THE WORLD BANK GROUP ARCHIVES

PUBLIC DISCLOSURE AUTHORIZED

Folder Title:	NGO Involvement In Bank Supported Projects In Kenya - Special OED Study - Volume 2	
Folder ID:	30385600	
Series:	Special Evaluation Studies	
Subseries:	Records of the Office of Operations Evaluation	
Dates:	01/01/1996 - 12/31/1997	
Fonds:	Records of the Office of Operations Evaluation	
ISAD Reference Code:	WB IBRD/IDA OPE-09-02	
Digitized:	10/06/2021	

To cite materials from this archival folder, please follow the following format: [Descriptive name of item], [Folder Title], Folder ID [Folder ID], ISAD(G) Reference Code [Reference Code], [Each Level Label as applicable], World Bank Group Archives, Washington, D.C., United States.

The records in this folder were created or received by The World Bank in the course of its business.

The records that were created by the staff of The World Bank are subject to the Bank's copyright.

Please refer to http://www.worldbank.org/terms-of-use-earchives for full copyright terms of use and disclaimers.



THE WORLD BANK Washington, D.C. © International Bank for Reconstruction and Development / International Development Association or The World Bank 1818 H Street NW Washington DC 20433 Telephone: 202-473-1000 Internet: www.worldbank.org

PUBLIC DISCLOSURE AUTHORIZED





R2001-185 Other # 25 Box # 169110B NGO Involvement In Bank Supported Projects In Kenya - Special OED Study - Volume 2

DECLASSIFIED WBG Archives



.

Record Removal Notice



File Title NGO Involvement In Bank Supported Projects In Kenya - Special OED Study - Volume 2			Barcode No. 30385600	
Document Date	Document Type			
01 January, 1996	3.5 diskette			
Correspondents / Participants				
Subject / Title NGO Study: Kenya Case				
1) Kenya-Final.Doc (Report)				
2) Kenya-BA.DOC (Beneficiary Ass	essment) .			
3) BA-TOR.DOC Exception(s)				
Additional Comments				
outmoded technology; unable to be read The item(s) identified abore removed in accordance with Policy on Access to In disclosure policies of the Work		vith The World Bank nformation or othe		
		With	drawn by	Date
		Kimbe	rly Gates Eggleston	October 12, 2021

Archives 01 (March 2017)

AIDS POLICY PROJECT

Policy issues recorded from the field:

The issues were recorded as stated by participants of the provincial workshops and meetings. They have been refined, re-stated and categorized for clarity and easy presentation to the audience at the National workshop.

The Consortium IIIV/AIDS policy task force, project staff and other co-opted members have had several meetings to come up with the following document. The issues are therefore put into their respective categories

The categories are:-

1. PREVENTION/CONTROL OF HIV INFECTION

Issues under this category.

- Let all basic training curriculum in all institutions of learning include HTV/ AIDS education.
- There is need for continuous (in service) courses on HIV/AIDS for all Health workers to be put in place.
- Family Life Education training programme for teachers is needed as most of them are not well equipped to carry out FLE in schools.
- Every institution of learning needs to have a Family Life Education programme.
- There is need to Integrate UIV/AIDS/STD, education in all primary health care, programmes.
- Better health education strategies and teaching methodologies geared towards behavior change be put in place at national and District levels by agencies/institutions implementing HIV/AIDS/STD programmes.
- Condom promotion and distribution strategies need to be strengthened and address themselves to:
 - Age limit
 - Condoms for prisoners
 - Where to have distribution points.
 - Storage facilities.
 - Instructions on use and disposal
 - provision of better disposal methods.
- Condom promotion/ accessability to all groups at risk.
 - Quality control measures for condoms to be provided.
- All workplaces to have well trained counsellors with administrative support to provide effective counselling services for behavior change.
- HIV/AIDS/STD prevention programmes in all workplaces.

- Strategies to reach nomadic groups with HIV/AIDS/STD education be planned implemented and sustained.
- AIDS prevention and care services be made available to displaced persons.
- Need for quality control mechanisms be provided to ensure quality control measures.
- Mass Media and its effect on HIV/AIDS Control e.g.distorted messages
- Sustainability of IEC materials distribution through charging token fees for adapted free material

2. SURVEILLANCE, DETECTION AND REPORTING.

- Pre-test and post-test counselling services to be provided to all persons having a
 HIV test.
- Counselling training curriculum and counselling guidelines to be standardized and made available to those conducting training and giving these services.
- Whereas shared confidentiality will be maintained the health worker be mandated to disclose the HIV/ status of any person to his/her spouse or significant others where refusal to disclose results puts the others at risk of infection.
- Every health institution to have adequately prepared counsellor with adequate room, time and support to provide the services adequately.
- Community HIV testing and counselling centers be established in areas where there is high HIV/AIDS prevalence.
- Provide pre-test and post-test counselling services for blood donors. Receiving of results will also be voluntary.
- Voluntary HIV testing services be provided at Maternal Child Health Care and Family Planning clinics and all out-patient clinics.

3. HEALTH CARE AND SOCIAL SERVICES FOR PEOPLE LIVING WITH AIDS:-

- Facilitate network of trained HIV/AIDS counsellors.
- Referral mechanisms for people with HIV/AIDS need to be put in place.
- Making AIDS services available in a sustainable manner.
 - HIV/AIDS counsellors need recognition and support through:
 - special incentives.
 - relief from other duties.
 - refresher courses
- establishment of sustainable AIDS counsellors networks.
- Care providers for PWAs to be provided with protective supplies at all levels and at all times.
- Government and donor agencies need to recognise the need to support care providers with necessary and adequate resources.
- Sustainable family/PWA support schemes be established and sustained.
- Training curriculum and guidelines on home-care be developed and made

available to those conducting training and providing home-care for PWAs.

- Reduction of stigmatisation and negative attitudes to facilitate home-care services and openness of PWAs and their family members.
- Volunteer home-care providers need to be recognised and motivated.
- Guidelines on course of action by HIV/AIDS patients care providers when protective supplies are not available.
- Drugs for management of HIV/AIDS need to be subsidised/get tax relief to make them affordable.
- A national fund for support of PWAs and their family members/orphans be established.
- There is need for accountability of HIV/AIDS/STD activity funds.
- lack of health care supplies such as needles and syringes.
- Traditional Birth attendants need protective equipment.

RESEARCH.

- Research institutions ought to avail the findings to implementing agencies and to communities on which the research was carried ou!
- There is need to uphold research photocols to prevent publishing of false findings.

5.

C.

LEGAL AND ETHICAL ISSUES.

- Government to come up with clear policy st tement on Family Life Education.
- Right of next of kin and/or sexual partners to know the results of infected persons regardless of the patients consent.
- No person will be discriminated whatsoever in regard to:-
 - Health care
 - Insurance.
 - Education/training.
 - Freedom of association.
 - NSSF benefits on being retired on medical grounds.
 - Employmen
 - Operating business,
 - renting premises.
- no disclosure of a person's HIV status to his/her emplyyer, insurer, NSSF or DMS religious leader without his/her consent.
 - protection of PWAs from harassment by relatives and others.
- Deliberate transmission of HIV infection.
- Divorce as a result of HIV.
- Refusal by religious leaders to wed HIV positive senting couples.
- mandatory testing with counseling services before arriage.
- Divorce as a result of HIV.
- Legal rights of widows/widowers/orphans of people who died due to AIDS.
- Disclosure of HIV positivity in the burial permits and death certificates.
- Policy guidelines on the termination of pregnancy of in HIV+ pregnant mothers.
- Contract employment and HIV F employees.
- IIIV positive workers and retirement.
- legal protection where forced sex is applied and the perpetrator is HIV positive.
- IIIV screening and treatment of STDs for women attending health clinics.

- A national fund for support of PWAs, orphans and those affected by AIDS. Compensation for high risk health procedures leading to HIV infection.

SOCIAL/ECONOMIC/CULTURAL ISSUES. 6.

- Adequate remunerations to facilitate adequate housing for employees families.
 - Employers should consider spouses when transfering employees.
 - frequent transfers.
 - disciplinary measures.
- Provision of adequate recreational facilities at the work place.
- Cultural practices that spread HIV be curbed.
- Regulatory mechanisms be put in place to encourage positive behaviour.
- A policy is needed on HIV/AIDS funding. women need to be empowered economically.

CO-ORDINATION/INTEGRATION OF HIV/AIDS/STD ACTIVITIES. 7.

- Availability/access to important documents (such as Medium Terr Plans strategies for implementation, Aims Impact Model, national development plans) to all involved in HIV/AIDS/STD programmes .
- Existing institutions providing care to terminally ill patients to include care for people with AIDS Integrate care and support of PWAs into other health care and social services provided at community
- Formation and effective functioning of multi-sectoral committees to coordinate HIV/AIDS activitie
- Integrate HIV/STDs activities at all training and operational levels. Institutions of higher learning to be more committed and involved in HIV/STDs education and re-
- Adoption of district multisectoral committees to coordinate HIV/AIDS activities with the coordination role vested on District AIDS/STDs coordinators.

All health care service provision points to include HIV/AIDS counselling services for behaviour change and management of STDs.

AIDS POLICY PROJECT.

PRIORITY POLICY ISSUES IDENTIFIED AT THE NATIONAL HIV/AIDS POLICY AND NETWORKING WORKSHOP.

The following are the priority policy issues identified by participants at the National HIV/AIDS policy and networking workshop organized by Kenya AIDS NGOs consortium held at K.C.B Banking institute - Nairobi on 27th March 1996.

- Discrimination. There will be no discrimination persons infected or affected by HIV/AIDS whatsoever.
- Family Life Education.. STI/HIV/AIDS prevention to be included in all basic training curriculum.
- FLE. Government needs to come up with clear policy on FLE.
- FLE. Communities be mandated to develop their own appropriate policies.
- IEC. Information. Education and Communication is vital and is to be availed to all communities.
- Home Based Care. Reduction of stigma and attitudes to enhance home care and openness of PWAs and their family members, through training of all home care providers.
- Counselling. Pre and post test counselling be availed to all persons having HIV test or donating blood.
- Provision of adequate housing for workers to facilitate the families to stay together.

In order to have these policy issues pushed forward, the group agreed on the following strategies as the way forward.

- follow up on issues identified at National and district level.
- Be alert to new issues demanding attention at a National level and act on them.
- Hold specialised group meetings to further deliberate on the issues.
- Collection of data to support the identified priority issues.
- Use network to support the issues and the issues to help strengthen the network.
- Continue the interaction between the Consortium and Districts as the process is developed.

Issue: Discrimination in the Workforce against people who are HIV+ Options for Policy Response: 1) Legally forbid manditory, uninformed testing for HIV of applicants and employees. 2) Require pre- and post-test counselling for anyone taking a HIV test. Counselling will be provided by a trained counsellor. By linking counselling to testing, it assumed that people who receive the test will be better prepared to deal with the results and companies will find it too expensive to pay for the counselling in addition to the test, and therefore will be less inclined to 3) Promote through FKE, Chambers of Commerce, and other employer associations pro-active education for all businesses, with clear, specific and model policies distributed to all businesses. 4) Encourage business adoption of appropriate policies and prevention programs by offering a tax credit to cover a portion of * 5) Call for miliduceschare commences to

Brief on Kenya AIDS NGOs Consortium

The Kenya AIDS NGOs Consortium is a coalition of NGOs and church organisations with HIV/AIDS activities in Kenya or have interest in the same. It was established in 1990 by a group of NGOs/ church organisations.

Membership

Membership is open to all NGOs, church organisations with HIV/AIDS activities and are willing to share their experiences with other members. The current membership fee is Kshs 500/=

Goal

To promote collaboration and co-ordination of HIV/AIDS activities among NGOs, church organisations and other local and international agencies.

Objectives

To provide networking opportunities for NGOs and their partners:-

- a) Share resources and materials.
- b) Exchange information on activities lessons learnt.
- c) devise better strategies for collaboration.
- d) encourage good working relationships among church organisations and the Government.
- e) Promote decentralisation of activities to community level.
- To strengthen capacity building among NGOs and their partners to respond to the impact of HIV/AIDS by fully participating in formulation of policies in Kenya.
- 3. To facilitate communication through development and dissemination of HIV/AIDS related information and materials

CONSORTIUM PROJECTS

Establishment Of Resource Centre Project Policy Project

Policy Project

Goal

To increase the effectiveness of HIV/AIDS programmes to target groups in Kenya.

Purpose

To develop a supportive Policy environment within AIDS prevention and care activities.

Outputs

- 1. Identification of AIDS prevention/care issues including Gender issues.
- 2. Development and promotion of sound AIDS related policies through placement of specific policy suggestions before policy making bodies.
- 3. Expand the capacity of NGOs and Government organisations to engage in Policy issues and sustain them.

RESOURCE CENTRE

About The Centre

The Centre opened its doors to the public in January 1995. The initial activities included purchase of basic equipment such as shelving, furniture and stationery. Some computer equipment was also purchased to facilitate the set-up of the basic systems.

Goal: To reduce high risk sexual behaviour in the target populations.

Purpose: To expand the capacity of NGOs Consortium members to promote AIDS control programmes in their communities.

Ourouts: (a) Increase NGOs Consortium member access to knowledge on HIV/AIDS by establishing a resource centre as a facility. (b) Increase networking and collaboration among Consortium members. (c) Strengthen skills of NGO Consortium members.

Number and kind of documents

The Resource Centre currently holds more than 380 book titles. It also has more than 120 journal title for which it least 20 are regularly received. The Centre also holds 86 Video cassettes under various titles.

The Centre's collection continues to grow and areas which are yet to establish a stable rate of growth especially the journals unit continue to evolve.

In addition to the above, the Centre normally holds at least 3000 copies of a number of titles of education materials (pamphlets, booklets, posters, calendars). This are available to NGOs working with the communities and members of public who visit the Centre.

All the items in the Resource Centre have been acquired only if they meet the requirements of the Resource Centre policy which states that materials must have a direct or indirect relationship with HIV/AIDS problem. In light of these all the materials be they books, videos, slides, posters, or databases, are on various aspects of AIDS.

Organisation of the Centre

Classification

During the establishment of the Centre, custom classification system and thesaurus were developed. It uses alphanumeric notations to indicate the subject areas. An excerpt from the scheme is shown below.

AA7 EPIDEMIOLOGY (STATISTICS) AA7.1 Kenya AA7.2 East Africa Region AA7.3 Africa AA7.4 International

The Centre's thesaurus (list of subject terms) is based on List of terms used by the Appropriate Health Resources & Technologies Action Group (AHRTAG) resource centre. However, some terms have been changed and others added to make it more useful to the Resource Centre. It contains only those terms related to AIDS problem either directly or indirectly.

Catalog System/Database

The Centre operates a computer based catalog system. The catalog has been developed using Pro-Cite software program. The program is very easy to use by both first time users (visitors to the Centre) and staff who are involved with data entry and creation or customisation of seporting system. importation of abstracts from other database stc.

Users profiles

The Centre was established primarily to serve the needs of the NGOs working with AIDS by serving as a symbol of collaboration. Members of the Consortium are supposed to deposit a copy or copies of their own productions with the Centre. These would then be available for use by other members who would then need not "rediscover" 1 procedure already tried out. The method would also see to it that information already published in Kenya, about Kenya as refers to AIDS is easily available to all.

The Centre also serves a secondary group of users which includes person drawn from local and international organisations in areas of socio-medical and legal aspects, academic, journalism etc.

A tertiary group consisting of memoers of general public seeking information to basically enhance the anowieage or to better their skills in care-giving, peer education, etc is also served.

These users answer to at least one of the following description.

- Programme officers and staff from local and international NGOs working in Kenya 1.
- 2. Research Sciencists especially in behavioural area
- 3. Medics Political leaders including MP3
- 4. Journalists both for local, regional and international organisations 5.
- Student researchers from local and foreign Universities
- 6. General Public seeking to know how they can protect themselves, care for the sick in their midst 7. others

User services

The Resource Centre endeavours to play a role in control of HIV/AIDS by provide updated and relevant information to all those who seek it. It also tries to get across to the "potential" user through both electronic and print media. The information is made available through various services provided.

- 1. Library and information service. Collection, processing, storage and dissemination of reference materials containing information that should be assimilated in order to further knowledge on the subject. These get to the user through utilisation (reading books/journals or viewing videos) in the Centre reading room as well as borrowing of materials for use outside the premises.
- 2. AIDS Information System. Data collection, processing, and dissemination of information on HIV/AIDS related projects and other activities going on in the country. It includes production of a quarterly updated directory/listing of AIDS organisations and activities in the country. This listing is distributed during the quarterly meetings of the Consortium membership.
- 3. Materials distribution. Materials distribution to end users or to staff of various NGOs wishing to use them in AIDS education programmes at community level. This service also distributes research quality information materials that may have been made available to Resource centre in bulk quantity. These are normally given or mailed out with discretion.
- 4. Database Searches. These are performed on Popline on CD-ROM and email record at the Centre or on Medline by reference at other collaborating libraries. The search results are normally printed on paper or saved given on a computer diskette.

The Popline database has especially proved useful to many user in the Resource Centre as it is a instant source of authoritative information when time is just not there for lengthy searches in

Publications

1. Newsletter. This is published quarterly at the Resource Centre using the desktop publishing (DTP) facilities available at the Centre. The newsletter carries current issues relevant to the

2. Living with AIDS (originally published by TASO, and adopted for Kenya by Kenya AIDS NGOs Consortium). The Resource Centre has endeavoured to ensure there are enough cootes of this very useful booklet. Other than distributing it to the public, the Centre has also assisted in reprint of another 10.000 copies in November 95. The Centre was also involved in adapting for Kenya the book "Primary AIDS care" originally done in South Africa.

Collaboration

1. Local level The Centre works closely with other libraries in the region. This is redected in its participation in the meetings of Ken-AHILA a membership organisation of health libraries and information centres. Collaboration also takes the form of referring users to other centres/libraries

The Centre has been able to liase with mainly WHO library and also with UNEP library (especially in staff training), AMREF library and NARESA resource centre. The Centre is also in contact by email with other libraries which happens to be connected.

2. Regional and International level The Centre receives a lot of support from other resource centres at international level. It also participate in exchange of materials with these centres as well as with their parent organisations. This centres/organisations are such as AHRTAG. Johns Hopkins University Population Centre. ICASO. SANASO. CRIPS among others.

Catalog System/Database

The Centre operates a computer based catalog system. The catalog has been developed using Pro-Cite software program. The program is very easy to use by both first time users (visitors to the Centre) and staff who are involved with data entry and creation or customisation of reporting system. Importation of abstracts from other database etc.

Users profiles

The Centre was established primarily to serve the needs of the NGOs working with AIDS by serving is a symbol of collaboration. Members of the Consortium are supposed to deposit a copy or copies of their own productions with the Centre. These would then be available for use by other members who would then need not "rediscover" a procedure already tried out. The method would also see to it that information already published in Kenya, about Kenya as refers to AIDS is easily available to all.

The Centre also serves a secondary group of users which includes person drawn from local and international organisations in areas of socio-medical and legal aspects, academic, journalism etc.

A tertiary group consisting of memoers of general public seeking information to basically enhance the knowledge or to better their skills in care-giving, peer education, etc is also served.

These users answer to at least one of the following description.

- Programme officers and staff from local and international NGOs working in Kenva 1.
- Research Scientists especially in behavioural area 2.
- 3. Medics Political leaders including MP3
- 4. Journalists both for local, regional and international organisations 5.
- Student researchers from local and foreign Universities
- General Public seeking to know how they can protect themselves, care for the sick in their midst others

User services

The Resource Centre endeavours to play a role in control of HIV/AIDS by provide updated and relevant information to all those who seek it. It also tries to get across to the "potential" user through both electronic and print media. The information is made available through various services provided.

- 1. Library and information service. Collection, processing, storage and dissemination of reference materials containing information that should be assimilated in order to further knowledge on the subject. These get to the user through utilisation (reading books/journals or viewing videos) in the Centre reading room as well as borrowing of materials for use outside the premises.
- 2. AIDS Information System. Data collection, processing, and dissemination of information on HIV/AIDS related projects and other activities going on in the country. It includes production of a quarterly updated directory/listing of AIDS organisations and activities in the country. This listing is distributed during the quarterly meetings of the Consortium membership.
- 3. Materials distribution. Materials distribution to end users or to staff of various NGOs wishing to use them in AIDS education programmes at community level. This service also distributes research quality information materials that may have been made available to Resource centre in bulk quantity. These are normally given or mailed out with discretion.
- 4. Database Searches. These are performed on Popline on CD-ROM and email record at the Centre or on Medline by reference at other collaborating libraries. The search results are normally printed on paper or saved given on a computer diskette.

The Populne database has especially proved useful to many user in the Resource Centre as it is a instant source of authoritative information when time is just not there for lengthy searches in books and journals.

Publications

1. Newsletter. This is published quarterly at the Resource Centre using the desitop publishing (DTP) facilities available at the Centre. The newsletter carries current issues relevant to the

2. Living with AIDS (originally published by TASO, and adopted for Kenya by Kenya AIDS NGOs Consortium). The Resource Centre has endeavoured to ensure there are enough copies of this very useful booklet. Other than distributing it to the public, the Centre has also assisted in reprint of another 10.000 copies in November 95. The Centre was also involved in adapting for Kenya the book "Primary AIDS care" originally done in South Africa.

Collaboration

1. Local level The Centre works closely with other libraries in the region. This is carlected in its participation in the meetings of Ken-AHILA a membership organisation of health libraries and information centres. Collaboration also takes the form of referring users to other centres/libraries and in sharing materials.

The Centre has been able to liase with mainly WHO library and also with UNEP library (especially in staff training), AMREF library and NARESA resource centre. The Centre is also in contact by email with other libraries which happens to be connected.

2. Regional and International level The Centre receives a lot of support from other resource centres at international level. It also participate in exchange of materials with these centres as well as with their parent organisations. This centres/organisations are such as AHRTAG. Johns Hopkins University Population Centre. ICASO. SANASO. CRIPS among others.

Authors: Allan Ragi; Anthony Kanuki: (Kenya AIDS NGOS Consortium)

Title: Establishment of a Resource centre

GOVERNMENT OF KENYA

KENYA AIDS NGOS CONSORTIUM AND MINISTRY OF HEALTH

Procedures for NGO/CBO Participation Sexually Transmitted Infections Project (STI)

February 1995

TABLE OF CONTENTS

Foreword (i) Abbreviations and Acronyms (ii) Background . 1.0 1 Institutional framework 2.0 2 Elements of the framework 2.1 2 Networking and Co-ordination 2.1.1 2 Selection 2.1.2 3 Technical Support 2.1.3 4 2.1.4 Funding 4 Monitoring and Evaluation 2.1.5 6 Institutional Process 3.0 6 4.0 Benefits 7 Annex I - Terms of reference for the National panel 8 Annex II - Terms of reference for the District panel 9

Annex III - List of participants

10

4

÷.,

FORWARD

The Government of Kenya has agreed with various donor agencies on the funding of a five year, \$ 64 million Sexually Transmitted Infections (STI) project to reduce the spread of HIV and STDs, enhance health sector and community response to AIDS and to strengthen institutional capacity for effective management of STIs. The project will enable the Government to increase the availability of services for prevention and treatment of STIs and ensure wide availability of high quality services in both Government and NGOs health facilities.

The Government considers the participation of NGOs and CBOs in STI to be crucial for the attainment of project objectives. Procedures have therefore been developed jointly with the NGOs in order to facilitate effective NGO and CBO participation, allocation of resources and coordination of activities. It is proposed that similar collaboration will be extended to the rest of the health sector in future. These procedures will be revised on an annual basis to reflect any policy reforms.

It is the Government Policy to provide an enabling environment for NGOs, private sector and community participation in health care provision. In developing these procedures, deliberate attempts have been made to address the challenges that currently compromise effective NGO participation in health and population sector programs in Kenya. The main challenges identified have been the inadequate technical support for NGO projects to make them more focussed, limited networking and collaboration, duplication of efforts, competition for meager resources and lack of capacity to ensure proper monitoring and evaluation of programs.

It is the wish of the Government and the AIDS NGOs Consortium that all parties adhere to the procedures to facilitate effective co-ordination. On behalf of the Government and NGOs, we wish to acknowledge the competent technical guidance provided by World Bank, ODA, DANIDA, USAID and UNICEF representatives during the preparation of these procedures by the Government and NGO representatives.

i

Dr James Mwanzia Director of Medical Services Kenya Mr Allan Ragi Chairman Kenya AIDS NGOs Consortium A- 1

LIST OF ABBREVIATIONS AND ACRONYMS

R.

R,

IL,

R.

R.

AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organizations
DIAC	District Intersectoral AIDS Committee
DMO	District Medical Officer
DASCO	District AIDS/STDs Co-ordinator
HIV	Human Immuno-deficiency Virus
ICB	International Competitive Bidding
IDA	International Development Association
IEC	Information, Education and Communication
LCB	Local Competitive Bidding
MOH	Ministry of Health
NASCP	National AIDS and STD Control Program
NGOs	Non Governmental Organizations
PS	Permanent Secretary
PSC	Project Steering Committee
PC	Project Coordinator
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections

÷.,

Sexually Transmitted Infections

ii

1 Background

- 1.1 Non-Governmental Organizations (NGOs) have traditionally played a key role in the delivery of health services in Kenya. In Kenya it is estimated that there are about 800 NGOs engaged in various activities in the fields of development, relief, welfare, professional services and advocacy. NGOs provide upto 40% of the country health services. Kenya's Health Policy Framework Paper of 1994 thus emphasizes decentralization of decision making and budgetary process for health services and finance. Traditionally, NGOs and CBOs have had a comparative advantage in the facilitation of health promotion and delivery of care at community level. NGOs have also been crucial in the fight to slow the rapid rate of population growth. The Government of Kenya has supported the NGO sector through grants, assistance in kind and through posting of staff etc.
- 1.2 Effective collaboration between the Government and NGOs in Kenya has been compromised by delays in the release of funds (both GOK and donor) to NGOs among other factors. Bureaucratic procedures have significantly contributed to the delay in speedy release of funds and this in turn has ledaffected Government - NGO relationship. NGO difficulties in accounting for funds have created audit difficulties for the Government. The main challenges have been inadequate organizational and human resources management capacity of the NGOs, inadequate technical support by the government to NGOs, limited networking and collaboration among NGOs and between NGOs and the government, duplication of efforts and competition for resources.

1.

- 1.3 Notwithstanding the difficulties noted above, the Government of Kenya continues to recognize the important role NGOs play in National development and has endeavored to establish effective mechanisms for the NGO coordination at all levels in order to minimize duplication of efforts and wastage of resources.
- 1.4 To ensure effective NGO participation in the sexually transmitted infection (STI) project and to extend this form of participation to the overall health and population sector in future, it has become necessary for the Government in collaboration with the NGOs to develop procedures to be followed by all parties. The procedures are the result of discussions during negotiation between the Kenya Government, ODA and the World Bank and take into account the current policy by the Government to decentralize its operations to the District level. The procedures have been revised by and agreed with the NGOs working in health and population sector and the Government in three workshops in February 1995. They fully incorporate modifications suggested during these workshops (*See annex III*).

2.0 Institutional Framework

At National level, the following entities will be set up:

- Government/NGO forum to develop and decide priorities in STI (Kenya AIDS NGOs Consortium)
- o National NGO/Government Coordinating Committee
- National panel to review and select NGO proposals (review work to be sub-contracted)
- o Technical support/training agency to train and support regional NGO trainers (*To be sub-contracted*)
- o Monitoring and Evaluation agency to assess the functions at national and District level *(to be sub-contracted)*

At District level, the following entities will be set up:

- o District NGO/Government forum (District AIDS NGO Consortium)
- o District NGO/Government Coordinating Committee
- o District panel to select NGO proposals (review to be subcontracted)
- o Technical support agency at the regional level (to be subcontracted)

2.1 Elements of the framework

These include networking and co-ordination, selection, technical support, financial management, monitoring and evaluation.

2.1.1 Networking and Coordination

The Government/NGOs/CBOs fora at National and District levels is aimed at bringing all Health sector NGOs participating in the project under one umbrella. The fora will be set up as Standing Committees. The functions of these fora include information, documentation, dissemination of Government/NGO activities in STIs, identification of NGO needs and setting of priorities *(see annex I & II for terms of reference)*. The National forum is expected to help establish and empower District fora through periodic joint meetings. In addition to the joint meetings, the National forum will work with the District fora to facilitate capacity building of NGOs at District level.

Coordination at the National level will be through a Government/NGO co-ordinating committee comprising of two representatives from Government and two from NGOs. The Kenya AIDS NGOs Consortium will function as the National Government/NGO forum, and in collaboration with the Co-ordinating committee will facilitate the establishment of NGOs/CBOs District fora. The District co-ordinating committee will consist of two Government Representatives, four NGOs/CBOs representatives, and one representative from the private sector. The National and District committees will work closely with other established District and National teams in the health and population sector.

A database (Computerized Project Tracking system) on the work and activities of NGOs in the health sector, has been sub-contracted to Kenya AIDS NGOs Consortium by the Government in February 1995 and is operational.

To strengthen NGO collaboration and expertise at the National and District levels, technical assistance will be provided to the fora on management of human resources, finance and other areas.

Selection 2.1.2

Panels will be established at National and District levels to independently select NGO/CBO proposals in the STI project. The functions of the panel include reviewing and selecting proposals from NGOs/CBOs at the National and District levels, based on the following criteria. Technical reviews will be contracted out to a private agency or University.

Technical Criteria

- extent to which proposal reflects National and project objectives 0
- linkages with the local programs 0
- extent to which it addresses local needs 0
- technical quality of proposed activities 0
- clear indicators of inputs, outputs and outcomes 0
- sustainability 0

Management and financial criteria

- 0 administrative and managerial capacity
- acceptability and viability of cost proposal 0 0
- co-financing potential

Epidemiologic and geographical criteria

- o geographic distribution of proposals (eg underserved areas will be given greater weight)
- o degree to which activities would target high incidence areas, places with high rates of transmission, or areas at high risk of having the infection introduced
- o extent to which the project would build partnership with other actors

To ensure impartiality, the 7-10 members of the panel would sit in their individual capacity. Each panel will consist of two Government representatives, one private sector representative and the rest will be NGOs/CBO representatives. The National Panel will be selected and shortlisted by the National Government/NGO forum, and the District panel by the District NGO/Government forum and then appointed by the Ministry of Health. The panels will review proposals and respond within a time limit of three months. Consultants would be competitively hired within 30 days of receipt of proposals, to undertake reviews of proposals and make recommendations to the panel. Recommendations by consultants will be received within thirty days, followed by decisions by the panel within thirty days.

2.1.3 Technical Support

Technical support will be provided by a competitively selected agency at the National level and several agencies at the provincial level (one per province), who may be commercial companies with appropriate expertise. Final choice of the agency will be based on their strength, and past efforts at conducting training programs and building institutional capacity. These agencies will provide technical support to National and District NGOs/CBOs in the formulation of proposals and partly in implementation of programs. The NGOs at National and District level will identify their capacity building needs in close collaboration with the National and District fora, and will solicit technical support from the appointed technical agencies. Equal staff development opportunities to Government and NGOs staff will be ensured by the project.

2.1.4 Funding

Strike Street Courses and a second

- The ability to provide funds in a timely manner is critical to the success of the NGO/Government collaboration. To ensure success, funding mechanisms should have minimum bureaucratic delays, speedy disbursement of funds and audits.
 - (a) **District Level:** All participating Districts will receive an agreed annual allocation of funds, which is likely to be not more than \$50,000. These funds will be made available for district based NGO and CBO activities, and will be implemented in a phased manner. Funding for the District level would be separate from the National level. Each District will set its priorities and ceilings for funding project activities.
 - (b) **Regional and national level:** A number of NGOs function at regional and national levels and their proposals will be reviewed by the national panel. The district panel will be informed if the NGO proposes to conduct activities in that district.

After approval by the respective District and/or National fora:

- (a) MOH and Donors jointly approve detailed workplan for one year period, including budget. MOH place approved budget totals under Appropriations in Aid category for the GOK financial year.
- (b) Memorandum of Understanding will be signed between MOH, Donor and NGOs (National and District) approved by the Panel. MOH and Donor jointly agree the appointment of a Certified Public Accountant to audit NGOs concerned.
- (c) Donor arranges the disbursement of agreed budget, in appropriate trances through the accounting firm. The firm would be competitively selected, based on recommendations made by the donor and approved by the MOH. Disbursement and auditing would be carried out by the same firm. The firm would work with the selected NGOs (whose proposals were approved by the panel) on a quarterly basis to ensure program/disbursements are on track. NGOs provide six monthly reports to MOH and Donor, including summary financial statement.
 - (d) MOH and Donor formally approve the six monthly reports. In the event of problems, joint remedy is arranged before further disbursements take place.

- (e) Annually, the auditor makes a detailed check of all NGO books related to the project and issues audit report to MOH and Donor. NGO submits detailed workplan and budget for next financial year for approval by MOH and Donor. After approval, MOH arranges for agreed budget to be shown under Appropriations in Aid for the next GOK financial year. The Ministry would contract out the disbursement function to a competitively selected Commercial Bank.
- (f) An upper limit will be set for the use of funds on overhead costs including administrative and structural expenses. However, due consideration will be given to new or struggling NGOs.

2.1.5 Monitoring and Evaluation

State State State State

Monitoring and evaluation would be in two areas namely: M&E of the framework and M&E of individual NGO performance. Both functions will be carried out by an independent agency (either a local Social Sciences Research organization or a University). The agency would submit its reports to the National forum and MOH. Donor agencies would receive these reports, as appropriate, through normal channels. The reports would assess the following among others:

- o Nature and effectiveness of operations of the framework (eg selection, administration and financial), and recommend improvements if necessary.
- o Effectiveness of NGO performance in implementing programs
- Suggest emerging and future priorities for consideration by NGO programs.
- o Impact on behavior change.
- o Feedback mechanisms.

3 Institutional Process

- 3.1 At grassroots level, NGOs/CBOs will form a forum and send their representatives to the District forum. Activities and issues in STI will be discussed and decided from National and District perspectives in the fora.
- 3.2 Based on the priorities set by the fora, the National and District fora will invite proposals from NGOs/CBOs on STI related activities. In the

preparation of proposals, technical assistance will be provided by subcontracted agencies through seminars, workshops and individual support.

3.3 Proposals that may be innovative but weak in other areas (management, financial, etc), will be selected on a provisional basis by the panel, and the technical agency would be asked to assist the NGO in strengthening the proposal.

4 Benefits

Benefits of the above frame work are that co-ordination of the NGO and Government activities in the health sector would be achieved, participation would be built up, program targets would be clearly identified and outputs monitored. It would result in decentralization of efforts to the grassroots level - the level which is worst affected by the STI and AIDS - and the participation by the level in decisions on the issues that affect it. The funding mechanism would ensure speedy delivery of funds, with minimal bureaucratic delays, thereby ensuring continuity and sustainability of implementation and eventual success of the project. Annex I

TERMS OF REFERENCE FOR THE NATIONAL PANEL

A panel will be established at the National level to independently select NGOs/CBOs proposals in the STI project. The panel will comprise of 7-10 members who would sit in their individual capacity in order to ensure impartiality. The panel will be composed of the two Government representative, one representative from private sector, and the rest of membership will be drawn from the NGOs/CBOs.

The panel members will be selected and shortlisted by the National Government/NGO forum.

的是实行的问题,可能是不是这些问题,我们就是是不是这些。"

The panel may co-opt one or two members if there is a technical need to facilitate their work.

The term of the panel will be two years. A member may serve for not more than two terms.

The panel will review proposals from NGOs/CBOs, based on the recommendation made by competitively hired technical consultants. The panel will hire consultants within thirty days of receipt of proposal.

The consultants will undertake review of the proposals. Their recommendations will be made to the panel within thirty days, followed by decision by the panel within thirty days.

Annex II

TERMS OF REFERENCE FOR THE DISTRICT PANEL

A panel will be established at the District level to independently select NGOs/CBOs proposals in the STI project. The panel will comprise of 7-10 members who would sit in their individual capacity in order to ensure impartiality. The panel will be composed of the two Government representative, one representative from private sector, and the rest of membership will be drawn from the NGOs/CBOs.

The panel members will be selected and shortlisted by the District Government/NGO forum.

The panel may co-opt one or two members if there is a technical need to facilitate their work.

The term of the panel will be two years. A member may serve for not more than two terms.

The panel will review proposals from NGOs/CBOs, based on the recommendation made by competitively hired technical consultants. The panel will hire consultants within thirty days of receipt of proposal.

The consultants will undertake review of the proposals. Their recommendations will be made to the panel within thirty days, followed by decision by the panel within thirty days.

Annex III

LIST OF PARTICIPANTS

Organization Name MAP International 1. Petrida Ijumba PATH - Program for Appropriate Technology in 2. Wambui Chege Health AMREF - African Medical Research Foundation 3. Ruth Zeyhle African Growth Ministries 4. Jim Kimotho National AIDS/STD Control Program 5. Dr Martin Kayo KCS - Kenya Catholic Secretariat 6. Annunciata Ndiritu CHAK- Christian Health Association of Kenya 7. Esther Gatua **Baptist** Mission 8. David Sorley 9. Darlene Sorley Baptist Mission ACTIONAID Kenya 10. Phoebe M Kilele 11. Salome Adala KRCS - Kenya Red Cross society Kenva Red Cross Society 12. R.N. Kairo ACOBOS - AIDS Community Based Outreaches 13. Florence Mhonie Services Pathfinder International 14. Elly Oduol FLPS - Family Life Promotion Services 15. Litha Musyimi Ogana FLPS - Family Life Promotion Services 16. Isabella Njagi CWSK - Child Welfare Society of Kenya 17. Sarah Kimemia UoN - University of Nairobi 18. Dr Sobbie A Z Mulindi PSI - Population Service International 19. Mukami M Mugo Voluntary Organisation for Women Rehabilitation 20. Anne W Gikuni Institute and UoN Community Health 21. Mary M Mbandi MYWO - Maendeleo ya Wanawake Organization FPPS - Family Planning Private Sector 22. Wairimu Mungai FPPS - Family Planning Private Sector 23. Jane Muturi KAS - Kenya AIDS Society 24. Joe Muriuki MIHV - Minessota International Health Volunteers 25. Stella Chao (Chandaria Health Centre Dagoretti) CARE International (Kisumu) 26. Hillary Musyoka KAPC - Kenya Association of Professional 27. Mr Elias Gikundi Counsellors Management Consultancy 28. Njoki Mwangi TAPWAK - The Association of Peole with AIDS in 29. Tom Abol Kenva. National AIDS/STD Control Program 30. Meshack Ndolo Plan International - Kiambu 31. Ruth Momanyi FPPS - Family Planning Private Sector 32. Eric Krystal Undugu society 33. Lucy Nganga AAP - AIDS Awareness Programme 34. Abdullahi M Dirie World Vision 35. Florence Muthuri Nairobi Hospice 36. Nelly Oyamo

	Dr J K Magambo	Jomo Kenyatta University
38.	M P Owino	NASCP - National AIDS/STD Control Programme
39.	Elizabeth Munene	AOSOK - AIDS Orphans Support Organization of
		Kenya
40.	George Kahuthia	PATH - Programme for Appropriate Technology in
		Health
41.	Wallace Njenga	PHS - Population Health Services/Marie Stopes
42.	Donna Pido	Consultant Anthropologist
43.	Dr Dan Wendo	FPPS - Family Planning Private Sector
44.	Mary Muyoka	Nekeki CBHC Project - Kitale
45.	Gladys G A Ogola	Kenya Women Fellowship Association
46.	Dr Edwin Bogonko	ACOBOS - AIDS Community Based Outreaches
		Services
47.	Dorothy Mutisya	Traditional Foods promotion Association
	Ben Were	Kenya Society for people with AIDS

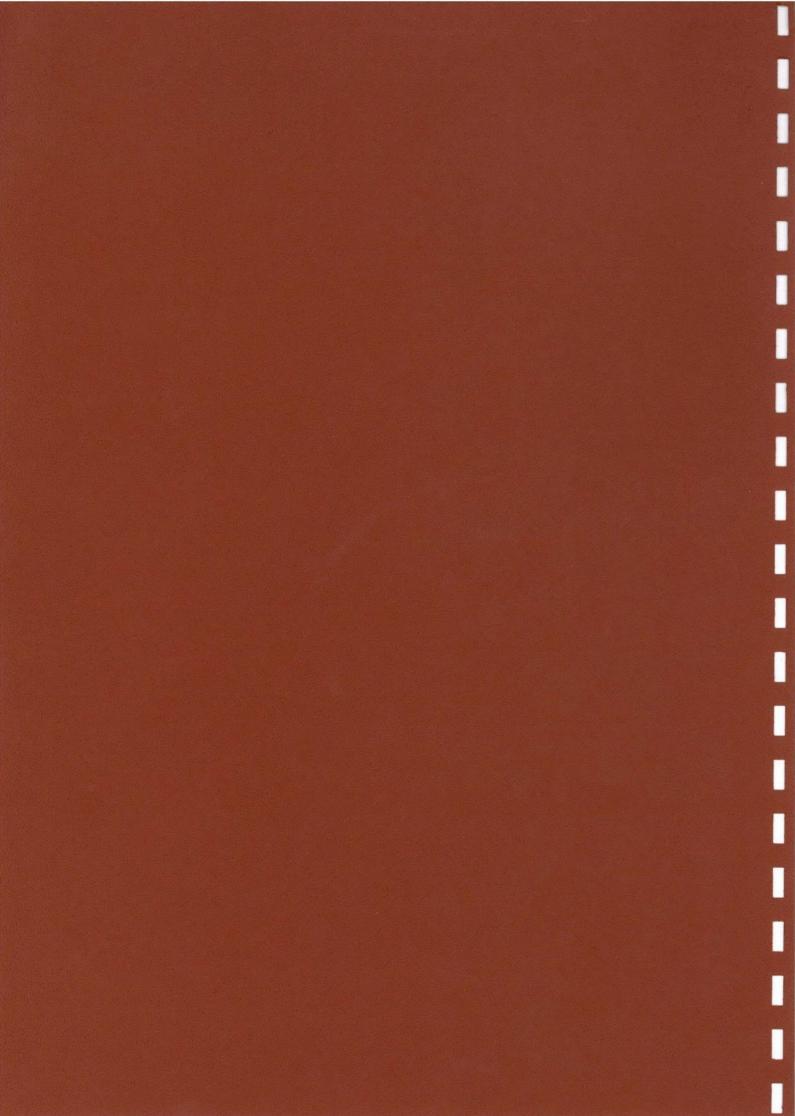
DONOR REPRESENTATIVES

49. Shylashri Shankar	World Bank
50. Jackie Mundy	Overseas Development Adminstration
51. Neen Alrutz	USAID
52. Margaret Onyango	DANIDA
53. Caroline Blair	UNICEF
54. Rachel Odede	UNICEF

FACILITATORS

55. Dr. Tom Mboya Okeyo 56. Mr. Allan Ragi National AIDS/STD Control Program Kenya AIDS NGOS Consortium 1-

11



The Contribution of NGOs in Selected World Bank-supported Projects in Kenya

I. Introduction

1. This report was prepared as a background paper to the Operations Evaluation Department's (OED)¹ study of the contribution of non-governmental organizations (NGOs)² to Bank-supported investment projects.³ The starting point is the question: what difference do NGOs make to the performance of Bank-supported projects? The study hypothesis is that NGO effectiveness depends on the country environment for NGO action; on the relationships between NGOs, government and the Bank; and on the capacities of NGOs to make relevant and timely decisions about policies, priorities and resource allocation.

