 100,000.

KARACHWONYO HEALTH COMMITTEE

Karachwonyo is in South Nyanza, in a largely undeveloped area with the highest infant mortality rate in the country.

The committee, a local group strongly supported by Phoebe Asiyo, a member of Parliament (who led the attack on Depo-Provera in Parliament), is requesting funds from Pathfinder to support a CBD project. The committee is asking for five nurses and an administrator. TBAs will be trained as distributors, with nurses providing supervision and writing initial prescriptions for orals.

The committee has received support from the Center for Population Activities (CEFPA), but Pathfinder may begin providing support to cover the project's costs.

KARIMA PARISH, NYERI CATHOLIC DIOCESE

Contact: Sister Josephine, Prime Mover

The parish has a family planning supervisor and three couples who help teach the Billings method. The program services 30 congregations. The demand for training in the natural method is said to be considerable.

This program will be a Phase I participant in the Johns Hopkins/CORAT project on operations research and management in four church-related community-based health programs.

KENYA ASSOCIATION OF SINGLE PARENTS

Nancy Harris of FPIA knows something about this organization and was going to provide a name and an address, but she never did so.

If any organization should be ripe for family planning, this one should.

KENYA ASSOCIATION OF SOCIAL WORKERS

A Mr. Nyaribo, who works in the Directorate of Personnel Services, is chairman. The association has no organization that could handle family planning projects, but individual members are interested (and work in places that are active in family planning). The FPAK works with some of these persons individually and in community groups in provinces and local areas.

KENYA CANNERS (THIKA)

Contacts: Mr. Wallece Mantu, Public Relations
Officer
R. Brown, Managing Director

Address: P.O. Box 147
Thika

Phone: Thika 21601

The organization does offer health services to its employees. The consultant is not certain that family planning counseling is included.

There are approximately 6,000 employees. A family planning information and service program in this organization could have substantial impact.

KENYA CATHOLIC SECRETARIAT (KCS)

Communications Department (Westlands, Nairobi)

Officer in Charge: Mr. John Checkar Irungu, Secretary
Communications and Broadcasting

Training Staff: 4 graduates in mass media communication

Number of Trainees: 100

Types of Training: Radio script-writing; techniques of using
audiovisual aids in teaching; techniques
of writing for newspapers and magazines;
advanced training in radio, television,
and journalism (courses range from one
week to three months)

Development and Social Services Department (Westlands, Nairobi)

Contact: Mr. Peter Kiarie, National Secretary Phone: 742302/3/4

Training Staff: 300 (priests, religious and lay people)

Number of Students: Many

Training Objectives: 1. To promote quality of life at lowest
categories of people
2. To promote and coordinate church activities
in human development and social services

Types of Training: 15 courses (these range from one day to a year
or more), including communication skills, family
life, adult literacy, and health

Medical Department (Westlands, Nairobi)

Officer in Charge: Sr Joan Devane Phone: 742302/3/4

Number of Students: 835 in nursing and midwifery

Types of Training: Professional preparation for two levels of
nurses and midwives: registered and enrolled
(There are 18 training programs in 12 hospitals.)

KCS, cont

Program of Training Public Health Aides:

Activities: On-site training of rural health aides, local people who will work where they live, in leadership and MCH, to work under supervision at maternity hospitals or health centers; two training teams, each headed by an experienced public health nurse, in training for four months (The program began in 1976; it trained 37 aides during the first year.)

Source: Improving Family Life in Kenya. A Handbook on Agencies and Programmes, 1977.

A project of the KCS, submitted to the consultants who are planning the proposed Council on Population and Development, has been selected for funding during the first year in which the Council will be active. The responsible unit is the Medical Department. A summary of the proposal follows.

Project Title: Family Life Program

Duration: Five years

Geographic Coverage: National (diocesan levels throughout Kenya)

Target Groups: Secretariat staff, priests and leaders; medical coordinators; development coordinators; leaders of Christian organizations; and (through instruction) the members and followers of Christian organizations

Objectives: To encourage and support Christian family life through a better understanding of the meaning and protection of human life, the dignity of the person, Christian marriage, and natural methods of family planning

Activities: Training, information, and educational activities, including the use of mass media and publications, involvement in national women's groups, and field supervision of diocese programs (Training will largely relate to the philosophy and methods of natural family planning.)

KCS, cont.

This project was submitted two years ago; because the KCS has, presumably, been conducting similar activities in the interim, it may no longer wish to carry out this project as it was originally submitted. This can be determined only when the Council has been established and is operating.

KENYA FEDERATION OF EMPLOYERS

Contact: Tom O'uur, Director

Address: Waiyabi Way (All Africa
Council of Churches Building)

Phone: 62954

The director was out of the country in June 1982.

A Ms. Agnes Ndetet attended the 1980 conference as a representative of the Federation to discuss plans for the Council on Population and Development.

KENYA GIRL GUIDES ASSOCIATION

Address: P.O. Box 40004, Nairobi

Phone: 23750

Activities: Nutrition, hygiene, and family life education
("Girls are to be accorded the opportunity to learn, within a healthy atmosphere, the basic facts of life regarding love and marriage in relation to family life. Theoretical knowledge of family planning, and awareness of the complications and implications young girls experience as a result of dire ignorance will be treated as essential preparatory education.")

Source: Improving Family Life in Kenya. A Handbook on Agencies and Programmes, 1977.

KENYA MEDICAL ASSOCIATION

Contact: Dr. Badiani, Secretary

Address: Parliament Road Box 48502

Phone: 338703

No contact was made with the association, so there is no definite information about any possible interest in family planning. However, it is easy to imagine the ways that a medical association could be useful in family planning, if it could be persuaded or chose to become involved.

Kenya Red Cross Society, cont.

The organization is starting a five-year development program with funding from the League of Red Crosses in Geneva. It hopes to include the family planning activity in the program.

Some of the family life centers mentioned above have now been taken over by the Ministry of Social Services and Housing, but Red Cross still operates health services at Kwale, Eldoret, and Karen.

Comment

The Red Cross is unlikely to become active in family planning services, but it seems to have a significant potential for providing information to a clientele that may be more ready than most private sector groups to listen to family planning information.

KIMANGAO GRADE III HOSPITAL

Contact: Bishop, Kitui Diocese (Parent Body) Address: P.O. Box 119, Kitui

The hospital provides rural health services, including family planning, through an outpatient clinic and mobile teams serving three static dispensaries. There is no community participation. The population served is approximately 15,000.

MAENDELEO YA WANAWAKE (MYW)

Training Centre (Nairobi)Address: Monrovia and Loita Sts.Phone: 22095

Officer in Charge: Mrs. L.W. Muuya
Director of Training

Training Staff: 2 nutritionists

Number of Students: 20 per class (emphasis on rural women)

Training Objectives: To improve life status and conditions of Kenyan women

Types of Training: Nine courses, including child care, care of expectant and lactating mothers, personal hygiene, and family planning, that usually range from one week to four weeks (Training is provided both in Nairobi and local areas.)