2. OED's study assesses Bank-wide data and the findings of five case studies of NGO involvement in Bank-supported projects in Kenya, Mali, India, Bolivia and Brazil. Kenya was chosen because it is the African country with the largest number of Bank-supported projects with provision for NGO involvement and has Bank-NGO experience dating back to 1975.

3. This report has five sections. First, the environment for NGO activity in Kenya is described in order to provide a context for the analysis that follows. Second, a brief overview of NGO involvement in Bank-supported projects is provided, based on the review of Bank documents and interviews with Bank task managers. Third, a detailed review is provided of NGO involvement in two projects in each of three sectors: i) drought recovery and arid land management; ii) population and family planning; and iii) agricultural extension. These projects were chosen after reviewing Bank files and following discussions with Bank task managers. NGO involvement in these projects was thought to be substantive and mature enough for its effects to be evident. Two more recent projects—the Sexually Transmitted Infections Project (STIP) and the Early Childhood Development Project (ECDP)—are also discussed as examples of how past experience with NGOs is built into new projects. Fourth, findings and conclusions are summarized. Lastly, recommendations are made.

II. Approach and methods

4. The findings of this study are based on a review of Bank documents, includign project files, and the views expressed by three sets of project stakeholders when interviewed by OED staff in the field: government officials in central and line agencies, leaders of Kenya's NGO

¹ OED is the World Bank unit responsible for independent evaluation of Bank performance.

² NGOs are defined in this study in accordance with the definition of NGOs contained in the Bank's 1989 Operational Directive on NGOs—OD 14.70—as groups or institutions that are entirely or largely independent of government and characterized primarily by humanitarian or cooperative, rather than commercial, objectives. This definition is very broad and includes community-based organizations - CBOs. Throughout this study a distinction is made between NGOs and CBOs.

³ The main study hypothesis is that the effectiveness of NGO involvement in Bank-supported projects results from the interaction of: a) the country environment for NGO action; b) the relationships between NGOs, government and the Bank; and c) the capacities of NGOs to make relevant and timely decisions about policies, priorities and resource allocation in their dealings with their funders, operating partners, and clients.

community and NGOs involved in Banks-supported projects, and Bank task-managers. In addition, the views of project beneficiaries were sought through a beneficiary assessment undertaken by ActionAid Kenya for population and agricultural extension proejcts. The views of bilateral donors and development foundations active in Kenya were also sought.

5. OED's original study design sought to assess the contribution of NGOs by comparing the outcome of Bank-supported projects *with* and *without* NGOs. This approach proved unworkable because comparable projects could not be identified in Kenya. However, the contribution of NGOs as pioneers of development approaches from which government and the Bank have learned can be documented (as in drought recovery and arid lands management), as do successive projects which evolved to include NGOs as appreciation of their contributions grew (as in population and agricultural extension projects). Thus, while *with-* and *without-NGO* comparisons are not strictly possible in Kenya, *before-* and *after-NGO* comparisons are.

7. An OED mission to Kenya took place between mid-November and mid-December 1996. An outline of that mission is attached as an annex. Field visits were made to Bank-supported projects on the ground in Wajir District (drought recovery), Nairobi⁴ (population projects), and Nyeri, Meru, and Embu Districts (agricultural extension). The analysis that follows is not exhaustive. Findings are at best **indicative**, reflecting the review of available documentation and the views of respondents met by OED's mission.

8. The generous cooperation of the Government of Kenya (GoK), Kenyan NGOs and CBOs and the NGO Council, Bank staff at headquaters and in the Nairobi Regional Office, and others who met OED's team is gratefully acknowledged.

III. Background and country circumstances

9. Kenya is a poor country with a population of about 22 million mainly rural people. GNP is about US\$250 per capita.⁵ Slow economic growth and rapid labor force growth has resulted in high urban unemployment (up from 11 percent in 1977 to 22 percent in 1992) and shrinking farm size (down from 2 hectares in 1982 to 1.6 hectares in 1992). The yield of maize—the main staple food—has stabilized at about 2 tons per hectare, the yield obtained in the 1970s. The number of people in poverty is high—about 30 percent of the urban population (1.25 million poor) and 47 percent of the rural population (9 million poor). About one-third of rural households are headed by women, and in some poor areas up to 60 percent of households have no male support. One million people living in the arid lands constitute a special poverty group because of their isolation, poverty, low access to services, and weak integration into the economy.

10. Since 1993, the GoK has implemented a program of structural adjustment, but the public sector is stretched and the use of public resources has been criticized as inefficient and inequitable. Many essential public services are unable to respond adequately to the level of need. Public health expenditures have declined in per capita terms by 40 percent between 1982 and 1992, and primary school enrollment for the poorest has fallen to 60 percent. Both the GoK and NGOs operate against a background of widespread poverty.

⁴ The team also visited population projects in Machakos which were not Bank-supported.

⁵ This section draws directly on the Kenya Poverty Assessment prepared by the Bank in 1995.

IV. The environment for NGO action

11. The number of NGOs in Kenyan is not precisely known.⁶ Counting NGOs is complicated by a common belief that any organization outside government is an NGO and by the several mechanisms under which NGOs are registered. The most important piece of legislation is the 1990 NGO Coordination Act. At the end of 1996, about 680 operating NGOs—believed to include the largest and most active ones—were registered under this act. Prior to 1990, NGOs had registered under the Societies Act, the Companies Act, and the Cooperatives Act, or under protocol arrangements drafted specially for them by the Ministry of Foreign Affairs or the Ministry of Planning. Many of these NGOs have also chosen to re-register under the NGO Coordination Act. Some NGOs are, therefore, registered under more than one law, while others are still not registered under the NGO Coordination Act. In addition, an estimated 30 - 40,000 community-based organizations (CBOs), often called self-help associations (SHAs) in Kenya, are registered with the Ministry of Culture and Social Services.

12. The NGO Coordination Act was given assent in January 1991. The stated purpose of the Act is to facilitate and coordinate NGO activities. Implementation is assigned to the Office of the President. The Act aims to provide a single law to govern the NGO sector. NGOs are identified under the Act broadly as private voluntary groups, not operated for profit or commerce, but organized for the promotion of social welfare, development, charity or research. The Act established a government NGO Bureau to oversee the administration of the NGO sector; a Board composed of government and NGO members to provide policy direction; and a Council composed of NGO members to provide a forum for NGOs registered under the Act.

13. The introduction of the NGO Act was not without controversy. It gave considerable power to the minister in charge, with no recourse in law against his decisions; required NGOs to renew their registration every five years; empowered the NGO Board to suspend or deregister an NGO without a formal mechanism of appeal, except to the minister; and proposed that the first 100 NGOs to be registered would constitute the interim NGO Council.

14. As drafted, the NGO Coordination Act was seen by many NGOs as a mechanism to control the NGO sector and they reacted strongly against it. Between early-1991 and mid-1992, leaders of the NGO community spoke out against the Act. Subsequent discussions with the government resulted in five key amendments, making it more palatable to the NGO community. This disagreement over the Act not only improved the enabling environment for NGOs, but improved the ability of NGOs to communicate collectively with government. The record suggests that the Bank and donors were not concerned about the legal status of NGOs before 1992 and remained outside the debate on the Act when it was under fire from NGOs.

15. Under the amended NGO Coordination Act, the working environment for NGOs is defined. Registered NGOs are free to operate under the law, but the government does not encourage NGOs to become active in certain areas. These areas are widely understood by NGOs and government to include advocacy of human rights, promotion of civic education and democratic processes, and involvement in land rights and land distribution issues. By contrast, NGO operations are accepted and actively encouraged by government to operate in health,

⁶ A comprehensive survey of NGOs in Kenya is to be completed under the auspices of GTZ in the first half of 1997.

education, rural development, microenterprise development and other sectors. Relations between government and NGOs in family planning and drought prone areas, witnessed by OED, are cordial and highly constructive.

16. NGOs are commonly acknowledged by government to be valuable when they fill gaps in the provision of services that government might otherwise provide. Examples of such gaps include working in remote areas where public services are not widely available, in urban slum areas where working conditions are difficult, in health or education where the demand for services exceeds the supply, or in activities that are seen to be contentious, such as among prostitution or people with sexually transmitted diseases (STIs), such as HIV/AIDS. It should be noted that religious organizations have been important providers of health and education services throughout Kenya for several generations.

17. While NGOs expand the volume of resources devoted to development in Kenya, they are also viewed as competitors for official development assistance. This view has grown as bilateral donors channel a growing share of their relief and development funding through NGOs, and is heightened by a widespread perception in government that "donor fatigue" will make such competition fiercer.

18. Donors in Kenya also condition the working environment for NGOs by making most of their support for NGOs project-focused. Donor funding for NGOs is usually short term, and most NGOs have few resources with which to build their organizations or core programs. There are at present no indigenous sources of funding for institutional development for NGOs that are untied to projects. Fashion in development also influences the NGO environment—micro-credit, for example, is acknowledged as "trendy"—and donors are seen to create and follow such trends.

19. Bilteral donors and NGOs acknowledge that in their mutual concern for beneficiaries, the strongest ties develop between the donor and the NGO. OED's respondents indicated that such relationships are dependent and unequal. The NGOs felt more accountable to their funders than their clients and there was little room for partnership when relationships were often contractual. In contrast to the conventional wisdom, many NGOs were not seen as strongly influenced by the grassroots and CBOs were often unaware of the broader environment within which they existed.⁷

21. Coordination of support for NGO activities among donors is limited, and borders on the competitive because the number of qualified NGOs is limited. Donors tend to have their own priorities, programs and procedures. These may be similar, but are rarely coordinated. To improve coordination, donors, NGOs and representatives of government in Kenya met for the first time in December 1996 to discuss social development policy.

132. Accurate generalization about the environment for NGO action in Kenya is difficult. While there are few limitations on NGO who support economic or social development, and CBOs are encouraged, NGO action is discouraged in those area noted above. Residual tension exists between the GoK and NGOs stemming from the introduction of the NGO Coordination Act and a broad-based concern among NGOs about the growth of democratic processes. Progress has been made recently to coordinate government/donor/NGO activities better. Nevertheless, struggles

⁷ Add footnote citing work of Sarah Thurman (prepared for the Ford Foundation).

between the government and its opponents in the lead up to the 1997 elections, heightened tension between government and civil society organizations, including NGOs.

V. Findings: NGO involvement in Bank-supported projects in Kenya

21. Since 1989, Bank policy has encouraged borrowers and Bank staff to consult NGOs and involve them in Bank-financed activities, including economic and sector work and all stages of project development.⁸ Final decisions concerning NGO involvement in lending operations belong, however, to borrowers and the Bank does not have direct funding relationships with NGOs.⁹ The Bank's primary clients are governments, but the Bank encourages the participation of relevant stakeholders, including NGOs and CBOs, in project design and implementation.

22. When OED began to prepare this case study there were 18 Bnak-supported projects in Kenya, approved between 1975 to 1995, with some provision for NGO involvement (summarized in Annex Table 1). The data come from theBank's NGO Database, which is based on appraisal documents. As such, it provides a record of actual NGO involvement up to project appraisal, and a statement of intent about provision for NGO involvement during implementation. If NGO involvement does not take place as planned, then the NGO database will overstate the degree of actual involvement. However, if unanticipated NGO involvement occurs during implementation, then the database will understate the amount of involvement. Despite these limitations, the NGO Database provides the only comprehensive starting point for case study selection.

23. Provision for NGO involvement in Bank-supported projects in Kenya has occurred in most sectors, but most frequently in agriculture (8 of 18 projects) and population, health, and nutrition (PHN) projects (5 of 18 projects). The rationale for NGO involvement is diverse. Appraisal documents state that NGO involvement is sought to improve targeting at poor clients, bring particular expertise to bear, increase beneficiary participation, facilitate work in remote areas, and provide a source of innovation.

24. Since 1990, the frequency of NGO involvement in the design of Bank-supported projects in Kenya has increased. However, NGOs are still expected to be involved in project implementation without being involved in design. In 17 of the 18 projects reviewed in Kenya, appraisal documents indicated that NGO involvement would be in implementation. Provision for NGO involvement in project design was identified in only 7 cases. Prior to 1990, no NGOs had been involved in project design in Kenya, although their involvement implementation was expected.¹⁰

25. In all cases, the task assigned to NGOs in appraisal reports was essentially the same: to deliver services to clients, from the provision of information, education, and training, to the construction, operation and maintenance of small-scale infrastructure.

⁸ Operational Directive 14.70, August 1989 and Good Practice 14.70, March 1997.

⁹ The Bank makes a small number of grants to NGOs, but these are exceptional.

¹⁰ The one early project where an NGO was involved at the design stage (Agricultural Credit III), approved in 1977, involved the employment of the Harvard Institute of International Development (HIID) in the design of credit and training programs. Recognizing HIID as an NGO provides an example of how a very broad definition of "NGO" can be misleading.

27. Based on a review of the NGO Database and discussions with Bank task managers, six projects in three three sectors were identified where actual involvement of NGOs in the design or implementation of Bank-supported projects was substantive. In the 12 remaining projects, NGO involvement was considered to be minimal either because little or no actual involvement had occurred or because too little time had elapsed for involvement to produce results.

28. Drought Recovery and Arid Lands Management. Eighty percent of Kenya's land area is arid or semi-arid. These lands are home to 7.5 million people, about 30 percent of Kenya's population, including about a million nomads in the driest areas. Most of these people are dependent on livestock for subsistence. In 1991-92 Kenya suffered an acute drought and people and animals suffered. In response, the Bank supported two projects. The first project, the Emergency Drought Recovery Project (EDRP), was approved in February 1993 as a direct response to the drought. EDRP was put in place in three months once an umbrella program for drought relief had been provided by UNDP. The second project, the Arid Lands Resource Management Project (ALRMP), approved in December 1995, aims to build systematically on the processes started under EDRP.

29. *EDRP*. EDRP, provided an IDA credit equivalent to US\$27.25 million to be disbursed over two years. The project aimed to help overcome a crisis by providing seed and fertilizer for agricultural recovery after the drought, strengtheningthe regional administration, improving access to water, and keeping livestock alive. The project sought to improve the capacity of district-level governments to anticipate, prepare for, and deal with droughts, and made provision for NGO participation in implementation. EDRP was initially aimed at three arid districts (Mandera, Marsabit, and Turkana) and expanded to a fourth (Wajir) after the mid-term review. Through EDRP, IDA supported the GoK's overall drought recovery program, estimated to cost about US\$85.0m. Because of the emergency and the top-down approach taken, neither NGOs nor CBOs were consulted during preparation or influenced project design before approval.

31. Before the drought of 1991/2, most NGOs and relief agencies were involved in the arid areas only when drought crises occurred. However, in 1992 a number of NGOs which had been active in provision of relief also began to support local capacity building for longer term management of natural resources. Notable among these NGOs was Oxfam which had sustained its presence in the area since 1984.¹¹ Oxfam sought to develop associations of herders or pastoralists (a form of CBO) able to manage grazing areas and water points in collaboration with local governments. Oxfam now supports a multi-year Pastoral Development Project in Wajir which—like ALRMP—goes beyond provision of emergency relief. Oxfam is recognized in Wajir as the leading NGO on drought recovery and arid lands management. When violence caused most international donors and NGOs to leave the area in 1994, Oxfam remained engaged with pastoralists and the Bank continued its support for EDRP through government.

32. *Intended NGO involvement*. EDRP identified a need for NGO involvement in project coordination and implementation at the local level. The project created an opportunity for NGOs and to provide small infrastructure through contracts of US\$40,000 or less. NGOs would be selected for these projects by shortlisting and local shopping procedures would be applied.

¹¹ In this report, OXFAM refers to OXFAM Kenya, the Kenya-based program of OXFAM (UK), i.e. OXFAM of the United Kingdom, formerly OXFAM UK/Ireland.

NGOs were expected to liaise at the district level with drought recovery steering groups which had been established. In addition, EDRP would train CBOs (the pastoralists' associations) to manage local water sources. Infrastructure provided under the project was expected to be handed over to community groups for ongoing operation and maintenance.

33. Actual NGO involvement. The project helped local government form productive links to NGOs which in turn have helped the CBOs and local governments communicate with each other. The involved NGOs have played an important catalytic role in helping project managers conceptualize new initiatives and maintaining good relations between local CBOs and district-level governments. Only modest a modest amounts of project finance has flowed to NGOs from EDRP (about \$250,000), with a larger sums supporting CBO activities (about US\$3.0 million). NGOs have used project funds to facilitate dialog between government and CBOs, and for training. Exceptionally, EDRP made grants, including one of US\$4,000 to a Catholic sister working with pastoralist women in Wajir.

35. CBO involvement has been the more significant. Newly-formed pastoral associations have been instrumental in all EDRP districts. These CBOs have constructed boreholes and infrastructure for desilting water and watering livestock, and provided a community mechanism for their operation and maintenance, plus a forum for discussion of pasture management issues. In Wajir, 10 pastoral associations are functioning: five initiated and supported by Oxfam, four initiated by government with support from EDRP, and one supported by the European Community. Fifteen pastoral associations are operating with support from EDRP in Mandera.

36. *Results on the ground.* Based on the written record and a field visit to Wajir, NGOs and CBOs have made a small but significant contribution to EDRP.¹² A comprehensive record of achievement is not yet available because the project's implementation completion report (ICR) has not yet been received. (The project closed very late following completion of a long-delayed road construction component.¹³). How this new capacity will be applied and sustained will depend on the future programs of government and, in particular, how ALRMP is implemented.

38. The main contribution of NGOs to EDRP has been for institutional development. EDRP has successfully promoted pastoral associations and supported a constructive dialog between these associations and local government. Oxfam pioneered the creation of pastoral associations by processes which EDRP has followed. Without Oxfam and other NGOs, the creation of CBOs would not have been possible. The CBOs are represented on a pastoral steering committee, established in 1995 with support from UNICEF. This committee provides a forum for planning and discussion of pastoral affairs. Oxfam is the sole NGO member of the steering committee in Wajir. Through dialogue, the Bank has encouraged government at all levels to support pastoral associations and to train their members.

39. In Wajir, relations between government, Oxfam, other NGOs, and CBOs are close and effective. This is attributable to: i) effective leadership from the Office of the President which coordinates work on drought recovery, giving priority to EDRP and its successor projects; ii) an

¹² Wajir District was recommended to the case study team by the Bank's task manager and her government counterparts in the Office of the President.

¹³ EDRP was due to close in September 1995, but the closing date was first extended to June 1996, and then extended for the sake of the roads component until June 1997.

energetic and inclusive district administration in Wajir, led by the District Commissioner, which seeks a positive working relationship with NGOs and CBOs; and iii) Oxfam itself, which has shown commitment and skill in facilitation of pastoral associations that are linked through dialogue to government. EDRP has provided many of the resources that have enabled these relationships to grow.

43. Beyond institutional development, EDRP has provided about US\$5 million for smallscale infrastructure, with about US\$3 million channeled through CBOs. CBOs have constructed or rehabilitated 25 boreholes, 7 small dams and desilting pans, and 54 rural water systems.

40. The Bank's contribution to this process is recognized by government and NGOs. Oxfam acknowledges that the Bank has been a valuable partner on conceptual, policy, and training matters. Much of the credit for effective Bank partnership is attributed to the Bank task manager who has been involved in both EDRP and ALRMP from the beginning. Based in Nairobi, she is close to the project, visits the field often, and is known and respected there. The fact that EDRP was mobilized quickly once the scale of the crisis was known, built the credibility of the Bank as an effective partner with NGOs.

44. The government and Oxfam recognize that training, funded by EDRP, raised the effectiveness of the CBOs to develop or rehabilitate small-scale infrastructure. However, the last Bank supervision report on file acknowledges that technical and managerial training is needed to operate and maintain boreholes, hand pumps and dams. It also states that better "coordination with NGOs would be helpful" to accomplish this.

45. The last supervision report on file notes that livestock associations are maturing but their training needs attention because the principles of participation have not taken hold. Veterinary drug revolving funds have been established among these associations. These funds were based on the sale of veterinary drugs supplied under EDRP. OED's site visit in Wajir District, revealed the existence of storage buildings for storage, but a very limited stock of veterinary supplies. Many of those available were outdated.

46. *Immediate lessons*. EDRP experience indicates that experienced NGOs in the field can greatly facilitate the implementation of a project that works through CBOs. The model followed in EDRP was, in fact, pioneered by NGOs who had gained experience organizing pastoral communities before the project was designed. While this experience was not acknowledged in EDRP's design, it built directly on this during implementation. In Wajir, Oxfam contributed its facilitating role without financial support from the project.

48. Leadership at the highest level in Nairobi helped to create an environment in which district-level leaders and officials, in a decentralized administration, felt comfortable working with NGOs. In Wajir, good working relations between local government and Oxfam have carried over to other NGOs with other interests. These NGOs (OED's mission met with Joint Relief and Rehabilitation Services, Africa Muslim Agency, Wajir Volunteer Group, Africa Inland Church, and the Catholic Mission) based in and around Wajir town, are working in the fields of health, education, water and sanitation, and relief among severely disadvantaged groups.

50. *Arid Lands resource Management Project (ALRMP).* ALRMP grew directly from the experience of EDRP. ALRMP takes a long-term approach to managing renewable natural resources in drought-prone areas. Approved in 1995 and effective in 1996, ALRMP provides a

credit equivalent to US\$22.0 million over six years aimed at: (i) reducing widespread poverty and enhancing food security in eight arid districts, ¹⁴ and (ii) conserving natural resources by improving crop and livestock resilience to drought, increasing economic linkages with the rest of the country, and improving basic health, water supply, and social services. Project components address drought management, marketing, infrastructure, community development, and project implementation support.

51. Intended NGO involvement. NGOs are expected to become involved in ALRMP through their membership of district-level steering groups and as implementors of microprojects. In accordance with Kenya's district approach to local government, communities in arid areas are to be assisted by line ministries, NGOs, and CBOs to "identify, plan, implement, and participate in all the development activities financed under the project".¹⁵ ALRMP includes a community development component (US\$5.9 million) that, inter alia, provides support for up to 200 microprojects costing up to US\$10,000 each. A community contribution equivalent to 30 percent of microproject costs is required. Microprojects are to be executed by line ministries or by "a non-government agency contracted to carry out the microproject as a Collaborating Agency."

52. CBOs are expected to be involved in implementation through programs which support community water users associations to manage and maintain new and existing water points. ALRMP aims to provide training for community groups involved in implementation.

53. Actual NGO involvement. NGOs were actively involved in preparation of ALRMP. In Wajir District, credit for NGO involvement was attributed most often to the District Commissioner, the head of the local administration. NGOs in Wajir confirmed that ALRMP got off to a good start. However, participatory preparation has raised expectations among NGOs and CBOs that they and their communities will begin quickly to benefit from the project. Pilot areas have been selected to test the ALRMP approach following a series of well-attended community meetings that included politicians, officials, NGOs, community leaders, religious leaders, and citizens. At the time of OED's mission, a needs assessment using participatory rural appraisal was to be carried out in the pilot areas by teams including representatives of government and NGOs. In Wajir, pastoralist associations are seen as important elements of community capacity under ALRMP. While funding of NGOs is expected under the project, at the time of OED's mission, no project funds had yet been received by NGOs or CBOs.

54. *Results on the ground.* It is too early to assess the results of ALRMP. The project took a collaborative approach during preparation, consulting both local communities and NGOs. This process is acknowledged by all parties to have been beneficial in raising understanding and ownership. During implementation, much will depend on how the community development component is implemented. If NGOs do, in fact, assist members of arid lands' communities (through their membership of CBOs) to "identify, plan, implement, and participate in all the development activities financed under the project" as proposed, then the potential contribution from NGOs and CBOs is high.

¹⁵ SAR, paragraph 5.13.

¹⁴ The eight arid districts are: Turkana, Marsabit, Mandera, Wajir, Samburu, Isiolo, Garissa, and Tana River. With the arid divisions of Baringo District, ALRMP sought to serve a population of about one million people, or 5 percent of the population of Kenya.

Implemented as proposed, ALRMP should permit NGO and CBO activity started under EDRP to "scale-up." The SAR provides little guidance on how NGOs and CBOs will participate in project implementation. The project emphasizes strengthening the capacity of government to work with NGOs and CBOs but, at the time of OED's mission, some of the detail necessary for effective collaboration was missing. NGO partners were undefined. The memorandum of understanding to govern the transfer of project funds to NGOs had been drafted, but not approved and criticism has been voiced by some NGOs that the community contribution to ALRMP projects (30 percent) was not determined jointly and is too high.

55. *Immediate lessons*. Public consultation that involves NGOs and CBOs can help launch participatory projects successfully. Details about NGO and CBO involvement necessary for implementation have to be worked out consultatively and in advance, but doing so takes time. Recruitment of qualified NGO or CBO partners in projects requires an early and professional assessment of the NGO. A combination of participatory design and slow definition of administrative arrangements can lead to frustration among NGOs and CBOs who anticipate project benefits flowing their way.

57. *Population Projects: the Third and Fourth Population Projects.* The Bank has supported a series of population projects in Kenya starting in 1974.¹⁶ This case study focuses on the two of them with significant provision for NGO involvement: Population Projects III and IV (IDA Credits 1904-KE and 2110-KE). NGO involvement in family planning predates the Bank's support for work in this sector by almost two decades.

Population III and IV. Population III was approved in 1988 when the rate of population growth in Kenya was among the highest level in sub-Saharan Africa. The project aimed to raise the demand for, and increase the supply of, family planning services. This was to be achieved by strengthening the National Council for Population and Development (NCPD); promoting family planning through information, education and communciations (IEC) programs; and increasing the supply of family planning services provided through government and NGO channels. Total project cost was estimated to be US\$23.6 million over six years, including an IDA credit equivalent to US\$12.2m. Financing for NGOs, totaling US\$8.7 million, was provided in parallel by the UK Overseas Development Administration (ODA—now the Department for International Development).

58. Population IV was similar to Population III, i.e. it aimed to strengthen the NCPD and expand the demand for, and the supply of, family planning services. Total project cost was US\$41.3 million over six years, with an IDA credit equivalent to US\$35.0 million. USAID contributed US\$2.2 million for equipment, contraceptives, and technical assistance. Four NGOs were identified at appraisal to receive project support totaling US\$5.0 million from IDA.

59. Intended NGO involvement. NGOs are important providers IEC and family planning services in Kenya. NGOs provide between about 40 percent of Kenya's family planning services. In Population III, specific provision was made for NGO involvement at appraisal. Support for planned families was to be provided by the Kenya Catholic Secretariat (KCS) and the National Council of Churches of Kenya (NCCK). Promotion of demand for, *and supply of*,

¹⁶ Population I, approved in 1974; Integrated Rural Health and Family Planning approved in 1982; Population III, approved in 1988; and Population IV, approved in 1990.

family planning services was to be provided by the Family Planning Association of Kenya (FPAK), Maendeleo Ya Wanawake (MYW)—a national organization of women—the Christian Health Association of Kenya (CHAK), and the Kenya National Union of Teachers (KNUT). About six percent of the funds earmarked for NGOs (US\$500,000) were for new NGO initiatives, administered by NCPD.

60. Under Population IV, four well-established NGOs were identified as participants during appraisal: FPAK, KCS, the Seventh Day Adventist Church (SDA), and the Crescent Medical Aid Society of Kenya (CMASK), a non-profit health service originating in the Muslim community. KCS would provide IEC, and FPAK, SDA, and CMASK would provide IEC and family planning services

61. That such substantial NGO involvement in population programs was planned for Kenya is not surprising. Some of the NGOs identified in Population III and IV have distinguished track records in the provision of family planning and other health services. FPAK has been in operation for close to 40 years. Through Population III and IV, these NGOs have developed close ties with the NCPD. Most of these NGOs are recognized by government and the community at large as effective providers of high quality care. They are often cited as highly motivated, having good facilities and equipment, good logistics, short chains of command, and being innovative. For example, some NGOs have opened family planning clinics for men only for the first time in Kenya.

62. The NCPD sees NGOs as valued partners able to fill gaps in IEC and service delivery and to take on sensitive issues—such as dealing with HIV/AIDS—publicly. NGOs are important players in IEC because they are close to, and trusted by, their clients and willing to discuss subjects government workers may be afraid to tackle. NCPD see the challenge for these NGOs to be in standardizing the content and production of materials, ensuring that the right messages are communicated, and standardizing the quality of family planning services. Government support for NGOs in population programs has been strong. In the field, NGOs and government workers collaborate to provide each other with supplies and referrals when needed.

63. Actual NGO involvement. NGOs paticipating in Population III were identified on the basis of prior experience with NCPD. NGOs were not much involved in project design. Project designers turned to NGOs familiar to government and Bank staff. NGOs which had proved themselves in Population II (the Integrated Rural Health and Family Planning Project, 1983-90), were invited to participate in Population III. Despite their prior invovlement, there is no evidence that these NGOs were consulted about project design. Other NGOs or CBOs—those not involved in Population III—were not considered for Population III, and no systematic effort was made to match NGO capabilities with expected project demands.

65. The approach to designing Population IV followed that of Population III. NGOs were not extensively involved in design even though the project aimed to involve them actively in implementation in districts with low contraceptive prevalence rates. NGOs known to NCPD through Population II and III were invited to participate in Population IV. With some delays, project implementation has involved NGOs largely in the manner projected at appraisal.

66. *Results on the ground*. Population III closed in December 1996. While the project supported gains in population policy and the NGO component had some success, the ICR and OED rate project outcome as unsatisfactory, institutional development as negligible, and

sustainability as uncertain. Total project expenditure was less than anticipated (US\$21.5 million versus US\$28.3 million), although the IDA credit was fully disbursed. Actual project support for NGO activities totaled US\$7.66 million, with US\$7.0 million provided by ODA and US\$0.66 by IDA.

67. Despite a poor overall outcome, Population III strengthened the capacity of the participating NGOs to support family planning services. While detail is limited, the NGOs broadly achieved their assigned objectives through provision of IEC, family planning services and supplies, and surgical procedures. Implementation was slow because of serious funding delays. Nevertheless, working relations between government and NGOs involved were strengthened. The ICR noted that government should improve its capacity to assess NGO capabilities objectively, and NGOs needed to improve their capacity for financial accountability.

68. NGOs were willing to work with this project despite their lack of involvement in project design and their unfamiliarity with Bank processes and procedures. This experience is an indicator of the dependence of NGOs on external funds and the need of NGOs to work via projects even though arrangements for their involvement are suboptimal. The ICR provides no information on the impact of Population III on contraceptive prevalence or birth rates. During the first four years of project implementation, the pace of fertility decline and the demand for smaller families increased. However, these both changes were underway before the project had made significant disbursements and should not be attributed to the project.

69. ODA's evaluation of Population III. A more detailed evaluation of the NGO component of Population III was prepared by ODA.¹⁷ ODA's evaluation reaches a number of conclusions about the NGO contribution. On design and appraisal, ODA's evaluation concluded that preparation followed a top-down approach. It agrees with the ICR findings that neither the NGO community was consulted during the design phase nor were the most appropriate NGOs recruited. More support should have been provided to the NGOs that were selected for implementation to help them plan their involvement.

70. Detailed targets were set for IEC activities and most of the NGOs achieved some or all of them. The project made no attempt during implementation to assess the quality or impact of training programs and it is not possible to assess their impact on the demand for services or the decline in fertility. The project component for new initiatives is judged to have been poorly managed, and only 20 percent of the funds were disbursed.

71. NGO service delivery programs were more successful. The number of service delivery points was increased and two NGOs made a full range of contraceptives available. But ODA's evaluators conclude that more could have been done if more resources had been put into services and the rehabilitation of facilities, and less into construction of a small number of new clinics.

72. Monitoring and evaluation of the NGO component during implementation was unsatisfactory. Monitoring was not results-oriented. The management information system adopted by NCPD was complex and did not work, making it impossible to monitor progress of the NGO component against project targets.

¹⁷ Evaluation of Population III, by David Crapper, Malcolm Potts and Murray Culshaw. Draft of January 15, 1997.

73. ODA's evaluation concluded that the main role of NGOs should have been to expand the provision of services, which NGOs can do as, or more, cost-effectively than government. NGOs also have the potential to act in areas government may be reluctant to enter, such as providing services to adolescents. But not all NGOs are good at all activities, and NGO strengths and weaknesses should be assessed up-front in order to match NGOs appropriately to tasks. NGOs should be consulted about project design and understand fully the targets and budgets against which their performance will be evaluated. If projects have a poverty focus, specific strategies to reach the poor should be identified, including for the selection of NGOs with access to the poor and vulnerable groups.

74. The prospects for financial self-sufficiency of NGO family planning programs are unlikely. All NGOs in family planning NGOs in Kenya are totally hgihly on external sources of funds for supplies. Progress toward sustainability is dependent on NGOs improving their cost-effectiveness and increasing the level of cost recovery for services. Some NGOs charge for services, but most have only made a start in this direction.

75. *Client perspectives*. Client perspectives on the quality of family planning care provided by government and NGOs have been gathered in a joint study undertaken by the Kenya Ministry of Health (MoH) and The Population Council.¹⁸ The government services covered in the study are those provided by the MoH and the Nairobi City Council. The objective of study was to identify those factors which were considered central by clients and providers to defining service quality, and to determine whether these factors corresponded to the standard definition of quality of care.¹⁹ Through this assessment, differences in the quality of care provided by government and NGOs were assessed. Nine service delivery points were included in the study, five government points and four NGO points. The main findings of this study are summarized below.

76. Both providers and clients agreed that provider-client interaction, cost, proximity of the facility, and clinic operability (availability of supplies, water, and electricity) were the factors that best defined quality of care. Based on these criteria, NGO clinics were viewed more favorably than government clinics. Many clients initially favored government clinics over NGO clinics because of their lower cost and closer proximity. However, the poor availability of contraceptive supplies and low clinic operability caused clients to switch from government to NGO clinics. Others chose NGO clinics from the start, citing greater concern with the attitude of the provider and greater choice of methods available. NGO clinics were perceived as more sympathetic to young women and generally more willing to provide them with services.

¹⁸ Quality of care in family planning service delivery in *Kenya: clients' and providers' perspectives*. Ministry of Health, Division of Family Services and The Population Council, Africa Operations, November 1995. In addition, this case study draws on the *report Kenya: A situation analysis study of the family planning services*. The Population Council, Africa Operations, May 1996.

¹⁹ The elements of the standard definition of quality in family planning services include: choice of methods, information given to users, technical competence, interpersonal relations, follow-up mechanisms, and appropriate array of services.

Factors contributing to quality of care	Characteristics of NGO and government providers.				
1. Proximity to facility.	1. Proximity is an important determinant of initial choice of clinic, but many clients travel long distances to use NGO clinics because they provide higher quality care.				
2. Cost of service.	2. NGOs are more likely to charge for services. Clients complain about the cost, but recognize the higher quality of the NGO service.				
3. Operating hours.	3. Government clinics were criticized for not starting on time				
4. Operability.	4. Lack of running water, supplies, and equipment was noted less often in NGO clinics.				
5. Waiting for service.	5. All clinics—government and NGO—were criticized for long waiting times for service.				
6. Provider-client interaction.	6. NGO clinics were seen as more sensitive to clients' needs. NGOs treated younger women better than government clinics.				
7. Information provided to clients.	7. Only a few NGOs provided a full range of information about methods of family planning to clients. But NGO clinics had printed information for clients to read and take away.				
8. Ability to switch methods.	8. NGO clinics had the supplies and information that allowed clients to switch methods of contraception. Many clients with problems with IUDs chose NGO clinics to have them removed, having had them installed in government clinics.				
9. Counseling on side effects.	9. NGO clinics provided more thorough counseling on side- effects of contraception.				
10. Overall.	10. Clinics are chosen for different reasons: proximity and cost for public clinics, and quality of care at NGO clinics. Overall, NGO clinics were viewed more favorably and received fewer complaints. By adopting NGO's attitudes towards clients, the perception of quality of care in public clinics would be raised.				

77. *Immediate lessons*. Although NGOs have well established track records in family planning services in Kenya, NGOs were not involved in project design nor was their recruitment

.

.

.

based on an objective assessment of their capacity. Failure to consult NGOs early has resulted in some inappropriate choices and poor design of project components to be implemented by NGOs. The involved NGOs found themselves working in a vacuum, lacking knowledge of project budgets, targets, and Bank procedures.

78. The most vexing issue in government/NGO relations in family planning is finance. Despite user charges, all NGOs are heavily dependent on external sources to finance their work. Most funds are channeled to them through NCPD. In Population III, where NGO activity was financed by ODA, NCPD was able to prefinance the NGOs and to reimburse expenditures quickly. Under Population IV, where finance came from an IDA credit channeled through the Kenyan Treasury, NGOs were reimbursed only slowly and found themselves prefinancing project activities. While NGOs acknowledge that NCPD works hard on their behalf, the receipt of project funds by NGOs is neither smooth nor timely.

79. Slow disbursement of funds to NGOs is attributed in part to the complexity of government financial procedures and the desire of the Kenyan Treasury to control tightly the disbursement of funds. Within the Treasury alone, 21 steps are required to be completed before an expense is reimbursed. To make matters worse, NGO financial reporting and accounting systems are not standardized. The result is financial transactions between government and NGOs which are difficult and slow. Even well established NGOs have limited administrative and accounting capacities, resulting in their financial records often being qualified as incomplete, slowing down the process of reimbursement.

80. From the NGO perspective, some of which have long and positive relationships with NCPD, the system for administering and funding Bank-supported projects remains poorly understood. This slows implementation down and raises concerns about reimbursement of expenses. Under Population IV, some NGOs were concerned that construction work begun late in the project might not be completed before the project closed, and that the government might require repayment of funds the NGOs had used if work was incomplete at the closing date. The NGOs were unaware that project closing date could be extended at the borrower's request and with the approval of the Bank. This problem suggests that communication between the Bank, NCPD, and the involved NGOs could be improved.

The Sexually-transmitted Infection Project (STIP)

81. *Project Description.* In addition to population projects, the Bank supports STIP with an IDA credit equivalent to US\$40 million, approved in 1995. STIP aims to strengthen institutional capacities at the national and district levels to design, implement, monitor and evaluate HIV/AIDS and other sexually transmitted infections (STIs). In addition, STIP promotes preventive measures to reduce the risks of STI transmission and develop strategies to mitigate the socioeconomic consequences of STIs. STIP seeks to achieve its objectives, inter alia, by supporting district-based home-based health care through NGOs and CBOs, and providing counseling services for people with HIV/AIDS and for others who have suffered related costs and losses. STIP provides an example of a recent effort to involve NGOs and CBOs in project design and implementation. STIP cannot be assessed in terms of results on the ground because it is too recent.

82. *Intended NGO involvement*. STIP was formulated in the context of Kenya's HIV/AIDS epidemic and the government's current Health Policy Framework Paper which emphasizes

decentralization of health services to the district level and provision of an enabling environment for NGO, private sector, and community cooperation in health service provision and finance.²⁰ STIP requires district health teams to support NGO and CBO programs, including capacity building, operations research, provision of clinical services for prevention of STIs, distribution of condoms, district-level care facilities for STI patients, and innovative activities. The project includes US\$5.1 million for innovative NGO activities. The SAR included detailed procedures for NGO participation.²¹

84. The intention of STIP to work with NGOs was clear from project identification onward and NGOs were involved in project preparation. The procedures proposed in the SAR for NGO participation in implementation were designed in consultation with NGOs working on HIV/AIDS in Kenya. These procedures included a framework for implementation that identified the role of NGOs, proposals for an NGO/CBO/Government Forum to bring NGOs working on STIs under one umbrella; establishment of panels to select NGOs impartially; provision of technical support to NGOs; monitoring and evaluation of NGO performance; and provision of funds for NGOs at the regional and national levels. Objective criteria—technical, managerial, financial, epidemiological, and geographic— were established to evaluate NGO involvement in the project.

85. Actual NGO involvement. Despite apparently careful and collaborative preparation among project partners, shortly after project approval the procedures for involving NGOs set out in the SAR were considered by the Bank and the borrower to be inadequate: they were insufficiently detailed. In addition, the development credit agreement (DCA) signed by the Bank and the borrower failed to specify that IDA funds would be allocated to NGOs and CBOs. In consequence, after two years of project preparation and two more years of implementation, implementation of project activities by NGOs and CBOs had still not taken place. More precise procedures (a memorandum of understanding) for NGO participation in STIP, under development since project approval, was still in draft form and had not been communicated to the district level, the focus of project operations.

88. Two years after project approval, no project funds had flowed to NGOs or CBOs, creating frustration. Early involvement created expectations by NGOs of a partnership with government. However, the failure of the DCA to recognize NGOs and CBOs, and the failure of the procedures contained in the SAR, have led to disappointment. This was exacerbated by the weak dialog between NGOs and government at the district level, the slow pace at which weaknesses in agreements have been rectified, and the lack of realism of government's district work plans that assume NGOs will participate in HIV/AIDS programs without consultation. At best, there is a poor communication between government and NGOs. From June to December 1996, when project implementation was stalled, the NGO AIDS Consortium was not consulted about changes in STIP and its members felt ignored.

87. *Immediate lessons*. The early experience of STIP suggests that while it is important to involve NGOs in projects from the outset, how NGOs will participate in projects, in particular how NGOs will be selected, commissioned, and compensated, needs detailed attention, including the definition of procedures to be followed at the national and district levels.

²⁰ Bank/IMF/GoK discussion of HPFP resulted in an agreement that 20-30% of funds provided for the health sector should be allocated to NGOs

²¹ World Bank Report No. 13385-KE, Annex 14.

89. *Beneficiary assessments*. To gain a beneficiary perspective on the contribution of NGOs to Bank-supported projects, a small field study was conducted of users and potential users of family planning services offered by government and NGOs under Population III and IV. This study was completed in two areas, one rural and one urban. The rural area included parts of Meru District, and the urban area included four locations in Nairobi. Through unstructured workshops and focus group discussions, the views of clients were elicited by ActionAid Kenya on behalf of OED

90. The beneficiary assessment found that government and NGO providers of family planning IEC and services had strengths and weaknesses in the eyes of their clients. Government clinics attracted poorer clients in both the rural and urban areas because there were no fees. Government clinics were established mainly to serve married couples who sought to limit the size of their existing families. However, the management of government clinics was frequently criticized by clients who said they were not carefully treated, supplies were often unavailable, delays in waiting rooms were lengthy, and an overall low quality of service discouraged users' commitments to family planning.

91. NGO family planning clinics were associated with higher levels of service. NGO clinics were seen as better managed, with shorter waiting periods for service, good availability of supplies, and an ability to attract a wider range of clientele, including younger people who needed to begin using contraceptives. Some NGO clinics, however, charged a fee for service and this was a deterrent to the poor. NGO clinics in Nairobi with no fees attracted poor clients similar to those using government clinics. NGOs were seen as innovators, for example taking mobile clinics in inaccessible areas. But the mobile clinics attracted very large numbers of clients who experienced long delays before they were served, lowering considerably the quality of the service provided.

92. Clients at government and NGO clinics felt that service providers should pay more attention to clients' needs. The clients expressed a need for channels to express views to service providers, to express their concerns about the management of clinics - delays, interruptions, lack of attention, lack of privacy, and the need for sensitivity - and to identify ways to raise service quality. The beneficiary assessment confirmed many of the conclusions of the Population Council report cited above.

Agricultural extension

93. Since independence, the Government of Kenya has encouraged development of the smallholder sector, which includes about three million farms, most less than two hectares in size. Smallholders account for three-quarters of agricultural production and 50 percent of marketed production. Women provide the bulk of farm labor and head one-third of rural households. Starting in 1982, the Bank encouraged the government to replace its existing agricultural extension system with the training and visit (T&V) approach. T&V aims to provide farmers with timely advice on farming practices suited to their conditions. Field extension workers (FEWs) receive training on proven practices designed to have a short-term impact on productivity and net income. This information is disseminated through regular visits to farmers. T&V is expected to generate its own monitoring data on the provision of services.

95. National Extension Projects I and II (NEP I and II). A Bank-supported project (based on a brief pilot project, cofinanced with IFAD) to establish a T&V approach—the Kenya National Extension Project (NEP I - Credit 1379-KE) for US\$15 million equivalent—was approved in 1983. NEP I aimed to achieve sustained increases in agricultural production in 30 of Kenya's 41 districts through the reorganization and strengthening of the extension service and improvement of research/extension linkages.

96. NEP I closed in 1991. Its performance was rated by OED as marginally satisfactory, with modest institutional development, and uncertain sustainability. Bank performance was rated as less than satisfactory because of the project's narrow focus, the lack of adjustments made to fiscal constraints in Kenya—the cost of T&V grew to absorb a very high proportion of the budget of the MOALMD—and the limitations of complementary services.

97. The Second National Agricultural Extension Project (NEP II) was approved in 1990. It is scheduled to close in 1998. NEP II aims to increase the rate of adoption and stimulate the development of technical packages that will enable smallholders to increase their farm productivity and income. Among other things, the project sought specifically to increase direct contact with farmers, emphasize work with groups (CBOs) and farmer cooperatives, and meet regularly in workshops with representatives of women's groups. NEP I and II permit an assessment of T&V with and without CBOs.

98. Intended NGO and CBO involvement. NEP I was designed to work through contact farmers. Over time, its approach evolved to include some work with CBOs, although this was not planned. CBOs were believed to raise both the efficiency and the effectiveness of T&V. In consequence, NEP II was designed from the outset to work through SHAs. In addition, NEP II has evolved recently to involve some NGOs as partners in certain locations where NGOs are active.

99. Actual NGO involvement. Despite the intention of NEP II to reach farmers through CBOs, the NEP I approach of working through contact farmers appears to persist. OED's 1996 audit of agricultural extension in Kenya found that "Despite the substantial progress in working with groups, there is still a large potential to include existing women's groups and school children's 4-K clubs. Sub-optimal use of these forces could be linked to inadequate support and supervision of FEWS or lack of training in how to mobilize group resources for problem definition and resolution through participatory actions."²² This conclusion is supported by OED's mission for the NGO study and the beneficiary assessment carried out as part of this case study (see below).

100. NGO (as opposed to CBO) involvement in NEP II has taken place as a result of initiatives from the NGOs themselves. Some NGOs working in rural development have sought working relationships with the MOALMD at the district and village levels. In particular, they have sought access to the technical resources of government: examples include in livestock health and management (e.g. Farm Africa's dairy goat improvement project), crop production (e.g. Macumo Extension Service), and irrigation (e.g. SISDO).²³

²² OED Performance Audit Report Number 15652, Kenya National Extension Project (Credit 1387-KE), May 28, 1996. Unpublished.

²³ Examples of government/NGO cooperation visited by OED's mission.

101. *Results on the ground.* OED found little evidence of CBO involvement in T&V. Findings were sought through discussions with government staff in Nairobi and at the district level in three districts visited by OED—Nyeri, Meru, and Embu. Isolated examples of extension workers developing working relationships with women's groups were found. Extension agents agreed that working through CBOs should result in more efficient transfer of extension messages, greater support among farmers for new initiatives, more representative and diverse contacts for FEWs, improved identification of new entry points for other activities, and better service to women clients. But this chain of events remains largely conceptual.

103. While monitoring data are not available to supplement the findings of the Bank's 1990 evaluation, the volume of extension work undertaken through CBOs appears to have increased only slightly. A major reason for this is the low overall level of commitment to group-based T&V and the continuing preference of FEWs and their managers for work through contact farmers. FEWs preferred to work with leading farmers because they were seen as receptive to new ideas and had the resources to implement them.

105. Similarly, weak documentation of the benefits of working with NGOs stems from strongly divergent views of NGOs by MOALMD's senior management. Opinions appear split between managers who see NGOs as privileged (because NGOs appear to have dependable resources, compared to government); a threat (because NGOs have become increasingly attractive to donors); and professional inferiors (because NGO performance has not been evaluated); and others who embrace working with NGOs because they are seen as practical and client-oriented.

106. Immediate lessons. Extension work through CBOs will not take off until the approach has clear leadership from the top. A 1990 evaluation of NEP I by the Bank's Technical Department for Africa found that extension coverage improved and costs were lowered when farmers were contacted through groups. Many of the farmers who received frequent contact from FEWS did so through CBOs and cooperatives. CBOs, formed to provide credit or marketing services to their members (frequently women), became increasingly important in T&V as the limitations of the contact farmer approach became evident. At the same time, the importance of cooperatives to small farmers waned as cooperatives came to seen as corrupt and manipulated for political ends. Despite this evidence, in 1996 individual farmers still received more resources than farmer groups. Exceptionally, some FEWs—mostly female with home economics backgrounds—strongly supported groups of women farmers. (It is estimated that of Kenya's 18,000 self-help associations, 11,000 are women's groups.)

107. At the time of OED's mission, the suspension of the NEP II credit which had been in force for several months was about to end. During the suspension, the flow of credit had stopped and the extension service, starved of funds, had ground almost to a halt. At the district level, extension staff had received NEP II funds for only one of the previous four quarters. While routine work slowed down markedly, lack of operating funds prompted growth of a new set of relationships between some extension staff and NGOs.

108. NGO involvement—as opposed to CBO involvement—under NEP II was not planned. Where operating NGOs exist with an interest in agricultural development, some are building new, three-way relationships with the MOALMD and CBOs. Examples of these relationships were seen in Nyeri (irrigation water user associations), Meru (dairy goat improvement and credit for

.....

irrigation groups), and Embu (an NGO-based extension service to promote sustainable). In all these cases, the NGO approached the MOALMD seeking technical services or cooperation and offering their skills in group formation and their logistical support for field work.

109. Where MOALMD and NGOs were cooperating, there was agreement that the expertise of government technicians (such as their veterinary and hydrological skills) combined with the transportation and community mobilization services of the NGOs, were highly complementary and beneficial to the communities targeted.

110. NGO collaboration with the MOALMD was timely. If the NGOs had not come forward during the suspension of NEP II, the ability of MOALMD to service its clients in the areas visited by OED would have been close to zero. MOALMD staff claimed that NGO collaboration gave them "a new lease on life", because the NGOs had the resources—notably the functioning vehicles and the vehicle operating costs— necessary to put the MOALMD staff in the field. Nevertheless, such collaborations were few and were limited by the scale of the NGOs' resources. Nevertheless, the examples were instructive.

111. All the NGOs visited by OED focused their work on the poor through activities likely to raise their clients' incomes. By collaborating with NGOs, the MOALMD was helped to focus its work on the poor. The predominant view expressed by MOALMD (at headquarters and in the field) was that T&V had not been effective because most production environments farming systems were too complex. Staff said that "like chewing gum, T&V had been stretched too far." While T&V worked well for basic improvements to major crops grown as monocultures, food crop improvements did not justify high investments in T&V and cash crops were serviced best by commercial extension systems. Most importantly, farmers were reluctant to come together in groups to receive the general extension messages offered by T&V. However, the focused activities of NGOs gave farmers an incentive to improve their incomes through group activities. The farmers met by OED stressed that they collaborated with NGOs in order to improve family nutrition, send and keep children in school, and pay for medicine and primary health care.

113. *Beneficiary assessment of agricultural extension*. The views of farmers served by NEP I and II and of NGOs were sought through a beneficiary assessment undertaken in low-, medium-, and high-potential farming areas of Meru District. One hundred and fifty-five people were interviewed through unstructured workshops and focus group discussions carried out for OED by ActionAid Kenya.

Government extension workers were praised by their clients for the quality of their technical advice. Extension workers with specialized crop knowledge and awareness of local growing conditions received particular praise. But most farmers said that government extension services were inconsistent and inadequate. Most farmers, the majority of whom were women, said they encountered government extension workers infrequently and through meetings to which they were summoned by officials who did not encourage questions or an exchange of views. Government communication was most often one-way.

114. Respondents complained that better-off farmers received specific attention from FEWs. Only better-off farmers were able to provide the inputs necessary to apply the recommendations made by the extension agents. Only the better-off farmers could undertake demonstration plots, and it was these farmers who received the lion's share of the extension agents' time. Poorer

farmers met extension agents mainly in *barazas*, meetings sponsored by local government officials. These meetings usually addressed agricultural topics at the beginning of the farming year only and were conducted as lectures, not exchanges. Holding *barazas* at divisional offices, rather than in the field, limited participation to those farmers who lived in the vicinity.

115. Poor farmers rarely saw government extension agents more than once a year, and extension agents rarely visited farming areas of low potential. Poor farmers said that they received information about farming mainly from *barazas* and the radio, from friends and neighbors, and from working on the farms of their better-off neighbors, but not from government extension workers. Women farmers in the medium-potential area suggested that monthly or fortnightly visits by extension agents—part of the T&V approach—would be welcomed, but this was not their experience. Farmers said they more attention from government extension agents, but support for input provision and product marketing was more important to them now than technical knowledge about increasing production.

116. NGOs in Meru District focused their work on low-potential areas. Farmers in all focus groups acknowledged that they had been visited by NGOs working in their areas. The fact that the NGOs approached them was respected, and the approach and capacity of NGOs to mobilize groups for self-help was praised. Poor farmers stated that group self-help was an important response to impoverishment and vulnerability.

NGOs were regarded as good sources of advice on collective action. Self-help groups, especially in low-potential areas, were not holding together because they lacked the financial resources needed to complement their collective energy. Farmers needed productive inputs once self-help groups were formed. Farmers said they appreciated it when the technical knowledge of government was combined with the group skills of NGOs. Government agents and NGOs were criticized by farmers for their inability to work together. Even when extension agents and NGOs addressed *barazas* on the same day, the two did not collaborate or coordinate their messages.

Building on experience: the Early Childhood Development Project (ECDP)

118. ECDP is a Bank-supported project that aims to "improve child quality (sic) and educability in poor Kenyan households." The project was approved in March 1997, to be implemented between 1997 and 2001. The value of ECDP to this case study is not that it offers results on the ground, but that ECDP represents the front line of Bank thinking about involvement with NGOs in Kenya. If lessons have been learned about working with NGOs, they should have been built into ECDP's design.

119. Early childhood development (ECD) has been a priority of the GoK since 1980. Progress in provision of early childhood education services has been supported through establishment of a National Centre for Early Childhood Education (NACECE) and District Centers for Early Childhood Education (DICECEs). These efforts have been supported by UNICEF, The Christian Children' Fund, and by two foundations: the Bernard Van Leer Foundation of the Netherlands and the Aga Khan Foundation (Kenya).

120. The design process followed by ECDP appears to be exemplary. The preparation team led by the Ministry of Education, included representatives of UNICEF, experienced foundations, and NGOs. Project components support improvement in teacher performance, community

mobilization and capacity building, pilot projects to improve child health and nutrition, and grant support to ECD centers in poor communities owned by the parents of the children served. Impact indicators address improved cognitive and psycho-social development, improved child health and nutrition, increased school enrollment at the appropriate age, and reduced dropout and repetition rates.

121. Two implementation models will be followed in the community grants and health and nutrition components. In the first model, the government will channel grant funds to communities through four large NGOs and foundations acting as wholesalers. The NGOs and foundations will administer grants to communities to support pilot activities and provide logistical and material support. Eight NGOs will be selected to provide health and nutrition services. Selection will be based on experience in ECD, capacity to administer funds competently, and a track record of work with government. In addition, the NGOs must contribute counterpart funds to cover overhead administrative costs and some project activities. In the second model, the government will work closely with the local ECD committees to implement the same activities as in the NGO model. The government may, however, contract district-level NGOs to deliver services where the NGOs have a comparative advantage and are not benefiting under the first model.

122. Five factors make ECDP an example of good practice in project preparation. First, there was clear recognition by government and the Bank of the value of NGO experience in ECD. Second, qualified NGOs and foundations were involved in project preparation from the outset. Third, NGOs and foundations were recruited into project implementation through an open bidding process based on their track records and proven administrative capacities. Fourth, to expedite fund administration, government was willing to accept qualified NGOs and foundations as wholesalers of funds. Fifth, government is willing to make funds available to qualified NGOs as grants, not as contracts or loans, encouraging innovation provided accountability is maintained.

IV. Summary of Findings

133. *The enabling environment*. For the sectors examined in detail in this case study—family planning, drought recovery and agricultural extension—the enabling environment for NGO action is positive. There are no restrictions on NGO action and government actively encourages cooperation with NGOs and CBOs in drought recovery and family planning at the district level and below. In agricultural extension, NGOs are often viewed as competitors for resources and there is little leadership shown in working with NGOs. The contribution of CBOs to agricultural extension is not widely appreciated or applied.

A second aspect of the enabling environment concerns the environment within the World Bank for NGO action, since this will influence borrowers and project design. The quantitative evidence suggests that, working through governments, the Bank has encouraged NGO participation in Bank-supported projects for about two decades in Kenya. (Eight of 18 projects with provision for NGO involvement predate the Bank's operational directive on working with NGOs.) However, the Bank appointed its first NGO Liaison Officer for Kenya only in 1996 and knowledge of the country's NGO community remains partial.

135. *The relationships between NGOs, government, and the Bank.* Given the positive enabling environment in these sectors, the next most important factor influencing the contribution

of NGOs' to development effectiveness is the relationship between NGOs and government. This relationship has several characteristics, some contradictory. First, NGOs are commonly seen by government as mechanisms to fill gaps in service delivery, gaps caused by lack of resources or by the weak presence of government. The motives that drive many NGOs to seek to serve the poor are less appreciated by government managers, as is the desire of many NGOs to develop the capacity of the poor to help themselves. NGOs are most often viewed as potential contractors who are attractive because they have competent managers, effective logistical support, and sufficient operating funds to get tasks done once the terms of reference are agreed.

136. Many NGOs do not see government as a good partner. Some NGOs do not want financial relationships with government. This reluctance has three main sources. First, by accepting government funds, NGOs fear a loss of independence and a weakening of their mission. Second, obtaining funds from government is a slow process even when the rules are followed and the paperwork is complete. This process is made even more difficult when Bank procedures also apply. ²⁴ The number of steps to be completed to obtain a payment from government is large, and the potential is high for making an error serious enough to cause a delay in processing. Clearances for importation of foreign goods, or approvals for contract payments of even modest sums, are authorized by senior officials who may not be available to give their assent. Third, financial matters opens the door for corruption. Even respected NGOs admit that they pay officials to expedite the importation of legal goods or receipt of money due to them from government.

137. Most of the NGOs met by OED highlighted the difficulty of being paid in full and on time for services rendered. The flow of funds is crucial to NGOs since they have neither independent sources of finance nor the financial reserves needed to survive long periods waiting for payment. NGOs noted that bilateral donors tended to advance funds more readily than government, have simpler procedures for claiming funds, offer technical assistance to facilitate payments, do not demand bribes, and reimburse NGOs quickly. Bilateral donors, however, were also recognized for their tough and frequent auditing of NGOs' accounts.

138. An important area for attention in the relations between government and NGOs concerns local government. Kenya has devolved considerable authority to government at the district level. For most NGOs, this is the level of government where they have their most frequent contacts with officials. If, as in Wajir District, the leadership of the district administration is open to NGO participation, and encourages the development of CBOs to manage resources at the local level, the potential for NGOs and CBOs can be high. Agency heads at the district level need to be clear about their scope vis a vis NGOs or commitments made in good faith at the central level will not be implemented.

139. The level of understanding of the Bank by NGOs —particularly Bank policies and procedures—is low. Most of the NGOs met by OED—including those involved in Bank-supported projects—were not well informed about how the Bank works, how Bank funds become available through government, and how funds flow. The appointment of an NGO liaison officer in Nairobi has raised the level of understanding significantly, but a broad-based improvement will take time. There is a consensus that, despite individual efforts, the level of communication

²⁴ This problem is well described in Annex VII, *Working with NGOs*, Operations Policy Department, World Bank, March 1995.

between the Bank and NGOs must be raised. Several NGOs involved in Bank-supported projects met by OED noted that they had never been inside the Bank's Nairobi office, had never met with Bank staff without representatives of government also present, and found accessing Bank information difficult.

140. The Bank does not have a comprehensive inventory of NGOs in Kenya. Some bilateral donors have extensive NGO databases, but this information may be reserved for the bilaterals' use. As a result, the recruitment of NGOs for involvement in Bank-supported projects has a narrow base: larger and better known NGOs are more likely to be involved than others, regardless of their experience. NGOs have often been identified as partners on the recommendations of individuals, rather than an assessment of the NGO community. The systematic matching of NGO capacities to project needs has not taken place. The Bank's NGO Liaison Officer has begun to change this because she brings a comprehensive knowledge of the NGO community to the Bank and has a mandate, working with government, to professionalize Bank-NGO/CBO relations.

141. Despite good experience with bilateral donors in Kenya (and elsewhere), the Bank has not developed strong partnerships with bilaterals to facilitate NGO involvement in projects. Many bilaterals have not only long-established knowledge of NGOs and CBOs, but also access to flexible funding (grants), and a well-developed presence on the ground to provide guidance and technical assistance.

142. Despite a broad-based awareness of the value of early participation of potential partners in project design, efforts to involve NGOs in projects at the design stage have been modest. Two recent projects—STIP and ECDP—have made a significant effort to change that, one of them (ECDP) very successfully so far. Early involvement of NGOs is not, however, simply a matter of timing. Early involvement translates into greater realism, understanding and trust, only when NGO expertise is recognized and shown to be appreciated, and when the processes of involvement are transparent.

143. When NGOs are involved early in project design, the opportunity is created for procedures and guidelines to be developed before implementation is started. Agreed procedures and guidelines are necessary for project implementation to start without delay. Procedures and guidelines need to be fully understood and agreed by the partners in the enterprise. When partnerships between government and NGOs are being established, prejudices have to be overcome as both parties need to learn what they can and should reasonably expect from each other. For the NGOs, usually the smaller partner, this has to be done without sacrificing independence or putting the organization financially at risk.

144. A final set of relationships that can constrain project effectiveness, touched only briefly by OED's mission, is the relationship between NGOs and CBOs. Where NGOs act as intermediaries between CBOs and government, or other high level agencies, a level of mistrust of NGOs may exist among the CBOs that weakens their mutual effectiveness. CBOs implicitly assess the integrity and effectiveness of the NGOs that work with them. CBOs' comments indicate that they are often unsure of who the NGOs are which seek to assist them, what their motives are, and where their resources come from. Most importantly, some CBOs indicated that they seek to become dependent neither on government nor intermediary NGOs.

145. *The capacity of NGOs.* The case study did not seek to assess directly the capacity or effectiveness of NGOs involved in Bank-supported projects. However, it is evident from OED's field mission that NGO numbers in Kenya are limited and the demand for their skills and services exceeds the supply. ActionAid, with a total annual budget of about US\$5 million may be the largest NGO in Kenya, and is active in several fields in several districts. Oxfam, with an annual budget of US\$1.2 million for development activities, is considered to be a "large" NGO. Oxfam's development budget is allocated to a few drought-prone districts.

146. Individually, the capacity of Kenya's NGOs varies widely. In family planning, a small number of NGOs, including FPAK, exist with significant capacity and proven track records in the field. The government, the Bank, and donors correctly see the benefits of working with these NGOs. However, there are few other sectors with a comparable number of NGOs with such potential.

147. NGOs are contributing to innovation even though their overall level of effort, and the geographic scope of their impact, is modest. NGO innovation is sometimes supporting and influencing government. The work of FPAK, Oxfam, Farm Africa, and SISDO provide evidence of this. However, taking the good experience of NGOs from particular localities and scaling them up, or transferring them to new areas, is often not possible because—even if the ambition to do this exists—either the managerial capacity or the resources to do so are lacking. Like small businesses that remain healthily small, few NGOs are able to take local successes and extend them across wide areas.

148. Even in Kenya, where a dynamic and diverse NGO community has existed for many years, the aggregate capacity of NGOs across all sectors is modest. By encouraging NGO involvement in the projects it supports, the Bank helps to expand the opportunities of NGOs. But the number of NGOs willing and able to deal with government in Bank-supported projects remains small. Furthermore, making resources available to NGOs largely in the form of contracts for service delivery is unattractive to NGOs and does little to expand their capabilities or capitalize on their flexibility.

149. The very large number of CBOs in Kenya presents an important opportunity to reach the grassroots—especially women—and support local capacity building. But basing a development strategy on Kenya's CBOs in a focused way has not yet been attempted successfully. In agriculture, where the opportunity to work with CBOs is large, the opportunity presented by NEP II has not yet been seized.

V. Conclusions

123. NGOs and CBOs make important contributions to development effectiveness of Banksupported projects in Kenya. In all three sectors studied by OED—drought recovery and management of arid land, population and family planning, and agricultural extension—NGOs are contributing to project design and implementation.

Overall, the level of NGO involvement is smaller than the information in Bank documents suggests. Of 18 projects identified in the Bank's NGO database with provision for NGOs or CBOs and screened by OED (on the basis of project files and discussions with Bank task managers), only six projects appeared to have substantive NGO or CBO involvement, i.e. in

two-thirds of the projects, NGO involvement was very limited and not expected to have an impact on development effectiveness on the ground.

In a small number of projects, NGO and CBO involvement is significant. In two sectors, drought recovery and arid land management and family planning, Bank support assists government and NGOs to work together to do the right things, if not always in the right ways. In agricultural extension, through NEPs I and II, Bank support has so far failed to reach CBOs (farmer organizations) as planned.

124. In drought recovery and arid land management (EDRP and ALRMP), NGOs have provided the models and technical support needed to mobilize pastoralists in groups and link them to local administrations. Linked up, government, NGOs and CBOs work together to plan, implement, operate and maintain improvements in infrastructure and pasture management. While IDA funds support the NGOs only slightly, they allow government to mount a responsive program through the local administration and permit CBOs to construct, operate and maintain local infrastructure. Without NGOs, such as Oxfam, this approach would not be feasible: NGO experience, leadership, and technical assistance make the work with pastoralist groups possible. NGOs and CBOs are indispensable to the approaches being taken, as is the hands-on approach of the Bnak's task manager in the field.

125. In population and family planning, very experienced NGOs have been major actors in Population III and IV. While NGO achievements cannot be summarized in terms of increased contraceptive prevalence rates and lowered fertility rates, they are seen by their clients as providers of high quality services. NGOs provide a significant share of Kenya's family planning total IEC and services, often working in areas where alternatives are unavailable. Where NGO and government services are both available, the NGOs offer clients a choice. NGOs and government are, however, mutually supportive: referring patients to each other and lending each other supplies.

126. In agricultural extension, CBOs in the form of SHAs were expected to become essential components of the agricultural extension system, especially under NEP II. This has not happened. Government extension workers continue to work mainly with leading farmers, partly as the result of inertia—working with farmers with established relationships—and partly because they believe that only the leading farmers can implement the recommendations they bring. Despite the evidence that working through CBOs is cost-effective and evidence that the T&V system in place is financially unsustainable²⁵, the MOALMD has been unable to shift its emphasis in the field to working through CBOs.

127. Based on their own initiative, some NGOs that support agricultural development have begun to work with government. In 1996, when many MOALMD staff were paralyzed for lack of operating funds, these NGO initiatives were invaluable. The positive effects of such cooperation are felt only locally because the NGOs focus their activities on poorer locations. However, such work draws MOALMD staff to lower quality environments and to poorer clients than they would normally reach. But these activities stem from the initiative of NGOs, not from the government side. Because they are unplanned and unmonitored by government, these NGO initiatives go unrecorded.

²⁵ OED Performance Audit Report, Kenya National Extension Project, June 17, 1996.

129. The concrete effects of NGO and CBO involvement in Bank-supported projects, even in established areas, are hard to assess. Anecdotes are plentiful, but data is scarce. This difficulty stems in part from weak project monitoring by all the stakeholders: the Bank, the government, and the NGOs. Weak monitoring hampers identification of NGOs and CBOs in terms of outputs and effects. NGO and CBO contributions are rarely agreed prior to project approval nor tracked during implementation. In this respect, however, projects with NGO involvement resemble many Bank-supported projects without NGO involvement.²⁶ However overcoming this problem may be greater when NGOs are involved since their administrative capacity is often kept deliberately small and their technical knowledge of monitoring and evaluation may be limited.

130. A further obstacle to observing the effects of NGO and CBO contributions to Banksupported projects stems from the desire of the respondents met by OED's mission (in the Bank, the government, and among NGOs) to talk about processes that define their relationships, rather than the outcomes of those processes. Processes have an overwhelming priority in discussion because they prevent the partners in Bank-financed from collaborating effectively.

131. Why are the results of NGO involvement modest and why is discussion of processes so important? The main findings of this case study are that while the enabling environment matters, specific working matter more. The significance of this is apparent when it si recognized that NGOs that have worked successfully in Bank-supported projects have done so despite not being invovled in project design (EDRP, Population III and IV, and NEP II). NGOs are also beginning to work successfully when ownership by government of such collaboration remains low (NEP II).

VI. Recommendations.

- The Bank should maintain an ongoing dialog with government about the role of NGOs and CBOs. Government's willingness to work with NGOs varies with time, place and sector. The Bank needs to engage government in the pursuit of a consistent policy if the involvement of NGOs is to be optimized. It is especially important that any dialog about NGOs be based squarely on the government's policy of decentralization to facilitate involvement at the local level.
- The Bank should become better informed about the NGO community in Kenya. Having a full-time NGO Liaison Officer in place is helping, but she will need the active support of other Bank staff to maintain an effective dialog with the NGO community. An ongoing dialog with NGOs is important because important issues affecting the NGO community arise quickly and because the NGO community is sufficiently dynamic that NGO directories become outdated quickly.
- The Bank should use its policy dialog with government to expand and improve the enabling environment for NGOs. The Bank and donors were silent when the NGO Coordination Act was debated in 1991-92. Many NGOs believe that they became stronger because they acted alone at that time, but many also believe that the Bank could have contributed constructively to discussion surrounding the drafting of Kenya's principal NGO law.

²⁶ OED reports 13247 and 1522, An Overview of Monitoring and Evaluation in the World Bank (1994) and Monitoring and Evaluation Plans in Staff Appraisal Reports Issued in Fiscal Year 1995 (1995).

- The Bank should work harder to get the details of work with NGOs right. This means involving NGOs early in project design; recruiting NGO partners on the basis of their proven capacity and strengths; employing the flexibility that exists to simplify Bank administrative procedures and processes in order not to overwhelm the often modest capacities of NGOs; and strive, once agreements are made and work has begun, to keep funds flowing to NGOs and CBOs.
- A special effort is needed to make the flow of funds from the GoK to NGOs and CBOs, and accountability for the use of funds, administratively simple and transparent. The use of larger NGOs or foundations as wholesalers of project funds is an innovation that needs to be carefully monitored and assessed, and expanded if it proves successful.
- The Bank should strive to work more effectively with its partners among the bilateral agencies to facilitate NGO contributions to cofinanced projects. Bilateral donorss in Kenya have long-established relations with NGOs and CBOs, the ability to make grants, and often the human resources needed to provide technical assistance and cooperation to clients in government and the NGO community. The opportunities presented by cofinancing NGO and CBO activity should be exploited more fully.
- The Bank should work actively with government and other partners to promote the NGO Council's strategic plan for the voluntary sector, 1997-2000. The plan is focused on: building the capacity of the voluntary sector; representing the voluntary sector effectively to government; and influencing national policy in order to enhance the capacity of the voluntary sector to respond to the challenges of development.

Project name Credit number Year approved Sector	Credi t amou nt (\$m)	Resources allocated to NGO/CBO activity at appraisal	NGO type	Purpose of NGO involvement	Stage of involveme nt	Rationale for NGO involvement	Amount and significance of actual NGO involvement
Site and service Cr. 543 1975 Urban	8.0	n/a	NGO s,CB Os	Construct facilities	Implement	Cost-effectiveness and innovation	OED impact evaluation of April 1996 does not indicate any NGO involvement
Agricultural Credit III Cr. 692 1977 Agriculture	20.0	n/a	NGO	Design credit and training plans	Design	Expertise	Not apparent.
Second Urban Cr.791 1974 Urban	25.0	n/a		Construct facilities, support relocation			OED impact evaluation of April 1996 does not indicate any NHO involvement beyond establishment of a welfare fund, with grant funding from NGOs to help the needy
Third Forestry Cr. 1213 1978 Agriculture	16.0	n/a	NGO s	Operate and maintain nurseries	Implement	N, remote areas and targeting	None. Project completion report of November 1991 recommends working with NGOs/CBOs to strengthen performance.
Rural Health & Family Planning (Pop. II) Cr. 1238	23.0	n/a	NGO s	Information, education, communication , training, and	Implement	Targeting clients, info. sharing, participation, remote areas	First half of project was unsatisfactory as newly-created NCPD unable to support NGOs. But in second half, NCPD was

.

1982 PHN				service delivery			funding NGO proposals for information, education, and communication (IEC)programs, and supporting NGO training and infrastructure.
Agricultural Technical Assistance Cr. 1277 1982 Agriculture	6.0	n/a	NGO	Execute and advise on technology	Implement	Expertise	None apparent.
Population III Cr. 1904 1988 PHN	12.2	US\$7.66 m (ODA)	NGO s	Education, training, and service delivery	Implement	Expertise, participation, work in remote areas and targeting	Most NGOs achieved some or all of IEC targets, but no measures of program quality available. Service delivery was more successful than IEC, but overemphasis on infrastructure compared to service delivery.
Population IV Cr. 2110 1990 PHN	35.0	US\$5.0 m	NGO s	Information, education, communication , training, and service delivery.	Implement	Innovation, work in remote areas, and targeting	NGOs are recognized as providing high quality services. No measures of program impact available.
Rural Services Design Cr. 1974 1988 Agriculture	20.8	n/a	NGO s	Livestock marketing	Implement	C, innovation, N, work in remote areas and targeting	Minimal.
Second National Extension*	24.9	n/a	CBO s	Group-based T&V	Implement	Promote participation and	Opportunity to work with CBOs largely missed.

Cr. 2199 1990 Agriculture						targeting	
Forestry Development Cr. 2198 1990	19.9	<us\$2.1m< td=""><td>NGO s, CBO s</td><td>Receive training</td><td>Design and implement</td><td>Expertise, F, innovation, and promote participation</td><td>Minimal.</td></us\$2.1m<>	NGO s, CBO s	Receive training	Design and implement	Expertise, F, innovation, and promote participation	Minimal.
Health Rehabilitation Cr. 2310 1992 PHN	31.0	n/a	NGO s	Execute a study	Implement	Expertise	Minimal.
Protected Areas and Wildlife Service Cr. 2334 1992 Agriculture	60.5	USAID component	NGO s, CBO s		Design and implement		n/a
Micro and Small Enterprise Cr. 2569 1994 Industry	21.83	US\$19.2m	CBO s	Promote ownership	Design and implement	Promote innovation, participation and targeting	Minimal
Second Mombassa Water Supply Cr. 2333 1992 WSS	43.2	n/a	NGO s	Advise	Design and implement	Expertise	Minimal.

Emergency Drought Recovery Cr. 2460 1993 Social	20.0	US\$4.93 m (actual)in water component	CBO s	To support coordination of implementation	Implement	Targeting clients, remote areas	NGO model adopted by government. CBOs formed to implement resource management and develop local infrastructure.
Arid Lands Resource Management Cr. 2797 1995 Agriculture	22.0	US\$5.9 m in community developmen t component	СВО		1,2,4,5,6	Innovation, expertise and promotion of participation	Building NGO and CBO experience from EDRP.
Sexually Transmitted Infections Cr. 2686 1995 PHN	40.0	<us\$26.9 m<="" td=""><td></td><td>Advocacy, education, decentralized service delivery</td><td>Design and implement ation</td><td>Innovation and promotion of participation.</td><td>Significant plans to involve NGOs and CBOs but stymied for first two yrears of implementation by inadequate preparation.</td></us\$26.9>		Advocacy, education, decentralized service delivery	Design and implement ation	Innovation and promotion of participation.	Significant plans to involve NGOs and CBOs but stymied for first two yrears of implementation by inadequate preparation.



Terms of Reference for Beneficiary Assessment

1. Objectives

In the context of OED's study of NGO involvement in Bank-supported projects, a beneficiary assessment will be completed in order to collect beneficiary views on:

- the **process** of beneficiary interaction with the projects and involved NGOs/CBOs;
- results on the ground identified by the beneficiaries.

The assessment will report the views of beneficiaries. Final conclusions and recommendations will be drawn at a later stage when data for all country case studies is available.

2. Approach

Execution of the beneficiary assessment will require some preparatory work. Research should begin with:

- appreciation of the projects' objectives;
- selection of the sites;
- guidelines for workshops and semi-structured interviews.

Actual fieldwork should not be led by, or initiated from, the project perspective. The starting point for the assessment should be the reality of the development situation as perceived by the intended beneficiaries themselves. It is in the course of the semi-structured interviews that the conversations will then either lead, or be led, to the discussion of project processes and effects. At each site, the approach will need to be adapted to the specific circumstances prevailing.

3. Projects to be addressed

Beneficiary assessments in Kenya will include the following two areas:

- population activities supported by Population Projects III and IV; and
- agricultural extension projects supported by National Extension Projects I and II.

4 Location

Locations will be determined in consultation with the Government of Kenya and the Nairobi office of the World Bank. Actual sites for beneficiary assessment will be chosen from among those sites where the projects have had sufficient time to achieve results on the ground, and where opportunities for comparison between government- and NGO-provided services exist.

For **population projects**, the location will be:

- an urban area Nairobi; and
- a rural area Meru.

For **agricultural extension projects**, the location will be within Meru District, including sites will of high, medium, and low agricultural productivity.

5 Organization of research

The research will be carried out by ActionAid Kenya. ActionAid Kenya was chosen because of its local knowledge, knowledge of participatory field research methods, focus group and workshop techniques, and its logistical and communications capabilities. ActionAid is free, however, to sub-contract work to competent associates. OED will provide information about the type of information sought (see attachments).

6. Methods to be applied

Methods should conform to the philosophy of PRA. But care must be taken to to keep applied methods simple and use them with great discretion. Experience suggests that the environment (the "setting") for a beneficiary assessment is more important than a great variety or sophistication of the methods applied.

It is recommended that field work at each site starts with a learning workshop of intended beneficiaries. The aim of the learning workshop is to identify persons and groups to talk to, what to ask, and how to ask it, in terms of the projects' interface with beneficiaries and results on the ground. The workshop should be conducted in such a way as to guarantee that the output is based on the input of the participants.

The learning workshop should be followed by semi-structured interviews with individual beneficiaries, or very small groups of 2 or 3 beneficiaries only. These interviews should start from the beneficiaries' perceptions of the most pressing problems of their everyday life. Care should be taken to identify what the beneficiaries have done to help themselves, before discussing how the projects may have helped them.

If this initial discussion reveals problems not addressed by the projects - or reveals problems addressed by the projects, but the project is not mentioned - then this in itself is an important finding about project effectiveness. If, on the other hand, the project is mentioned as a help for solving pressing development problems, then the interface between the project and the beneficiary can be further investigated.

7. Output

The output of the beneficiary assessment will be a good, unstapled hard-copy report ready for duplication. A copy of the report on diskette, preferably in MS Word, will be required. Visual material, such as slides or photographs, would be welcomed to illustrate the report.

The report should discuss both methods and findings, and make a clear separation between the two. For the outline of the required report, OED's recent beneficiary assessment of AGETIP/Senegal may serve as a general orientation.