Sources of Funding: 1. Local Contributions
2. Pathfinder Fund

Source: RSCTU, Directory of Extension Training Institutions, 1981.

Maendeleo project was originally designed to teach 960 local and village leaders how to motivate, use coupons, and keep records of acceptors; to try a small community-based distribution (CBD) project (this was not done); to keep records in 3,000 areas; to recruit 8,250 family planning acceptors; and to strengthen the management and supervisory system. The project is being refunded for a third year by Pathfinder. Mrs. Muuya has no idea how many of the projected goals have been reached.

The organization is starting a new project, a creation of Mrs. Muuya, that features a team of three people (a volunteer, a Maendeleo employee, and a government employee from an appropriate agency) from each of 13 districts who will come to Nairobi for two weeks of intensive consideration of Maendeleo's organization and functions (including family planning). This orientation will be followed by a period of actual practice in a district other than the team's own. The idea is that the volunteer will acquire knowledge of an area and its problems, and pass that knowledge on to the employee, who will then bring it to the attention of the local government personnel. If this trial is satisfactory, similar teams for the other 27 districts will be trained, if funds are available. This project is being funded directly by the Swedish International Development Administration (SIDA), and not through the Ministry of Health (MOH). (See summary of the Pathfinder Fund for a brief account of a CBD trial that will be included in the third

MYW, cont.

year of activities supported by Pathfinder.) In addition to SIDA and Pathfinder, Maendeleo receives funds from an unidentified British source, the Ford Foundation (this seems doubtful), and a Canadian organization.

According to Mrs. Muuya, Maendeleo would like (but apparently has no definite plans) to get into educational activities, including family life and family planning education for adolescents and young adults, male and female. But to do so, it needs more money than is now available. (It may be that this is a private view of Mrs. Muuya, who is, by training, a teacher, and not the views of Maendeleo's top leadership.)

A newspaper report of June 1 listed some of Maendeleo's plans for the 1982-1984 period. There was no specific mention of family planning, but a number of measures were listed that may help to strengthen the administrative structure and relationships between headquarters and field officers and workers. Maendeleo intends to establish 400 women's centers for local training and other purposes; establish 10 district offices to support group activities; and form 10 teams in 10 districts to provide motivational activities to leaders.

A project submitted to the consultants who are planning the Council on Population and Development is among those that have been selected for funding during the first year that the Council is active. The chief features of that project are summarized below.

Project Title:	MCH/FP Information and Educational Services
Duration:	3 years*
Geographic Coverage:	Kitui, Machakos, Embu, Mery, and Isiolo Districts, Eastern Province
Target Groups:	All MYW groups in the districts
Objectives:	<ol style="list-style-type: none"> 1. To upgrade the knowledge and skills of both rural and urban women in a number of areas, including family planning 2. To increase the demand for family planning by improving knowledge of attitudes toward and practices of contraceptive methods by women in the districts covered

* The project covered the first year only.

MYW, cont.

Activities: Training meetings for administrators, and district and divisional staff; workshops and seminars in each district, division, and location; and motivational work by volunteer MYW members who will be paid

Because the Council has not yet been established and because this project was submitted two years ago, it may be that Maendeleo, which has been active in these areas in the interim, supported by funds from other sources, may not wish to carry out this project as it was originally submitted.

The evaluation of the Maendeleo Pathfinder-funded motivational project, conducted in May 1982, by N.A. Keyonzo, contains some revealing details about the operations, accomplishments, and deficiencies of the project. It also presents a number of excellent recommendations for improvements. The analysis is superficial in spots, but the report covers many aspects of the project and its relation to other organizations conducting similar activities and having similar aims. On the whole, it is a good review of the project and its strengths and weaknesses.

MAUA HOSPITAL

Address: Box 63, Maua, via Meru

This Methodist hospital provides rural health services, including family planning, through outpatient services, mobile clinics, community participation, and training of enrolled community nurses (112).

It has had community participation since 1976. Currently, there are 10 unpaid community volunteers. Fees are charged for all services, except family planning. The population in the area served is approximately 170,000.

The volunteer health workers are recruited by their communities, receive four weeks of training by the health staff who also supervise them, and provide some ongoing inservice training.

MEDICAL MISSION SISTERS

Nangina Hospital

Address: P.O. Box 57
Funula, via Kisumu

Contact: Dr. Leda Liboon

- Activities:
1. MCH and family planning clinics
 2. Informal education for young women to become auxiliary nurses' aides, public health workers, and field health educators
 3. Inservice training for enrolled nurse-midwives, nutritionists, public health nurse-aides, and social workers
 4. MCH/FP activities, partly funded by Oxfam (1977)

Source: Improving Family Life in Kenya. A Handbook on Agencies and Programmes, 1977.

MUTOMO HOSPITAL

Contact: Bishop, Kitui Diocese (Parent Body) Address: P.O. Box 16
Mutomo, via Kitui

The hospital provides rural health services, with family planning, through five static dispensaries and 15 centers visited by mobile teams.

It also trains enrolled community nurses (35).

Because it is a Catholic hospital, little emphasis probably is given to family planning.

NATIONAL CHRISTIAN COUNCIL OF KENYA (NCCCK)

Family Life Education (Nairobi)

Address: Moi Avenue

Phone: 338211

Officer in Charge: Mrs. N.B. Kingori

Training Staff: 16 facilitators, plus volunteers

Number of Student Places: 1. 240 primary school teachers per year
2. 120 secondary school teachers per year
3. 30-40 counseling trainees
4. 2,000 places in seminars

Types of Training: 1. Inservice training for teachers, ranging from two weeks to four weeks
2. Counseling courses for institutional workers lasting four weeks
3. Seminars for young people

Literacy and Adult Basic Education Programme (Nairobi)

Officer in Charge: Mr. Waowire
Project Secretary

Phone: 338211

Training Staff: Varied numbers of church people, and trainers and facilitators from local areas and various ministries

Number of Students: Variable

Types of Training: Adult basic education for community improvement, including health, literacy, and nutrition, but not FP

Training Materials: NCCCK-produced materials

Youth Department (Nairobi)

Officers in Charge: Mr. Kenneth Ombima Owuor
Youth Secretary

Phone: 24437 or
338211, ext. 66

Mr. Moses Cherap
Youth Secretary

Training Staff: 2 (skills unspecified); also, resource persons from other organizations

NCKK, cont.

Training Objectives: To train part-time and full-time youth leaders

Types of Training:*
 1. Introductory courses
 2. Music workshops
 3. Youth leadership courses
 4. National Youth Leaders' Conference
 *The activities last from four days to one month.