8. Timing

The contract will be agreed by mid-February 1997 and the report will be delivered within 10 weeks of contract signing.

9. Cost

The total cost of the beneficiary assessment will not exceed US\$30,000, (two sites at US\$12,500 per site and report writing of US\$5,000).

Field costs per site will be allocated approximately as follows:

Coordinators, 4 x 15 days (60 person days) at US\$100 per day	6,000.00
Local assistants, 8 x 15 days (120 person days) at US\$4 per day	480.00
Travel, 15 days at US\$220	3,300.00
Other costs, (phone, fax, etc.)	2,720.00
Total US\$	12,500.00

30 January, 1997

Christopher Gibbs

M:\GIBBS\NGO\KENYA\BATOR.DOC

January 31, 1997 12:21 PM

Kwa Maoni Yetu

(From Our Perspective)

Community Perceptions of National Extension Projects I and II and Population Projects III and IV, Two Government of Kenya Programmes Funded by the World Bank

> By ACTIONAID Kenya, Nairobi

> > June 1997

Table of Contents

Acknowledgementsii
Abbreviations and Acronymsiii
Executive Summaryiv
Forewordvi
Map of Kenyaviii
1. Broad Findings 1
Impact of Service Provided by NGOs and Government
Inter-Agency Collaboration and Interaction
Beyond GoK and NGOs to Self-Help Action by Users and NonUsers
Recommendations
2. Objectives and Scope of Enquiry
Conceptualization
Research Methodology and Process
Appendix 1: The Report on National Extension Projects I and II
Appendix 2: The Report on Population Projects III and IV
Appendix 3: Research Schedule
Appendix 4: Guidelines for Focus Group Discussions
Appendix 5: Bibliography and Persons Interviewed
Appendix 6: Letter of Introduction for Researchers

.

Acknowledgements

Primary research was carried out on National Extension Projects I and II by Mr. Jacobus Kiilu and Mr. Wandera. Ms. Ruth Odhiambo and Mr. Maina Kiranga conducted the research on Population Projects III and IV. The researchers were supported by the eight assistant researchers who carried out the field level focus group discussions. Their knowledge and grasp of the local language facilitated the rich exchange that occurred between both users and nonusers of the projects. The final report was developed by Irungu Houghton, Policy Research Coordinator for ACTIONAID Kenya.

ACTIONAID Kenya wishes to warmly thank community members, government, and NGO officials for contributing to the findings of this assessment. It also conveys its gratitude to Christopher Gibbs, Claudia Fumo, and Thomas Kuby from the Operations Evaluation Department of the World Bank for their preliminary comments. We have endeavored to include the issues they raised. It is intended that two feedback workshops will be held in Meru and Nairobi to present the findings back to some of those that participated in this project.

ii

Abbreviations and Acronyms

CBO	[?]
DAEO	Divisional agricultural extension officer
DAO	District agricultural officer
DIVSCO	Divisional soil and water conservation officer
DVO	District veterinary officer
FGD	Focus group discussion
FHFK	Family Health Foundation of Kenya
FP	[?]
FPAK	Family Planning Association of Kenya
GoK	Government of Kenya
IDA	International Development Association
IEC	Information, Education and Communication
IFAD	International Fund for Agricultural Development
IUD	Intrauterine device
KGGCU	Kenya Grain Growers Cooperation Union
LEO	Locational extension officer
MALDM	Ministry of Agriculture, Livestock Development and Marketing
MOALDM	Ministry of Agriculture Livestock Development and Marketing
NCPD	National Committee for Population and Development
NEP	National Extension Project
NEPI	First National Extension Project
NEPII	Second National Project
NGOs	Nongovernmental organizations
OED	Operations Evaluation Department
OIC	Officer in charge
POP	Population Project
SAPs	Structural adjustment programmes
SSI	Semi-structured interviews
TL	[?]

Executive Summary

1. Kwa Maoni Yetu collates the perceptions of 262 actual and potential users on the impact and interaction of NGOs, self-help associations, and the Government of Kenya within programs funded by the World Bank. Conducted by ACTIONAID Kenya, the study focused on the National Extension Projects (NEP) I and II in low, medium, and high potential areas of Meru and Tharaka Nithi and the Population Projects (POP) III and IV in Nairobi and Meru.

2. Through a combination of participatory workshops held at community level and a series of focus group discussions over May to June 1997, actual and potential users of government and NGO services gave their insights on the process of interaction between different agencies and their perceived impact of the changes that have occurred.

3. The study makes important statements on the degree to which services reached the poor, the degree of success in passing information and generating awareness, the quality and relevance of services, interactive processes between agencies and, lastly, the role of community organizations.

4. A clear distinction can be made from the perspective of reaching the poor. Government services within NEP I and II were unable to reach the less resource endowed and poor in Tharaka Nithi. Here, NGOs were well positioned to support these groups with integrated development approaches that contained agricultural extension services. In the case of POP III and IV, fee charges proved to be the inhibiting constraint for one NGO in reaching the poor. For both government and other NGO clinics, the primary users contained the poor.

5. Under POP III and IV, users and nonusers' perceptions on the success of information and awareness strategies did not distinguish between services by government and NGOs. Under NEP I and II, on the other hand, the failure of government to go beyond sporadic meetings and demonstrations on the farms of contact farmers laid them open to critique by nonusers. Criticism was also levied at NGOs for their inability to provide information on marketing of produce.

6. Comments generated on the quality and relevance of GoK and NGO services comprise the bulk of Kwa Maoni Yetu findings. For POP, proximity and convenience were some of the criteria used to qualify the value of services. Whereas GoK clinics were found to have longer queues, they were also acknowledged to have accessible services for the poor. NGO clinics were generally considered by users to have superior services with motivated staff and longer hours of operation. This was slightly different in the case of NEP, where NGOs were credited with strong social mobilization skills, and GoK extension services (for those who could access them) were recognized to be of high quality.

7. Collaboration between and among NGOs and GoK was not strongly evident from the eyes of users. In both POP and NEP, users did not point to any uniform approach nor formal mechanism in which NGOs and GoK collaborated. Some users of NEP I and II pointed to fairly basic levels of interaction by acknowledging that NGOs and GoK sometimes attended each others meetings.

8. Beyond GoK and NGO programs, the case of NEP illustrates the importance of self-help action in cases where services are not being provided by either NGOs or GoK. Where there are external services, the community self-help association becomes a complementary partner.

Although a number of POP III and IV users were in community groups, the role of the groups did not appear to have made much impact.

9. From their analysis of broad trends and longer term changes within their communities, the potential impact of both NEP and POP were conditioned by the increasing degree of impoverishment, natural resource depletion and infrastructural decay, lack of capital, rising costs for social services, and falling crop prices. It is within this context, ultimately, that the present successes and constraints of NGO and GoK programs in agriculture and human development were judged by communities.

Foreword

1. Kwa Maoni Yetu emerges in the context of debate surrounding the role and effectiveness of governments and NGOs in World Bank funded projects. This Kenya qualitative study is one of the many country studies to be commissioned by the Operations Evaluation Department (OED) of the World Bank. This user assessment was carried out over two months. It was designed essentially as a qualitative study into the perceptions of 262 actual and potential users of World Bank funded Government of Kenya (GoK) projects. It neither intends to be a rigorously objective evaluation of the impact of Population Projects (POP) III and IV and the National Extension Projects (NEP) I and II nor a statistically grounded investigation.

2. The study makes important statements from the perspectives of actual and intended users concerning the quality of services provision and the interaction of different development agencies including GoK, nongovernmental organizations (NGOs), and community organizations.

3. It was conducted in a fairly sensitive environment. In one case, the researchers were unable to get official clearance to interview clients and officials from a Nairobi Government clinic for reasons that are as yet to be understood. Nonetheless, once the official approvals were secured from the national and district offices, the research was characterized by an open and facilitative atmosphere. The profile of ACTIONAID Kenya as a reputable international NGO with no direct interest in either POP or NEP assisted greatly.

4. Accessing both intended and actual clients/users of POP III and IV and NEP I and II was the greatest challenge. It took a two-pronged strategy through the community issue identification workshops and the focus group discussions to come close to the users of POP and NEP. The first allowed us to identify those whom the GoK and NGO service-providers were confident with. The second strategy enabled poor and vulnerable members of communities to be identified and consulted independent of the service-providers.

5. The study design comprised a preliminary study design, meetings with the relevant government and NGO officials, workshops with clients/users and the convening of several focus group discussions. This largely oral process was then written up for dissemination.

6. Following the submission of the report to the World Bank OED, two feedback workshops will be held in Meru and Nairobi to disseminate the main findings of the report to participants in the study.

7. It is also intended that the following steps be pursued to take the process of learning further:

- Develop community monitoring indicators, guidelines, and benchmarks that ensure user assessment during the project cycle and post evaluation.
- Profile the lessons for future GoK and NGO Projects.

8. Beyond GoK and NGO programs, the case of NEP illustrates the importance of self-help action in cases where services are not being provided by either NGOs and GoK. Where there are external services, the community self-help association becomes a complementary partner.

Although a number of POP III and IV users were in community groups, the role of the groups did not appear to have made much impact.

9. From their analysis of broad trends and longer term changes within their communities, the potential impact of both NEP and POP were conditioned by the increasing degree of impoverishment, natural resource depletion and infrastructural decay, lack of capital, rising costs for social services, and falling crop prices. It is within this context, ultimately, that the present successes and constraints of NGOs and GoK programs in agriculture and human development were judged by communities.

Map of Kenya

1. Key Findings

Broad Changes in the Lives of Users

1.1 Trying to contextualize the broader relevance and long-term impact in the eyes of users is not easy. However, the trends analysis and problem ranking exercise in the community issue identification workshops provided the researchers a number of important insights.

1.2 For users living and cultivating in the high and medium potential areas of Meru, life was better eight to ten years ago. Recently, it has increasingly become more difficult. In the words of one actual user from a high potential yet less accessible zone, "Life was easy, there was plenty of food for all and purchasing power was good. We were able to exchange bananas for potatoes. The last two years have seen things really change. We are increasingly facing impoverishment. Life is good for the rich, but they are not ready to help us."

1.3 A man in the medium potential area expresses it differently: "The economy was stable, and one could sustain a family and educate children with money from coffee. A hundred shillings was enough to buy food for a medium sized family for about two weeks. Inflation has made us live in poverty." A neighboring female farmer pointed to her increasing vulnerability by stating, "our *shambas* (farms) used to be productive, and rainfall was reliable. In these last few years, rainfall has become unreliable, and we are vulnerable to drought and famine."

1.4 For many users cultivating in the high and medium potential areas, the use of self-help groups has been instrumental in responding to impoverishment and vulnerability. For an example, Ruiga women reported that "due to subdivision our individual plots of land are not sufficient to generate high incomes. In order to purchase the money to install piped water, our husbands have had to hire land for farming 40 kilometers away at Chaaria and Ruiri. This they are doing through self-help groups. The little earning we got from coffee helped us finance the piping of water." In the lower potential areas, actual users of nongovernmental (NGO) services pointed to their mobilization of internal and external resources. Individual farmers bought high cost inputs—such as oxen and plows—and shared them with others within the self-help groups. Credit was extended horizontally by the farmers to each other. They used their own jembes (hoes). They also plant and weed early because the rainfall is unreliable. External support was provided by others-such as Nguuru Gakirwe water projects to put up the irrigation project-but now the main problem is transport to assist us market our produce. The bilateral implementing agency SIDA (Swedish International Development Agency) provided support through the Tharaka water and sanitation project by drilling boreholes.

1.5 From the perspectives of both users and nonusers, it is clear that while agricultural extension services are important, the survival of poor farmers is dependent on their own self organisation. Secondly, credit facilities, infrastructure support, and tools are critical inputs for the farmers. Within the problem-ranking exercise the main problem was invariably markets and prices for the farmers produce. Neither NGOs nor the government were increasing farmers capacities for effective and profitable marketing.

1.6 During the community identification workshops related to Population Project (POP) III and IV, the pressing problems affecting respondents in Nairobi's Ngando area were water

shortages, poor sanitation, inadequate but expensive housing, schools located too far away, and congestion. It was noted that as recently as five years ago there was adequate housing, clean tap water, and an absence of social congestion.

1.7 Respondents spoke of various strategies to cope with these problems. They include income-generating activities, formation of self-help women groups, health awareness training, and latrine construction. These strategies could be enhanced by the provision of training and loans to start small businesses and the provision of more schools.

1.8 In Meru, the pressing problems were lack of clean water, few schools, high birth rates, lack of jobs, land shortages, poor communication, and a lack of cattle dips. Five years ago, there were less people, school fees were affordable, food prices were low, and "there was food everywhere." Awareness and mobilization seminars by the churches have helped. So have *harambees* (fund-raisers) to contribute to school fees. The burden could be reduced further by increasing the number of water taps, reducing school fees, and increasing medical and family planning services.

1.9 When prices were high and payments regular, farmers benefited a lot but over the last few years, the crashing of sale prices of agricultural crops has led to irregular payments. Male farmers cultivating in the medium potential area remembered the times that "farmers used to secure payments three times a year. Life was good, and they could rely on coffee. Today prices have fallen, and payments come after six months."

1.10 Denied of payments, both users and nonusers of Government of Kenya (GoK) [services] find themselves unable to pay back loans. As one man put it: "There are a lot of deductions on loans from coffee. A farmer gets very little." According to one woman, life has not been easy. She says, "We rely on coffee but when this money delays there is none. We are left struggling, selling subsistence crops such as maize and beans . . . we have a lot of problems paying school fees. Many children have dropped out of school." Consequently, a number of people were considering other options besides coffee. Another argued, "We are now even prepared to uproot coffee and plant *miciri* (French beans). They are more profitable and have a ready market."

1.11 It is clear that, like the National Extension Project (NEP) findings, users have multifaceted needs. Obviously not all can be integrated in sector specific studies such as agricultural extension and family planning. Nevertheless, it is also apparent that without a clear linkage between these needs the perception of success on the part of the users will be reduced or even negated. The case of marketing is a poignant one. Without markets and fair prices for produce, the impact of production-based information extension services is greatly minimized.

Impact of Service Provided by NGOs and Government

1.12 In assessing the impact of POP III and IV and NEP I and II, four broad themes emerge from the perspectives of clients. They are (i) reaching the poor, (ii) information and awareness, (iii) quality and relevance of services, and (iv) collaboration by different agencies.

2

Reaching the poor

1.13 It is clear from the research on NEP conducted in the three ecological zones of high and medium potential areas of Meru district and the low potential area of Tharaka Nithi that government extension services were concentrated in the first two zones.

1.14 There was a strong assertion from all focus group discussions (FGDs) that the GoK extension workers mostly visit the farms of the more wealthy progressive farmers. In the high and medium potential zones it was felt that "agricultural extension officers only visit the rich because that is where people get good results. This is because wealthier farmers are able to use their wealth to greatly improve their income."

1.15 According to the farmers, it is the cost of inputs required for demonstration plots that inhibits the situating of crop demonstrations on the farms of the poor even in medium and high potential areas. Women's groups living on medium potential land noted that "government extension workers teach us very well how to improve our agricultural practices, tend our animals, and other matters concerning women groups, but we are not able to provide the demonstration materials." Men in the same area observed, "We are taken to the rich men's farms because that is where correct fertilizers and other necessities are used."

1.16 In contrast to government extension services, NGO extension services were located in the low potential zone only. In this area, all four FGDs acknowledged that community members were visited by the NGOs involved in agricultural activities.

1.17 The research on POP III and IV provides us with a fascinating divergence. Government services have successfully reached lower socioeconomic groups both in Nairobi and Meru. This, clients noted, was influenced by the element of free services. Government services have attracted older mostly married couples who use family planning to maintain their existing family size. Younger clients do not seem to be targeted or to have accessed these services in the manner of the older age groups.

1.18 NGO services on the other hand appeared to have attracted a wider category of age groups including both married and single younger and older clients. This could be attributed to the relatively shorter waiting time in the NGO clinics. Socioeconomically, however, NGO services appear to serve the lower middle income group rather that the rural and urban poor. The Family Planning Association of Kenya (FPAK) in Meru requests a small fee for services rendered. Its NGO counterpart in Nairobi, the Family Health Foundation of Kenya (FHFK). Consequently, it has been able to reach the very poor.

Information and Awareness

1.19 Both NEP and POP were designed with a strong element of information, education, and communication. Public awareness was integral to the goals set for both projects. Alongside information, the projects set aside resources for other inputs. In the case of POP, these inputs included contraceptives and other family planning materials while, for NEP, it ensured demonstration of various technologies and seeds.

1.20 Both users and nonusers interviewed through focused group discussions on NEP pointed to the radio, neighboring farmers, friends, and chief's meetings (*barazas*) as having provided the

most consistent forms of information. Information is also provided by farmers' associations such as the coffee cooperatives and processing factories in the high and medium potential zones.

1.21 In 8 out of the 12 FGDs, the use of Provincial Administration *barazas* was stated as the common means through which extension workers address farmers. Interaction between farmers and extension workers takes place on average once a year in the low potential zones, twice for medium potential zones, and more often in the high potential zones. These *barazas* take place at the beginning of the main rainy season between March and May.

1.22 Most farmers characterized government services as inconsistent and inadequate. The method of being addressed in *barazas*, while it might be an inexpensive way of passing information, did not provide opportunities to raise questions or give feedback to the extension workers. In addition, the impact of the services was restricted by the farmers' proximity to divisional offices and thus marginalized those farmers that were located further away.

1.23 In a number of cases, potential users of GoK services in the low potential areas have had to make do with observing other farmers. One farmer from a less accessible low potential area called Tunyai location stated: "Since we offer manual labor for the rich in their farms, we are able to see what they do." The farmers in the low potential areas noted that they are also able to access information from NGOs, but not frequently. Community meetings between NGOs and groups appear to have been scheduled at the convenience of both parties rather than on regular days.

1.24 Like NEP, attempts to reach clients in POP took a variety of information strategies. The majority of people interviewed cited the following information, education, and communication (IEC) approaches: pamphlets, posters, campaigns by NGOs and the government and for a few in Nairobi, the radio and television. Peer and community-based information sources, such as friends, neighbors, and spouses, were also mentioned. Unlike the IEC approaches, these sources of information were cited by both men and women regardless of whether they were users or nonusers of contraceptives.

1.25 Most peer interaction took place around concerns by neighbors that a neighbor's daughter had conceived out of wedlock. There was a ripple effect following visits by clients to clinics where on return they would talk to their husbands and friends. Peer support was mentioned as important factor even in the decision to attend the clinics in both Nairobi and Meru.

1.26 Comparing NGO and GoK IEC services in POP III and IV does not yield much difference either in terms of the content or strategies used. For NEP I and II, though, it is apparent that GoK services were weak, relying on chief's *barazas* and demonstrations at the farms of contact farmers. That this occurred during NEP II is particularly a matter of concern.

Quality and Relevance of Service

1.27 Most people served by government and NGOs in Nairobi and Meru felt that waiting time and proximity to clinics were important elements.

1.28 FHFK offers mobile family planning services once a week to Ngando settlement, which is situated to the western perimeter of Nairobi. The mobile clinic provides services between 9

A.M. and 11:30 A.M. In an attempt to access this weekly service, there is usually an influx of clients, and most clients are forced to wait an average of two hours a visit. One client noted that even a four hour wait was normal. This seriously interferes with her daily routine. She finds herself unable to attend to urgent chores like preparing lunch for her children or attending to her small business interests.

1.29 Although the Nairobi FHFK mobile clinic allowed the services to be situated close to the users, its weekly service forced those in need of urgent reviews to revert to clinics further away. Other clients were quick to point out that, unless they required urgent action, they would rather wait for the weekly service than spend extra transport costs and time moving to another clinic. In Meru, most of the clients were happy with the accessibility to the FPAK clinic. The clinic is open the whole day from 8 A.M. to 5 P.M. Situated strategically in Meru town, the Meru FPAK clinic allowed clients to combine their clinic visits with other businesses in town as well as other family chores.

1.30 From the testimonies of clients in both Meru and Nairobi, it was evident that there were longer waiting times at government than NGO clinics. Despite free services in all of the government clinics, most clients found the length of waiting very inconveniencing and, in some extreme cases, discontinued their visits to government clinics. The long waiting hours were attributable both to the large number of clients and the unprofessional and lax attitudes of government staff. Cases were cited by a number of clients of clinics opening two or three hours late and being endlessly interrupted by social visitors and tea breaks. Convenience for both the rural and urban clients, therefore, emerges as a key factor in the FGDs. It either facilitated or constrained their consistent access to both NGO and government family planning facilities.

1.31 For NEP, NGO extension services existed in the low potential zone only. Four FGDs acknowledged that community members were visited in their respective groups by the NGOs working in Tharaka-Nithi. One user noted this in the following words: "NGOs have been addressing our needs by ensuring we can irrigate our farms and avoid drought due to unreliable and low rainfall."

1.32 It is apparent that the strength of NGOs was their capacity to mobilize the communities for integrated development. In Tharaka-Nithi, NGOs conducted training and provided inputs such as *jembes* (hoes) and seedlings. In the less accessible area of Tunyai, male farmers described the work of one NGO thus: "Nkubu started an experimental farming site and advised us to start community groups on health. They helped us to build water tanks." NGOs also introduced low cost and effective technologies, such as organic farming, kitchen gardening, and drought-resistant crops. In one case, irrigated horticulture was being promoted by spreading piped water to individual members' farms. Low cost technologies and irrigated horticulture are extremely appropriate to low potential areas.

1.33 Government extension services under NEP I and II were criticized as being very weak by nonusers. They relied on information provided in off-site meetings or *barazas* called by government chiefs and demonstrations on successful farmers plots. Most farmers argued that there was little space to ask questions and provide feedback to extension workers.

1.34 From the perspective of users, however, government extension workers tended to provide high quality technical, agricultural-related information. From the actual users' comments, it seems that the information is regional specific. In the coffee growing area of Meru called Gatimbi

5

both male and female farmers stated that the officers gave enough information on coffee and sometimes on maize production. In Tunyai, relevant information is provided on early planting and spacing of crops. It was often said that those who follow their advice have benefited from good crop yields.

1.35 At a medium potential yet less accessible area called Nguene, female farmers said, "When you look around, you can always differentiate between those who follow the advice and those who do not. Those that do have crops that grow very well and the yields are good. Those who take care of their cows receive large quantities of milk. In Nguene, artificial insemination services and veterinary clinical services were available and responsive to the needs of users.

1.36 In some cases, cost, size of holding, and the type of crops grown marginalized certain categories of farmers. One potential user noted: "The agricultural extension officers carry out demonstrations on large scale or maize farms only. Many of us did not participate because our "*shambas*" [farms] are small. We would not have benefited from this demonstration because we don't always grow maize." This was a common concern by female farmers who pointed to increased land fragmentation through subdivision in the medium potential areas.

1.37 Farmers do not pay for government agricultural extension services. The costs of government artificial insemination services, however, were shs. 390 per visit. Most farmers complained at the cost of the government fees and noted that in the cases of those who could not afford the fees, they tended to turn to their neighbors' bulls. Artificial insemination is mainly an issue in the high and medium potential areas where zero grazing is practiced.

1.38 Users of GoK and NGO family planning clinics pointed out the importance of how they are received and treated. Overall, there appears to be a feeling that the service providers are friendly, polite, caring, respectful, and committed to their work. For example, one female client said that when they have personal problems, the service providers have followed up to help them resolve their problems and give them moral support. To quote her directly, "For people who have no food and those who are jobless, this encourages them to revisit the clinic." From the clients' point of view, all the service providers appeared to be knowledgeable and confident.¹

1.39 Clients not only appreciated the need for privacy in dealing with family planning issues, but acknowledged the NGO clinics for their ability to ensure this. One client interviewed in Ngandu, Nairobi reinforced this, pointing out that one of the main reasons why she attends the FHFK clinics was that the neighboring government clinics did not guarantee privacy. She states, "The last time I visited one of these clinics, the nurse shouted at me in front of other clients and told me not to go back to the clinic until I was on my periods." It was others and her opinion that in government clinics, privacy was not always guaranteed.

1.40 Most female clients said that they were not comfortable being given a pelvic examination or a contraceptive such as a coil by male service providers. One client told the story of how she had gone to a clinic to be inserted with an intrauterine device (IUD). She was shocked to find a man was to do the insertion and, although she conformed, she has never gone back to that clinic since.

^{1.} The researchers were uncomfortable with this sense of false security. In most cases, the clients are unclear about what medical options they could have and the degree of service quality they should demand of the clinic staff.

1.41 Most interviewed clients who have used GoK and NGO clinics stated their satisfaction with the family planning products offered by both. Products were available and the prices were affordable. All clients indicated that they are charged for services at the clinics. Different charges are levied by different NGOs. In Meru, FPAK charges an annual membership fee of shs 100 and a subsequent fee per visit depending on the service required. In Nairobi, FHFK does not charge any fee for family planning services.

1.42 Clients from government clinics expressed disappointment at the frequent shortages of expendable products forcing them to purchase directly from the private pharmacies. A number of people who cannot afford such products are forced to go home and confront the worry of unwanted pregnancies.

1.43 While the costs of family planning methods is obviously a key factor for most users, family planning is, ironically, also one of the strategies by users to fight the symptoms of poverty. Most actual users interviewed adopted family planning methods due to the high cost of living and their inability to meet basic needs such as food and school fees. It was widely acknowledged in the community issue identification workshops that the situation was compounded by people with children. Many potential users who were currently not using any contraceptive methods cited fear of negative side effects as the main reason for not doing so. Other reasons cited included opposition from the husbands. The researchers found male potential users who argued that their wives were resistant to their use of condoms and vasectomy methods.

1.44 It would seem that the success of both GoK and NGOs are varied. GoK clinics were criticized for their poor management and quality of personnel, resources, and patient flow systems. This has impacted negatively on the perception of clients towards family planning services. More positive in the eyes of actual users is their responsiveness to the very poor in both urban and rural areas. NGO clinics have a higher quality of service. The costs charged are considered to be fair and value for money. They seem to have more effective management controls and a regular supply of materials. Where the mobile clinics have attempted to reach otherwise isolated areas, their limited hours of operation have down-played this impact.

Inter-Agency Collaboration and Interaction

1.45 In both POP and NEP the degree of collaboration between government and NGOs appears to be fairly limited. From the eyes of users and nonusers of POP, the facilities run by GoK and NGOs were separate rather than linked, even in the case of FHFK and GoK clinics where the rationale and resources for their family planning services came from the same source, the National Committee for Population and Development (NCPD).

1.46 From the perspective of user decisionmaking, it was the case in both NGO and GoK clinics, that clients do not seem to be involved in decisionmaking nor are they consulted on issues regarding operations at the various clinics. Researchers observed this in the responses of users to questions concerning hours of operations, times of operation and days of operations. Although the clients know that the clinics should start operating at specific times, they often have no say in deciding on when the actual operations begin and neither do they have a place to voice their complaints. For NEP, GoK, and NGOs there was likewise a clear separation of activities. In all FGDs where NGO existence was acknowledged there was little collaboration with GoK extension services. There was mention of a degree of cooperation in the presence of invitations

by NGOs to address government chiefs' *barazas* and the public administration speaking in NGO meetings.

1.47 Users' perceptions were favorable to the social mobilization approaches of NGOs. Yet there was little perceived collaboration between NGOs working in the same areas. In Tunyai, male users from groups supported by the various NGOs said cooperation was poor. NGOs tended to address the same needs within the using different approaches.

Beyond GoK and NGOs to Self-Help Action by Users and Nonusers

1.48 The question "what the GoK extension workers can do to make their services and advice more useful to farmers." was asked across all groups. It yielded interesting responses. Community members across eight groups viewed extension services as a function and responsibility of government. They argued that it should be expanded to reach them more regularly. Women in the medium potential areas expressed an interest in being visited once or twice a month.

1.49 A number of nonuser farmers argued that the government should play a role in marketing and inputs provision. One argued: "The government should have ready market for our cash crops and consistent prices which can sustain our livelihood."

1.50 Male nonuser farmers from less accessible and low potential areas expressed their sentiments that "the GoK officers should give us seeds, fertilizers and tools such as *jembes* for terracing." Others expressed dissatisfaction with the channeling of free inputs especially through committees set up by the provincial administration and urged "that donated aid should reach poor farmers through grassroots committees." Some called for the fixing of prices by the government. This would protect them from the dangers of fluctuation.²

1.51 Users responding to the question of what NGOs could do to be more useful yielded equally interesting points. Many community members viewed NGOs as primarily providing training for communities. This role could be expanded by loans and credit provision, marketing support, and help to purchase tools and fertilizers.

1.52 Local associations, such as groups and cooperatives, were perceived by users of these institutions as having a significant role in the lives of the people across the three areas. The coffee cooperatives were said to have been particularly important sources of information on sustaining and improving coffee yields as well as on inputs especially fertilizers, seeds, pesticides, and herbicides. This information and support is limited to members only. Farmers cooperatives have also been a source of credit to farmers.

1.53 Through self-help groups and merry-go-round contributions, women in the high and medium potential zones stated that they had acquired various benefits such as household utensils, furniture, clothes and, for a few, zero grazing units and cows. Men in the same areas had acquired cows, building materials, seedlings, and roof-catchment tanks. In the low potential areas, the most commonly mentioned benefits were utensils, goats, cows, bulls, and plows.

^{2.} It was interesting that most community members were not aware of the existence of market liberalization.

1.54 Across the three areas, community members noted that they had occasionally benefited from short-term borrowing to pay school fees, purchase food during stress periods, and pay hospital bills. Other social benefits included payment of dowry, burial costs, wedding and, in rare cases, bridging loan repayments for loans acquired elsewhere.

1.55 Yet not all were able to sustain collective solutions. A female farmer noted how in the low potential areas many people have dropped out because they could not afford the contributions to the group. This is not restricted to the low potential areas. Elsewhere in the middle potential areas another farmer had a similar observation to make. He stated: "Some groups have become dormant or collapsed. Money from cash crops is very little these days."

1.56 In conclusion, two points can be clearly made based on the findings of the FGDs. Firstly, the impact of the broader policy environment and the changes within the economy provided difficult obstacles for NEP and POP to overcome. Concerns about livelihoods and lives provide the context within which the two projects were appraised. For poor households, the cost both in terms of finances and time affected the engagement of many potential users. It is this that explains the different class background of users in FHFK clinics (payment based service) and the GoK services (free).

1.57 The second point relates to the issue of cooperation. It is clear that cooperation in the field is at a minimal stage, at least in the eyes of actual and potential users. This was facilitated by the absence of formal coordinating structures and a uniform approach to service provision. Whereas it may be fair to point out that at different levels there was a degree of collaboration, from the perspective of users this is not a visible demonstration of collaboration. In the case of NEP, this reality is reinforced by the distinct and separate areas of operation.

Recommendations

1.58 The following recommendations emerged from the discussions between the users and researchers.

For National Extension Projects I and II

1.59 Ministry of Agriculture, Livestock Development and Marketing (MALDM) capacity should be further built to facilitate the participation and decisionmaking of communities as active partners in project and national policy issues.

1.60 The government should review the targeting of resources to ensure availability and accessibility of complementary services, most importantly credit, information on marketing, and infrastructural support for subsistence farmers in the low potential areas. MALDM to continue serving as a extension agency while collaborating more with NGOs and other agencies to address information needs of farmers.

[In order to continue serving as an extension agency while collaborating more with NGOs and other agencies to address information needs of farmers, MALDM should:]

• review the targeting approach to promote the active participation of poorer small-scale farmers within the limits of their resources;

9

- review extension methodology to promote reciprocal learning between the staff and community members;
- explore the possibilities of developing community members' skills and knowledge to carry out simple crop and livestock extension services in their areas; utilize the few available staff for the more complex technical issues at group level and follow-ups.

[To help MALDM achieve these goals, NGOs should:]

- continue using participatory approaches while focusing on the poor small-scale farmers;
- collaborate with the GoK and other agencies to build up community capacities to access complimentary support services on a wider scale.

For Population Projects III and IV

1.61 The GoK should ensure adequate stocks of expendables such as syringes to guarantee a smooth flow of service to users. Contraceptive users both in Meru and Nairobi said that if the number of community based workers can be increased, then users of the pill and condoms would not have to suffer long waiting time at the clinics. Part of the problems of long queues at the health facilities was attributed to the small number of service providers as compared to the huge numbers of clients to be seen. Respondents urged for an increase in health personnel to curb the long waiting time.

2. Objectives and Scope of Enquiry

Background

2.1 The World Bank has provided financial support for GoK projects in the area of population and agriculture. In the case of the former, the World Bank has supported the NCPD within the Ministry of Planning and National Development to manage POP III and IV. In the case of NEP I and II, the World Bank supported the Projects through the MALDM.

Objectives

2.2 This report emerges in the context of debate surrounding the role and effectiveness of governments and NGOs in World Bank funded projects. This Kenya qualitative study is one of many studies to be commissioned by the Operations Evaluation Department (OED), an independent unit of the World Bank.

2.3 In this regard, OED requested ACTIONAID Kenya to carry out a user assessment study of NEP I and II and the POP III and IV. NEP and POP were selected in the understanding that there would be interesting lessons for the World Bank concerning the process and outcomes of their collaboration with NGOs, communities, and the GoK.

The objectives of the study were to collect views on:

• The process of user interaction with the projects and involved NGOs/CBOs.

• Results on the ground identified by the users.

2.4 The user assessment was designed to the views of clients, government extension workers and NGOs on the significant outcomes of NEP I and II and POP III and IV and develop an understanding of the interactive process between the main interest-holders and the users.

Conceptualization

Definitions of Users

2.5 The research team looked beyond the definition of users in the project documents to analyze the impact of the projects on potential and actual users at the community level. In the case of POP, this included both potential and actual users of the family clinics and family planning awareness materials. For NEP, this included farmers who benefited from agricultural extensions services and those that could have, but did not. Further emphasis was placed on people struggling with poverty and vulnerability. Women were considered as a special category.

2.6 The term "users" requires some problematization. The term can be mistaken to emerge from within the narrow relationship of service-provider and the provided-for. The user receives,

while the provider gives. This simplistic analysis often obscures the nature of relationships and the different roles that are performed sometimes even simultaneously. In the context of diminishing service provision by states and cost-sharing by citizens, this is even more problematic a description.

The Economic and the Social: A False Dichotomy

2.7 The selection of the extension and population projects offers an interesting comparison in the light of emerging development and academic discourse that the state should concede social services to the market and concentrate on creating an enabling environment for free market enterprise.

2.8 The objectives of NEP place particular emphasis on raising productivity and income generation. The POP projects, on the other hand, stress social health and well-being. The findings make reference to this. It is cautionary to point out that this distinction should not be used to unnecessarily polarize the projects. From the perspective of users and their life experiences, users' capability and willingness to access social services is often linked to their financial status. It is notable that POP IV developed an income-generating component.

A Framework For Analyzing Service And Interaction

2.9 The study adopts a framework that contains an appreciation of the short-term impact and quality of service. Drawing from the indicators generated by the clients themselves, the study investigated the proximity, costs, availability, and appropriateness/relevance of services.

2.10 Longer term impact issues, such as whether the services were perceived as basic rights or acts of benevolence or as sustainable and accountable to the clients, were more difficult to extrapolate from users' perspectives. Linked to this were more complex issues, such as power, inclusion/exclusion, and decisionmaking.

Research Methodology and Process

Appreciation Of Project's Objectives

2.11 Core project documents for POP III and IV and NEP I and II were sought from the World Bank library in Nairobi. Additional secondary materials were identified and collected.³ These documents were appraised and discussed by the research team in the first design meeting and used to develop an appreciation of the project objectives and the key agencies involved in the projects.

2.12 A team of four researchers was assembled. They combined knowledge and skills of research on agricultural extension systems, family planning, and participatory methods. They would work simultaneously on NEP and POP assessments in subteams of two researchers. While allowing for sectoral and geographical flexibility, the consistency of the research format was maintained through researchers' attendance in two design meetings prior to and during the

^{3.} See appendix of literature bibliography.

research, and a post research meeting. In addition, eight researchers with local knowledge of the area and the local languages were recruited and involved in the research activities.

2.13 Meetings were held with relevant officials of the Ministry of Agriculture and of NCPD within the Ministry of Planning and National Development. The purposes of the visits were to introduce the team researchers to key government personnel, request letters of introduction for use in the field and obtain clarity on project objectives, expectations and sites for research.⁴

Research Site Considerations

2.14 Users working within the three ecological zones in the high, medium, and low areas of Meru were selected to provide a layered appreciation of the impact of NEP I and III. Researchers also ensured that a balance of easily accessible and less accessible areas for GoK and NGOs was selected in both high medium and low potential areas. The areas required a mixture of high and low concentration of NGO activities, at least five years of GoK extension services and the presence of active self-help/women groups.

2.15 Recently, Meru district was subdivided into two further districts, namely, Nyambene district, Tharaka-Nithi district, and Meru district itself. Research took place in Katheri location in Abothogochi West Division (high potential area) and Gatimbi location in Abothogochi East Division (medium) of Meru. Both more accessible and less accessible areas were traveled to. The choice was facilitated by the fact that both have a few NGO activities and are within less than an hour's driving distance from each other. Government extension services in both areas have been established for over 10 years.

2.16 The third area was Tunyai Location in Tharaka South Division in Tharaka District, which is a low potential zone. It has a high concentration of NGO activities and is slightly over one hour's drive from the other two sites in Meru but is also relatively less accessible than these two.

2.17 The research areas were selected through consultations with the MALDM from headquarters to the divisional level. The researchers were unable to cover Nyambene district due to logistical considerations. However, Gatimbi location as a medium potential provided the contrast required.

2.18 For POP III and IV, the peri-urban settlements on the outskirts of Nairobi and Meru were identified for both actual and nonactual yet potential users of GoK and NGO family planning clinics. Like the NEP selection process, these factors were balanced with the logistical consideration of not situating them too distant from one another for transport purposes. Conducting the research over the rainy season added its own hazards.⁵

^{4.} See copy of letter from Ministry of Agriculture.

^{5.} The larger Meru district is a cross-section of all agro-ecological zones of Kenya, reaching from the cool upper Highlands to the hot and arid Lowlands. The area is characterized by a bimodal rainfall. The first rains start in March and end in May. The second rains start in October and end in December. The Meru district receives a higher rainfall than Tharaka-Nithi district. In Tharaka-Nithi district, especially the lower part, the first rains are relatively reliable. The second rains, however, show great irregularity towards the end of November. The Meru district is characterized by High to Moderately fertile soils. On the upper part of Meru, Mt. Kenya and its foot-hills determine the physiography. The soils found in Tharaka-Nithi tend to be moderate to low in fertility.

2.19 The Nairobi FGDs took place in four locations namely, Ngando, Tigoni Kuwinda, and Pumwani. The four sites are all located on the outskirts of Nairobi. The rural character of Tigoni differs from the urban setting of the other three. In Meru, research surrounded the catchment area of government and NGO clinics in the Meru town itself.

Site Location

2.20 The researchers traveled to Nairobi and Meru and interviewed district population officers, district agricultural officers, and NGOs. The purpose of these trips was to introduce the research project to frontline government and NGO workers at the district level. Through these meetings, the researchers were able to identify users and set dates and a venue for the community issue identification workshops.

Community Issue Identification Workshops

2.21 Four community issue identification workshops took place. The field level NGO and GoK staff were instrumental in deciding who came to the workshops. In most cases, the users were actual users of the projects. Through these participatory workshops, the perceptions of the key problems facing users were explored. In the case of the two NEP workshops, agricultural extension services was ranked the fourth or fifth problem. For POP, concerns of family planning was ranked first or second. In all four workshops there was no need to prompt the users to enable a discussion to emerge on the research themes.

2.22 The workshops were conducted entirely in local languages (Ki-meru in Meru and Kiswahili in Nairobi). The workshops also generated a socioeconomic classification of the participants' communities. From this classification, the researchers developed a sampling frame which disaggregated the communities by class, gender, and geographical location. This enabled the users to identify clients that *they* felt should be interviewed.

2.23 The ranking methodology used to establish the key problems facing the community and wealth/endowment successfully neutralized the influence of outsiders such as the frontline staff and, of course, the researchers themselves.

Focus Group Discussions (FGDs)

2.24 In total, twenty seven FGDs were conducted.⁶ This brought together 262 users and nonusers. For POP, no Semi-Structured Interviews (SSI) took place due to time constraints. However, it was the opinion of the researchers that this would have simply reinforced emerging findings. On NEP, a small number of SSI were conducted, but it was the opinion of the researchers that they added little and consumed much too much time.

Users Consulted on NEP I and II and POP III and IV

2.25 One hundred fifty-five people were interviewed on NEP I and II during FGDs and the workshops. Women made up of 51 percent of these interviewed.

^{6.} See appendix IV for sample of guiding questions for the FGDs.

No. of People	Location			Occupation				
		Gender			Farming and formal	Farming and nonformal		
		Male	Female	Farmer	employment	employment		
26	Gatimbi workshop	8	18	21 small-scale	5 teachers	0		
	(Abothogochi east, Meru)			farmers				
28	Tunyai workshop (Tharaka south, Tharaka Nithi)	16	12	26 small-scale farmers	2 teachers	0		
31	4 FGDs in high potential zone of Katheri location, Abothogochi west, Meru	14	17	31 subsistence farmers	0	0		
37	4 FGDs in medium potential zone of Gatimbi location, Abothogochi east, Meru	22	15	37 subsistence farmers	0	0		
33	4 FGDs in low potential zone of Tunyai location, Tharaka south division, Tharaka Nithi	16	17	29 subsistence farmers	0	Watchman, 2 petty traders, Nursery teacher		
155		76	79	144	7	4		

Table 2.1: Users Consulted on NEP I and II

2.26 In the case of POP III and IV, a total of 107 people were interviewed either through the community issue identification workshops or the single-sex FGDs. Twenty-one of these were men.

2.27 The total number interviewed by the research team, therefore, comes to 262 people. Sixty-two percent of those interviewed were women.

No. of People	Location	Gender		Users		
		Male	Female	Users	Nonusers	Occupation
21	FPAK workshop, Meru town	3	18	16	5	_
20	FHFK, Ngando workshop, Nairobi	3	17	15	5	_
8	FGD, Ngando settlement	_	8	4	4	casual labourers, traders, housewives
2	FHFK clinic, Kuwinda	—	2	0	2	—
15	2 FGDS in a Gok catchment area, Pumwani, Nairobi	4	11	6	9	
15	2 FGDs in Ndirigi village, Meru	0	15	8	7	driver, security guard, 3 traders, 2 unemployed, 2 cleaners
6	FGD in Thigiji village, Meru	6	0	0	6	incl. farmers, traders
13	2 FGDs at FPAK clinic and Mwirine, Meru	0	13	13	0	,
7	FGD in Kairu village, Meru	7	0	0	7	—
107		23	84	62	45	

Table 2.2: Users Consulted POP III and IV

2.28 Following the field research, the two reports were critiqued in a half day meeting, and a second draft developed. Following the submission of the second drafts, a single report was produced. It is intended that community feedback workshops will be convened in Meru and Nairobi to share the findings of the report with some of the users and nonusers.



APPENDIX 1:

THE REPORT ON NATIONAL EXTENSION PROJECTS I AND II

The first National Extension Project (NEP I) started in 1983 and was anticipated to be completed by 1987. Following two annual postponements, the project was finally completed in 1989. NEP I aimed to increase agricultural production in 30 of Kenya's 41 districts through the reorganization and strengthening of Kenya's agricultural extension system and the improvement of linkages between research and extension services.

The project expected to reach small-scale farmers through contact farmers. Contact farmers were "farmers who command respect and influence in the community" and were principal decisionmakers and managers of the farms, irrespective of gender. Subsequently, other farmers were to benefit from discussions and demonstrations on the contact farmer's farm.

The second National Extension Project (NEP II) started in 1990 and continued up to 1997. NEP II was focused on the rate of adoption and stimulation of technical packages that would enable smallholder farmers to increase their productivity and incomes. The project was to consolidate and fortify the gains made under NEP I by increasing direct contact with farmers by improving the relevance of extension information technologies, by upgrading staff and farmers' skills, and by introducing innovations into the extension system on a pilot basis. NEP II also attempted to broaden its target on less naturally endowed areas for agricultural extension services.

In NEP II, the focus was supposed to be on the development of a strong and dynamic agricultural extension system that effectively delivers technical messages tailored to meet the needs of the smallholder farmers, especially women, and was intended to support increased yields of staple food crops and export crops.

The project intended to address the needs of Kenya's large population of women farmers by increasing contact with women's groups, integrating home economics staff and messages into the extension frontline, using mass media to reach women directly, and encouraging the development of appropriate technology. It was expected that the projects would raise rural incomes and employment and contribute to the national objectives of self-sufficiency in staple foods and increased export earnings from the agricultural sector.

Through the dissemination of new technologies on fertilizer and plant protection, the project would contribute to the development of farming practices that protect agro-ecological systems. Whereas NEP I focused on farmers in the high and medium potential zones with crop-oriented messages delivered by the **[how spelled out?]** (MOA) staff, NEP II was expected to expand towards the lower potential areas with information delivered by the Ministry of Agriculture, Livestock Development and Marketing (MALDM) field staff. Thus, under this unified extension project, a field extension worker was to deliver livestock and crops advice to farmers in their given area.

World Bank and Government of Kenya (GoK) financing was estimated at US\$ 23.5 million. It included the resources to cover incremental and field extension workers, improve transportation, train extension staff, and support adoptive research and the improvement of research extension approaches.

NEP II was a much larger project and was estimated to cost US\$ 9.3 million. It provided the resource base to organize and manage extension services, refurbish office equipment, develop and promote improved extension methods and provide training.

Both NEP I & II obtained funding from the World Bank's International Development Association (IDA) credit on standard terms with a 40 year maturity. They were also cofinanced by the International Fund for Agricultural Development (IFAD) and the GoK.

BROAD FINDINGS ON THE EFFECTS OF NEP I AND II

During the research study, users shared their views on general trends and their own experiences. The impact of NEP I and II could be contextualized within this. In the high and medium potential zones of Meru users felt that life was better 8–10 years ago but had increasingly become difficult recently. One female nonuser in a high potential yet less accessible zone said: "Life was easy, there was plenty of food for all, and purchasing power was good. We were able to exchange goods; that is if one wanted potatoes she could exchange them with bananas and life goes on. But of present and the last two years things have really changed. We are finding ourselves going down to poverty. Life is good for the rich but they are not ready to help."

A male user of GoK services in the medium potential area expressed it differently: "The economy was stable and one could sustain his family, educate his children with money from coffee. A hundred shillings was enough to buy food for a medium sized family for about two weeks. Inflation has made us live in poverty." From an environmental angle, a woman in the less accessible medium potential area stated that "in the past our *shambas* used to be productive and the rainfall was reliable. In these last few years rainfall has become unreliable and very low, resulting in drought and famine."

In the lower potential area, men stated that "about 10 years ago money had value, cotton had market—so that when we sold we got a lot, but since then changes have occurred both negatively and positively." Women from the less accessible side felt that "rainfall has been unreliable, there has been no water nor food since crops cannot do well."

In the high and medium potential areas, users of government services cited the importance of self-help initiatives to cope with these changes and other existing problems. At Riuga, a medium potential, more accessible area, a female user reported that "our husbands have tried to bring piped water, which is not enough. They did so through self-help groups. Due to land fragmentation is not enough. We go out to hire land for farming even as far as Chaaria and Ruiri, 40 kms away." They explained, "There was no external help but the little earnings we got from coffee helped us finance the piping of water."

Discussion with men in a self-help water project revealed: "This has not been easy because our incomes have been too low." At the high potential area, the story was the same in relation to a piped water extension scheme and a cattle-dip under construction. In the lower potential zone community members in all groups pointed to the importance of both internal and external resources. The former includes "use of joint efforts in groups where one person buys an oxen plow and the other one buys the bulls for plowing. We give each other credit. We use our own *jembes* and plows in farming and sell what we have like goats," said men in less accessible area.

Women in the same area cited other efforts "we plant and weed early because the rainfall is unreliable. We sell the little we have like goats and chickens to help us in weeding." NGOs, MALDM and the county council have helped through economic and social support services. Male users of NGO services said that "we have also been assisted by Nguuru Gakirwe water projects to put up the irrigation project but now the main problem is communication (transport) to assist us market our produce. SIDA (Swedish International Development Agency) through Tharaka water and sanitation project which has drilled boreholes."

SPECIFIC FINDINGS ON THE IMPACT OF NGOs AND GoK

Both users and nonusers comments suggest that the following strengths and gaps can be seen in NGOs and GoK service delivery:

A. Interaction and quality of services provided by GoK

The key strength included dissemination of awareness messages. However, the large number of the targeted farmers under NEP II, namely, the less endowed and marginalized farmers, were poorly involved. Some of the messages were consequently inappropriate to these farmers. There was a lack of linking between production techniques and strategies for marketing and sale of produce. Many of the users felt unprepared for the changes being brought about by liberalization.

B. Interaction and quality of services provided by NGOs:

The key strengths were their involvement of the target group and the allocation of resources to complement social services. NGOs were criticized for the narrow scope of technical extension messages and a lack of allocation of resources for credit (capital) and marketing services.

RECOMMENDATIONS:

- Establish a mechanism of ensuring that user assessment studies are carried out with clear understanding of all key stakeholders as part of project management at the inception, during implementation, and on completion of the project rather than after termination.
- Promote the capacity building of MALDM staff to interact with community as active partners in project and national policy issues.
- Review the targeting of resources to ensure availability and accessibility of complimentary services on crop and livestock technical information inputs (credit), and marketing and infrastructure to subsistence (poor small-scale) farmers in the low potential areas while paying attention to their counterparts in the high and medium potential zones.
- Continue serving as an extension agency while collaborating more with NGOs and other agencies to address complimentary agricultural information needs of farmers.
- Review the extension approach to target and promote active participation of the poor category of small-scale farmers within the limits of their resources.
- Review extension methodology to promote reciprocal learning between the staff and community members.

- Explore the possibilities of developing community members' skills and knowledge to carry out simple crop and livestock extension services in their areas. Utilize the few available staff for the more complex technical issues at group level and follow-ups.
- Continue using participatory approaches while focusing on the poor small-scale farmers.
- Collaborate with the GoK and other agencies to build up community capacities so as to access complimentary support services on a wider scale.

RESEARCH SITE SELECTION

The selection of the NEP I & II user study was guided by specific criteria. It was decided that high, medium, and low potential locations in Meru would provide an interesting ecological diversity. In addition, the research team attempted a balance of low-high NGO and GoK activity over a period of at least five years. Special attention was placed on the existence of self-help and women's groups.

MERU DISTRICT PROFILE

Meru and Tharaka Nithi districts were selected for the study. Meru district contains both high and medium potential zones, while most of Tharaka-Nithi is a low potential zone. The two districts are a cross-section of practically all agro-ecological zones of Kenya, reaching from the cool upper highlands to the hot and arid lowlands. The district is characterized by a bimodal rainfall. The first rains start in March and end in May. The second rains start in October and end in December.

Meru district receives a higher rainfall than Tharaka-Nithi district. Towards the lower part of Tharaka-Nithi district, the first rains are relatively reliable. However, the second rains show great irregularity towards the end of November.

Meru district is characterized by high to moderately fertile soils. On the upper part of Meru, Mt. Kenya and its foothills determine the physiography. The soils found in Tharaka-Nithi tend to be moderate to low in fertility.

LOCALITIES SURVEYED

Katheri and Gatimbi locations were selected for Meru district. Katheri location is situated in Abothogochi West Division. It is a high potential zone. Gatimbi location is found in the medium potential zone of Abothogochi East Division. Both locations have few NGO activities and are within less than an hour's driving distance from each other. Government extension services in both areas have been established for over 10 years.

In Tharaka Nithi, Tunyai Location was selected. It is situated in Tharaka South Division and is a low potential zone. It has a high concentration of NGO activities. It is slightly over one hour's drive from the other two sites in Meru but is also relatively less accessible than these two. The research areas were selected through consultations with MALDM headquarters and the divisional level staff and issue identification workshops.

METHODOLOGY

The issue identification workshops

In each of the three locations selected, the team organized a workshop in order to bring together participants from different parts served by the GoK extension staff. The first workshop planned to take place at Katheri aborted after delays in acquiring an introduction letter from the MALDM Headquarters led to a breakdown in communication between the team, the District Agricultural Officer (DAO), Meru, and the Divisional/staff at Abothogochi West.

The second workshop conducted at Gatimbi Location brought together 25 male and female farmers drawn from groups in all sub-locations involved in dairy farming, cash crop, rain-fed, and supplementary irrigation farming.

The third workshop was held at Tunyai and this brought together 28 male and female small-scale farmers involved in livestock keeping (traditional), rain-fed cash and food crop farming, irrigated horticulture, and subsistence crop production.

Workshop venue preparations

The Gatimbi workshop was held in Gatimbi Catholic Church, while the one in Tunyai was held in a classroom in Tunyai Primary School. In both cases benches and desks were arranged in a semicircle to encourage participants to carry on free face-to-face discussions and self expressions.

Participants were comfortable with these locations since they were within walking distances and normally used by MALDM staff in training. The arrangements of these workshop venues had been done earlier with the support of MALDM location staff.

Workshop agenda

All participants were invited by GoK extension staff. Each workshop started with self introduction of the participants giving venue, village/sub-location of residence, and group affiliation and occupation. Thereafter participants were subdivided into groups of fours to discuss and come with their expectations for the workshop—(2–4) and these expectations were presented in the plenary as documented by each group.

The main part of the workshops was focused on identifying, analyzing and prioritizing the major occupational problems experienced as well as identifying the well-being ranking criteria as perceived by the participants. This was reinforced in the group discussions and presentations in the plenary.

Proceedings and results of each step were documented. Local language was used throughout the two workshops, and each workshop was conducted by two local facilitators. One moderated while the other assisted the team members to translate "quietly." In all cases the moderators were social workers.

THE FOCUS GROUP DISCUSSIONS

For NEP, focus group discussions (FGDs) were held with women and men separately. Potential (not actual) users were invited through non-GoK social workers and community resource persons at venues within the villages or public utilities within the neighborhood. Major emphasis was placed on the invitation of the people perceived to be in the category of the poor as well as women. There was an attempt to reach women in self-help/women groups.

In each location two FGDs were held in more accessible areas and two in less accessible areas. The FGDs were selected purposively, not randomly, in consultation with some community key informants and the MALDM staff.

The FGDs were conducted in local language by trained and experienced local research assistants in teams of twos, one conducting the interview while the other observed and took notes. All discussions were taped to facilitate further transcriptions. Guidelines were drawn up in preparation for the interview. Although arranged in a series of five parts, the pace and coverage was guided by responses from interviewees.

CONTACTS AND INTERVIEWEES' PROFILE

A total of 155 community members were interviewed on NEP I and II through FGDs and the workshops.

No. of People	Location			Occupation		
		Gender		-	Farming and formal	Farming and nonformal
		Male	Female	Farmer	employment	employment
26	Gatimbi workshop	8	18	21 small-scale	5 teachers	0
	(Abothogochi east, Meru)			farmers		
28	Tunyai workshop (Tharaka south, Tharaka Nithi)	16	12	26 small-scale farmers	2 teachers	0
31	4 FGDs in high potential zone of Katheri location, Abothogochi west, Meru	14	17	31 subsistence farmers	0	0
37	4 FGDs in medium potential zone of Gatimbi location, Abothogochi east, Meru	22	15	37 subsistence farmers	0	0
33	4 FGDs in low potential zone of Tunyai location, Tharaka south division, Tharaka Nithi	16	17	29 subsistence farmers	0	Watchman, 2 petty traders, Nursery teacher
155		76	79	144	7	4

Table A.1: Users Consulted on NEP I and II

This study did not focus on the category of the progressive farmers and, therefore, cannot and could not have been conclusive of the full impact of NEPI & II outside the category of the community it targeted.

ISSUES IDENTIFIED FROM THE WORKSHOPS

PROBLEMS EXPERIENCED

The Tunyai workshop was attended by predominantly users from a low potential zone. The community members identified, analyzed and, through problem ranking, arrived at the following as priority problems affecting their lives:

- 1. Lack of capital (*mbeca*)
- 2. Marketing constraints (*Thoko*)
- 3. Limited farming skills and knowledge (*umenyo*)
- 4. Transport and communication (*Ukamiti*)
- 5. Inaccessibility of pesticides (*Dawa*)
- 6. Unavailability of tree cash crops (*Miti ya mbeca*)

At the Gatimbi workshop, users from a medium potential zone stated their priorities as the following:

- 1. Lack of capital
- 2. Lack of (inaccessibility to) irrigation water for off-season farming
- 3. Marketing constraints
- 4. Inaccessibility (lack) of farm inputs
- 5. Transport constraints
- 6. Lack of agro-processing industries

In both cases the community discussed trends, expressed various views and made suggestions towards the alleviation of these problems.

1. Capital:

The point "we lack capital for purchasing farm inputs especially on credit" was made strongly by this group. Experiences from Tharaka farmers indicated that in the past credit was easily available and on soft terms. This is no longer the case. As sources of credit and yields have declined, so have incomes. One farmer said, "I used to get a loan for cotton pesticides . . . yields used to be high. Today, if you have a title deed you go to see the credit people and they advise you to give something at every step. It becomes unprofitable."

Collateral was an issue of concern. Farmers said, "some of us have tried to get loans but end up losing land and livestock." Comparing income trends, women shared this insight: "We used to get loans from Gaitu (farmers' Cooperative) Society and were progressive. The society died (collapsed) and we have now gone down."

Men noted the changes in expenditure and savings. One said, "When we used to earn well we could buy good clothes for our families, pay school fees, buy uniforms, and still be left with something in the account. Today things have changed and very few of us keep bank accounts." So much from the farmers in dry Tharaka. They explained that they still need capital for purchasing seeds and pesticides and for hiring labor.

At Gatimbi, farmers had wider capital needs. One stated the following: "Farmers get constrained in starting and improving farming due to lack of capital for various inputs: purchasing seeds and seedlings; fertilizer and spraying chemicals; farm tools such as *pangas, jembes*, spray pumps and accessing irrigation water and sprinklers." "Lack of capital has also been affecting the timing of farm operations especially planting where one needs fertilizers," they added.

Without prompting, suggestions were made to improve the situation. Users stated, "We need to be helped to find a way of getting loans (credit) without paying "kitu kidogo" (euphemism for a bribe). On type of credit, the views were that there should be choice between cash and kind for pesticides, seeds, labor, and fertilizers. While revisiting the issue of collateral, the community members, particularly in the Tunyai workshop, strongly asserted, "We wish to have a way of getting loans (credit) without the risk of losing our land."

2. Marketing

Marketing constraints came up as a second priority in Tunyai and third in the Gatimbi workshops. In Tunyai, participants indicated that it was a serious problem, especially limiting crop production. Citing an example of a cash crop, community members felt that cotton prices have been unfavorable and, as a result, farmers have ended up as losers. Farmers strongly felt that lack of proper marketing and poor income is very discouraging.

It was also indicated that horticultural farmers in both Meru and Tharaka are highly exploited by middlemen. Those who grew coffee or kept dairy animals also felt exploited by their respective farmers institutions. For coffee they stated: "There has been a poor management of coffee from the farmer to the final buyers in Europe and poor communication and channeling of resources to the poor farmers." This was seen both in terms of aid and payments for produce sold through cooperatives. One farmer gave an example: "At times coffee prices have been as low as 10 shillings per kilogram. A woman had her story to tell about milk, saying that "farmers are paid eight shillings only per liter delivered to the dairy yet the open market rate is thirty six shillings per liter packed milk."

Comparing the past with the present, one old farmer shared his appreciation that "in 1959 there used to be agents buying our farm produce at controlled prices. These people used to be inspected by the government officers to ensure that they were sticking to regulations. Prices used to be good but things are different today." From a shorter past perspective others made their inputs "the Board used to purchase all the produce. Today there is no ready market to enable us to sell in bulk." This was particularly the case with reference to cotton.

On appraisal, some participants in the Tunyai workshop observed that there are active farmers' societies in other areas but none in their area even though one used to exist. As a result, farmers have been selling individually through local and "outsiders" buyers (who come periodically). Some of these buyers were said to be selective and to offer their prices as a privilege. Occasionally some key buyers were said to collude forcing prices to go down and remain low. Where export produce was rejected farmers had nowhere to turn to.

Different views came up concerning how the situation could be rectified. At Tunyai there were those who strongly felt that the government should continue to control prices and buyers. To quote them, "The government should fix market points and a system of following up the buyers." Then there were those who felt that "the Ministry [MALDM] should advise farmers on prices so that they do not dispose crops in the wrong way." Others asserted: "We wish to sell like in Meru, through cooperative societies." Finally, there were those who connected marketing constraints to poor transport and indicated that "we stay quite apart and far away from the major markets. Unless we are connected to those markets by better transport we shall still have problems."

At Gatimbi, participants who were members of active cooperatives made the suggestion that they could channel their produce to the markets far away if they worked collectively.

3. Farming Skills and Knowledge

This issue came up only in the Tunyai workshop where community members indicated that there were difficulties in ensuring the relevant knowledge and skills (*umenyo* in Ki-Tharaka) of planting crops in pure stands, spacing, selection, and safe application of pesticides and terracing. Livestock breeding/production for higher milk yield and seed rate per acre and expected yield analysis skills were also lacking.

Some community members felt that the GoK extension officers are very few. They stated that "sometimes ago there were so many officers who used to go around showing us what to do but now there is only one officer and we cannot get him when in need." Summing up their views, the community members stated: "We need to be trained on proper planting and use of pesticides in order to improve yields."

It was observed that the issues of livestock production came up exclusively from male participants, but concerns on crops were from both males and females.

In the Gatimbi workshop, participants mentioned skills during the sharing of expectations, highlighting that they need more skills, especially to make farming more business oriented.

4. Farm Inputs

The issue concerning farm inputs was mainly inaccessibility due to ever rising costs. While participants in the Gatimbi workshop acknowledged that availability was not a major problem, their counterparts in the Tunyai workshop had indicated that sometimes one has to travel over 35 kms to Nkubu town to purchase some pesticides. These have included fertilizers and, for some farmers, animal supplements. To quote one farmer: "While farm inputs are available in Meru town prices keep on going up. Every time you go back you find new prices. Sometimes you have to return home empty handed. This makes farmers unable to access inputs they want on time."

The reason given for the significant lower ranking of inputs as compared to other priorities was that if farmers were able to access capital on credit then they would solve the input problems. Community members at Tunyai pointed out at pesticides (*dawa* in Kiswahili) as their major concern among the limiting factors.

5. Water

Water came up as a concern at Gatimbi with farmers urging that the poor prices fetched from rain-fed vegetable production and some periodic extended dry spells they needed to exploit the potential of the many rivers flowing from Mt. Kenya. They explained that they felt they needed to improve farming as a business so that they would be receiving income daily. In Kiswahili, it was put: *"tuwe tukipata pesa kila siku."* Most participants indicated that one way or another they were trying to harness water to supplement the growing of vegetables.

6. Poor Transport

Transport was expressed as major constraint. It affected those in Tharaka much more since public transport tended to be scarce on the poor roads connecting them to the major markets on the Meru-Nairobi road. Those in Meru were strongly concerned about perishability of products especially vegetables, during the usually continuous rain periods. They stated: "poor transport

and communication contributes to poor incomes since it hinders us in marketing." A few farmers called for the planting of drought-tolerant cash crops in Tharaka (Tunyai) and support for local agricultural processing industries in the Gatimbi workshops, but other participants disagreed about their necessity.

WELL-BEING RANKING CRITERIA

In both workshops, participants brought out four categories of well being. The four categories were referred as follows:

- * The rich "*Gitonga*" in both Tharaka and Meru
- * The Middle "Nkia Ing'entu"-proud poor-in Tharaka
- * The poor "*Nkia*" in both Tharaka and Meru
- * The very poor/Poorest "*Nkia Mukeu*" in both places

From the Gatimbi workshop the following four social categories were identified.

The rich (gitonga)

They have enough capital, own 20 acres and have at least 7 acres of coffee under cultivation. They have a vehicle, storage tanks and good cows. They practice zero-grazing, live in a permanent house with a healthy family, and are described as good farmers.

Middle group

Living in a semi-permanent building, their average farm size is between 5-10 acres, on which there are some coffee trees growing. Their families are healthy and they tend to own one dairy cow.

The Poor

Living in a semi-permanent house, they cultivate from a small farm of between 1-2 acres. They may have a few coffee trees and rely on obtaining water from a nearby stream and the rain.

The very Poor (nkia mukeu)

Living under a temporary structure, they cultivate less than one acre. They tend to have very large and unhealthy families. They are dependent on rain-fed and nearby streams. There are five major issues that arise from the detailed criteria analyzed. There was a realization that the term "small-scale holders," is usually used to describe low-income farmers in extension services over-shadows the distinct differences between the three bottom categories—namely the middle, the poor, and the very poor. The majority of those attending the workshop came from the two middle categories. Most were in the middle category and a fewer number in the poor.

A specialized targeting process was required in order to reach the poor and the very poor. The very poor have the distinct characteristic of large families and less than one acre or no land at all. Their primary source of livelihood is rooted in casual labor. At the Gatimbi workshop, users observed that "the very poor farmers are not easy to reach. First, they need consistent guidance and counseling."

All the problems identified and prioritized affect the middle category farmers, but particularly impacts on the poor and very poor. The rich are least affected because they have enough resources and alternatives to overcome these problems.

The issues raised from the well-being ranking criteria guided the subsequent mode of selection of the target group for the FGDs.

QUALITY OF EXTENSION SERVICES PROVIDED BY GoK

Appropriateness or relevance: Around Gatimbi, women and men stated that the officers give enough information mainly on coffee and sometimes on maize production. At Tunyai, relevant information is given on planting (early planting and spacing).

Those who follow the extension messages have benefited from good crop yields. At Nkuene, a medium potential and less accessible area, women users said that "when you look around you can always differentiate between those who follow the advice and those who don't because their crops grow very well and the yields are good. Even those who have maintained their cows well also get high yields of milk. Further in the same area A.I and veterinary clinical services were available as per farmers specification.

Sometimes, however, it is not appropriate in relation to cost or other resources. "The agricultural extension officers came to carry out demonstration on maize farming (pure stand) only. Many of us did not participate because our *shambas* (farms) are small, and we would not have benefited from this demonstration because we don't always grow maize." This was an issue shared by women indicating the effect of increased land fragmentation in their medium potential area. It is notable that GoK extension workers did not provide farmers with any information on marketing.

QUALITY OF NGO EXTENSION SERVICES

Availability, proximity and accessibility: NGO Extension services were existent in the low potential zone only. All four FGDs conducted acknowledged that community members were visited in their respective groups by NGOs involved in agricultural activities, all using different approaches.

The NGOs conducted training accompanied by some inputs such as *jembes*, seedlings, seeds. From the less accessible area of Tunyai male users said "Nkubu started a farming trial site in form of a kitchen garden, late mobile clinics and finally advised us to start community groups on health. After all these they started helping us to build water tanks."

The community members contributed financially and in kind to training and tours, but also received free inputs. NGOs have promoted low cost technologies such as organic farming, kitchen gardening, and drought resistant crops. Irrigated horticulture was promoted by one NGO by spreading piped water to individual members farms, but there was no information provided on marketing of the horticultural products.

Community meetings were held on the basis of appointments agreed between the extension agent and groups, rather than on regular days.

RELEVANCE AND APPROPRIATENESS

The low cost technologies and irrigated horticulture were appropriate to low potential areas. "NGOs have always been addressing our needs, for example, putting the irrigation water farming due to unreliable rainfall, borehole water to eradicate diseases," observed men at the accessible area. They, however, did not address adequately other interlocking farm needs like marketing and, to some extent, inputs.

INTERACTION AND COLLABORATION

GoK-NGO relations

In all group discussion where NGO existence was acknowledged there was little collaboration with GoK extension services stated. The nearest mention of GoK-NGO interaction was that NGOs cooperate with the government through inviting them, especially administration, to the meetings or that NGO and GoK staff sometimes address community during chief's *barazas* (public meetings).

NGO-NGO relations

Again there was little perceived collaboration between NGOs working around Tunyai. Men from groups supported by the various NGOs said they had noted that the NGOs do not cooperate because "they address our meetings differently," but added that "they [NGOs] address our different needs."

GoK-community relations

The question of "what the GoK extension workers can do to make their services and advice more useful to farmers" was asked across all groups. Users across eight groups viewed extensions services as a function and responsibility of government and observed that this should be made to reach them more regularly. Women in the medium potential zone said, "We would like the government extension worker to visit us at least once or twice a month to make sure that what he taught us is clear." Those in the low potential areas even felt that "they should train us and make follow-ups at individual level whereby one will explain specific problems." Men in this same area thought that "the GoK should post many extension workers who can assist one another in home visit."

Both users and nonusers indicated that they felt excluded from the main channeling of information by the methods of extension used towards them (*barazas*) as well as demonstrations and the individual visits to the farms of the well-off : "They should stop carrying out demonstrations in the farms of the rich people . . . and ensure that demonstration are carried out in the *shambas* or farms of the poor."

There were those farmers too convinced that the government should play a role in marketing and inputs provision. According to these farmers, "The government should have ready market for our cash crops and consistent prices which can sustain our livelihood." This has not been happening. Men from the less accessible low potential site expressed their sentiments that "the

GoK officers should give us seeds; fertilizers tools such as *jembes* for terracing to make us less squeezed." This view was shared by both users and nonusers.

There were those dissatisfied with channeling of free inputs especially through the higher than village level committees set up by the provincial administration and urged: "Ensure that aid donated reached the poor farmers by establishing grassroots committee."

Some community members were not aware of the extent of the market liberalisation process as they strongly stated: "Prices of beans and maize should be fixed like it has been with rice and sugar. We do not want our commodities [prices] to fluctuate."

NGO-Community relations

The question "what could NGO workers do to make their services more useful" was asked in all four FGDs in the low potential area. Many community members viewed the NGOs as having a role of passing on skills. Men from more accessible areas stated that "we have always benefited from their advice, especially when we do what is required. If the NGOs gave us loans in terms of pesticides, they could uplift our standards of living. If they trained some of us we can learn more and the information can be disseminated easily." Female users in the same area said, "If the NGOs assisted us to look for market for our produce we could benefit . . . we really need training to enlighten us in marketing and planting."

In relation to frequent crop failure, both the NGOs and GoK are perceived as having a responsibility to assist with seeds. Women in the less accessible area felt that "for early planting we request both the government and NGOs to be giving us seeds early since our rains are unreliable!"

The roles of Local Self-help Association

Local associations such as groups and cooperatives were perceived to have played a significant role in the lives of the people across the three zones and that there were significant relationships between the roles played, agricultural productivity and incomes.

The coffee cooperatives were said to have been sources of information about how to "sustain and improve coffee yields" as well as on inputs—especially fertilizers, seeds, pesticides, and herbicides. These were, however, limited to members only. In terms of extension through the hosting of field days, however, some women nonusers of GoK services felt that the more advantaged benefited more, saying, "Coffee field days are only held on the farms of the well to do. They should also come to that poor farmer who doesn't know what to do to improve his farming."

Farmers cooperatives have been a source of credit to farmers as well as channels for the sale of cash crops. One user stated, "While prices were high and payments regular, farmers benefited a lot but over the last years prices have come down and payments become irregular with accompanying effects on their lives." Other male users in the medium potential area remembered that "farmers used to get payments three times yearly and life was good and they could rely on coffee. Today prices have fallen and payments come after six months." Those who have borrowed inputs get affected by high deductions associated with the rising costs of these farm

inputs. As one man put it: "There are a lot of deductions on loans from coffee. A farmer gets very little."

Due to marketing and institutional management problems affecting some of the coop farmers' cash crops, there were mixed reactions on which way to go. "We are now even prepared to uproot coffee and plant *miciri* (French beans), which are more profitable and have a ready market", said one male user of GoK services. Another one admitted that "we are fearing that the liberalization of coffee market is going to affect our incomes. The management of coffee societies is affecting coffee farmers.

For women, life has not been easy. Says one woman: "We rely on coffee but when this money delays we are left struggling, selling subsistence crops maize, beans . . . we have a lot of problems in paying school fees, children have dropped out of school."

Through self-help groups, merry-go-round contributions, women in the high and medium potential zones stated that they had acquired various benefits: household utensils, furniture, clothes and, for a few, zero grazing units and cows as well as iron sheets for chicken pens. Men in the same areas had acquired cows, building materials, seedlings, and roof-catchment tanks—the latter of which also applied to the women.

In the lower potential zone, the most commonly mentioned benefits were utensils, goats, cows, bulls and plows. Across the three zones, community members indicated that they had occasionally benefited from short-term borrowing to pay school fees, purchase food during stress periods or to go to hospital. In almost all cases the high and medium potential areas benefits were considerably more than the low potential areas.

Other benefits included payment of dowry, burial costs, wedding and, in rare cases, bridging loan repayments for loans acquired elsewhere.

During good times of production and income generation, both users and nonusers had been able to make savings and investments through the self-help groups. More recently, this has changed. One woman from the high potential area felt that "many people have dropped out because they could not afford the contributions." Elsewhere in the middle potential area, a male farmer had a similar observation to make: "Some groups have become dormant or collapsed since money from cash crops is very little these days."



APPENDIX 2:

THE REPORT ON POPULATION PROJECTS III AND IV

Established in 1989, POP III sought to increase public demand for family planning services and their availability, accessibility, and high quality through the improved technical and administrative capacity of NCPD to plan, coordinate and monitor activities. The Project sought to increase the capacity of NGOs to provide family planning services on a sustainable basis.

The demand for family planning services was to be met by the production of posters, pamphlets, films, seminars, and training for teachers, counselors, church leaders, youth leaders, trainers, and volunteers. The project provided for the construction and renovation of clinics,

Building on the lessons of POP III, POP IV objectives were more focused and refined. POP IV sought to continue the objectives of its predecessor by increasing the information, education, and communication (IEC) functions to additional government ministries and NGOs, increasing the availability, accessibility, and quality of family planning services provided by the GoK and the NGOs, and by further strengthening the capacity of the NCPD to manage the expanding national program.

Adequate supplies of contraceptives, including the controversial Norplant insertion method, were to be secured along with sufficient transportation and storage facilities. Provision of equipment and supplies, qualified personnel, and renting of a private clinic in Nyeri were seen as crucial to the project's success. Income-generating activities were to be established through technical assistance, training and development of small-scale projects.

The total cost of the POP III project was estimated at US \$28.3 million. This figure would be reached by a consortium of cofinancing institutions including the World Bank, Norwegian Agency for International Development, Overseas Development Assistance (ODA), and GoK. POP IV was to cost US \$41.3 million and be raised from the World Bank, United States Agency for International Development, and the GoK.

SPECIFIC FINDINGS ON NGO AND GOK FINDINGS

The institutions that give services in the two catchment areas studied had a very noble task, but a number of flaws became apparent that in one way or another interfered with the objective.

The GoK clinics had huge shortfalls in the areas of management of the various clinics both in terms of personnel, resources and patient flow systems. This impacted very negatively on the quality of service which resulted in great discouragement to the users' commitment to family planning. There are clear pluses to the GoK services, such as the target groups that they attract. This has had a great impact on the less fortunate members of the society, who form a greater majority. In both the urban and rural areas, the GoK clinics were attracting a similar clientele.

The NGO clinics were positively identified to a large extent with an all-round quality service. In as much as there is a modest fee charged for the services, the users felt that they had value for their money. They seemed to have effective management controls with clear pluses, like minimal shortages of expendables. The NGO clinics uniquely attracted the younger age groups over and

above the groups handled by the GoK. The mobile clinics did a good job in reaching otherwise isolated areas; however, their limited hours of operation down-played their outreach task.

RECOMMENDATIONS

- Users suggested that shortening waiting time at the mobile clinic centers would greatly improve services. The training of more field educators on family planning bridge the gap between the weekly mobile clinic visits.
- Users called for more clinics to be built in order to meet their health needs. In the case of the mobile clinic that currently visits Ngando community once a week, the service was described as inadequate. They suggested that the number of visits per week be increased.
- The World Bank should stress the need for a demonstrated involvement by the implementers in participatory project assessment at all stages, e.g. implementation, midterm, and post project. This will keep the projects continuously focused on the users' needs.
- IEC interventions should be evaluated during or immediately after they have been put in place. The IEC intervention should have a participatory approach in which the users' views should be incorporated for more effective message development.
- Both the GoK and the NGOs should establish a feedback system from the users for continuous improvement on the quality of service.
- Both NGOs and GoK should review their management systems and involve the users so that the interests of both parties are taken care of for a more effective program implementation.

SITE SELECTION

The peri-urban settlements on the outskirts of Nairobi and Meru were identified for both actual and nonactual, yet, potential, users of GoK and NGO family planning clinics. Like the NEP selection process, these factors were balanced with the logistical consideration of not situating them too distant from one another for transport purposes. Conducting the research over the rainy season added its own hazards.¹

The Nairobi FGDs took place in four locations namely, Ngando, Tigoni, Kuwinda, and Pumwani area of Nairobi. The four sites are all located on the outskirts of Nairobi. The rural character of

¹. The larger Meru district is a cross-section of all agro-ecological zones of Kenya, reaching from the cool upper Highlands to the hot and arid Lowlands. The area is characterised by a bimodal rainfall. The first rains start in March and end in May. The second rains start in October and end in December. The Meru district receives a higher rainfall than Tharaka-Nithi district. In Tharaka-Nithi district, especially the lower part, the first rains are relatively reliable. The second rains, however, show great irregularity towards the end of November. The Meru district is characterised by High to Moderately fertile soils. On the upper part of Meru, Mt. Kenya and its foot-hills determine the physiography. The soils found in Tharaka-Nithi tend to be moderate to low in fertility.

Tigoni differs from the urban setting of the other three. In Meru, research surrounded the catchment area of government and NGO clinics in Meru town itself.

LOCALITIES SURVEYED

Meru District

Meru district is one of the ten districts in eastern Province of Kenya. It lies to the East of Mt. Kenya, and the district shares borders with Laikipia to the west, Kirinyaga and Tharaka Nithi to the South, and Nyeri to the southwest.

Population size and density

The 1989 population census showed that the population of Meru district was 1,144,594 while in 1979 the population was 637,709. After the creation of new district out of the original Meru district, the current District Development Plan notes that the population is projected to 1,014,750 in 1996. The district has one of the highest population densities in the country.

Demographic profile

In 1996, it was estimated that the district had a sex ratio of 97. This implies that for every 100 women there were 97 males. This low sex ratio may be as a result of out-migration of females in such of paid labor in larger urban centers like Nairobi. The net result of this is that women have to bear the most of the economic burden especially in agricultural production.

Age-sex composition

According to the current District Development Plan for Meru, it is estimated that 48 per cent of the population in the district is below 14 years. The 1979 population census also revealed similar proportions. About 5 percent were above 60 years. The proportion of dependents was thus 53 percent. From these figures, it is estimated that the dependency ratio for the district is about 112. This implies that for every 100 economically active persons, there are 112 dependents. The proportion of dependents is quite high, and this is as a result of the highest proportion of the population being young. This scenario put a lot of strain on the available resources, and gives planners and policy makers serious challenges.

Fertility and mortality

Compared to the districts in Eastern province and even Kenya as a whole, the fertility and mortality in Meru district was relatively low. In 1979, the total fertility of the district was 6.7, and the infant mortality rate was 68. In the recent mortality of the district was projected to be reducing at a significant rate while fertility has also following the downward fertility trend in the country. The current District Development Plan attributes the reduction in mortality rates to improved child care, increased hospital facilities, improved nutrition and medical care in the district.

Gender and economic activity

We have already noted earlier that there are generally fewer men in the district compared to women. The current District Development Plan also notes that women in the district produce 80 percent of both cash and food crops. The output and subsequent sale of these crops is, however, undertaken by men. The reason for this phenomena is rooted in the culture that prohibits women from engaging in off-farm activities.

Economic profile and poverty

The current District Development Plan acknowledges that, although there the district rich with ample agricultural resources, there are a few areas with cases of urban and rural poverty. In Meru town, for example, there are an estimated 150 slum dwellers who are living under conditions that would be below poverty. The plan does not however give a definition of poverty, but it further states that there is tangible evidence of poverty in the lower zones of the district which are dry and of low agricultural potential. The proportions of those poor derived according to World Bank definition of poverty were not available.

Nutrition

The most recent available data indicate that about 38 percent of children under 5 in the district were stunted and 6 percent were wasted. Further evidence on malnutrition from the District Development Plan shows that higher cases of malnutrition are found in the lower zones with relatively low agricultural potential.

Health profile

Meru district has a total of 86 health facilities which are distributed fairly throughout the district. The government owns 37 of these health facilities while 49 are run by nongovernmental and private individuals. There are about 40 doctors serving an entire population of over 1 million. There are 450 trained nurses both in public and private hospitals. The patient-bed ratio is currently estimated to be 974:1.

Nairobi

Nairobi was the other research location for the study. It is the largest city in Kenya and, indeed, in East Africa. It is Kenya's main administration and commercial center.

Population size

The population size of Nairobi was enumerated at 1,324,570 during the 1989 population census. In 1979, the population was 827,775 and, in 1969, it was 509,286. The intercensal growth between 1969 and 1979 was 4.86 and, between 1979 and 1989, the growth rate was 4.7. This high growth rate is mainly due to in-migration (both local and international).

Demographic profile

The sex ratio of Nairobi calculated according to the 1989 population census figures showed a ratio of 132. This implies that for every 100 females, there were 132 males. Generally more

males move from their rural homes into urban centers in Kenya, and Nairobi is one of the major recipients of this movement. The migrants are in search of paid labor.