Number of Students: 20-35 for courses, approximately 855 per year

Source: RSCTU, Director of Extension Training Institutions, 1981.

A family life education program proposed by the NCKK was among the projects selected by the multi-donor group for funding during the first year of the planned Council on Population and Development. (It will not be funded by USAID.) The proposal represents largely a continuation of what the NCKK has already been doing. The objectives, as is common in NCKK projects, are ambitious; apparently, relatively little evaluation has been done of what impact the programs had in the past. The NCKK plans again to work through schools and with teachers, but the Ministry of Basic Education has been slow to approve the incorporation of this kind of educational activity in the school curricula. A summary of the proposed project is given below.

Title: Family Life Education Project

Duration: Five years

Geographic Coverage: Major regions of Kenya

Target Groups:
 1. Primary and secondary school teachers
 2. Teacher trainees
 3. Youth of both sexes

Objectives: By the fourth year of the project, it is expected that at least one teacher will have been trained to coordinate family life discussions in 600 high schools and 1,200 primary schools; 2,500 teacher trainees will have received family life information; 9,000 youths will have been informed about family life issues; and a quantity of audiovisual and printed materials will have been produced and distributed.

NCKK, cont.

Because the Council has not yet been established, the NCKK has not been notified that this project has been approved for funding. Furthermore, because the project that was submitted is now two years old, the agencies' plans may have changed. A second project submitted to the Council's planners was not selected for early funding. The project dealt largely with primary health care, and had little family planning content.

An article in the Nation, printed on June 13, indicates that the NCKK's long efforts to get family life education into the school curricula may at last be paying off. David Mbiti, acting director of higher education, indicated that by 1983 or 1984, a subject called social ethics will be introduced into primary, secondary, and higher education courses. The new course will "borrow heavily" from the NCKK syllabus, "Family Education for Pre-Adolescents and Adolescents." The FPAK also is expected to enjoy representation on the panels that will develop the course. But family planning techniques and materials will not be part of the course because, according to Mr. Mbiti, "they are imported from other societies and are contrary to the African traditions and values." The newspaper article was stimulated by a recent call from Mrs. Jane Kiano, executive of Maendeleo ya Wanawake, who wants sex education introduced into the schools to reduce the number of unwanted pregnancies among school girls.

NATIONAL COUNCIL OF WOMEN OF KENYA

Contact: Professor Wanjari Mathai

Phone: 24634

Both Nancy Harris of FPIA and Freda Mudoga of Pathfinder Fund independently said that this organization will not be able to do much in family planning. The function of the council is to be a coordinating agency. The director, however, is ambitious and began to organize projects that overlapped those of Maendeleo ya Wanawake. Maendeleo apparently appealed to a higher authority. Currently, there is a presidential directive that forbids the National Council of Women to operate outside Nairobi.

Mrs. Gethi of the FPAK disagrees. She thinks that the council has a role to play and that Professor Mathai is a dynamic person with ideas that should be considered seriously.

At the time of the consultant's visit, the council's phone was out of order and Professor Mathai was out of Nairobi and was not expected back until the end of June. The office was practically deserted and no one was able to provide any information about the council or its activities. However, some information was obtained from a brochure.

The council, founded in 1964, is a multi-racial organization, affiliated with the International Council of Women. It serves as an umbrella organization for 31 women's organization and seven associate member organizations. It is run by a 19-member elected Executive Committee, of which chairpersons of all the member organizations are ex-officio members. There are nine standing committees, of which only one, the Child and Family Committee, seems to have any interest in population or family planning. The Maternal and Child Health Project includes family planning among its interests, but no information about that project was available.

A periodical, Kenya Women, is published in English and Swahili. If its circulation is large among the member organizations, it might be useful to encourage an agency or agencies interested in family planning I&E to publish a series of informative articles in the periodical.

The council has no machinery to adequately carry out any project. This was illustrated in a proposal submitted in 1980 for inclusion in the annex of the consultant report on the prospective Council on Population and Development. The proposal called for a one-year pilot project to educate women in a cotton-growing area to group together to produce cotton products for the market and, at the same time, learn about hygiene, health, and reproduction; family planning; and nutrition. At the time the proposal was submitted, no sponsoring agency had been identified, nor had any collaborating organizations been specified. No district had been selected, and no local women's groups that could benefit from the project had been identified. The proposal was a reasonably good idea, but it had no substance, and reflected no planning.

National Council of Women of Kenya, cont.

Comment

Given its political problems and its rather amorphous structure, the Council is unlikely to become a resource for any substantial family planning activity in the immediate future.

NKOMANI HARAMBEE CLINIC (MOMBASA)

The clinic is funded by FPIA to work in five peri-urban areas of Mombasa. Its objectives are to provide family planning information and education to 4,000 adults in the five areas; to provide family planning information to and attempt to motivate 2,000 employees of Mombasa beach hotels; and to give family planning services to 500 new acceptors and 50 continuing users.

The support is for five years. It is not certain that the numbers of new acceptors (500) and continuing users (50) are annual estimates or totals for the entire period.

NYABONDO HOSPITAL AND COMMUNITY NURSE TRAINING SCHOOL

Contact: Bishop, Kisumu Diocese (Parent Body) Address: P.O. Box 75
Sonde, via Kisumu

This facility provides rural health services, including family planning, through three static dispensaries and 12 centers served by mobile teams. It also trains enrolled community nurses (100).

All MCH/FP work is done by community nurses and trainees, with the active participation of community members. Annual targets, based on demographic data, are set.

PATHFINDER FUND

Grants are made to private sector or relatively autonomous public sector organizations for family planning activities. This following list was taken from USAID files and may not be complete.

- Title: Family Planning Motivational Services
- Implementing Agency: Maendeleo ya Wanawake
- Objectives: 1. To enlist support for the national MCH/FP program by teaching 960 local and village leaders how to motivate, distribute coupons, and keep records of acceptors
2. To test the feasibility of C3D in a small pilot project
3. To motivate, distribute referral coupons, and keep records in 3,000 local areas
4. To recruit 8,250 FP acceptors
5. To strengthen MYW's management and supervisory system
- Geographic Coverage: Rural areas of 4 provinces: Central, Western, Nyanza, and Coast
- Target Groups: Local and village leaders in 4 provinces
- Anticipated Duration: 3 years
* * *
- Title: Family Planning Clinic Expansion
- Implementing Agency: FPAK
- Objectives: To improve service in eight clinics, including follow-up of missed appointments, mainly by adding staff
- Geographic Coverage: Urban clinics in Nyeri, Mombasa, Nakuru, Embu, Kakamega, Nairobi, Kisumu, and Eldoret
- Target Groups: Married women in eight urban areas
- Anticipated Duration: 3 years
* * *

Pathfinder Fund, cont.

- Title: Thika Family Planning Clinic
- Implementing Agency: FPAK
- Objectives: 1. To recruit 480 new acceptors
2. To handle 792 referrals from government clinics
3. To serve 540 continuing users
- Geographic Coverage: Thika Municipality
- Anticipated Duration: Not stated; presumably, 1 year
- * * *
- Title: Training for Chania Clinic Nurses
- Implementing Agency: Chania Clinic, Nyeri (private sector)
- Objectives: 1. To send two nurses to Ibadan for training as nurse-practitioners (to learn to handle all clinical contraceptive practices)
2. To influence policy relating to nurses' provision of FP services
- Geographic Coverage: Nyeri FP acceptors
- Target Groups: Nyeri population interested in family planning
- Anticipated Duration: 6 weeks
- * * *
- Title: Reproductive Health Training Center Project
- Implementing Agency: Department of Obstetrics and Gynecology, Kenyatta National Hospital
- Objectives: 1. To rehabilitate two rooms at Kenyatta Hospital for use as an outpatient surgical suite for sterilizations
2. To train 40 physicians in outpatient minilaparotomy procedures at Chania Clinic, Nyeri
- Geographic Coverage: Non-specific
- Target Groups: Directly, 40 physicians; indirectly, outpatients seeking minilap sterilizations
- Anticipated Duration: 1 year (1979-1980)
- * * *

Pathfinder Fund, cont.

- Title: Community-Based Distribution Orientation
- Implementing Agency: FPAK
- Objectives: Provide training in CBD for eight Kenyans from FPAK and MOH at Asia Regional Training Centre, Bangkok
- Geographic Coverage: Non-specific
- Target Groups: Directly, eight FPAK and MOH staff members; indirectly, FP acceptors of unspecified communities
- Anticipated Duration: Two weeks, plus travel time
* * *
- Title: Nyeri Sterilization Project
- Implementing Agency: Chania Clinic (Dr. J. Kanyi)
- Objectives: 1. To provide minilap sterilization for 275 women and contraceptives to 150 others during a year
2. To provide minilap training for physicians
- Geographic Coverage: Nyeri
- Target Groups: 1. Nyeri women seeking sterilization
2. MOH physicians
- Anticipated Duration: 1 year from September 1977 (The project started in 1975.)
* * *
- Title: Surgical Contraceptive Conference
- Implementing Agency: Departments of Educational Psychology and OP/GYN, University of Nairobi
- Objectives: Discuss sterilization issues, examine attitudes, and explore possibilities for integrating sterilization into the Kenya National Family Planning Project
- Geographic Coverage: Non-specific
- Target Groups: Members of relevant professions
- Anticipated Duration: 7 days

Pathfinder, cont.Comment

Several of these projects appear to be quite innovative (e.g., the Maendeleo ya Wanawake [at the time it was started] and the nurse-training and sterilization projects from Chania Clinic, Nyeri). Chania Clinic, it appears, was performing and teaching minilaparotomy procedures as early as 1975, with the approval of the Ministry of Health. It would be worthwhile to meet with the owner, Dr. J. Kanyi, a former official of the MOH, to ascertain whether his clinic is still giving sterilization services and training and to determine what additional training the clinic might be able to offer with additional support.

Pathfinder is renewing the Maendeleo ya Wanawake grant for a third year, in addition to funding a CBD pilot project. The CBD project was included among activities for funding in the first year, but Maendeleo never implemented it. A group of trainers will be coming from Zimbabwe to develop curricula for Kenyan trainers and distributors. The project will begin in two locations as a trial and be expanded to surrounding areas as experience is acquired. The distributors will supply orals; provide condoms, foam, and jellies; and make referrals for initial orals, IUDs, and injections.

Pathfinder funded a group of Kenyans to go to Zimbabwe and examine the CBD program there. The group has now formed a CBD working committee to promote further trials and use of CBD through organizations other than Maendeleo. The FPAK will be funded for a CBD project, beginning in August. It is represented on the working committee. The Zimbabwe trainers will also develop curricula for FPAK trainers and distributors. The activity is expected to be different from that of Maendeleo, because the distributors will not be volunteers. Trainers (for both groups) will be trained in September, and distributors will be trained in October. One of the FPAK's goals is to get the distributors qualified to make the initial prescription of pills.

An ongoing project in Busia District, headed by an Agenda Committee, is training 161 volunteers for health, nutrition, and family planning work. It will be funded for a third year. A young doctor who was in the group going to Zimbabwe has already started a CBD program and has persuaded the MOH to assign two nurses to the project to supervise the volunteers and provide some health services.

The Chania Clinic is still training doctors for minilaparotomy. The grantee is the Department of OB/GYN, University of Nairobi. Only 20 doctors have been trained to date. It is planned to train nurses to assist in the operation. Pathfinder is planning to supply doctors trained with minilap kits, and hopes that the doctors can train others. The MOH is supportive of the project. (Freda Mudoga said that the MOH will support anything as long as it is a trial.)

Pathfinder, cont.

Pathfinder is considering a proposal by the Karachwonyo Health Committee, which includes a member of Parliament, that wants five nurses and an administrator. It hopes to start a CBD operation using TBAs as distributors and nurses as supervisors and prescribers of the initial cycle of pills. CEFPA has been supporting the effort.

PROTESTANT CHURCHES MEDICAL ASSOCIATION (PCMA)

Contact: Mr. George Omuroka, General Secretary Phone: 40359 567012

The PCMA is the coordinating body for a majority of the Protestant health care institutions in Kenya. Its membership includes:

- 15 hospitals with 1,415 beds and 360,000 outpatient visits per year;
- 28 health centers or dispensaries with 316 beds and 290,000 outpatient visits per year;
- 2 community-based health care programs: Diocese of Maseno South (Kisumu) and Diocese of Mt. Kenya East (EMBU), both of which are, or are likely to be, participants in the project on operational research and management of community-based health care facilities, which will be implemented in mid-1982 by Johns Hopkins and CORAT.

The PCMA's functions heretofore have largely been to distribute funds received from the MOH, collect statistics, and organize a yearly conference. The staff for these activities consists of an administrator and two secretaries.

At the most recent annual meeting, in February 1982, the Executive Committee approved the expansion of the PCMA. Three programs that are to be added to the PCMA's responsibilities were identified.

- Consultant service to and coordination of member organizations to help them to better plan, implement, manage well, and evaluate health care programs.
- Staff recruitment and training, including inservice training, to upgrade skills.
- Development and operation of a logistics service to provide member organizations with supplies and equipment at minimal cost.

The PCMA is slated to receive some funding from both the A and B parts of the new World Bank-coordinated multi-donor funding package. For the A part, which is concerned with information and education for family planning, the PCMA has been selected for funding of a project during the first year that the planned Council on Population and Development will be operating. The details of the project are summarized below.