Fertility

Fertility levels in Nairobi are probably the lowest in the country. The 1993 Kenya Demographic and Health Survey (KDHS) revealed that the total fertility rate in Nairobi was 3.4 and the average number of children ever born to women aged 40–49 was 4.7. The low fertility experienced in Nairobi is mainly due to access and availability of contraceptives, and higher status of the population in terms of education, and income. Indeed, the population in Nairobi has access to all the factors that would favor low fertility levels.

Mortality

Generally, it has been observed that mortality levels, especially for those under five, is lower for the urban population compared to the rural population. Nairobi, being the largest urban center in Kenya, also has the second lowest infant (44.4) and child mortality levels as indicated in 1993 KDHS data. The relatively low mortality is attributed to availability of health facilities and services and higher socioeconomic status of the population in general. However, the slums are likely to experience high mortality rates due to the poor living conditions.

Nutrition

The 1993 KDHS indicates that 24.2 percent of the children in Nairobi were stunted, and only 0.8 percent of the children were wasted. Nairobi had the lowest proportion of children under these categories. The level of mothers' education is associated with their children's nutritional status. Nairobi has a very high proportion of mothers with high education levels and this is probably contributing to the low malnutrition rates. Nairobi also enjoys a very good network of child monitoring and growth programs, which are under the Maternal and Child Health.

METHODOLOGY

The study in POP III and IV took the following steps:

- i) In-depth workshops
- ii) Focus group discussions

Field work for this study was conducted in May 1997 in two identified districts: Nairobi, an urban site, and Meru, a rural site. The process started with preliminary visits to the two communities to arrange community issue identification (learning) workshop and, thereafter, the workshops took place, one in Nairobi and one in Meru. They were one day participatory workshops with users, both actual and potential, and whose aim was to develop their perceptions of key problems facing them, of the role and impact of institutions, wealth ranking from the communities' point of view and a confirmed action plan.

A combination of both FGDs and in-depth interviews were used to generate qualitative data from users at the clinics and away from the clinics. A series of FGDs and in-depth interviews were held both in government and NGO clinic catchment areas. Different categories of respondents

were interviewed: there were contraceptive users at the clinics and away from the clinics, contraceptive nonusers away from the clinic, and male users and non users away from the clinic.

CONTACTS AND INTERVIEWEES PROFILE

No. of People	Location -	Gender		Users		
		Male	Female	Users	Nonusers	Occupation
21	FPAK workshop, Meru town	3	18	16	5	-
20	FHFK, Ngando workshop, Nairobi	3	17	15	5	—
8	FGD, Ngando settlement	_	8	4	4	casual labourers, traders, housewives
2	FHFK clinic, Kuwinda	—	2	0	2	—
15	2 FGDS in a Gok catchment area, Pumwani, Nairobi	4	11	6	9	
15	2 FGDs in Ndirigi village, Meru	0	15	8	7	driver, security guard, 3 traders, 2 unemployed, 2 cleaners
6	FGD in Thigiji village, Meru	6	0	0	6	incl. farmers, traders
13	2 FGDs at FPAK clinic and Mwirine, Meru	0	13	13	0	—
7	FGD in Kairu village, Meru	7	0	0	7	-
107		23	84	62	45	

Table B.1: Users Consulted POP III and IV

The community issue identification workshops

Two community identification workshops were held in Meru and Nairobi. The first workshop took place in Meru and brought together users and intended users in the catchment areas of the Ministry of Health's Ndigiiri health center and the Family Planning Association of Kenya (FPAK) clinic in Meru.

The Meru meeting was held at Gitoro Conference Centre, which is a Catholic pastoral center. The venue was selected because of its simplicity, accessibility, and the fact that it is frequently used by the local community. A total of 22 out of the invited 25 participants turned up, 18 women and 4 men. Two facilitators who could speak the local Kimeru language were engaged for the day.

The workshop began with introductions in Kimeru. Most of the participants could follow the discussions in Kiswahili, however, for better comprehension, the participants preferred the

discussions to be held in the local language. From the introductions, it became evident that most of the participants were housewives with minimum involvement in women's group activities. Fifteen out the eighteen women were users of family planning methods, while all the four men reported that their spouses were on some family planning method. This high contraceptive prevalence among the participants does not necessarily represent the whole community as there was some element of bias in selection by the community member who sent out the invitations.

The participants were divided into groups of four to identify and rank their problems for presentation in plenary. In discussion, it was realized that most of the problems were symptoms of bigger problems that they could not precisely identify. For example, they all recognized shortage of food as a problem. This was further identified as a result of *shambas* getting smaller. On prompting by facilitators, they linked this phenomenon to the land tenure practice of male land subdivision between sons. They in turn will further subdivide to their sons and, consequently, the land is fragmented through the generations.

A number of problems were identified. Insufficient acreage to produce enough to feed the whole family led to poor income from agricultural produce and a corresponding inability to meet financial demands such as education and clothing. Poor land utilization is compounded by a lack of knowledge about modern farming techniques. Inadequate and contaminated water sources has led to water borne diseases, such as dysentery and typhoid.

Children are forced to drop out of school due to lack of school fees and teenage pregnancy for girls, and lack of job opportunities for those fortunate to complete their education. There is poor infrastructure leading to inaccessibility of many areas, especially after the rains. A lack of knowledge and ignorance about family planning methods and medicine increases their susceptibility to disease. Matrimonial conflict and misunderstanding between married couples were also mentioned, as were abortions.

After ranking the major problem areas, the following emerged in order of priority: lack of finances, lack of adequate food, unemployment and marital conflicts.

Wealth ranking

The participants went back to their four groups and were given the assignment of assigning distinct characteristics of their communities to portray the different levels of wealth. Four distinct categories emerged.

The rich (gitonga)

This category was characterized as having a big compound and large stone house, a large farm with coffee, tea and tobacco, many cows, shops, and a lot of money. They were likely to have a car, a colored TV, be highly educated, and take good care of their children. They would probably have several wives (sic).

The moderately rich (gatonga)

The gatonga would have a smaller compound, some education, and only one wife. They would have two cows, some goats and pigs, and a small piece of land for cultivation. Although they would eat well, they would not have enough money to invest.

The poor (nkia)

The *nkia* would live in a small farm with a temporary house on a small compound, own one cow, a few chickens and have no car. They would eat sparingly and possess few clothes.

The very poor (nkia mukeu)

The *nkia mukeu* have many children who they cannot feed. They would live in a very bad compound, own no cows, clothes or car. "They have nothing"

Most of workshop participants thought they fell in the category of the moderate and poor groups. They said that the very poor were the most affected by most of the problems they had identified. The group agreed to play a linking role with those community members who would be participating in the FGDs.

In Nairobi, the meeting was held in Ngando settlement in the outskirts of Nairobi. It was convened by the Family Health Foundation of Kenya. The meeting was held in a nursery school classroom at the Church of the Province of Kenya (CPK) compound. Twenty participants attended, seventeen women and three men. They had come from Kuwinda, Ngando A and Ngando B, and Tigoni areas.

The group was mainly composed of housewives from the slum areas and farm hands from Tigoni. There were also two local primary school teachers and two young Lutheran evangelists. This group was preoccupied with their most immediate problem, which was poor sanitation due to water logging in their pit latrines.

The groups listed the most mediate problem affecting their communities as the following: Lack of treated water, unemployment leading to drug abuse and theft, lack of dependable income sources, and high school drop out rates due to high fees and schools. The distance covered in accessing clinic and health centers, high medical costs and the poor roads compounded with few public transport vehicles, and no telephone facilities were key concerns. Others pointed to the lack of proper shelter (many of them live in slums, and when it rains, they spend the night draining the water using buckets). The lack of security and divisive party politics were also listed.

After problem ranking, the following emerged in order of importance: unemployment, low wages and their consequence, the lack of drinking water, poor means of communication, lack of accessible medical facilities, lack of agricultural land, poor educational facilities, and divisive party politics.

Wealth ranking

Four distinct categories emerge from the wealth-ranking exercise in Nairobi. **The rich**

This was identified to be a person who is able financially, or one who has a good job. They have excellent shelter and clothing, good food, one who enjoys such luxuries as a car such as a *mousso* (four wheel drive vehicle), and patronizing cinemas. This category of people have big *shambas* with plenty of workers, they owned several plots and estates, their children went to the best schools in the country, and others studied abroad.

Middle income person

He was expected to be a person with just enough wealth to meet his/her health and food needs. They own one car and an average farm of two to five acres with good shelter and good clothing. They can take their children to average school and generally meet their family needs without a lot of strain.

The Poor

The poor were perceived to be those people whose expenditure for basic needs is greater than their income. They often do not have jobs, farms, cars or good shelter.

The very poor

This is a person who gets anything through great toil. They have no education, no job, and no house. This category includes beggars.

Most participants regarded themselves as falling into the category of the poor. Many of them were slum dwellers and casual farm hands, with the exception of two primary school teachers and a nursery school caretaker/cook.

ISSUES IDENTIFIED IN THE FOCUS GROUP DISCUSSIONS

From the FGDs that took place, users were found to have their own definition of quality of service. According to them, quality is seen in terms of their immediate need and convenience. This includes distance and cost to the clinic, reception of the service providers, waiting time to get the sought service, and the cost of getting that service.

Proximity to Clinic

Various elements associated with proximity were evident, such as distance to the clinic, time of travel, and cost of travel. This often came up as one major reason why the clients chose to go the particular clinics that they did. The users in Meru, for example, cited the fact that the FPAK clinic is strategically located in an area where easily accessible to most clients as they go about their businesses in Meru town. Ngando clinic in Nairobi, on the other hand, offered mobile clinic facilities once a week and those who used their services cited that the next clinic would be too far away and, hence, they would rather wait once every week to receive the services conveniently in their community.

However, while this was an important reason for their choice of the clinics, some clients cited other reasons that they said would override distance such as mistreatment in other clinics as mentioned by clients at the FPAK clinic in Meru town. In as much as cost of travel plays a big

role, some users indicated that where they did not have a choice of clinics, they ignored the element of proximity.

Most users in both the government and NGO catchment areas felt that proximity to the clinics was an important element which, in their view, was adequately met. However, proximity was down played in those situations where the users felt that they could not compromise other elements of quality such as waiting time with this single item. The mobile clinic in the FHFK catchment area gave services more conveniently to the people but only once a week which meant that they had to revert to clinics further away from them in case of need for urgent reviews.

Waiting time

This was a major source of complaint for users in focus group and in-depth interviews in Nairobi. The Family Health Foundation of Kenya offers mobile FP services once a week to Ngando slum area. The mobile clinic times of operation are between 9 A.M. and 12 P.M.; however, the closing time starts as early as 11:30 A.M. Due to this once a week schedule, there is a tendency to have an influx of clients, which makes the waiting time long. Most of the clients estimated the waiting time to be about two hours depending on the number of people.

One client said that waiting up to four hours was normal on a busy day and seriously interferes with her daily program as she cannot attend to urgent chores like preparing lunch for her children. This also greatly interferes with their small businesses as they cannot attend to them due to the long waiting time.

In Meru, most of the users were happy with the waiting time which they described as short. The users at the Meru FPAK clinic mentioned that the shorter waiting time enabled them to combine their clinic visits with other businesses in town as well as other family chores. While the FPAK clinic in Meru is opened the whole day from 8 A.M. to 5 P.M., clients tended to go to services mainly in the morning, while only a few would trickle-in in the afternoon. This was mainly attributed to heavy rains in the afternoons, and so most women tended to come to the clinic before noon.

From FGDs with users in GoK catchment area of Pumwani, Nairobi, it was evident that there were longer waiting times at the government clinics than there were at the NGO clinics. This meant that even though the government gave free service in all its clinics, most users found it very inconveniencing and, in some extreme cases, it became a deterrent to continued visits to the clinics. In the government clinics, these long waiting hours could not only be attributed to the large number of clients but also to the attitudes of the service providers in those cases where the providers started giving the services two to three hours late and had endlessly long interruptions in the form of visitors and tea breaks.

Cost of services

The users are charged for services at NGO clinics. It is apparent that different charges are given by different NGOs. FPAK in Meru, for example, charges an annual membership fee of Ksh. 100 and a subsequent fee per visit depending on the service offered. FHFK in Nairobi does not charge any fee for FP services. The users cited satisfaction for the services they are getting, whether charged or for free. Most users, however, recognize the fact that they could get satisfactory services at a fee. The users conceded that they were happier with the free services but this did not always override other quality parameters. They said that all the government clinics and FHFK gave free services, while FPAK charged what some perceived as an affordable fee per visit. Some users indicated that they could only afford transport charges to the clinics and, therefore, viewed any clinic charges as unaffordable. Those who went for services at the clinics where they paid service fees demonstrated satisfaction with the services that they got and were not discouraged.

Service Provider Reception

The general description of the service providers by the users was that they were friendly, polite, caring, respectful, and appeared committed to their work. The users recognized the need for a cordial working relation with the clinics. For example, one lady said that when they have a personal problem, the service providers do follow-ups in trying to help them resolve their problems. When they have problems with the methods they are on, the service providers are very understanding and advise them satisfactorily. The service providers also go a step ahead and give them moral support by listening to their social problems such as those who have no food and those who are jobless. This encouraged them to revisit the clinic.

Technical Competence of the Service Provider

From the users' point of view, all the service providers appeared to be knowledgeable and confident. However, it is important to take note that this particular attribute is not directly measurable, especially where judgment is being taken by somebody who is not qualified in that particular field. The users demonstrated lack of adequate information about the type of background the service providers should be measuring up to.

In both the NGO and GoK clinics, the users do not seem to be involved in decisionmaking nor are they consulted on issues regarding operations at the various clinics. This is evident in the type of recommendations that they give concerning hours of operations, times of operation and days of operations. Although the users know that the clinics should start operating at specific times, they often have no say in deciding on when the actual operations begin and neither do they have a place to voice their complaints.

Privacy and confidentiality

This was an element that users recognized only after prompting but to which they attached great importance. In both the NGO and government clinics, they said that this element of QOC was being adequately met. However, in the government clinics, users said that it was not always guaranteed. One client in Ngandu, Nairobi, reinforced this by pointing out that one of the main reasons why she attends the FHFK clinics was that the neighboring clinics did not guarantee privacy. The last time she visited one of these clinics, the services provider shouted at her in front of other clients that she had been asked not to go back to the clinic until she was on her periods.

Availability and affordability of method of choice

Most users did not have problems securing methods of their choice. They said that they were available and that they could afford the prices. However, some users in Nairobi pointed out that

once they miss the clinic day which is once a week, then if they need a method, such as the pill, they often have to buy from the shops where they said the pills were available and affordable.

It however became clear that clients were not informed of other methods such as Norplant, TL and vasectomy, which were not being offered at the clinics they attended. The users from the government clinic expressed disappointment at the frequent shortages of expendables. forcing them to purchase directly from the private pharmacies. Those who cannot afford are forced to go home without the methods and hence face the worry of unwanted pregnancies.

Source of family planning information

Most users receive their FP information from pamphlets, meetings, friends, radio, clinics, posters, neighbors, church, campaigns, NGOs, and wives. A few people mentioned television, especially in Nairobi. These sources of information were voiced by both men and women who were both users and nonusers of contraceptives. The users usually accessed the pamphlets whenever there were campaigns and at the clinics. Radio drama was one of the most popular programs that passed on family planning messages. Most of the information from neighbors came when neighbors would decide that there was a felt need in the neighbors house, such as if the neighbors' girls were getting children out of wedlock, a neighbor would come in to assist.

On receiving the family planning information some users, most clients talked to their husbands, friends and health workers before going to the clinic while others who felt confident about the information they had received just went straight to the clinic. This was a familiar description of what happened both in Nairobi and Meru.

The users pointed out the radio was an important source of FP information. However, investigation as to what program they watched was not sought. Friends and relatives were other important sources mentioned. Irrespective of where they received the services (GoK or NGO), users at the clinic indicated common sources of FP information as clinics, seminars, meetings and, as one responded, posters. It is imperative to mention that IEC interventions should be evaluated during or immediately after being put in place. This way, the impact becomes clearer.

It becomes difficult for individuals to desegregate the source of a particular information that they might have internalized. Thus when the question is asked later, what investigators get are possible sources of information channels which the respondents believe they have been exposed to. The more learned and richer members of the society will thus mention TV, newspapers, and magazines, while the rural poor and the less educated will talk of family members, friends, and meetings (Chief's *barazas*), among other sources.

Gender of the service provider

Most female users said that they were not comfortable being given a pelvic examination or a contraceptive, such as a coil, by male service providers. They did not, however, have any problem getting other contraceptive methods from either a male or a female service provider. One client said that she went to another clinic and was to have an IUD inserted. Due to the nature

of insertion of the IUD, the user expected that a woman would be the person to do the insertion. To her surprise, she found that a man was to do the insertion, a fact which she could not quite accept, but she had no choice. That was the last time she ever went to that clinic.

Family Planning adoption

Most users adopted family planning methods due to realities, such as high cost of living and poverty; hence, they could not meet basic needs, such as food and school fees, a situation which had proven even worse for people who had many children. Many potential users who are currently not using any contraceptive method cited fear of negative side effects as the main reason why they have not been able to use any contraceptive methods. Other reasons cited are opposition from the husbands and, sometimes, objection by the wives to men who want to use condoms and vasectomy methods.

Satisfied Users

Most users were satisfied with the services that are currently being offered to them, and they said that they would recommend any friend or relative to their service providers.



Claudia

Attached, please find the following documents:-

- 1. The thought piece on Bank/NGO Small Working Group.
- 2. Guidelines for NGO/CBO involvement in the STI which we developed. I trust that you have the Memorandum of Understanding.
- 3. STI timetable for actions identified in the last Aide-Memoir.
- 4. Selection criteria developed for the ECD FYI.
- 5. Some issues we had identified on the Pop IV and communication thereof.
- 6. Pre-proposal Conference on ECD NGOs I talked about.

Regards.

¥

Nyambura - 12/18/96

TOWARDS GREATER NGO INVOLVEMENT IN G.OK./DONOR PROJECTS

THOUGHT-PIECE FOR BANK AND NGO WORKING GROUP

Background

The World Bank recognizes that Non-governmental organizations (NGOs) are important partners in development. World Bank policy since 1989, formalized in Bank Operational Directive 14.70, has encouraged partnerships with NGOs, particularly local NGOs. The premise for such partnerships is that NGOs improve the effectiveness and sustainability of Bank-supported operations by promoting participation and innovation, and strengthening civil society.

Bank collaboration with NGOs dates back more than 20 years and by 1994, NGOs were involved in 50 percent of projects approved that year. NGOs have also contributed to the development of Bank policy, the reshaping of Bank processes, and the preparation of lending operations. However, the depth of Bank relationships with NGOs is highly variable and much of the collaboration has been sporadic and focused solely on implementation.

In its current Kenya project portfolio, the Kenya Resident Mission is encouraging the involvement of NGOs at a variety of levels: 1) The National Council on Population and Development has collaborated with four NGOs on the implementation of the Population IV project; 2) The National Aids Control Program involved the AIDS NGO Consortium in the design of the Sexually Transmitted Infections Project and plans to disburse 20% of the project funds directly through NGOs; and 3) the Arid Lands Resource Management Project has paid particular attention to its stakeholder communities, involving both NGOs and community leaders in participatory rural appraisal.

In early 1995, the Africa Region at the Bank renewed and strengthened its commitment to promoting NGO involvement and participation in Bank-financed projects. With the appointment of Dr. Nyambura Githagui, the NGO Liaison and Participation Officer in Kenya, the Resident Mission emphasized its desire to mainstream NGO participation in project development and policy dialogue. Early in her tenure at the Bank, Githagui consulted with a broad variety of NGOs in Kenya and identified three major concerns: the need to bring together NGOs from common fields, the involvement of more local NGOs, and the desire for substantive involvement in Bank project development and policy-making.

Dr. Githagui developed a proposal to promote on-going collaboration between the Donor community, the Government of Kenya, and the NGO community. This plan, to be described below, was designed to ease the flow of information between development partners to make NGOs active, informed participants in the development of projects and policy. This proposal was circulated around the Resident Mission and Dr. Githagui was encouraged to refine the concept with a wider audience. In June, the proposal was discussed with Gilbert Arum, of the National Council of NGOs, and

Organization of Advisory Structures

The initial proposal suggests that NGO Advisory Committees are organized along the lines of the Donor Coordination System, making it easier for the Donors and NGOs to work in partnership. However, there may be another framework which more accurately groups NGOs. Some key questions for this discussion include:

* How should NGOs be organized to best promote dialogue with Donors?

- * Who should initiate and coordinate the NGO/Donor interaction?
- * How should NGO/Donor interaction fit within the National Council of NGOs?

Structure of Advisory Relationship

During the first meeting, it became clear that both the Bank and the NGO representatives saw the need for an advisory structure to increase the information flow between NGOs and Donors and create a dialogue focused on project development, implementation, and policy dialogue. The key issues to discuss in this area include:

- * What should be the structure and format of NGO/Donor interaction?
- * How can the flow of information between the two groups be increased?
- * How many NGOs should be involved in the advisory structure? How should they be selected? For what period of time should they serve?

National versus District Level

Although many NGOs are based in Nairobi, it is important that much of the success of the NGO sector comes through its grass-roots projects, in areas untouched by Government programs.

* Should NGO/Donor interaction be coordinated at the national level or on a district-focused basis?

Connecting to the Community

Donors see NGOs as important conduits for community perspectives and input in the development of programs and policy. Although the accuracy of this assumption is variable, Donor/NGO interaction is based on the premise that Donors must actively involve stakeholders and actors in the entire project cycle.

- * How can NGOs use their resources to represent community perspectives in this forum?
- * Can the World Bank or other Donors assist NGOs or the Council in increasing its capacity to reach out to communities?

Adam Leach, of Oxfam, who suggested that a working group of NGOs be formed to discuss the organization framework and develop a proposal for implementation.

This thought-piece is designed to bring you up to date on the Bank's interest and commitment in working more closely with NGOs. Further, it attempts to highlight major issues for discussion as we design a framework for increased NGO collaboration. However, this document is naturally limited in its scope and only aims to serve as a starting point for discussion.

Organizational Approach

The initial proposal envisioned the organization of sector-specific NGO Advisory Committees with three main objectives:

*To ensure NGO participation in Donor Coordination;

- *To mainstream NGO input in Bank-financed projects;
- * To put in place a process and policy dialogue between the Bank, NGOs, and the Government of Kenya.

Consisting of representatives of five NGOs in each sector, the Committees would meet quarterly to participate in project identification, appraisal, implementation, and evaluation.

The overarching goal of this design is to facilitate NGO collaboration along a similar framework as the new Kenya Donor Coordination System. Consequently, an NGO Advisory Committee would be established for each of the Donor Programme Groups: private sector development, social development and humanitarian, education, health and population, agriculture, natural resources and environment, transportation and communication, water resources, energy, public sector reforms, and non-economic issues and governance. This proposal is in line with the plans of the National Council of NGOs to organize their membership into sector working groups. The NGO Advisory Committees would be elected from these Council working groups to serve a year-long term and report back to the broader community of NGOs.

The concept of NGO Advisory Committees was floated during the launch of the new Donor Coordination System in late June. Responses were overwhelmingly positive, emphasizing the need for greater communication and collaboration between NGOs and Donors and for a similar organizational structure to guide the process.

Issues for Discussion

ä

In the next section, this paper presents four of the main issues for discussion, raised during the initial working group meeting in June: 1) the organization of the advisory structures; 2) the structure of the advisory relationship; 3) organization at the national versus the district level; and 4) building connections to communities.

Final Note

-

-

This thought piece raises some of the basic issues for discussion in the first Working Group meeting on Friday, July 19. The original proposal drafted at the Bank is attached as an annex. We look forward to discussing this exciting initiative with you.

THE HOL-GOADVINIULIAT OVAVIATORITOLIO CO-ORDINATION ACT, 1990

NO. 19 OF 1990

Tile NGC Iseguillan

Date of Assent: 14 January 1991

Date of Commencement: By Notice

ARRANGEMENT OF SECTIONS

Section

PART 1 - PRELIMINARY

- Short title and commencement 1-2.
 - Interpretation

PART II - ESTABLISHMENT, FUNCTIONS AND POWERS OF THE BOARD

- Establishment of the Board 3-
- Composition of the Board 4
- 5-Executive director
- Procedure at meetings of the Board 6-
- Functions of the Board
- Powers of the Board
 - Documentation centre

PART III - REGISTRATION AND LICENSING OF NON-GOVERNMENTAL ORGANIZATIONS

- Registration of Non-Governmental Organizations 10-
- Fees 11-
- Certificate of registration 12-
- 13 -Validity of certificate
- 14 -Refusal of registration
- 15 -Renewal of certificate
- Cancellation of certificate 16 -
- 17 -Work permit
- Board may require proof of existence 18 -
- 19-Appeals
- Exempt organizations 20 -
- Privileges 21 -
- 22 -Offences and penalties

PART IV - SELF-REGULATION BY THE NON-GOVERNMENTAL ORGANIZATIONS

- Establishment of the Council
- Code of conduct

PART V - TRANSITIONAL ARRANGEMENTS

- 25 . Transitional period
- 26 -Membership of interim council

PART VI - FINANCIAL PROVISIONS

- 27 -Financial year of the Board
- 28 -Investments
- 29 -Annual estimates
- Books of accounts 30 -
- Audit of accounts 31 -

PART VII - MISCELLANEOUS PROVISIONS

- Rules 32 -
- 33 -Uttering false statements
- 34 -Appeals
- 35 -Custody of common seal

	Procedure at meetings of the Board.	(6)	(1)	The Chairman shall preside at all meetings of the Board, except that in his absence, the provisions of sub-section (2) shall apply.
V			(2)	In the event of the Chairman being absent from any meeting of the Board, the members present shall elect one of the members present at the meeting to preside.
			(3)	The Board shall meet at least four times in each year but the Chairman may, and upon application by six members shall, convene a special meeting of the Board.
			(4)	The quorum necessary for the transaction of the business of the Board shall be eleven, including at least seven members appointed under paragraph (b) and (i) of subsection (1) of section 4.
			(5)	All questions at a meeting of the Board shall be determined by a simple majority of the votes of the members present and voting.
	,		(6)	The Chairman shall have, in case of equality of votes, a casting vote in addition to his deliberative vote.
- -	3		(7)	The Board shall cause the minutes of all proceedings of meetings of the Board to be entered in books kept for that purpose.
•.			(8)	Subject to this Act, the Board shall regulate its own proceedings.
	Functions of	7.		The functions of the Board shall be:-
	the Board.		(a)	to facilitate and co-ordinate the work of all National and International Non-Governmental Organizations operating in Kenya.
	* .		(b)	to maintain the register of National and International Non- Governmental Organizations operating in Kenya, with precise sectors, affiliations and locations of their activities;
			(c)	to receive and discuss the annual reports of the Non- Governmental Organizations;
હ	Ģ		(d)	to advise the Government on the activities of the Non- Governmental Organizations and their role in development within Kenya;
			(e)	to conduct a regular review of the register to determine the consistency with the reports submitted by the Non- Governmental Organizations for harmonizing their activities to the national development plan for Kenya;
		•	(f)	to provide policy guidelines to the Non-Governmental Organizations for harmonizing their activities to the national development plan for Kenya.
		-	(g).	to receive, discuss and approve the regular reports of the Council and to advise on strategies for efficient planning and co- ordination of the activities of the Non-Governmental Organizations in Kenya; and

. ..

· 2.

. .

- ente g into contracts; and (d)
- doing or performing all such other things or acts necessary for the proper performance of its functions under this Act, which (e) may lawfully be done or performed by a body corporate.

Composition of the Board. 4.(1)

- The Board shall consist of:-
- a Chairman appointed by the President; (a)
- not more than seven and not less than five members appointed by the Minister by virtue of their knowledge or experience in (b) development and welfare management;
- the Permanent Secretary in the Ministry for the time being responsible for matters relating to Non-Governmental (c) Organizations;
- the Permanent Secretary in the Ministry for the time being (d) responsible for foreign affairs;
- the Permanent Secretary to the Treasurer, (e)
- the Permanent Secretary in the Ministry for the time being responsible for economic planning; (f)
- the Permanent Secretary in the Ministry for the time being responsible for social services; (g)
- the Attorney-General; (h)
- five members appointed by the Minister on the recommendation of the Council to represent the diverse areas of Non-(i) Governmental Organizations' interest within the Board;
 - the Executive Director appointed under section 5 (1).
- the chairman of the Council. (k)
- The members of the Board, other than ex-officio members, shall hold office for a period of three years and shall then retire, but (2)shall be eligible for re-appointment.
- A member of the Board, other than an ex-officio member, may resign his appointment by a letter addressed to the Minister. (3)
- The Board may co-opt such number of persons not exceeding three in number to represent such interests as may be -(4) determined by the Board.

The Minister shall appoint an executive director who shall be the head of the Bureau and responsible for the day to day management of the business of the Board_

t

- The Executive Director shall be an ex-officio member of the Board but shall have no right to vote at any meeting. (2)
 - The Executive Director shall be the Secretary to the Board.

Executive Director.

6.1

(3)

(5)(1)

(i)

co-ordination of Non-Governmental Organizations in Kenya and for connected purposes

ENACTED by the Parliament of Kenya as follows:-

PART -1. - PRELIMINARY

Short title and 1. commencement.

Interpretation. 2.

This Act may be cited as the Non-Governmental Organizations Co-ordination Act, 1990, and shall come into operation on such a day as the Minister may, by notice in the Gazette, specify.

In this Act, unless the context otherwise requires -

"Board" means the Non-Governmental Organizations Coordination Board established by section 3 (1);

"Bureau" means the executive directorate of the Board;

"Certificate" means certificate of registration issued under Part III;

"Council" means the National Council of Non-Governmental Organizations established under section 23;

"International Non-Governmental Organization" means a Non-Governmental Organization with original incorporation in one or more countries other than Kenya, but operating within Kenya under a certificate of registration;

"National Non-Governmental Organization" means a Non-Governmental Organization which is registered exclusively in Kenya with authority to operate within Kenya;

"Non-Governmental Organization" means a private voluntary grouping of individuals or associations, not operated for profit or for other commercial purposes but which have organized themselves nationally or internationally for the promotion of social welfare, development, charity or research through mobilization of resources;

"register" means the register of Non-Governmental Organizations maintained by the Board.

PART II-ESTABLISHMENT, FUNCTIONS AND POWERS OF THE BOARD

There is hereby established a Board to be known as the Non-Governmental Organizations Co-ordination Board.

The Board shall be a body corporate with perpetual succession - and a common seal and shall be capable in its corporate name of -

(a) suing and being sued;

 (b) taking, purchasing or otherwise acquiring, holding, charging or disposing of movable and immovable property;

(c) receiving, borrowing and lending money;

Establishment of the Board.

3.(1)

(2)

;Y

/

Powers of the Board.

Documentation

Registration of

Organizations.

Centre.

8.

9.

(h)

to r ive, discuss and approve the Code of Anduct prepared by the council for self regulation of the Non-c vernmental Organizations and their activities in Kenya.

The Board shall have power --

- (a) to establish such subsidiary organs as may be necessary for the performance of its functions under this Act; and
- (b) subject to this Act, to appoint such officers as may be necessary for the performance of its functions.

The Board shall establish and maintain a documentation centre on Non-Governmental Organizations and their activities in Kenya and such other information as may be necessary for the understanding and promotion of the contribution of Non-Governmental Organizations to national development.

PART III-REGISTRATION OF NON-GOVERNMENTAL ORGANIZATIONS

- 10(1) Every Non-Governmental Organization shall be registered in the manner specified under this Part.
 - (2) Applications for registration shall be submitted to the Executive Director of the Bureau in the prescribed form.
 - (3) An application for registration shall be made by the Chief Officer of the proposed organization and specify:-
 - (a) other officers of the organization;
 - (b) the head office and postal address of the organization;
 - (c) the sectors of the proposed operations;
 - (d) the district, divisions and locations of the proposed activities;
 - (e) the proposed average annual budgets;
 - (f) the duration of the activities;
 - (g) all source of funding;
 - (h) the National and International affiliation and the certificates of incorporation;
 - (i) such other information as the Board may prescribe.
 - (4) The Minister may, on the recommendation of the Board and by notice in the Gazette, exempt such Non-Governmental Organizations from registration as he may determine.
 - (5) Application for registration under this section shall be accompanied by a certified copy of the constitution of the proposed Non-Governmental Organization.

An application for registration of Non-Governmental Organizations shall be accompanied by such fees as the Minister may from time to time prescribe.

Fees.

ery.

. ...

38888111			
	Certificate of Registration.	12.(1)	Every Non-Governmental Organization registered under this Ac- shall be issued with a certific of registration in accordance with this Part.
		(2)	A certificate of registration shall be conclusive evidence of authority to operate throughout Kenya or such parts of the country as are specified therein.
		(3)	A registered Non-Governmental Organization shall by virtue of such registration be a body corporate with perpetual succession capable in its name of -
		(a)	suing and being sued;
	3	(b)	taking, purchasing or otherwise acquiring, holding, charging or disposing of movable and immovable property;
		(c)	entering into contracts; and
		(d)	doing or performing all such other things or acts necessary for the proper performance of its functions under this Act, which may lawfully be done or performed by a body corporate.
63	Validity of	(4)	A certificate issued under this part may contain such terms and conditions as the Board may prescribe.
	Certificate	13.	Deleted in 1991
	Refusal of Registration.	14.	The Board may refuse registration of an applicant if -
		(a).	It is satisfied that its proposed activities or procedures are not in the national interest; or
		(b)	It is satisfied that the applicant has given false information on the requirements of subsection (3) of section 10;
	Renewal of	(c)	It is satisfied, on the recommendation of the Council, that the applicant should not be registered.
	Certificate of Registration	15.	Deleted in 1991
C.C.	Cancellation etc. of Certificate.	16.(1)	The Board may cancel a certificate issued under this Part, if it is satisfied that -
		(a)	the terms of conditions attached to the certificate have been violated; or
		· (b)	the organization has breached this Act;
		(c)	the Council has submitted a satisfactory recommendation for the cancellation of the certificate.
			Notice of the cancellation of a certificate shall be served on the Organization in respect of whom such cancellation relates and shall take effect within fourteen days after the date of that notice.
3	Work Permits.	l F	The Board shall receive and consider application for entry permits in respect of prospective employees of registered Non- Governmental Organization and make recommendations to the Principal Immigration Officer for the issuance of the permit to the applicant.
		14	× . ×

18.(1)

Board may

Appeals.

require proof

of existence.

he Board has reasons to believe that gistered organization has, for any reason, ceased to exist, it may publish in the Gazette a notice calling upon such organization to furnish it, within a period of thirty days from the date of the notice, with the proof of its continued existence.

- (2) The proof given under subsection (1) shall be accompanied by an authenticated recommendation by the Council.
- (3) The Board may strike off the register of any organization which fails to provide proof of its existence within thirty days from the date of the notice or if the Council report does not confirm the existence of such an organization.
- 19.(1) Any organization which is aggrieved by decision of the Board make under this Part may, within sixty days from the date of the decision, appeal to the Minister.
 - (2) On request from the Minister, the Council shall provide written comments on any matter over which an appeal has been submitted to the Minister under his section.
 - (3) The Minister shall issue a decision on the appeal within thirty days from the date of such an appeal, and such a decision of the Minister shall be final.
 - (4) If the Council is satisfied that the organization has ceased to exist, its recommendation to the Board shall include suggestions of how the assets and liabilities of the organization should be distributed and the reasons thereon.
- 20. An organization established by a state of group of states for welfare, research, relief, public health or other forms of development assistance shall not be eligible for registration under this Act.
- 21. Any organization registered under this Act shall not be entitled to diplomatic or consular privileges or immunities.
- 22.(1) It shall be an offence for any person to operate a Non-Governmental Organization in Kenya for welfare, research, health relief, agriculture, education, industry, the supply of amenities or any other similar purposes without registration and certificate under this Act.
 - (2) A person convicted of an offence under this Part shall be liable to a fine not exceeding fifty thousand shillings or to an imprisonment for a term not exceeding eighteen months or to both.
 - (3) Upon sentence, the court may order that whole or part of the fine be remitted to the accounts of the Board to defray the cost of its operation.
 - (4) Any person who has been convicted of an offence under this Part shall be disqualified from holding office in any Non-Governmental Organization for a period of ten years.

Sc.

Exempt Organizations.

Privileges.

Conffences and Penalties.

11		PART IV	-SELF REGULATION BY THE NON-GOVERNMENTAL ORGANIZATIONS
ast for the second	Establishment of the Council.	23.(.)	- There shall be established a National Council of Non- Governmental Organizations which shall act as a collective forum of all Non-Governmental Organizations registered under this Act.
		(2)	The Council shall adopt its own structure, rules and procedures for the efficient administration of its activities:
			Provided that the first meeting to adopt the structure and procedures of the Council shall be supervised by an official designated by the Minister.
	Code of Conduct.	24.(1)	The Council shall develop and adopt a Code of Conduct and such other regulations as may facilitate self regulation by the Non- Governmental Organizations on matters of activities, funding programmes, foreign affiliations, national security, training, the development of national manpower, institution building, scientific and technological development and such other matters as may be of national interest.
6.0		(2)	The Code of Conduct shall only be adopted by a resolution at a meeting of the Council attended by not less than two-thirds of the registered agencies and supported by not less than three-quarters o the voting members present.
		(3)	The Code of Conduct shall be subject to approval by the Board.
	3	(4)	The Council shall prescribe rules and procedures for audit of the accounts of Non-Governmental Organizations, which rules shall be submitted to the Board for ratification.
		(5)	The Code of Conduct shall prescribe the responsibilities of the Council which, once approved by the Board, shall be construed as obligations under this Act.
1		(6)	The Board shall ensure that the Code of Conduct is consistent with the national and foreign policies and all written laws of Kenya.
ب ب ر	C≈p. 2	(7)	The Board shall cause the Code of Conduct approved under subsection (3) to be published in the Gazette but sections 27, 33 (e) and 34 of the Interpretation and General Provisions Act shall not apply.
			PART V-TRANSITIONAL ARRANGEMENTS
	Transitional Period.	25.(1)	There shall be a transitional registration period not exceeding six months from the date of commencement of this Act; provided the Minister may extend the period upon application by a Non- Governmental Organization.
		(2)	All Non-Governmental Organizations that are presently registered under any other written law in Kenya shall, within the period specified in subsection (1), apply and obtain a certificate under this Act.
×.	Membership of Interim Council.	26.	The first one hundred Non-Governmental Organizations to be registered by the Board under this Act shall constitute an interim Council competent to develop and adopt the Code of Conduct under Part IV.
			. 3

Financial year 27.(1) of the Board.

(2)

. :

28.(1)

. Investment.

Estimates.

PART VI-FINANCIAL PROVISIC S

The Financial Year of the Board shall be the period of twelve months commencing on the 1st of July, and ending on the 30th of June in each year.

In the event of any change in the financial year, and for the purposes of the transition from the old financial year to the new financial year consequent upon the change, the transitional period, whether more or less than twelve months, shall be deemed for all the purposes of this Act to be a financial year.

The Board may invest any of its funds in securities in which, for the time being, trustees may by law invest trust funds or in other securities which the Treasury may from time to time approve for the purpose.

(2) The Board may place on deposit with such bank or banks as it may determine, any money not immediately required for allocation or application.

29.(1) Before the commencement of a financial year the Board shall cause to be prepared estimates of the revenue and expenditure for that year.

- (2) The annual estimates shall make provision for all estimated expenditure of the Board for the financial year concerned, and in particular -
 - (a) for the approved recurrent and development expenditure;
 - (b) for the payment of salaries, allowances and other charges in respect of the staff of the Board;
 - (c) for the payment of pensions, gratuities and other charges in respect of retirement benefits which are payable out of the funds of the Board.
- (d) for the proper development and maintenance of the properties of the Board;
- (e) for the proper maintenance, repair and replacement of the equipment and other movable property of the Board;
- (f) for the creation of such reserve funds to meet future or contingent liabilities in respect of retirement benefits or insurance or in respect of such other matters as the Board may deem fit.
- (3) Annual estimates shall be approved by the Board, before the commencement of the financial year to which they relate and shall be submitted to the Minister for approval.

(4) No expenditure shall be incurred for the purposes of the Board except in accordance with the annual estimates approved under subsection (3). Books of Account.

30.(1)

(2)

31.(1)

32.

Audit

The Board shall cause to be kept all proper books and records of account of its income, expenditue assets and liabilities.

Within three months from the end of each financial year, the Executive Director of the Board shall submit to the Auditor-General (Corporations) the accounts of the Board together with -

(a) a statement of financial activities, income and expenditure during the financial year, and

(b) a statement of assets and liabilities of the Board existing at the end of the year.

The accounts of the Board shall be audited by the Auditor-General (Corporations).

(2) The Auditor-General (Corporations) shall present to the Board, within a period of six months after the end of each financial year, a report of the examinations and audit of accounts and the report shall also be forwarded to the Minister.