PCMA, cont.

- Project Title: Adolescent Health and Family Planning Information and Education Programme
- Duration: Five years
- Geographic Coverage: The project will begin in Chogoria, Maua, Kapsowar, Kaloleni, and Maseno, and later will be extended to Kijabe, Tenwek, Mwhila, Lugulu, Tumutumu, Plateau, Kendu Bay, Githumu, Litein, Kima, Matongo, Kamotobo, Myambere Hills, and Itierio.
- Target Groups:
1. Secondary school students, male and female
 2. Teachers in secondary and other schools
 3. Youth clubs and their leaders
 4. Church and community leaders
 5. Out-of-school youth
- Objectives:
1. To increase understanding of reproductive physiology
 2. To increase understanding of implications of rapid population growth
 3. To reduce pregnancy among unmarried school youth
 4. To motivate youth to adopt family planning early in married life

PUBLIC HEALTH CLUB, UNIVERSITY COLLEGE OF EAST AFRICA

The members of the club are students of public health who decided they would like to acquire some community experience. As self-directed volunteers, they are providing family planning information and non-clinical contraceptives in five sub-locations of Nandi District. FPIA is funding what the students hope will be a five-year effort.

THE SALVATION ARMY

Contact: Thomas E. Colling, Social Secretary

Scope

Tanzania, Uganda, and Kenya (Most of the activity is in Kenya, where the organization has been providing services since 1921.)

Project Title

Family Planning Information Program

Implementing Agency

Salvation Army Projects Committee, Territorial Headquarters, Nairobi

Objectives

1. General: To motivate people to adopt family planning
2. Specific: To increase family planning acceptance to 40 percent in 40 communities; develop attitudes favorable to family planning among 30 percent of the leaders in the communities; and train lay educators to provide family planning services to at least 100 women in each of 40 locations

Geographical Coverage

Rural areas near such towns as Machakos, Katundo, Eldoret, and Kakamega

Target Groups

1. Rural men and women
2. Rural youth
3. Community leaders

Anticipated Duration

Five years

The Salvation Army, cont.Comment

This is one of the projects scheduled for funding in the first year of operation of the new Council on Population and Development. It is one of nine scheduled for funding by USAID/Kenya. It also represents the Salvation Army's first venture into family planning in Kenya. There are no current plans for additional projects with a family planning component, but the organization has ongoing activities to which family planning inputs can easily be added.

The organization is moving toward the operation of facilities seven days a week. It operates a multi-purpose community center in Makadara that includes in its activities a nursery school offering lunch for the children; an adult literacy program; a mothers-and-babies nutrition program (limited to 100 mothers) that provides low-cost foods for the babies, in addition to 20-minute lectures and audiovisual presentations for the mothers; and a sports program. If funds are made available (the Makadara Lions Club helped to fund the current center), the organization would like to expand the number of centers it operates, and especially the adult literacy program and MCH nutrition activities. Both of these efforts would lend themselves to the addition of family planning information, and both could appropriately do motivation and offer non-clinical contraceptives. It is likely that the organization is well-received in the communities where it works and that its clientele would be favorably disposed toward any family planning messages or services the organization might offer.

Whether the organization will develop other family planning projects is uncertain, but it would be more likely to do so if the projects committee were made aware that both the organization and its clientele would benefit from an expansion of population activities supported with additional funds from a donor.

The organization trains its own workers in a two-year college in Nairobi. Sixty students are currently in residence. Because all the trainees are likely to be working in the field, some family planning training in the curriculum would be appropriate.

SEGA GRADE III HOSPITAL

Contact: Bishop, Kisumu Diocese (Parent Body)

Address: P.O. Box 24
Ukwala

This hospital provides rural MCH/FP services through an outpatient clinic and mobile service to four areas. Since 1978, there has been a community health project that employs five community health workers supervised by an enrolled community nurse. The hospital would like to expand this project.

The hospital serves a population of approximately 30,000 in North Ugenya, Siaya District, Nyanza Province.

SDA, cont.

The SDA facilities are located mostly in Kisii and Kendu Bay. They serve a population of approximately 300,000. The facilities are required to be self-supporting. As of 1981, there were 685 SDA churches in Kenya with a membership of 137,000.

The East Africa Union is a wholly-owned subsidiary health care corporation. (This is probably the same organization as the East African Health Corporation.)

Preventive services are defined to include family planning. Minimum preventive services in each SDA facility will include family planning; antenatal care; immunizations; comprehensive child care; and well-baby clinics.

A principle of pooling funds will be followed. Clinics that do well and make money will use their profits to support less successful clinics.

AMREF will conduct an intensive continuing education course for the staff in Kisii; the MOH will train midwives at the facilities to provide family planning services.

Most SDA churches have local volunteer Dorcas societies that provide assistance and relief to both members and non-members. The project hopes to expand its areas of interest and activity to include community development.

A number of activities designed to improve the knowledge and status of community women will be conducted by the project. One unexpected activity is the provision of sex education for children.

The proposed staff will include a project director and a health educator; an assistant to the director; a second health educator; assistant health educators; a medical anthropologist (part-time); a family health institute coordinator (a mature married female); a nurse-midwife teacher; nurse-midwives (at least one for each facility); 10 clinical officers (second year); and a secretary.

The Milinani Road Medical Centre in Nairobi and the Kendu Adventist Hospital will not be included in the project. The hospital, however, operates a community health worker training program.

The estimated budget for the project is Ks.5,857,000.

Comment

This seems to be a soundly designed project. Especially notable is its intention to use a medical anthropologist to survey needs (and probably local

SDA, cont.

cultural factors that bear on the acceptance of services and willingness or ability to pay) and its intention that the services become self-supporting by the end of the project, at which time they can be turned over to Kenyans. Probably also unique among the church-supported health and family planning services is the interdependence of project facilities; those that do well will be able to share resources with those that do poorly. It is refreshing to find a project whose primary purpose is preventive, and not curative, the approach that seems to be so characteristic of most health services in Kenya.

TOTOTO HOME INDUSTRIES, MOMBASA

Contact: Elvina Mutua, Director

Tototo assists women's groups, through small grants, to develop income-producing activities. It also provides some training in health, nutrition, family planning, literacy, accounting, and business management.

A March 1982, non-scientific survey of eight groups (129 women) showed that 12 percent of women had practiced family planning in the past five years and 6 percent were currently using a modern method. In one group, 38 percent had practiced contraception in the past five years, and 23 percent currently are using modern contraceptives.

Tototo is a subsidiary of the NCKK and has been active since 1977.

This year, Tototo will begin 10 new women's projects. These projects are the subject of a proposal by World Education to study the relation between income-generating activity and fertility.

YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA)

Contact: Joel Kinagwe, National Secretary

The organization is listed in the 1981 Directory of Extension Training Institutions as one of a number of facilities that conduct vocational training courses for young men. No mention of any family planning activity is made, however.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)

Training

Officer in Charge: Mrs. Margaret Mugo Phone: 338689/335794

Training Staff: 4 in Limuru and 3 in Mombasa (The former have a diploma in institutional management; the latter are commercial teachers.)

Training Objectives: To improve leadership and employment

Types of Training: Secretarial, domestic science, reception, nursery school teaching, leadership training, and seminars on child care and family planning (one year to two years)

Number of Student Places: 36 in Limuru and 50 in Mombasa (Training takes place in YWCA vocational schools.)

Source: RSCTU, Directory of Extension Training Institutions, 1981.

Appendix B

PRIVATE SECTOR PROJECTS PROPOSED FOR FUNDING
DURING FIRST YEAR OF NATIONAL COUNCIL
ON POPULATION AND DEVELOPMENT

Appendix B

PRIVATE SECTOR PROJECTS PROPOSED FOR FUNDING DURING FIRST YEAR OF NATIONAL COUNCIL ON POPULATION AND DEVELOPMENT*

1. Family Planning Association of Kenya[#]
 - a. One workshop for private medical practitioners.
 - b. One workshop to inform parliamentarians of Kenya's population program and to enlist their support.[†]
 - c. Training of traditional birth attendants (TBAs) (320 a year) in family planning, information and education techniques, improved delivery techniques, and maternal and child health (MCH).
 - d. Inservice training for FPAK field staff.
 - e. Production of support materials for FPAK field staff.
 - f. Evaluation of ongoing information and education programs.
2. Kenya Catholic Secretariat[#]
 - a. Family life education program.
3. Maendeleo ya Wanawake
 - a. Training in maternal and child health, family planning, and information and education for field staff, leaders, and 10,000 members.

* These projects were submitted early in 1980, and were incorporated into the consultants' report that led to the decision to set up the Council. The selections were made by an appraisal team from the World Bank. As of mid-June 1982, the organizations that had been selected had not been notified. Thus, there is no assurance either that the organizations still wish to carry out the projects or that the projects are those to which the Council would give priority when it is established.

[#] The projects to be funded by USAID/Kenya.

[†] The FPAK has said that it does not intend to hold this workshop in 1982.

4. National Christian Council of Kenya
 - a. Family life education program.

5. Protestant Churches Medical Association[#]
 - a. Health, family planning, and information and education program for adolescents.

6. Salvation Army[#]
 - a. Family planning and information and education program aimed primarily at men.

Appendix C
LIST OF CONTACTS

Appendix C
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Dr. Gordon Brown, Christian Organizations Research Advisory Trust (CORAT)
Mr. Peter Cannon, African-American Labor Council (AALC)
Mr. Thomas E. Colling, Social Secretary, Salvation Army
Mr. Dieter Erhart, United Nations Fund for Population Activities (UNFPA)
Mr. N. Gathinji, CPA, Management Consultant
Mrs. A.W. Gethi, Executive Secretary, Family Planning Association of Kenya (FPAK)
Mr. Ned Greeley, USAID/Kenya
Ms. Nancy P. Harris, Family Planning International Assistance (FPIA)
Mr. Goran Hyden, Family Planning Representative for East Africa
Ms. Katja Janofski, African Medical Research Foundation (AMREF)
Dr. Miriam Labbok, Johns Hopkins University*
Ms. Susan Lenniers, Program Officer, Ford Foundation
Mrs. G.M. Magiri, Assistant Information and Education Officer for Training, FPAK
Mr. Marasha Marasha, Pathfinder Fund
Mr. Philip Mbithi, Deputy Vice Chancellor, University of Nairobi
Ms. Lydia M'muthara, Thika Clinic
Mrs. Freda Mudoga, Pathfinder Fund
Mr. E.D. Muriuki, Personnel Manager, General Motors†

* Parker and Labbok are working with CORAT to develop several AID centrally-funded population projects.

† Phone contact.

Mrs. L.W. Muuya, Director of Training, Maendeleo ya Wanawake
Dr. Bradley Nelson, Medical Director, Seventh Day Adventists[†]
Dr. Eric Nordberg, African Medical Research Foundation
Mr. Leonard Ngugi, Chief Economist, Ministry of Economic Planning and
Development
Mr. Andrew Okoth, Executive Officer, Kenya Red Cross
Mr. Robert Parker, Johns Hopkins University*
Mr. Spencer Silberstein, Population, Health, and Nutrition (PHN) Officer,
USAID/Kenya
Mr. Edward R. Stumpf, Commercial Attaché, U.S. Embassy
Ms. Anne Vukovich, Staff, Ministry of Economic Planning and Development

Appendix D
LIST OF DOCUMENTS REVIEWED

Appendix D

LIST OF DOCUMENTS REVIEWED

- Richard L. Berkowitz, Report on Visits to 23 Mission Medical Facilities, May 19, 1973 - June 6, 1973.
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- Jeanne McCormach (World Education), Family Planning Behavior in Eight Women's Groups in Coastal Kenya, April 1982.

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_____, Kenya: Staff Appraisal of an Integrated Rural Health and Family Planning Project, April 14, 1982.

Appendix E

TERMS OF REFERENCE FOR CONSULTATION

HLS

SECRET *
RUEHC
RUEHNE #5204/01 054 **
R UUUUU
052042 MAR 82
AMEMBASSY NAIROBI
SECSTATE WASEDC

CLASS: UNCLASSIFIED
CFPGE: AID 03/1/82
APPRV: DIR:CECOS/12
DREFD: HNP:SMSILEERS-10
I
CLEAR: 1.HNP:PAERITANA
2.PRJ:NGREELEY
3.PROG:RCRIST
DISTR: DIR:HNP-2 PRJ
PROG CERON RE
ECON

CLAS SECTION 01 OF NAIROBI 05204

ADAC

ATTENTION: ST/POP/FPSD

0. 12065:N/A
SUBJECT: POPULATION: AMERICAN PUBLIC HEALTH ASSOCIATION
(APEA) CONSULTANTS

USAID/KENYA REQUESTS THE SERVICES OF 2 CONSULTANTS
FOR UP TO 5 WEEKS EACH THROUGH THE ADSS CONTRACT WITH
APEA STARTING ON/ABOUT APRIL 1, 1982 TO ASSESS
OPPORTUNITIES FOR PRIVATE SECTOR FAMILY PLANNING
INFORMATION AND SERVICE ACTIVITIES IN KENYA.