(3) The Minister shall lay the Board's report and the report of the Auditor-General (Corporation) before the National Assembly within thirty days after the receipt of the report by him, or if the National Assembly is not sitting within fourteen days after the commencement of the next sitting.

PART VII-MISCELLANEOUS PROVISIONS

The Minister may make regulations for the efficient carryings into effect of the provisions of this Act and , without restricting the generality of the foregoing, make regulations -

 (a) prescribing terms and conditions for the importation and use of any equipment required by the Non-Governmental Organizations for their activities in Kenya;

(b) prescribing guidelines or advanced training and employment of Kenya nationals in the field of the activities of the Non-Governmental Organizations while such Kenya nationals are in their employment;

 (c) prescribing fees and other dues payable by the Non-Governmental Organizations as part of application for registration or renewal of registration;

(e) prescribing the information to be supplied in every application for registration;

 (f) prescribing the format of the reports of activities to be submitted by the Non-Governmental Organizations;

(g) prescribing procedures for application for exemption from payment of taxes.

Rules.

Uttering False 33.(1) statements.

Any person who makes, signs or utters a false statement or declaration in support or request for the exemptions under section 32 shall be guilty of an offence and shall be liable to a fine not exceeding two hundred thousand shillings or to imprisonment or a term not exceeding three years or to both.

- (2) Any person convicted of an offence under this section shall be disqualified from holding office in any Non-Governmental Organization for a period of ten years.
- (3) On the first conviction of an official of a Non-Governmental Organization under this section, the Board may deregister that Organization.
- (4) On the second conviction of an official, under this section the Board shall deregister that Non-Governmental Organization.
- (5) Where a non-Kenyan national is convicted under subsection (2) or is found to have aided or abetted others in the offence, the Minister may recommend his expulsion from Kenya to the Minister in charge of immigration.

34.(1) The Non-Governmental Organization deregistered under section
 33 (3) or (4) of this Act may appeal to the Minister against such deregistration.

(2) The Minister shall deliver his decision on the appeal under subsection (1) within twenty-eight days, and that decision shall be final and binding.

The common seal of the Board shall be kept in such custody as the Board directs and shall not be used except upon the order of the Board.

- (2) The common seal of the Board shall be authenticated by the signature of the Executive Director and one other member of the Board duly authorized by the Board in that behalf.
- (3) The common seal of the Board when affixed to any document and duly authenticated-under this section shall be judicially and officially noticed and, unless and until the contrary is proved, any order of authorization of the Board under this section shall be presumed to have been duly given.

- **6**

4.

Appeals.

Custody of

35.(1)

RULES AND REGULATIONS OF THE NGOS COUNCIL OF KENYA

Ξ

.

ĩ

. .

Approved by the General Assembly of the NGOs Council of Kenya on 15th July 1993, under the supervision of the representative of the Minister.

1

1

TABLE OF CONTENTS

.

.:	TABLE OF CONTENTS
	PREAMBLE
1.0	NAME OF THE COUNCIL
2.0	DEFINITIONS
3.0	LOCATION OF THE SECRETARIAT
4.0	MEMBERSHIP
5.0	GOALS
6.0	SUBSCRIPTION
7.0 .1 .2 .3	GENERAL AND SPECIAL ASSEMBLIES
8.0 .1 .2 .3 .4 .5 .6	COMMITTEES
9.0	THE SECRETARIAT
10.0 .1 .2	THE BOARD OF TRUSTEES
11.0 .1 .2 .3 .4 .5 .6	COUNCIL OFFICIALS AND THEIR FUNCTIONS8The Chairperson8The Vice-chairperson8The Treasurer8The Vice-treasurer9The Chief Executive Officer9General Provisions in Regard to Council Officials9
12.0	ELECTION TO THE EXECUTIVE COMMITTEE OR THE REGULATORY COMMITTEE . 10
13.0	OBLIGATIONS TO COUNCIL OF ITS REPRESENTATIVES TO THE BOARD 10
14.0 .1 .2 .3	FINANCIAL PROVISIONS11Audit11Investment of Funds12Inspection of Books of Account12
15.0 .1 .2	REGULATORY ACTION
16.0 .1 .2	GENERAL PROVISIONS
	SCHEDULE OF SUBSCRIPTIONS

- To promote al leans for the creation and main ance of an enabling environment in order to contribute effectively to equitable and sustainable development;
- (2) To provide a forum and build effective networks for promoting dialogue, collaboration, learning experiences and information;
- (3) To strengthen the organisational, operational and conceptual capacities of its constituency so that it performs efficiently, effectively and independently;
- (4) To champion and defend the rights of its constituency in all matters, legal or otherwise;
- (5) To influence public policy in relation to its constituency;
- (6) To enhance public awareness about its role and its responsibilities;
- (7) To represent its constituency at international, national and local levels.

6.0 SUBSCRIPTION

- .1 The annual subscription for each member of the Council shall be as provided in the schedule below.
- .2 The annual subscription shall be due and payable on the 1st day of July of each year.
- .3 The General Assembly may from time to time revise the annual subscription fee.
- .4 Whenever there shall be a revision in the annual subscription fee such new subscription shall be payable immediately, or before the next General Assembly.
- .5 The Executive Committee shall determine the service fee to be charged to any body or person who is not a member of the Council for any services rendered to any such body or person by the Council or its Committees.
- 7.0 GENERAL AND SPECIAL ASSEMBLIES

7.1 The General Assembly

- .1.1 The General Assembly is the supreme authority of the Council and shall be held once in every year at a time and place as shall be decided upon by the Executive Committee.
- .1.2 The General Assembly is convened by the Chairperson, by giving fifty six (56) days notice in writing to each member of the Council. Such notice shall be sent out together with the agenda of the business to be carried out at the General Assembly as well as a written request for additional agenda items, if any, from members.
- .1.3 The General Assembly is composed of all members of the Council as defined under Rule 4.1 of these Rules and Regulations.
- .1.4 Additional agenda items from members (as referred to in Rule 7.1.2) shall be sent to the Chief Executive Officer not later than twenty-eight (28) days before the General Assembly.
- .1.5 If the Chairperson deems it necessary, an amended agenda incorporating

2

but such body or ' -son shall have no voting right'

7.2

The Powers and Functions of the General Assembly

The General Assembly has the following powers:

- To conduct any business, including laying down the policy of the Council and giving directions regarding the organisation of the Council;
- (2) To review the functions and policies of the Council;
- (3) To consider how to further the objectives of the Council;
- (4) To regulate the proceedings of the General Assembly;
- (5) To make amendments to these Rules and Regulations, whenever necessary, and in accordance with the provisions herein;
- (6) To elect the members of the Executive Committee;
- (7) To elect the Chairperson of the Council;
- (8) To elect the Chairperson, Treasurer and Vice-Treasurer from the members of the Executive Committee;
- (9) To elect the members of the Regulatory Commitee;
- (10) To elect seven (7) persons from the Executive Committee for recommendation to the Minister for their appointment as representatives of the Council within the Board: Provided that the Vice-chairperson, the Treasurer, the Vice-treasurer and the Executive Director shall not qualify for election;
- (11) To elect from the names of persons presented to it by the Executive Committee five persons to the Board of Trustees;
- (12) To approve all financial and technical reports as well as estimates and work programmes presented to it.

7.3 The Special Assembly

- .3.1 A Special Assembly shall be convened by the Chairperson on the directions of the Executive Committee or at the written request of not less than fifty (50) of the fully paid up members of the Council. Each of the fifty must sign such requisition, but the Chairperson is not required to act on the requisition of members unless and until the sum of KShs 25,000 is paid to the Treasurer towards the cost of convening the meeting. This sum shall be paid by the Treasurer into the general funds of the Council and is not under any circumstance refundable.
- .3.2 The Special Assembly has all the powers of the General Assembly and is governed by the same Rules and Regulations on its composition as those that govern the General Assembly.
- .3.3 The Special Assembly shall be convened by the Chairperson, giving not less than fourteen (14) days notice in writing to all members. The notice shall be sent out to all members together with an agenda prepared by the body requisitioning the Special Assembly.
- .3.4 If for any reason the Chairperson, upon a requisition of members or the Executive Committee, fails to convene a Special Assembly, the body requisitioning such an assembly has the right to nominate a person to convene such an assembly.

4

.2.5 The Executiv Committee shall meet at least o before every Board moleting.

- .2.6 Between meetings of the General Assembly, the Executive Committee shall interpret these Rules and Regulations and the Code of Conduct of the Council when necessary, and determine any point on which they are silent or ambiguous.
- .2.7 Any member of the Executive Committee must vacate his or her seat upon his or her absence from three (3) consecutive meetings of the Committee without first obtaining the Chairperson's permission. Permission shall not be unreasonably withheld. In the event of such a member of the Executive Committe being a representative of the Council on the Board he/she shall forthwith tender his/her resignation to the Minister. Any such member who fails to tender such resignation he/she shall be liable to disciplinary action under these Rules and Regulations.
- .2.8 Decisions of the Executive Committee shall be binding on all members. However, if any such decision directly affects the rights and/or privileges of any member or group of members, such member or group of members can appeal against it in writing to the next General Assembly within thirty (30) days of receiving it.
- .2.9 The Executive Committee must notify any member or group of members affected by such a decision, within fourteen (14) days of its having been made.

8.3 Powers and Functions of the Executive Committee

The Executive Committee has the following functions:

- To propose policy positions to the General Assembly and to implement the policies and decisions made by the General Assembly;
- (2) To implement, further and facilitate the functions and objectives of the Council as laid down by the General Assembly;
- (3) To supervise the affairs of the Council;
- (4) To appoint senior members of staff of the Secretariat;
- (5) To define the duties and determine the renumeration of the Chief Executive Officer and the said members of staff;
- (6) To tender to the General Assembly names of seven (7) persons for election by the General Assembly of five trustees;
- (7) To appoint the Chief Executive Officer;
- (8) To supervise the activities of the Chief Executive Officer;
- (9) To set up task forces and Sub-committees as necessary to deal with specific issues pertaining to the functions of the Council and to co opt such individuals as shall have the requisite expertise into such task forces or Sub-committees.

8.4 The Finance and Administration Sub-committee

This Committee shall:

- Before the commencement of the financial year, prepare estimates of the revenue and expenditure for that year;
- (2) Set up proper administrative structures for the Secretariat;

special assemblies of the Council.

10.0 THE BOARD OF TRUSTEES

There shall be a Board of Trustees.

- 10.1 Composition of the Board of Trustees
 - .1.1 The Board of Trustees shall consist of five (5) persons not being members of the Executive Committee who shall hold office for a period of three (3) years.
- 10.2 Functions of the Board of Trustees
 - .2.1 The functions of the Board of Trustees shall be:
 - To invest Council funds within the criteria laid down by the General Assembly;
 - (2) To liaise with the Treasurer in their execution of the said function.

11.0 COUNCIL OFFICIALS AND THEIR FUNCTIONS

The chief officials of the Council shall be:

- (1) Chairperson
- (2) Vice-chairperson
- (3) Treasurer
- (4) Vice-treasurer
- (5) Chief Executive Officer

11.1 ... The Chairperson

.1.1 The Chairperson shall preside at all assemblies, meetings and conferences at which he or she is present. He or she shall enforce observation of the Council's Rules and Regulations and performs such duties as

of the Council's Rules and Regulations and performs such duties as by usage and custom pertain to the office of the Chairperson. In the

case of an equality of vote at any meeting, the Chairperson shall have a casting vote.

.2 The Chairperson shall (in the event of the Bureau not submitting) furnish to the Secretariat of the Council documentation on the deliberations of the NGOs Co-ordination Board.

11.2 The Vice-chairperson

In the absence of the Chairperson the Vice-chairperson shall convene all assemblies, meetings and conferences. He or she shall preside at all conferences, meetings and assemblies in the absence of the Chairperson and has the same powers as the Chairperson while doing so. If for any reason the Chairperson or the Vice-chairperson are unable to chair a properly convened and constituted meeting, conference or assembly, the delegates attending such conference meeting or assembly shall have the right to appoint an ad hoc Chairperson.

11.3 The Treasurer

.2.1

.3.1 The Treasurer, through the Secretariat, shall receive and disburse, under the direction of the Executive Committee, all moneys belonging to the Council. The Treasurer shall obtain receipts for all moneys

8

.6.11 Any official of the Council or member of the Board of Trustees may resign at any time by giving written notice of the resignation to the Executive imittee. His or her office shall be deemed to have become vacant on, but not before, the acceptance of his resignation by the Executive Committee.

12.0 ELECTION TO THE EXECUTIVE COMMITTEE OR THE REGULATORY COMMITTEE

- .1 No person shall be qualified for election as a member of the executive or the Regulatory Committees unless they are proposed and seconded by members of the Council and their consent to accept such office is signified by them prior to or at the time of election.
- .2 Not less than fifty-six (56) days before the General Assembly the Chief Executive Officer shall, by a notice sent to all members of the Council, announce the number of vacancies and invite the nomination of candidates for election as members of the Executive Committee and the Regulatory Committee.
- .3 Such notice shall specify a date (known as the latest date of nomination) not less than thirty (30) days before the date of the General Assembly.
- .4 Every nomination shall specify the full name and address of the candidate, the name of his or her member NGO, and the name of the member NGO of the person proposing the candidate.
 - If the number of candidates nominated for any vacancies does not exceed the number of vacancies the persons nominated shall be declared elected at the General Assembly. If the number of candidates nominated exceeds the number of vacancies an election by secret ballot shall be held. In the event the number of candidates nominated are less than the vacancies, nominations shall be invited from the floor. Members of the Council proposing prospective candidates shall ensure from the documentation made available by the Secretariat that such candidates allowed only with the consent of a simple majority of the members attending the General or Special Assembly.
- .6 The ballot paper shall be in the form directed by the Executive Committee.
 - The procedure for dealing with the voting papers is as follows:
 - A delegate elected by the General Assembly by a show of hands shall be the scrutineer; he or she shall receive and examine the voting papers and certify the result of the poll;
 - (2) As soon as the result of the poll has been ascertained, the scrutineer_shall read it out to the General Assembly and declare the candidates with the leading votes in regard to each vacancy to be elected.
 - In the event of a vacancy created by the death, resignation or removal from office of an official, the Executive Committee may appoint a person to fill in such a vacancy for the duration of the remaining term.
- 13.0 OBLIGATIONS TO COUNCIL OF ITS REPRESENTATIVES ON THE BOARD
 - .1 The obligations shall be:

.5

.7

.8

 To further, within the Board, the Council's policies and strategies in regard to the efficient and effective operation of the activities of NGOs;

Investment of Funds

14.2

-

.2.1

Any funds of the Cc cil contributed by members and : required for allocation or application shall on the direction of the Executive Committee be invested in the name of the Council by the trustees in such public stocks, Government securities or any other funds in which trustees may by law invest and as the General Assembly may direct. Funds pending for investment shall be deposited at a bank by the trustees in the name of the Council in an interest earning account.

14.3 Inspection of Books of Account

.3.1 All books of account and other official records of the Council are open to inspection at the Council's offices during ordinary working hours by any member of the Council. However, Members must give at least forty eight (48) hours written notice to the Chief Executive Officer.

15.0 REGULATORY ACTION

- 15.1 In Regard to Officials
 - .1.1 All members of the Executive Committee, other Committees referred to here, and the Board of Trustees, are subject to regulatory action under this part if any of them infringes any of the provisions of these Rules and Regulations or does not comply with the provisions laid down in the Code of Conduct.
 - .1.2 The Regulatory Committee may summon him or her to explain his or her conduct.
 - .1.3 In the event of the Regulatory Committee being satisfied that an official has acted wrongly the Committee may take the following steps:
 - The official may be warned;
 - (2) The official may be removed from office and barred from holding or being eligible for any office in the Council for a given period.
 - .1.4 Any person against whom any of the above actions has been taken shall have a right of appeal to the first General Assembly or Special Assembly following such action by the Regulatory Committee.
 - .1.5 Notice of appeal must be forwarded or handed over to the Chief Executive Officer in writing within fourteen (14) days of the date on which the decision of the Regulatory Committee was communicated to the person concerned.
 - .1.6 No action shall be taken against any person under Rule 15.1.3 above unless the person has been given an opportunity to state his or her case either orally or in writing at a meeting of the Regulatory Committee. He or she must have received notice of this meeting not less than seven (7) days before, in writing. Such notice shall include the details of the allegations with which the official is charged.
 - .1.7 A person who has stated his or her case before the Regulatory Committee in accordance with these Rules and Regulations but is dissatisfied with the decision of the Regulatory Committee and has lodged an appeal in the manner provided, has the right to restate his or her case before the General Assembly for consideration.

.1.8 A person appearing before the Regulatory Committee or the General

12

TO COUNCIL CODE OF CONDUCT

797

Kenya Gazette Supplement No. 59

(Legislative Supplement No. 42)

LEGAL NOTICE No. 306

THE NON-GOVERNMENTAL ORGANIZATIONS CO-ORDINATION ACT (No. 19 of 1990)

IN EXERCISE of the powers conferred by section 24 of the Non-Governmental Organization Co-ordination Act, 1990, the Council, with the approval of the Board, makes the following Code:—

THE NON-GOVERNMENTAL ORGANIZATIONS COUNCIL CODE OF CONDUCT, 1995

PART I-PRELIMINARY

1. This Code may be cited as the Non-Governmental Citation. Organizations Council Code of Conduct, 1995.

2. (1) This Code shall be read and interpreted in conjunction with the Rules and Regulations.

(2) In this Code, unless the context otherwise requires-

"advocate" has the meaning assigned to it in section 2 of the Advocates Act;

"Board of Trustees" means the Board of Trustees of the Council established under the Rules and Regulations;

"Chief Executive Officer" means the chief executive officer of the Council;

"Code" means the Non-Governmental Organizations Council Code of Conduct, 1995;

"Committee" means the Regulatory Committee of the Council established by regulation 15;

"co-operation" means solidarity, participation and collaboration within the Council and with other organizations;

"Executive Committee" means the Executive Committee of the Council established under the Rules and Regulations;

"Council" means the National Council of Non-Governmental Organizations established under section 23 of the Act;

"General Assembly" means the General Assembly of the Council established under the Rules and Regulations;

"justice" means the achievement of social equity, equality and harmony;

"organization" means a Non-Governmental Organization within the meaning of section 2 of the Act;

"probity" means the exercise of responsibility, accountability, trustworthiness and integrity;

Cap. 16.

Interpretation.

8th September, 1995

"prudence" means linking action, knowledge, foresight and reflection;

"respect" means the recognition of the rights, dignity and potentiality of others;

"Rules and Regulations" means the <u>Rules and Regulations</u> of the <u>Council approved</u> by the General Assembly on the 15th July, 1993;

"Secretary" means the Secretary to the Committee;

"self-regulation" means the exercise of autonomy, observance of stability and the practice of adaptability; and

"service" means the spirit of voluntariness, benevolence and care.

PART II-APPLICATION OF CODE

Application.

Acquaintance with the Code.

Organizations

3. This Code is an expression of the ethos of every registered organization and shall apply and be observed by all registered organizations.

4. Every registered organization shall make itself acquainted with the provisions of this Code.

5. Each registered organization shall ensure that at least one copy of this Code is kept in its registered office for use by its officials.

6. An organization which fails to comply with any provisions of this Code is in breach of the Code and liable to regulatory action under Part V.

PART III-CONDUCT OF ORGANIZATIONS

7. In the performance of its functions, every registered organization shall observe the cardinal values of probity, selfregulation, justice, service, co-operation, prudence and respect.

8. In the observance of the probity, an organization shall-

- (a) perform its duties incorruptibly;
- (b) not abuse any privilege availed to it;
- (c) not solicit or accept gifts, rewards or any advantage, whether pecuniary or otherwise, from any person as an inducement to do anything in its official capacity or to grant any favour to any person;
- (d) at all times avoid any conflict between official and private interests;
- (e) immediately upon-
 - (i) being wound up; or
 - (ii) being subject to winding-up or bankruptcy proceedings; or

to keep copies of Code.

Non-compliance with Code to constitute breach of Code.

Observance of cardinal values.

Probity.

Kenya Subsidiary Legislation, 1995

- (iii) being subject of a receiving order; or
- (iv) presenting a creditor's petition to a court, report such fact in writing to the Chief Executive Officer:
- (f) be honest and impartial in all dealings with people.

9. In the observance of self-regulation, an organization shall-

- (a) strive for self-determination:
- (b) appraise and evaluate its conduct periodically;
- (c) be open to learning and change; and
- (d) be self-reliant and vigilant.
- 10. In the observance of justice, an organization shall-
- (a) recognize and uphold the rights of all and particularly of the disadvantaged;
- (b) practice fairness and equality in all its operations;
- (c) ensure equality of opportunity for all regardless of nationality, ethnic background, gender, religion or creed;
- (d) ensure that its actions are need-oriented, impartial and just;
- (e) adhere to and uphold the rule of law.
- 11. In the observance of service, an organization shall-Service.
- (a) render service to all who fall within its mandate and particularly the needy;
- (b) strive to improve the service rendered to people;
- (c) strive to fulfil unmet basic needs:
- (d) promote community organization and participation;
- (e) undertake public education and information dissemination:
- (f) foster opportunities for those being served to influence both the type and delivery of service.

12. In the observance of co-operation, an organization shall-

- (a) share information and experiences;
- (b) encourage the sharing of activities and co-ordination through participation;
- (c) promote the sharing of resources with other organizations;

Selfregulation.

Justice.

Kenya Subsidiary Legislation, 1995

(d) strive for unity, collaboration, reciprocity and teamwork;

(e) resolve conflicts amicably;

(f) avoid unproductive duplication of activities.

Prudence.

13. In the observance of prudence, an organization shall—(a) take well-informed and judicious decisions;

- (b) give priority to careful and good management practices;
- (c) encourage innovation and creativity and act with care and precision;
- (d) contribute towards a healthy human and natural environment;
- (c) exercise and encourage stewardship in the management or use of resources.

Respect.

- 14. In the observance of respect, an organization shall-
- \Rightarrow (a) observe the integrity, national security and sovereignty of the Republic of Kenya;
 - (b) be prompt and courteous in all communication with the public;
 - (c) uphold the rights of others;
 - (d) trust other organizations and act in good faith and good-will;
- \rightarrow (e) observe the national and international policies of the Government of the Republic of Kenya.

PART IV-THE REGULATORY COMMITTEE

15. (1) There is established a committee to be known as the Regulatory Committee which shall consist of—

- (a) the chairperson of the Executive Committee who shall be the chairperson;
 - (b) an advocate of not less than ten years standing elected from amongst three persons nominated by the Law Society of Kenya;
 - (c) one person elected from amongst the members of the Board of Trustees;
 - (d) four persons elected from amongst the members present at a General Assembly;
 - (e) the Chief Executive Officer who shall be an ex officio member and secretary to the committee.

(2) During the absence for any reason of any of its elected members, the Committee may nominate any person qualified for election as a member to act as a temporary member.

Establishment of the Committee. (3) During the absence for any reason of the chairperson or the secretary, the Committee shall elect any one of its members to act as temporary chairperson or secretary as the case may be.

(4) During the absence for any reason of the advocate, the Committee shall, after consultations with the chairman for the time being of the Law Society of Kenya, nominate another advocate of equal standing to act as a temporary member.

16. (1) The Committee shall sit as a committee of either five or seven members, and shall require the presence of the advocate at all its sittings.

(2) The Chairperson of the Executive Committee shall preside at all meetings of the Committee at which he is present.

(3) Any member of the Committee who has or may have an interest in any matter brought before the Committee shall declare such interest to the secretary prior to deliberations on the matter and shall not participate in such deliberations in any manner.

(4) For the purpose of any application or complaint or matter brought before the Committee under this Code, the Committee may take evidence on oath or affirmation, and any party to the proceedings may take out summons to give evidence or produce documents, but no person shall be compelled under such summons to produce any document which he could not legally be compelled to produce at the trial of a suit.

(5) The Committee may make rules for regulating the making to it and the hearing and determination by it of applications and complaints under this Code.

17. The Regulatory Committee shall-

ſ

- (a) promete and maintain adherence to the Rules and Regulations;
- (b) review the Code from time to time and propose any necessary amendments to the General Assembly;
- (c) define and review the criteria for support by the Council of applications by potential members for registration under the Act;
- (d) define and review the criteria for support by the Council of applications by its members with regard to work permits, duties and tariffs;
- (e) compile reports for the General Assembly recommending cancellation or suspension of certificates of registration of organizations under section 16 of the Act;
- (f) consider and determine any application, complaint or matter brought before it under this Code, the Rules and Regulations or the Act;

and procedure of Committee.

Meetings

Functions of Committee.

Kenya Subsidiary Legislation, 1995

- (g) carry out such functions as are authorized by this Code, the Rules and Regulations or by any other written law;
- (h) carry out such additional functions as the General Assembly may, from time to time direct.

PART V-REGULATION OF ORGANIZATIONS

18. Every registered organization shall be subject to the jurisdiction of the Committee.

19. (1) A complaint against a registered organization for breach of this Code may be made to the Committee by any person.

(2) A complaint under subparagraph (1) shall be in writing and shall set out in detail the particulars of the alleged breach.

20. (1) Subject to subparagraph (2), where a complaint is made under this Part, the Committee shall give the organization against which the complaint is made an opportunity to appear before it and shall furnish it with a copy of the complaint and of any evidence in support thereof and shall give it an opportunity of inspecting any relevant documents, not less than seven days before the date fixed for the hearing:

Provided that where in the opinion of the Committee the complaint does not disclose any prima facie breach of this Code, the Committee may at any stage of the proceedings dismiss the complaint without requiring the organization to answer any allegations made against it and without hearing the complaint.

(2) The Committee may at any stage of the proceedings refer any complaint before it to the General Assembly for decision.

(3) All complaints before the Committee shall be heard in camera.

(4) After hearing the complaint and the organization to whom it relates, if it wishes to be heard, and considering the evidence adduced, the Committee may order that the complaint be dismissed or, if of the opinion that a breach of the Code on the part of the organization has been established, the Committee may—

(a) order that the organization be admonished; or

(b) recommend to the Board that the certificate of registration of the organization be cancelled or suspended under section 16 of the Act.

(5) Where the person directly responsible for a breach of the Code is a member, employee or agent of the organization, the Committee may recommend to the General Assembly that the organization take appropriate action against the person and notify the Council of the action taken.

Jurisdiction of Committee.

Complaints against organizations.

Procedure for dealing with complaints. (6) Where a person responsible for a breach of the Code holds or is eligible to hold office in the Council, the Committee may order that the person be removed or barred from holding office in the Council for a period not exceeding five years.

(7) On the termination of the hearing of a complaint, the Committee shall embody its findings and recommendations in the form of a report which shall be delivered to the Executive Committee, together with the record of the evidence taken and any documents put in evidence.

21. (1) An organization aggrieved by a decision of the Committee under this Part may, within thirty days of the decision, appeal against the decision to the first General Assembly following the decision, by giving notice of the appeal to the Chief Executive Officer.

(2) A notice under subparagraph (1) shall be accompanied by a memorandum setting out the grounds of appeal and shall be submitted to the Chief Executive Officer within fourteen days of the date on which the Committee's decision is communicated to the aggrieved organization.

(3) The General Assembly, after considering the organization's submission, the report of the Committee and the memorandum of appeal, and having heard the parties and any witnesses they may wish to call, and after taking any further evidence, if it thinks fit so to do, may—

- (a) refer the report back to the Committee with the directions for its findings on any specified point; or
- (b) confirm, set aside or vary any recommendation made by the Committee or substitute therefor such order as it may think fit.

(4) If upon hearing the appeal the General Assembly is equally divided, the complaint shall stand dismissed as against the organization.

(5) An appeal under this paragraph shall suspend the effect or stay the execution of the order appealed against until the appeal is finally determined.

(6) Subject to subparagraph (4), the decisions of the General Assembly shall be final.

(7) Every recommendation or order by the Committee and every order by the General Assembly, as the case may be, shall be filed on a file to be kept for that purpose, by the Chief Executive Officer who shall also cause a certified copy of the recommendation or order to be delivered to the organization to which it relates or be sent by registered post to its last known address.

Appeals.

Powers of the General Assembly. 22. Notwithstanding the powers of the Committee under this part, the General Assembly may, of its own motion, where an organization is in breach of the Code, either independently of any decision taken by the Committee or in addition to or in substitution of such decision—

(a) impose a fine on the organization; or

(b) recommend to the Board that the certificate of registration of the organization be suspended or cancelled.

23. (1) Every report and every recommendation or order made by the Committee under this Part shall be signified under the hand of the Chairman and any report, recommendation or order so signified shall be judicially and officially noticed as such unless and until the contrary is proved.

(2) Subject to subparagraph (1), all rules, certificates, notices and other documents made or issued by the Committee may be signified under the hand of the Secretary or such other person as the Committee may authorize for that purpose.

Made on the 17th December, 1994.

E. ODEMBO, Chairperson, National Council of Non-Governmental Organizations.

Approved on the 17th December, 1994.

J. K. ETEMESI, Chairman, Non-Governmental Organizations Co-ordination Board.

Signification of documents.

PRINTED AND PUPLISHED BY THE GOVERNMENT PRINTER, NAIROBI

LL-IN-1 NOTE

DATE: 30-Jul-1995 08:31am EST

TO: See Distribution Below

FROM: STEPHEN OBRIEN, AF2EA

(STEPHEN OBRIEN@Al@KENYA)

EXT.: 3101

SUBJECT: NGO Outreach (Report for July 1995)

The principal "outreach" to NGOs during the past month was a working lunch with NGOs organized for a group of World Bank Executive Directors and Alternates (representing China, France, Germany, US, UK, Anglophone Africa and Australia/New Zealand). This group visited Kenya during July 19-23 and the working lunch was held on July 20. Some of the EDs had expressed a wish to meet with NGOs involved in small-scale credit schemes for the informal sector, so the meeting was organized around that theme. The NGOs represented included Kenya Rural Enterprise Program, PRIDE, Kenya Women's Finance Trust, Kenya Management Assistance Program, Kenya Water for Health Organization, the Aga Khan Foundation, Action Aid, Catholic Relief Services, the Family Planning Association of Kenya, and the NGO Council.

Other meetings with NGOs during the month included two meetings with Action Aid Kenya, the first a meeting with the Kenya Country Team to discuss areas of possible future collaboration and the second to bid farewell to the outgoing Country Director, Dr. John Batten, and to meet the incoming Director, Mr. Salil Shetty.

As a follow up to earlier discussions with the International Union for the Conservation of Nature, which has recently opened an Eastern Africa Regional Office in Nairobi, Agi Kiss and I paid a visit to the new facilities and met with the Regional Director, Mersie Ejigu, and staff to discuss areas of future collaboration between the Bank (and the GEF) and the IUCN. There are a few areas where we are already working together in Uganda and Tanzania and scope for further collaboration in the sub-region. IUCN is planning a one-day workshop for donors and development agencies in early September to which we have been invited and will attend.

Finally, with one of my staff I visited the Director of the NGO Bureau. This is a Govt. organization set up to register and "guide" NGOS. The NGO act which created it some four years ago was highly controversial and was strongly criticized by NGOS and donors, which led to some modifications of the act. However, there is still considerable tension between the Govt. and NGOS in general, and with the more "political" NGOS in particular. I visited this Bureau to find out exactly how the Govt. feels the situation has evolved over the past four years. Next month I hope to visit the offices and leadership of the NGO council, the umbrella group which has been established to defend NGOs interests.

30-Nov-1995 06:53am

NOTE

TO: JAMES W. ADAMS

(JAMES W. ADAMS@Al@WBWASH)

(STEPHEN OBRIEN@Al@KENYA)

EXT.: 3101

DATE :

FROM:

SUBJECT: NGO Activity Report for November

STEPHEN OBRIEN, AF2EA

NGO contacts in the past month have been focussed on SMEs, our arid lands and drought recovery activities, and the environment.

On SMEs, our HQ and RMEA staff supervising the Micro and Small Enterprise Training and Technology Project have been interacting with NGOS, in conjunction with the Ministry of Research and Technical Training which is managing the project, to incorporate NGOS in the implementation of the project as well as in membership on the Board of Governors of the Project. These consultations included KREP, Pride-Kenya, Pride-Africa and others. (Tomorrow I will be giving a speech about this project to an umbrella NGO, the Small Enterprises Professional Services Organization and other invited NGOS, but that counts in December.)

Our Arid Lands Project team has been meeting with NGOs which are active in the project area (north and northeastern Kenya) and who are possible candidates for direct involvement under the Arid Lands Project scheduled for Board consideration in December. The involved NGOs are Care-Kenya, Catholic Relief Services, Africa Education Fund and Action Nord-Sud.

In the environment field, as a follow-up to the completion of the National Environment Action Plan, we have been working in recent weeks with the NEAP Secretariat to involve NGOs in the development of the NEAP implementation plan. These NGOs include the African Center for Technology Studies, AMREF, KENGO, Climate Network Africa, Kenya Wetlands Group, Wildlife Clubs of Kenya, CARE International, East African Wildlife Society, the Environmental Liaison Centre, and the African Conservation Centre.

We are also progressing in the selection of an NGO liaison officer. The position description has been graded by HQ and we have narrowed the candidate list from 1500 to 8, who will be interviewed next week. We have invited the Chairman of the Kenyan NGO Council to be a member of our interview/selection panel and he has accepted.

CC: EDWARD V.K. JAYCOX CC: STEPHEN DENNING CC: DUNSTAN M. WAI CC: CHARLOTTE JONES-CARROLL (EDWARD V.K. JAYCOX@Al@WBWASH)
(STEPHEN DENNING@Al@WBWASH)
(DUNSTAN M. WAI@Al@WBWASH)
(CHARLOTTE JONES-CARROLL@Al@WBHQB)

ALL-IN-1 NOTE

DATE: 22-Dec-1995 09:48am

TO: JAMES W. ADAMS

FROM: RICHARD ANSON, AF2EA

(JAMES W. ADAMS@Al@WBWASH)

(RICHARD ANSON@Al@KENYA)

EXT.:

SUBJECT: RE: NGO Outreach by RMEA (Report for December, 1995)

1. During December the main RMEA NGO outreach activities followed-up on recent efforts, particularly with regards to finalizing the recruitment of the NGO liaison/participation officer and convening meetings with selected NGOs to promote their operational participation in Bank-supported activities.

2. Recruitment of NGO Liaison/Participation Officer: Based on local advertising (late Aug.), RMEA received about 1,500 applicants for this newly created position. After a careful screening of candidates and a panel interview (including participation of the head of Kenya's private sector NGO council) of a short list of candidates, in mid-Dec. a consensus choice was reached. Dr. Nyambura Githagui accepted the offer (1 year contract, subject to renewal), and has agreed to begin her challenging assignment on February 1, 1996. She was selected based on her strengths of having a unique combination of qualities, including: an impressive academic background, diverse practicial work experience involving community/participatory development, NGOs and government activities, and a strategic approach to developmental issues. She currently is the Assist. Country Rep. for Catholic Relief Services. Her initial TOR will be to help establish and maintain effective relations with the Kenya NGO community and to promote more systematic beneficiary participation in the Bank's assistance program in Kenya (with a focus on a large project portfolio, but also promoting beneficiary participation in ESW and policy-dialogue). RMEA staff will support efforts to fully integrate her in the Bank's operational work.

3. <u>NGO Meetings:</u> There were 3 meetings with selected NGOs which aimed at promoting greater Bank/NGO collaboration at the operational level. First, C. Cornelius and I met with the "<u>Bank</u> <u>Monitoring Unit</u>" (comprising a consortium of NGOs focusing on WB and ADB). Various follow-up actions were agreed: to share more info on Bank operations, to undertake joint field visits, to nourish close collaboration with N. Githagui, to table NGO concerns in a monthly donor meeting. C. Cornelius also met with two NGOs to discuss ways of collaborating with the Bank (a) <u>Institute of</u> <u>Cultural Affairs</u>, which focuses on community development, and is a potential collaborator in providing training; (b) <u>Winrock's Women</u> <u>in Agriculture and Environment Program Annual Meeting</u>, which highlighted opportunities for addressing women's roles through Eank-supported research, extension and environmental activities.

ALL-IN-1 NOTE

1

DATE: 31-Jan-1996 11:18am

TO: JAMES W. ADAMS

FROM: STEPHEN OBRIEN, AF2EA

(JAMES W. ADAMS@Al@WBWASH)

(STEPHEN OBRIEN@Al@KENYA)

EXT.: 3101

SUBJECT: NGO Activity Report for January 1996

We had considerable involvement with environmental NGOs during the past month in connection with the mid-term review of the PAWS (Protected Areas and Wildlife Services) project. (This project involves the Bank and EC and six bilateral donors - all are participating in the review.) The Bank convened a meeting with many of the important conservation NGOs and KWS (Kenya Wildlife Service) to discuss KWS' role, its responsibilities and performance in environmental and wildlife conservation, community wildlife management, and the role of NGOs in assisting KWS on programs of mutual interest. NGOs included were IUCN, Africa 2000 Network, African Center for Technology Studies, Wildlife Conservation International, Wildlife Clubs of Kenya, East African Wildlife Society, World Wildlife Fund, African Wildlife Fund, and Climate Network Africa. Also in connection with the mid-term review the Bank organized and hosted a brown-bag lunch seminar on wildlife policy in Kenya addressed by Dr. Michael Norton-Griffiths, formerly of UNEP. Many NGOs were invited and the conference room was filled to over-capacity.

During the visit of Charlotte Jones-Carroll we organized certain NGO contacts in the health and family planning fields, including a luncheon which brought together officials from the Ministry of Health and the heads of the Family Planning Association of Kenya and the Kenya Freedom from Hunger Council, and also field visits to NGO-run family planning clinics.

Because of the prior contacts which we have developed with the National Council of NGOs in Kenya (the umbrella organization which looks after the interests of all active NGOs in the country) I was invited to address the 8th General Assembly of the Council earlier this month. I was the chief presenter on a panel discussion on gender and governance which opened the meeting of several hundred NGO representatives. I made a presentation on gender issues in development, drawing heavily on the UNDP Human Development Report for 1995 and the Bank's Poverty Assessment for Kenya which contains many important analyses of gender issues in this country. One of the two discussants (both women) chose to speak also on gender issues but the other chose to ignore gender entirely and present the case for "50 years is enough." This led to interesting questions from the floor and a chance to respond on some of the extreme charges leveled against structural adjustment programs.

KENYA

ALL-IN-1 NOTE

DATE: 28-Feb-1996 08:15am

TO: JAMES W. ADAMS

(JAMES W. ADAMS@A1@WBWASH)

FROM: STEPHEN OBRIEN, AF2EA

(STEPHEN OBRIEN@Al@KENYA)

EXT.: 3101

SUBJECT: NGO Activity Report for February 1996

We did not organize general RMEA/NGO meetings during the month of February, but there was considerable activity at the project and sectoral level.

The Nairobi-based WB/UNDP Regional Water and Sanitation Group (RWSG) brought eleven managers from the Ethiopian Social Rehabilitation and Development Fund project and the Addis Ababa Second Urban project to Kenya for a five-day study tour of community-based, self-help (harambee) water and school projects. The principal interlocutor on the Kenyan side was NETWAS (the Network for Water and Sanitation) established in 1986 under UNDP and World Bank sponsorship, and officially registered as an NGO in 1994. The local manager of RWSG, Tore Lium, is also chairman of the NETWAS Council. Other local NGOs involved in this study tour were KWAHO (Kenya Water for Health Organization) and the Catholic Archdiocese of Nairobi.

During the visit of the US GAO audit team earlier this month we organized visits for the team and Bank staff to various NGOs, including the Family Life Foundation which is providing integrated health services in Nairobi slum areas financed by the Bank, the Family Planning Association of Kenya (FPAK) which provides integrated family planning services with Bank support, and community health centers in rural centers.

During the supervision missions for the Health Rehabilitation and Population projects meetings were held with the eight NGOs involved in the implementation of these projects. An even larger number of NGOs which will be involved in the implementation of the STI/AIDS project were involved in the week-long project launch workshop for this project. The Early Childhood Development project appraisal mission worked closely throughout the appraisal project with various NGOs already involved in running ECD centers, but in particularly close collaboration with the Aga Khan Foundation and CARE Kenya which will be co-financing partners in this project.

During supervision visits to Northern Kenya for the EDRP and ALP projects the supervision team worked closely with NGOs undertaking community development, veterinary and health care projects in pastoralist communities.

Finally, our new NGO Liaison/Participatory Development

Officer, Ms. Nyambura Githagui, officially joined our staff on Feb. 20. This week she is attending the Bank/NGO conference in Accra.