QUALIFICATIONS OF CONSULTANTS: BOTH CONSULTANTS
SHOULD HAVE TEN OR MORE YEARS EXPERIENCE IN WORKING
WITH FAMILY PLANNING INFORMATION AND SERVICE ACTIVITIES
IN DEVELOPING COUNTRIES. IDEALLY AT LEAST ONE SHOULD
HAVE PRIOR EXPERIENCE IN SUBSABARA AFRICA. INVOLVEMENT
IN THE DESIGN AND IMPLEMENTATION OF FAMILY PLANNING
ACTIVITIES BY NON-GOVERNMENTAL ORGANIZATIONS WOULD BE
SPECIALLY VALUABLE. ABILITY TO CONCEPTUALIZE
APPROPRIATE FAMILY PLANNING ACTIVITIES FOR IMPLEMENTA-
TION BY ORGANIZATIONS WITH LIMITED EXPERIENCE IN
FAMILY PLANNING, ABILITY TO ANALYSE ORGANIZATIONAL
CAPACITY TO MANAGE SUCH ACTIVITIES AND ABILITY TO ASSESS
THE NEEDS FOR OUTSIDE ASSISTANCE ARE REQUIRED. BOTH
CONSULTANTS SHOULD HAVE THE ABILITY TO WORK INDEPENDENTLY
WITH A MINIMUM OF MISSION LOGISTICAL SUPPORT. MISSION
WILL PROVIDE BACKGROUND INFORMATION AND SUBSTANTIVE
GUIDANCE. WE STRONGLY SUGGEST THAT APEA TRY TO OBTAIN
THE SERVICES OF LYLE SAUNDERS (FORMERLY OF THE FORD
FOUNDATION) AND ROBERT Y. GRANT (RETIRED AID POPULATION
SERVICE). SAUNDERS, AN ACKNOWLEDGED EXPERT ON POP/FP
INFORMATION AND EDUCATION ACTIVITIES IN LDGS, HAS
EXPERIENCE RELEVANT CONSULTANCY EXPERIENCE IN KENYA.
HE IS CO-AUTHOR OF A CONSULTANCY REPORT WHICH IS THE
BASIS FOR THE UPCOMING INTERAGENCY INFORMATION AND
EDUCATION PROGRAM. GRANT HAS HAD CONSIDERABLE AID
EXPERIENCE WORKING WITH THE PRIVATE SECTOR AND IN
FAMILY PLANNING.

NOT AVAILABLE DOCUMENT

BACKGROUND INFORMATION: USAID/KENYA'S 1983-87

NAIROBI 2522

THE IMPACT OF A 4 ANNUAL RATE OF POPULATION GROWTH ON ATTAINMENT OF DEVELOPMENT OBJECTIVES AND EMPHASIZES THE HIGH PRIORITY ATTACHED TO U.S. ASSISTANCE TO THE REDUCTION OF POPULATION GROWTH. IN RECOGNITION THAT THERE IS CONSIDERABLE UNANALYZED AND UNREALIZED POTENTIAL FOR THE INVOLVEMENT OF NON-GOVERNMENTAL ORGANIZATIONS IN POPULATION AND FAMILY PLANNING ACTIVITIES THE USAID STRATEGY STRESSES ASSISTANCE TO THE PRIVATE SECTOR.

USAID/KENYA WISHES TO IDENTIFY U.S. AND KENYAN NON-GOVERNMENTAL ORGANIZATIONS THAT DESIRE U.S. ASSISTANCE IN THE PROVISION OF FAMILY PLANNING INFORMATION AND SERVICES. MOST KENYANS HAVE LIMITED ACCESS TO RELIABLE SOURCES OF INFORMATION AND CONSEQUENTLY, THERE ARE MANY MISCONCEPTIONS ABOUT REPRODUCTION, CONTRACEPTIVES AND THE IMPACT OF REPEATED CHILDBIRTH ON HEALTH AND FAMILY WELFARE. THE AVAILABILITY OF FAMILY PLANNING SERVICES IS ALSO CONSTRAINED BY THE LIMITED OUTREACH OF THE PUBLIC AND PRIVATE FORMAL HEALTH SYSTEMS.

USAID/KENYA BELIEVES THAT THERE ARE POCKETS OF UNMET DEMAND FOR FP IN KENYA AND THAT ADDITIONAL DEMAND CAN BE CREATED BY LAUNCHING EFFECTIVE FP INFORMATION AND SERVICE PROGRAMS. IT IS USAID/KENYA STRATEGY TO ENCOURAGE AND FACILITATE THE DEVELOPMENT OF ALTERNATIVE DELIVERY SYSTEMS FOR FP INFORMATION AND SERVICES TO COMPLEMENT ACTIVITIES OF THE MINISTRY OF HEALTH. USAID/KENYA WISHES TO IDENTIFY ORGANIZATIONS WHICH DESIRE OUTSIDE ASSISTANCE TO INITIATE OR STRENGTHEN FP ACTIVITIES.

USAID/KENYA IS THE ONLY MAJOR DONOR IN KENYA THAT PROVIDES A SIGNIFICANT AMOUNT OF POPULATION ASSISTANCE OUTSIDE OF FORMAL AGREEMENTS WITH THE GOK. A SUBSTANTIAL FLOW OF U.S. ASSISTANCE, MUCH OF IT TO THE PRIVATE SECTOR, IS TRANSFERRED TO KENYA THROUGH AID CENTRALLY-FUNDED ACTIVITIES. HERETOFORE AID HAS SUPPORTED PRIVATE SECTOR POP/FP ACTIVITIES IN KENYA ALMOST EXCLUSIVELY THROUGH CENTRALLY-FUNDED GRANTEES AND CONTRACTORS. WE ARE NOW PLANNING TO ASSIST NON-GOVERNMENTAL ORGANIZATIONS THROUGH THREE BILATERAL MECHANISMS: 1) THE FAMILY PLANNING II PROJECT ASSISTANCE TO THE PUBLIC AND PRIVATE SECTOR INTERAGENCY INFORMATION AND EDUCATION PROGRAM; 2) USAID/KENYA-FUNDED POPULATION OPERATIONAL PROGRAM GRANTS TO U.S. AND INDIGENOUS PVOS; AND 3) A POSSIBLE NEW USAID/KENYA "UMBRELLA PROJECT" THAT WILL CREATE A

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MECHANISM FOR THE IDENTIFICATION, FUNDING AND MONITORING OF PRIVATE SECTOR GROUPS (BOTH U.S. AND KENYAN) INTERESTED IN IMPLEMENTING INNOVATIVE APPROACHES TO THE DELIVERY OF FP INFORMATION AND SERVICES. THE CONSULTANTS' REPORT WILL CONTRIBUTE TO THE DESIGN EFFORTS OF ALL THREE BILATERAL APPROACHES.

4. SCOPE OF WORK: USAID/KENYA HAS IDENTIFIED A RANGE OF DIFFERENT TYPES OF NON-GOVERNMENTAL ORGANIZATIONS IN KENYA (LISTING APPEARS BELOW) THAT APPEAR TO HAVE POTENTIAL FOR U.S. POPULATION ASSISTANCE. THE CONSULTANTS SHOULD VISIT THE ORGANIZATIONS WHICH ARE LOCATED THROUGHOUT KENYA IN ORDER TO OBTAIN INFORMATION RE THE FOLLOWING CONCERNS:

A. INTEREST OF EACH ORGANIZATION IN DEVELOPING OR STRENGTHENING FP INFORMATION AND/OR SERVICE ACTIVITIES. SPECIFIC AREAS OF INTEREST SHOULD BE DESCRIBED AS WELL AS ANY RELEVANT EXPERIENCE TO DATE.

B. THE POTENTIAL BENEFICIARIES OF THE PROPOSED ACTIVITIES AND CURRENT LEVELS OF CONTRACEPTIVE PRACTICE, IF INFORMATION EXISTS. CONSULTANTS SHOULD DETERMINE CURRENT AVAILABILITY OF FP INFORMATION AND SERVICES FOR TARGET BENEFICIARIES.

C. CONSTRAINTS TO THE EFFECTIVE PROVISION OF FP INFORMATION AND/OR SERVICES TO THE BENEFICIARY TARGET GROUP.

D. RESOURCES THAT EACH ORGANIZATION HAS AVAILABLE TO CONTRIBUTE TO PROPOSED FP ACTIVITIES IN TERMS OF STAFF, PHYSICAL FACILITIES, VEHICLES, BUDGET, ETC. IN PARTICULAR, THE CONSULTANTS SHOULD DETERMINE WHETHER THE ORGANIZATION IS UNDERTAKING A HEALTH, NUTRITION OR OTHER DEVELOPMENTAL ACTIVITY WITH WHICH FP ACTIVITIES COULD BE INTEGRATED.

E. PAST PERFORMANCE ("TRACK RECORD") OF RECENT DEVELOPMENT ACTIVITIES INITIATED.

F. NEEDS OF EACH ORGANIZATION FOR MANAGEMENT/TECHNICAL ASSISTANCE, ADDITIONAL STAFF, STAFF TRAINING, COMMODITIES, TRANSPORTATION AND LOCAL COST SUPPORT IN ORDER TO UNDERTAKE THE PROPOSED ACTIVITIES. PROVISIONAL COST ESTIMATES OF REQUIRED ASSISTANCE SHOULD BE PROVIDED.

G. POTENTIAL TO ASSUME LEADERSHIP ROLE IN NON-GOVERNMENTAL FAMILY PLANNING. IN ADDITION TO ASSESSING EACH ORGANIZATION'S POTENTIAL TO PROVIDING FP INFORMATION AND/OR SERVICES TO ITS OWN TARGET BENEFICIARIES, THE CONSULTANTS SHOULD IDENTIFY ORGANIZATIONS WITH POTENTIAL INTEREST IN ASSISTING OTHER ORGANIZATIONS TO DEVELOP AND IMPLEMENT FP ACTIVITIES. SPECIFIC AREAS OF INSTITUTIONAL STRENGTHENING TO PERFORM THIS ROLE AND

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PURPOSES, INCLUDED A WIDE VARIETY OF ORGANIZATIONS THAT REPRESENT THE DIVERSITY OF THE KENYAN PRIVATE SECTOR. THE CONSULTANTS SHOULD EXAMINE THEIR FINDINGS AND ANALYSE THE PATTERNS WHICH EMERGE, WITH PARTICULAR EMPHASIS ON AREAS OF INTEREST, NEED, AND CONSTRAINTS THAT ARE COMMON TO MANY OF THE ORGANIZATIONS. THE CONSULTANTS SHOULD IDENTIFY ORGANIZATIONS WITH THE GREATEST POTENTIAL FOR NEAR TERM DONOR ASSISTANCE, SUGGEST THE BEST MECHANISMS FOR SUCH ASSISTANCE AND MAKE A PRELIMINARY IDENTIFICATION OF POTENTIAL PROBLEMS ASSOCIATED WITH PROVIDING SUCH ASSISTANCE. THE CONSULTANTS SHOULD TRY TO IDENTIFY AREAS FOR FUTURE INQUIRY BY USAID/KENYA OR OTHER DONORS PARTICULARLY CONCERNING HEALTH SECTOR ASSESSMENT. THE USAID POPULATION OFFICER WILL WORK WITH THE CONSULTANTS IN THIS REGARD.

5. ORGANIZATIONS TO BE SURVEYED: THE CONSULTANTS ARE TO CONTACT APPROXIMATELY 15 NON-GOVERNMENT ORGANIZATIONS LOCATED THROUGHOUT KENYA. APEA SHOULD BUDGET UP TO \$1200 FOR RENTAL CAR SERVICES TO ENSURE ADEQUATE MOBILITY.

AMONG THE ORGANIZATIONS ARE A HOTEL CHAIN, FACTORIES, PLANTATIONS, A LABOR UNION CONFEDERATION, AN EMPLOYEE'S GROUP, A YOUTH ORGANIZATION, CHURCH GROUPS, WOMEN'S GROUPS AND HEALTH CARE ORGANIZATIONS. A SAMPLE OF THE ORGANIZATIONS TO BE SURVEYED IS AS FOLLOWS, BUT THE FINAL LIST WILL BE NEGOTIATED UPON ARRIVAL OF THE TEAM IN NAIROBI:

1. AFRICAN MEDICAL AND RESEARCH FOUNDATION - ERIC NORDBERG, DONG LAG
2. SEVENTH DAY ADVENTIST MEDICAL SERVICE
3. SALVATION ARMY
4. YOUNG MEN CHRISTIAN ASSOCIATION
5. MAENDELEO YA WANAWAKE

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6. SISAL PLANTATION - TAITA-TAVETA
7. TEA ESTATE - KYRIGIO
8. NATIONAL COUNCIL OF WOMEN OF KENYA
9. PLOCK HOTELS
10. FIRESTONE TIRE
11. GENERAL MOTORS
12. KENYA CANNERS
13. DIOCESE OF MASENO SOUTH - KEFA MASIGA
14. CONFEDERATION OF TRADE UNIONS (COTU) - Peter CANNON (AALC)
15. KENYA FEDERATION OF EMPLOYEES - GERSAM KONDITI, TOM SWOUR

IT IS EXPECTED THAT THE TEAM WILL IDENTIFY ADDITIONAL SUITABLE ORGANIZATIONS DURING FIELD WORK. THOSE IDENTIFIED WHERE FEASIBLE, SHOULD BE ASSESSED ALONG WITH THE ORGANIZATIONS LISTED ABOVE.

6. PLEASE ADVISE ASAP WHETHER APHA CAN PROVIDE THE REQUESTED TECHNICAL ASSISTANCE. HARROP

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