CC: JOHN D. CLARK

- CC: STEEN JORGENSEN
- CC: MICHEL POMMIER
- CC: BARBARA ESCHENBACH
- CC: CHARLOTTE JONES-CARROLL
- CC: DUNSTAN M. WAI
- CC: STEPHEN DENNING
- CC: EDWARD V.K. JAYCOX

(JOHN D. CLARK@Al@WBHQB)
(STEEN JORGENSEN@Al@WBWASH)
(MICHEL POMMIER@Al@WBWASH)
(BARBARA ESCHENBACH@Al@WBWASH)
(CHARLOTTE JONES-CARROLL@Al@WBHQB)
(DUNSTAN M. WAI@Al@WBWASH)
(STEPHEN DENNING@Al@WBWASH)
(EDWARD V.K. JAYCOX@Al@WBWASH)

The World Bank/IFC/MIGA OFFICE MEMORANDUM

DATE: January 2, 1997 10:14am EST

TO: ROGER SULLIVAN

(ROGER SULLIVAN@A1@WBWASH)

FROM: NYAMBURA GITHAGUI, AFMKE

(NYAMBURA GITHAGUI@A1@KENYA)

EXT.:

SUBJECT: Quarterly Kenya NGO Activity Report - October 1 - December 31,1996

Interaction with NGO sector: As part of the familiarization program, the World Bank Kenya Country Director visited projects in various parts of Kenya. Among these were the community-based wildlife tourism and health projects. In these two visits, the Country Director held discussions with community-based groups.

The NGO/Bank working group held a meeting November. This meeting focused on the analysis of the current Kenya CAS. The group emphasized the need for the Bank to provide NGOs with a clear time-table for the ESW/CAS. In his address to the group, the Kenya Country Director expressed his support and commitment to ensuring that the NGO sector, other civil society institutions and communities participate and input in the Kenya CAS. FIAHS resources are being sought to facilitate this process.

<u>Support to Bank project work</u>: Several projects will have significant NGO participation in their implementation. In preparation for contracting NGOs, the Early Childhood Development (ECD) project team held a pre-proposal conference with NGOs--shortlisted for implementation of this project. This was meant to assist the NGOs have a clear understanding of the project. NGOs asked questions about their contributions, beneficiary selection and adequacy of funds in relation to the geographical coverage of the project.

NGO consultation meeting on the Protected Areas and Wildlife Service (PAWS) project implemented by the Kenya Wildlife Service(KWS) was held in the World Bank offices during the last PAWS supervision mission. In addition, KWS was persuaded to hold a stakeholder consultation on the draft Wildlife Policy and Bill. It turned out that international as well as the indigenous conservation groups were opposed to some aspects of the Bill--particularly where KWS is trying to be controlling and top-down in its relationships with the communities and NGOs.

<u>Support to NGOs</u>: The National Council of NGOs was invited to address the Monthly Donors' Meeting at the World bank offices. The Chairman of the Council presented the Council's Strategic Plan 1997-2000 and the Code of Conduct for NGOs. This presentation generated interesting discussions with the donors some of whom had not interacted with the Council in this manner.

THE SOCIAL DIMENSIONS OF DEVELOPMENT PROGRAM

SUMMARY OF THE NGO COUNCIL RESPONSE

Introduction

Concerns with increasing poverty and governance in sub-Saharan Africa have led to Structural Adjustment programs and conditionalities attached to aid funds in order to promote democratization and respect for human rights. It is arguable whether these measures have succeeded over the past ten years.

The World Bank and the 'Paris Club' have pushed SAPs and other economic stabilization programs, leading to severe adverse effects on the poor and the most vulnerable in the society. The donor response to this has been to promote poverty alleviating measures under the Social Dimensions of Adjustment (SDA). Hence the World Bank and the external donor community continue to maintain faith in both.

The Kenya Government response is contained in the Social Dimensions of Development Initiative (SDD) as a showcase attempt to target poverty reduction. Within the SDD programme framework, the Government, in principle, recognizes that the fight against poverty must be waged with the informed consent and involvement of the efforts of different stakeholders such as NGOs, the corporate sector, Government, international partners and local communities.

The role that government has identified for itself is to establish and **sustain an enabling policy environment for private initiative**. The government is also supposed to ensure a **dynamic and interactive programme** where all key stakeholders **effectively participate** in **conceptualization**, **implementation**, **and monitoring/evaluation**.

Government has itself identified and discussed weaknesses in the SDD policy framework, implementation mechanisms, participation and poverty targetting process, funding channels, information dissemination as well as weak capacity of all stakeholders. These concerns have also been raised by the NGO sector and donor community. As a result, SDD has not yet fully taken off. Government commitment has not been reflected in budgetary support (as in the case of the National Youth Development fund), donor response is very weak, NGO engagement is not a reality, corporate sector participation is non existent and the public knowledge restricted to the rumour mill.

The NGO Council is committed to participating in the poverty eradication strategies of government as it is a central concern of the sector as well. The recently concluded SDD conference and subsequent discussion and assessment by NGOs of the SDD and other national social policy positions propels the NGO Council to raise the following fundamental principles, issues and concerns around which meaningful success of the SDD initiative can be guaranteed.

I: POLICY AND PROGRAMME FRAMEWORK

1.1 SDD can only be a component of a larger anti-poverty plan aimed at identifying the root causes of poverty and subsequent eradication strategies. This has been recognized by government (President Moi on Kenyatta Day) but the overarching policy either does not exist or has not yet been unveiled.

1

1.0 BACKGROUND AND INTRODUCTION

The World Summit for Social Development 1994, the Women Conference in Beijing, Habitat II Conference and the World Bank's Social Dimensions of Structural Adjustments, all starkly highlighted poverty concerns particularly in Sub-Saharan Africa. Shortly after the 1994 World Summit for Social Development (SDD) approach to poverty reduction. The SDD programme was therefore initiated as part of the targeted poverty interventions as a response to the adverse effects of the implementation of Structural Adjustment Programmes (SAPs) and economic, stabilization programmes on the poor and the most vulnerable in the society.

Within the SDD programme framework entitled "Social Dimensions of Development Revised Approach to Human-Centred Development and Targeted Poverty Interventions" the Government recognises that the fight against poverty must be waged connectedly through the efforts of different stakeholders such as NGOs, Private Sector, Government, International Partners and local communities.

The Policy thrust is to sight poverty through sustained economic growth with the private sector being the engine for growth and employment generation. The role of the government in the process is identified as being primary to establish and sustain an enabling policy environment for private initiative. The government is also supposed to ensure a dynamic and interactive programme where all key stakeholders effectively participate in conceptualisation, implementation, and monitoring/evaluation. Thus under the SDD Programme framework, NGOs are expected to perform the following functions:

- Provide advisory skills to the government and other stakeholders
- Act as watchdogs on behalf of the community.

• Act as a channel through which other voluntary sector agencies link and interact with local grassroots communities and other stakeholders.

- Act as direct recipients of funding or resources meant for SDD programmes
- Participate in designing, implementing, monitoring and evaluating SDD projects.

• Provide opportunity for NGOs to bring the voice of the poor to the policy making process on critical social, economic and political issues.

Also prominent within the policy framework is the consideration of the District Focus for Rural Development as the most prominent delivery system for the SDD programme. However, because of the inherent bottlenecks with the DFRD institutional arrangements especially for participation, the strategy is to review and streamline the District Focus for Rural Development Institutional Frameworks to make them more responsive, facilitative, accessible and participatory both in content and outlook to all the stakeholders.

How successfully the SDD process will be executed, shall be largely determined by how well the stakeholders and especially the poor and vulnerable members of society are enabled to influence and share decision making, resource allocation and the control of development initiatives.

Given the rather poor record of poverty reduction programmes in the country and the preelection timing of SDD proposal it is very crucial that the government provides clear information to the public ad civil servants. Right now there seems to be considerable confusion on various counts and information that is not clear in as far as NGO engagement is concerned. Different parties are grappling with the SDD idea, the concept

1

behind it and the modalities of its operations. The SDD tune and rhythm has not filtered down to the grassroots.

Despite the information within the SDD programme framework entitled "Social Dimensions of Development a revised approach to Human-Centred Development and Targeted Poverty Interventions, there are many questions from different parties that are still unanswered. What does the government really say about SDD? How do NGOs and the general public understand it? Do we really understand what is SDD? Is there room for us all in it? Can NGOs and village communities really become partners, indeed stakeholders with governments, donors and the private sector?

Does SDD hold the promise of economic emancipation for the poor, the marginalized the vulnerable, the needy? Does it promise real and meaningful and collective participation good governance, widespread respect for human rights, clear information, democracy, accountability and transparency?

It is in the light of these many queries, issues and problems relating to the intended involvement and participation in the SDD programme as one of the key stakeholders that a conference was organised b the National Council of NGOS in Nairobi from 26th-27th September, 1996 with resource persons who would hopefully help us all understand what SDD really is in order to enrich the process for meaningful involvement and participation.

This document gives a summary of suggestions and recommendations on the five major elements of SDD developed in the NGO sector position for successful participation and involvement in the SDD programme.

STRUCTURES OF IMPLEMENTATION

According to the SDD policy docuemnt, implementation will be through existing government administrative network as much as possible. The DFRD administrative structure represents the governments strategy for devolving responsibility for planning and implementation of rural development to the districts. Accordingly "the government will initiate activities to re-orient and harmonize the SDD institutional arrangements in line with the DFRD strategy in order to make the system more participative, responsive and facilitative" (GOK, 1996:). The government expects a revitalized DFRD to provide "an effective mechanism for the planning, implementation, and delivery of SDD services while at the same time permitting the oppoertunity for participation of the beneficiaries. The efficiency and effectiveness of SDD projects will depend on the targeting mechanism" (GOK, 1996:11) In fact the DFRD "will be the main delivery systems with the potential to enhance targertting of the poor.

The SDD policy promises to promote a bottom-up approach, processes and structures in the conceptualization, design, implementation and evaluation of projects. However the reality of the proposed delivery system is that it is predominantly characterised by a tradition of top-down approaches, processes and structures. The impact of the DFRD structues in breaking down the dominance of sectoral, top-own organization is very weak and top-down approaches remain a dominant feature of development planning in Kenya. In terms of objectives, the DFRD has noclearly formulated objectives and terms of action and problems of a political nature abound at the local administrative level. Within the DFRD the proposed vehicle for delivery of the SDD process, there is too much emphasis on services and very little emphasis on people's participation and mobilization in the development process. The DFRD, as practiced in Kenya, promises a participatory, people - centred approach but practises an extremely watered down concept of the same.

We are therefore sugggesting:

• The re-orientation of the existing SDD or DDC structures to maximise full participation of NGOs and communities in project identification, implementation, monitoring and evaluation.

• The establishment of a representative Central Committee at different levels comprising of all the stakeholders to monitor the implementation of SDD programme implementation.

• The establishment of local networks of SDD programme stakeholders to ensure focused implementation, advocate for the communities and to ensure wider participation of the beneficiaries.

• The establishment of independent watchdog units at different levels to monitor accountable and transparent implementation of SDD programme by all stakeholders.

• The creation of liaison structures to ensure collaboration between NGOs and line ministries.

____The creation of independent networks for human rights within the SDD programme to advocate against and protect citizens for oppression and torture.

• Set guidelines and criteria for selecting NGOs to be involved in implementing SDD projects taking into account the geographical spread of NGOs, fields of operation and internal capacities.

• Need to clearly and specifically define different levels of NGOs involvement and participation in SDD programme roles.

• Develop uniform approaches or methodologies to implement SDD projects by different stakeholders.

• Need to develop uniform approach and instruments of identifying needs and projects for implementation by all implementing agencies.

Need to use participatory approaches in project implementation, monitoring and evaluation.

POLICY AND PROGRAMME FRAMEWORK

The policy as outlined in the Government document presents some unrealistic clusters for program formulation. It also does not present a clear definition of the target groups viewed as poor, vulnerable, or disadvantaged. It fails to take cognisance of other policies and legislation that promote or hinder the fight against poverty.

The policy lacks clear strategies on access to productive resources such as land, land use and management, redistribution of productive resources and indigenous resource management structures and mechanisms at the community level. We are therefore suggesting: • The review of the overall national policy framework within which SDD programme is to be implemented to enhance its relevance and feasibility to various stakeholders.

• That a joint comprehensive review of the SDD Programme Framework be undertaken by the government, donors and NGOs to incorporate various suggestions relating to project identification and prioritization, implementation, partnership, monitoring, accountability and evaluation in order to enhance partnership.

• That the six programme clusters be reviewed to reflect the seriousness and aspirations of various stakeholders and to emphasize on productivity rather than poverty as an object.

RESOURCE MOBILIZATION AND ACCOUNTABILITY

In terms of resource mobilization, disbursement of funds and utilization, the policy framework proposes three main alternatives which emphasise direct disbursement of funds by the bilateral anfd multi-lateral donors to the executing agencies, in-house donor management of SDD funds, contributuions from the genral public and private sector to A Common Pool Fund. The financing arrangements are purpoted to be flexible enough to accommodate alternative financing options althouth close liason with the Treasury is considered paramount. However, the "current budgeting system will still be the main chanel for SDD resources" (Government of Kenya, 1996:29). The Government promises to ensure sound continued funding for programmes and projects within the SDD by utilizing resources, effectively, efficiently with the ultimate objective of reaching intended beneficiaries. It makes an undertaking to increase efficiency and timeliness in project implementation by disbursing funds on time. The Government also promises that all programmes and projects will meet the beneficiary participation criteria.

Several things are not clearly outlined. For instance, what is the Government's funding role and obligation in the SDD programme? What are the doonor policies and priorities? Also lacking are clearly defined mechanisms for ensuring multiple accountability among and between the different stakeholders.

If all the stakeholders are to be equal partners in the development process, then they must all play an important role in the mobilisation of both financial resources and in the management of the same. We therefore propose:

That funding negotiations and procedures to be based on the principles of partnership and be developed in consultation with different stakeholders.

That funding agreements and obligations be formally specify the procedures for periodic review, ammendments, settlements of disputes misunderstandings or contract termination.

That measures be put in place to make donors honour their responsibilities and be accountable to their funding beneficiaries.

• Clarification on level and availability of funds for the whole SDD programme and for NGOs.

• Clarification on the amount of funds already disbursed or used, for what puposes and sources.

• The establishment of a Common Trust Fund for SDD programmes which will be accessible to all stakeholders.

• A definition of alternative sources of funds with guidelines of how different stakeholders can resource from those sources.

• The establishment of an independent body (free from the Executive control) comprising of all stakeholders to manage the SDD funds.

• The establishment of a Corporate Social Responsibility Fund which can be supported through special development tax on government, donors, tourists, private (corporate) sector, public transporters, export and import.

• The establishment of set guidelines and conditions of accessing SDD funds by different stakeholders

• Equity and justice to constitute the basic principle of applying SDD resources.

CAPACITY BUILDING

According to the SDD policy document, capacity building and training is crucial for effective SDD implementation. The programme will initiate a comprehensive capacity building exercise. In addition, each of the SDD programmes will have specific capacity building and training components linked to the nature of servics provided by the programme/sub programme for the poor and disadvantaged groups" The Government through the SDD Secretariat will develop guidelines to ensure that appropriate training and capacity building methodologies will be applied. The process will involve the identification of training centres and /or experts who will support the capacity building programmes" (Government of Kenya, 1996; 17)

What is not clear however is where the funds for these essential activities will come from. Will they be budgeted into the total project costs? If so do the existing budgetary estimates for SDD programmes include funding for capacity building and training.

We are therefore suggesting;

• That the capacities of NGOs and CBOs be built to enable them provide advisory services, mobilize funds and conduct proper needs assessment and project profile development.

• That the capacity of all the stakeholders be built to enable them develop skills that will enhance their full participation in the SDD process.

• That paralegal training be provided to based organizations to participate in effecting human rights advocacy.

• That capacity profiles of all NGOs be provided to identify areas of weakness and strengths.

5

• That the National Council of NGOs undertake to hold training sessions for the NGOs to ensure that they have the capacity to engage in SDD and other development fora.

INFORMATION

The Government policy document lacks appropriate systems or mechanisms to disseminate policy information to the grassroots communities and other stakeholders. Hence ignorance of many aspects of policy development. In order to participate adequately and fully in the SDD process, all stakeholders must have access to information that will enable them make informed choices and decisions regarding their participation in the projects desiugned under the SDD projects.

We are therefore suggesting:

• That the opinions, views and suggestions of all the other stakeholders be gathered to improve the SDD policy framework document.

• That a Special information Network on SDD be established under the National Council of NGOs for information gathering, management and dissemination.

• That a database be developed on SDD, outlining who is who, where they are located, what they are doing, how they are doing it, etc.

• That a situation analysis on SDD areas of focus be conducted to be clear on how and what to address.

• That relevant information on prior NGOs experience on SDD related activities be availed for better collaboration and networking.



SOCIAL DIMENSIONS OF DEVELOPMENT (SDD) PROGRAMME

DRAFT

GUIDELINES FOR NGO PARTICIPATION AND INVOLVEMENT

OCTOBER, 1996

P.O. Box48278 Chania Avenue, House # 3 off Ring Road Kilimani (Behind Yaya Centre) Tel. (254-2) 560877, 562323, 562312 Fax. (254-2) 568445 E-mail: ngocouncil@elci.sasa.unon.org NAIROBI - KENYA

1

SOCIAL POLICY PROJECT POLICY AND ADVOCACY PROGRMME THE NATIONAL COUNCIL OF NGOs

1.0 INTRODUCTION

Since independence, Government of Kenya has consistently registered its commitment to poverty alleviation as a key ingredient in building an economically strong and prosperous nation. While this commitment has largely remained unchanged, policies to attain it have often changed and development objectives have also fluctuated over time.

In March, 1996, the Government of Kenya released a policy document entitled "Revised Approach to Human Centred Development and Targeted Poverty Interventions". This document elaborates part of the Economic Reforms Policy Framework Paper (PFP) of 1996-98 which focuses on targeted poverty interventions. It outlines the broad conceptual framework and policy strategy for the implementation of the Social Dimensions of Development (SDD) programme; a programme that is intended to sharpen the focus and enhance the priority rating of poverty reduction in Kenya's overall development strategy.

The main thrust featuring throughout the policy document is the Government's commitment to ensuring the full and active participation of all sectors of society in fighting poverty through sustained economic growth with the private sector being the primary engine for economic growth and employment generation. The strategy emphasises the development of capacities of the poor to generate their own incomes and the provision of incentives for the private sector to participate in the delivery of SDD services. It also includes measures to ensure effective participation by all the key stakeholders in identification, implementation and management of SDD programs. Additionally, it takes into account the need for local authorities and other agencies including NGOs and CBOs to share in the responsibility of service delivery to the people.

The SDD programme is thus basically a realignment of past programmes that were meant to combat poverty. It is meant to address the weaknesses that have hampered the attainment of poverty alleviation goals in the past programmes. Some of the past weaknesses are:

- Inability to target the beneficiaries properly; poor planning, design and project selection;
- Lack of effective monitoring and evaluation systems;
- Insufficient attention to involving the various key partners in development at every stage of the development cycle;
- Implementation problems related to delays in disbursing funds and/or misallocation of funds to those who do not really qualify.

But even then, although SDD Programme project profile development is in progress and all district sectoral ministries have submitted their profiles there is no clearly defined guidelines in place to support the involvement of other stakeholders in the process.

2.0 ROLE OF NGOS

The Government has identified the following categories and groups as being important stakeholders in the SDD process

- Government, (ministries and parastatals)
- Religious groups
- Local authorities
- NGOs and Community based organisations
- Private Sector
- Media
- Trade Unions, and
- Community people

While the role of Government in the SDD process is identified as being primarily to establish and sustain an enabling policy environment for private initiative, the Government is also supposed to ensure a dynamic and interactive programme where all key stakeholders effectively participate in conceptualisation, implementation and monitoring/evaluation.

How successfully the SDD process will be executed, shall be therefore largely determined by how well the stakeholders and especially the poor and vulnerable members of society are enabled to influence and share in decision making, resource allocation and the control of development initiatives.

NGOs are being involved in the process mainly because the NGO Community in Kenya commands substantial resources in development aid and plays a central role in the country's socio-economic development.

Thus under the SDD programme framework, NGOs are expected to perform the following functions:

- Provide advisory skills to the Government and other stakeholders.
- Act as watchdogs on behalf of the community.
- Act as a channel through which other voluntary sector agencies link and interact with local grassroots communities and other stakeholders.
- Act as direct recipients of funding or resources meant for SDD programmes
- Participate in designing, implementing, monitoring and evaluating SDD projects.
- Provide opportunity for NGOs to bring the voice of the poor to the policy making process on critical social, economic and political issues.

At the District level, NGOs expect to be involved in the programming of SDD activities including updating the SDD programme and project register, monitoring, data collection, supervision and management of SDD projects, identification of needs of the vulnerable groups, compilation of statistics on the human conditions and vulnerability, setting up and maintaining registers and inventory of SDD activities and agencies in the district. This involvement shall extend to the divisional, locational, sub-locational, and village levels where NGOs shall be involved in the identification and recommendation of the type of support required; advising on the identification of vulnerable individuals, groups and areas.

3.0 ESSENTIAL ELEMENTS OF SDD PROGRAMME:

The SDD Programme Policy Framework identifies Nine key elements of the SDD Programme.

3.1 District Focus For Rural Development:

The SDD Programme execution will be prominently based on District Focus For Rural Development Strategy. Within this Strategy, the government proposes to initiate activities aimed at re-orienting and harmonising SDD institutional arrangements with the DFRD approaches in order to maximise on participation, responsiveness and facilitation of SDD implementation process.

3.2 Programme Management:

This is a key element of SDD Programme implementation, delivery, monitoring and evaluation. The management component is envisioned to promote participatory and Community Based approaches to sustainable development.

3.3 Community Participation

The SDD Policy Framework emphasises community participation as an essential element of the programme. This is supposed to thread through all the activities of the SDD Programme.

3.4 Implementation mechanisms:

This envisages the undertaking of needs assessment as a basis for Project identification and developing clear institutional framework with commensurate arrangement to facilitate support and ensure effective implementation, monitoring and evaluation of SDD Programme.

3.5 Systems for SDD Delivery, monitoring and evaluation:

These include developing mechanisms meant to ensure participation and achieving desired results within stipulated time frame, timely feedback, making timely corrective measures and ensuring resources are applied as planned.

3.6 Targeting of beneficiaries and interventions:

This element is intended to ensure that the poor, disadvantaged and vulnerable groups and areas are correctly identified and reached with services.

3.7 Partnership, co-ordination and collaboration:

Within the SDD policy framework, partnership, co-ordination and collaboration are emphasised as the key elements of participation in the SDD Programme execution process. For these to be realised reviewing the existing structures of partnership and co-ordination to enhance greater participation and involvement of various stakeholders may be imperative.

3.8 Capacity Building and Training:

These are crucial elements within the SDD programme policy framework and they are considered central to the success of the entire programme process.

3.9 Resourcing and Funding Mechanisms:

The resource mobilisation and application emphasise targeting different alternative sources of funds, systems of disbursement, and accountability and creating of a common pool of funds. To be assessed by all Stakeholders.

4.0 DEVELOPMENT OF GUIDELINES FOR NGOS PARTICIPATION IN SDD PROGRAMME IMPLEMENTATION.

Whereas it is clear that some effort has been made to ensure that the implementation of SDD Programme is broad based and inclusive, more work still needs to be done to encourage greater participation of other stakeholders such as NGOs. For instance, efforts to involve NGOs in the preparation of SDD Project Profiles have been bogged down by lack of clear understanding of their role.

Central to achieving the goals of SDD Programme, there is need to provide a clear and enabling environment where partnership is based on definite measures of involvement and participation.

In order to evolve a sound basis for NGOs participation. Therefore, National Council of NGOs organised a two day SDD Conference.which had a wide spectrum of participation from the community, NGO Sector, Private Sector, Donor Community, Public and the Government.

The issues and recommendations emanating from the conference have formed the basis for developing these guidelines. The guidelines are solely intended to provide a general guide to NGOs and other Government, Private Sector, communities and donors, realising that their application will vary according to the actual environment. The guidelines are not prescriptions but constitute a set of principles and goals to which those involved in SDD can aspire. Further, the guidelines do not touch on every detail of the SDD Programme but it is expected that more detailed guidelines, standards, conditions, rules, by laws or activity plans shall be developed at the micro-level by the stakeholders, depending on the local environment, to operationalise and to ensure the achievement of SDD goals and objectives.

They are directed at NGOs, government, communities, the private sector and donors. The guidelines touch such issues as: creating the right environment for participation; frameworks to facilitate consultation and communication: maintaining appropriate values,

accountability and transparency: appropriate systems of management, capacity building and sustainability; partnership; funding practices, procedures and conditions; systems of planning, evaluation and resource utilisation.

Directly or indirectly, the guidelines are founded on the principle of Partnership and can only be useful if the SDD Programme Implementors are guided by the same principle in adopting and implementing the guidelines.

5.0 GUIDELINES FOR NGO PARTICIPATION AND INVOLVEMENT

5.1 PARTNERSHIP

Partnership between and among various stakeholders - NGOs, government, community, donors and the private sector is the key to the achievement of the goals of SDD programme. The following are therefore some of the guidelines which may be considered crucial for NGOs in executing their roles in the SDD programme.

- The government should endeavour to work in partnership with NGO as stipulated in the SDD framework.
- Partnership should involve open information sharing and consultation on all matters affecting the work of NGOs before any decisions are made.
- Co-operation on matters of mutual interest such as resource mobilisation and application.
- Partnership should be managed through a representative working group(s) to facilitate communication and consultation as a basis of utilising experiences and expertise of each partner in planning at all levels.
- Partners should go through education and re-education on the SDD purpose, goals, objectives and vision of their partnership in the SDD process through joint seminars.
- Orienting partners on the concept of SDD and poverty reduction.
- Partners should strive to maintain a strong individual identity as a foundation for their negotiating positions.
- Each partner should strive to be clear on their role and responsibility in SDD Process such as in project identification, implementation, monitoring and evaluation, before undertaking any responsibility in SDD Programme
- Partners must strive to acknowledge each other as equals and have mutual respect for each other.
- Show of willingness to collaborate and network with each other around issues of mutual concern and interest rather than compete with each other.

5.2 PROJECT IDENTIFICATION

Project identification is very basic to the targeting of the poor, vulnerable, and the disadvantaged and their needs. The following are thus some of the guidelines deemed necessary for the undertaking of this task:

- Participatory approach to Project identification, prioritisation and refinement should involve all the major stakeholders communities, NGOs and government agencies at all levels.
- Standard tools and format for project identification and Profile development should be developed for all stakeholders to enhance unity of purpose and a common basis of evaluation.
- Community structures such as self help groups should be involved in project identification and profiles development as much as possible..
- CBOs and NGOs need to be trained in techniques of needs assessment, project conceptualisation and targeting.
- An independent select committee/team comprising of NGOs, Government, Donors, Community representatives and relevant experts should be created to conduct the selection of projects for funding and implementation at all levels.
- NGOs should submit their profiles and applications for funding through the National Council of NGOs as a monitoring measure and follow up in case of any complaints for non-funding as a basis for providing advice to the NGOs on the procedures of application.
- Relevant information should be made available to all stakeholders before embarking on their project profile development and forwarding their applications for support or funding.
- Project identification and profile development should be cognisant to the local and national level social and poverty data such as poverty assessment, demographic and health surveys, District and National Development Plans etc.
- Project identification should be based on the existing gaps in the fight against poverty at the local level.
- NGOs should be aware of the resource availability and limitation when identifying their projects and developing their profiles within SDD Programme.

5.3 INFORMATION SYSTEMS

- In order to be transparent about their work and allay the mistrust that exists between NGOs, Government and donors, and to maintain open relationships with the general public, NGOs and other stakeholders should:
 - publish and disseminate annual narrative and financial reports, as well as reports on particular activities, and on the results of reviews and evaluations
 - use the media to inform the public about their SDD work
 - carry out public awareness activities where appropriate
 - maintain regular dialogue with government and other relevant organisations
 - sustain and participate in SDD, NGO and other stakeholder networks
- NGOs must expect from Government and other stakeholders clear and detailed information flow that they require to enable them to participate fully in the SDD process. Where this information is not forthcoming, NGOs should demand it. As partners, NGOs have a right to accurate and clear information as required to carry out their activities.
- NGOs should provide adequate information to enable co-partners and the intended beneficiaries participate fully in the conceptualisation, design, implementation and evaluation of programmes.
- NGOs should design appropriate systems or mechanisms to disseminate policy information to the grassroots communities and other stakeholders on the SDD process.
- NGOs must provide clear, adequate, well packaged information that highlight the role, level of participation and contribution to communities they work with and for.
- NGOs and other stakeholders must include in their project budgets, funds for providing information to the public and to each other.
- Other stakeholders government, donors should provide the NGOs through the National Council of NGOs with a catalogue of their funding status and projects identified and funded.
- Public awareness and advocacy activities must be organised in collaboration with the local community where intended project requires that it is done.
- NGOs should make available and accessible quality information on their projects to their beneficiaries, collaborators, other NGOs, donors and Government to foster and enhance accountability and transparency on the one hand and avoid duplication of projects on the other.
- NGOs must support and encourage the sharing of information both within the sector (among themselves) and with other stakeholders.

- NGOs should produce detailed activity directories that outline the nature, range and scope of work, sources of funding actual and potential as a practical way of providing information to the public, NGOs, Government ministries, agencies and donors about their work.
- The NGO Council should develop an SDD Database and information network to be accessed by all the stakeholders and other interest groups.

5.4 NETWORKING

- NGOs should identify common interests and concerns through networking and alliance building to minimise duplication and maximise resource utilisation especially in the face of diminishing resources.
- NGOs working on similar issues and in similar geographical areas must form networks to share experiences and maximise the impact of their activities in order to present a unified front of understanding.
- Set aside funds for networking activities both with NGOs and other organizations involved in the SDD work.
- Build, sustain and strengthen existing networks to create a unified force to be used for advocacy, especially for policy change.
- Build networks with communities and grassroots organizations that work in or support SDD programme or work in other poverty alleviation activities.
- NGOs must through networks, and the National Council of NGOs, show solidarity for NGOs who are victimised or discriminated against by the Government machinery or other stakeholders on the basis of their legitimate activities and actively challenge poverty creating mechanisms..

5.5 IMPLEMENTATION

Working in partnership, NGOs, Government, CBOs and other stakeholders must establish appropriate frameworks and institutions at all levels to facilitate the implementation of identified SDD programmes. These framework and institutions should be designed to also maintain the freedom and ability of all parties to act independently. These include setting up, opening up and strengthening the following :

- SDD National Secretariat
- SDD District Committees
- Divisional SDD Committees
- Location SDD Committees
- Sub-location
- Village level SDD Committees.
- Make necessary changes to existing policies and practices concerning development to make them more enabling and conducive to the implementation of the SDD programmes.
- The Government should consult with NGOs, NGO networks and other relevant stakeholders to review, revise and strengthen the SDD implementation policies and strategies.
- Government, NGOs and other stakeholders will need to organise periodic consultative meetings to exchange experiences and information on the implementation process.
- NGOs should seek to implement only those projects they have the capacity to undertake.

5.6 POVERTY ALLEVIATION INDICATORS AND TARGETS

- All the stakeholders should be involved together in developing common indicators, levels, proportions and targets of poverty alleviation that the SDD programme hopes to achieve.
- NGOs and other stakeholders in their project proposals should outline their targets and indicators of achievement that they hope to accomplish during and at the end of their project cycles.

5.7 NGO SELECTION

In order to participate in and apply for funds to implement projects on the ground, all the stakeholders including NGOs shall be required to meet certain basic set criteria and standards. For the NGOs, they:

- shall make clearly known who they are, where they are and what they do.
- shall make available information on the following:
 - The NGO's mission, objectives and policies
 - Activities, methods and achievements.
 - Geographical scope of operation
 - Organisational structure, and in particular how it is controlled and managed
 - Target groups
 - Affiliations and links with other organisations (if any)
 - Sources of funds
 - Existing accountability systems
 - Action plans or strategic plans (if any)
 - Methods of evaluation
 - Approaches to Project Implementation and monitoring
 - Project proposal

5.8 ACCOUNTABILITY SYSTEMS

- NGOs shall submit audited reports, annual reports, evaluation reports to all parties NGOs, Donors or Government including the community structures.
- All stakeholders involved in SDD programme will need to develop common procedures for maintaining multiple accountability to donors, government, communities, NGOs, CBOs, Private sector and the general public.
- NGOs must ensure that resources provided are used for their intended purposes and are properly accounted for to all stakeholders.
- The NGO SDD Projects shall be audited according to set criteria .
- All SDD structures should have monitoring units to ensure that funds or resources availed for NGO SDD Projects are used for their intended purposes.
- The national SDD annual report should be presented in parliament and published in public publication such as the Kenya Gazete.

5.9 FUNDING

- Funding negotiations and procedures should be based on the principles of partnership and should be developed in consultation with different stakeholders.
- Considerations for funding projects should be cognisant to the overall goals and objectives of SDD Programme
- Clear criteria, procedures, conditions and timelines for funding and disbursement of funds should be precisely defined.
- When negotiating for funds, NGOs should ensure that the terms and conditions of funding are mutually acceptable.
- Funding agreements and obligations should formally specify the procedures for periodic review, amendments, settlement of disputes and misunderstandings or contract termination.
- Where NGOs are to be contracted or sub-contracted to deliver services, they will need to be aware or clear about the details and implications of such contractual agreements and exercise adequate institutional caution in such venture.
 - When entering a funding relationship or agreement, NGOs should be careful not to compromise their autonomy and institutional development needs for short term gains.
 - Mechanisms should be developed that will make donors and the Government honour their responsibilities and be accountable to their funding beneficiaries.
 - In formulating their SDD funding policies, procedures, strategies and priorities, donors should consult with other stakeholders NGOs, and CBOs.
 - Funding agencies whether government, NGO, multilateral or bilateral organisations or the private sector, should base their funding decisions on their beneficiaries' needs, capacities, potentials and limitations.
 - Donors funding the SDD program should adopt a co-ordinated approach to disbursing and administering the donor funds.

5.10 PARTICIPATION

- SDD committees at all levels should operate independently from the provincial administration and DDCs although they should work closely for purposes of coordination and harmonisation of SDD program activities into the overall planning framework.
- Members of the DDCs and provincial administration should be represented in the SDD committees at all levels.
- All stakeholders should be equally represented in SDD committees at all levels.
- NGOs and other stakeholders should be represented either by appointment or secondment to the SDD secretariat which happens to be the 'engine' of the whole SDD programme.
- The chairmanship of SDD committees at all levels should be rotational amongst the various stakeholders.
- There should be periodic reviews and revision of the participatory approaches adopted in the process of SDD program implementation involving all the stakeholders.
- NGO representation in various SDD committees should be determined through elections.
- NGOs with other stakeholders need to jointly participate in all stages of SDD programme implementation process.

5.11 CAPACITY BUILDING

Every NGO will need to do a self assessment to identify their own capacity strengths and gaps in relation to:

- Financial management and accountability
- Project implementation
- Needs Assessment
- Institutional management
- Evaluation
- Information systems
- NGOs will need to prioritise their capacity building needs to enable them participate effectively in SDD program implementation
- The capacity of the National Council of NGOs, as a co-ordinating body, will need to be strengthened in order to cope with the demands created by the SDD programme initiative and to respond effectively to the needs of the voluntary sector as far as the implementation of the SDD programme is concerned.
- There will need to be distinct resources set aside for capacity building and training purposes for both the NGOs and other stakeholders to maximise on their efficiency and effectiveness in implementing the goals and objectives of the SDD programme.

5.12 MONITORING AND EVALUATION

NGOs will be involved in the conception, design, planning, implementation, monitoring and evaluation of SDD programmes and investments

- Both process and impact evaluations should be included in the NGO SDD project plans and activities. The evaluations should be based on participatory approaches.
- Evaluations should be carried out by external evaluators, NGO staff and beneficiaries.
- NGOs will have to make available and accessible monthly, quarterly and annual progress reports to every stakeholder and to the national monitoring body.
- SDD institutional structures at different levels should undertake continuous monitoring and assessment of SDD projects.
- Uniform monitoring standards should be devised for all projects implemented within the SDD
- The National Council of NGOs and other stakeholders should develop a national SDD monitoring system independent from the Central government control. This can be a basis for the undertaking of a comprehensive national evaluation of the SDD programme impact.

5.13 VALUES

The values which guide the SDD programme implementation and the involvement of various partners in the process, should be those based on the desire to genuinely mitigate human suffering and therefore the desire to improve human conditions. The values aspired to by NGOs and all other stakeholders should thus include:

- Respect for the rights, values, culture and dignity of all peoples served or affected by the SDD programme taking into consideration their needs, capacities and abilities.
- Ensuring that all stakeholders remain committed and true to the mission, goals and objectives of the programme and that no one's (whether NGO's, donor's, Government's, individual's or community's) identity and integrity is distorted, subverted, overridden or corrupted for personal or organisational or political gains.
- Maintaining high ethical standards at all levels of involvement in the SDD programme.
- Statement of commitment by all stakeholders to perform incorruptibly and adhere to democratic principles without fear or favour in the interest of the people.
- All stakeholders while working in partnership, will be responsible for their individual actions and will be accountable to the public on their activities.
- All stakeholders will strive to practice fairness, justice, impartiality, non-discrimination and equity in all aspects of the SDD programme.

Control Council of NGOs

SOCIAL DIMENSIONS OF DEVELOPMENT (SDD) PROGRAMME

REPORT OF THE CONSULTATIVE MEETING BETWEEN THE NGO COUNCIL, GOVERNMENT AND THE DONOR REPRESENTATIVES

HELD ON OCTOBER 25, 1996 AT THE SAFARI CLUB, LILIAN TOWERS, NAIROBI

OCTOBER, 1996

P.O. Box48278 Chania Avenue, House # 3 off Ring Road Kilimani (Behind Yaya Centre) Tel. (254-2) 560877, 562323, 562312 Fax. (254-2) 568445 E-mail: ngocouncil@elci.sasa.unon.org NAIROBI - KENYA SOCIAL POLICY PROJECT POLICY AND ADVOCACY PROGRMME THE NATIONAL COUNCIL OF NGOs

1.0 INTRODUCTION

In the spirit of partnership and information sharing as explicitly enshrined in the SDD policy framework, the National Council of NGOs, called a one day SDD consultative meeting for NGOs, donors and government. The three main reasons were:-

- a) To update the other SDD stakeholders Government and Donors on the new developments within the NGO sector as far as their involvement and participation in the SDD programme is concerned.
- b) To feedback to the Government and donors the outcome of the SDD conference held on the 26 - 27th September at K.I.C.C., Nairobi and the consequent NGO sector position and expectations in the SDD programme process.
- c) To get tentative responses from the government and donors on the NGO sector draft proposals and position on their participation and involvement in the SDD programme as a key partner.

In his opening remarks, Elkanah Odembo, the Chairperson of the National Council of NGOs. notified participants that the NGO Council extended fifteen invitations to the Government, ten to the donor community and ten to the NGO community. He then invited the participants to comment on the agenda of the meeting. The participants unanimously endorsed the agenda and the programme for the meeting. Odembo introduced the three main documents constituting the basis of the day's discussions:

- a) Draft guidelines for NGO participation and involvement in the SDD programme.
- b) Draft summary of issues and recommendations of the SDD conference 26th 27th September, 1996.
- c) Summary of NGO sector position and proposals on SDD programme.

2.0 CHRONOLOGY OF NGO SECTOR INVOLVEMENT IN SDD PROGRAMME:

Presenting a brief chronology of the NGO sector involvement in SDD Programme process. Charles Oyaya of the NGO Council, noted that since the inception of the SDD initiatives under the Chairmanship of President Daniel Arap Moi in October, 1994, the NGO sector has been considered as a key stakeholder in the SDD programme. It is in the light of this that the Chairman of the National Council of NGOs, Elkanah Odembo is representing the NGO sector at the National SDD Steering Committee.

In order to gain wider participation and understanding of the SDD programme, the National Council of NGOs as a representative organization of the Voluntary Sector, convened a two day conference on the 26th - 27th September, 1996 at KICC, Nairobi. The conference which brought together about 400 participants, was meant to gather the NGO sector views, anxieties and hopes on the SDD programme as far as their involvement and participation is concerned.

From the conference, three important documents have been developed envisaging the critical role of NGOs in the SDD process. These include: Draft Summary of Issues and recommendations of the conference proceedings; a synthesis of NGOs position, core principles and proposals on participation and involvement; and draft guidelines for NGOs participation.

On the guidelines. Oyaya stressed that they are neither water tight nor prescriptions but are general principles and values which we should develop further to greater details for the realization of SDD programme goals and objectives.

This consultative meeting was therefore called "to enable us feed back to the other key stakeholders how far the NGO sector has gone with their involvement in the SDD programme". The meeting is meant to enable us cut a common ground to take us forward in the SDD process.

Murtaza Jaffer, the Chief Executive Officer, the NGO Council added that the consultative meeting brought together three principal stakeholders - Government, Donors, and the NGO sector representatives. The outcome of the meeting will provide an important input for the SDD meeting during the National Council of NGOs General Assembly in Mombasa.

3.0 NGOS SECTOR POSITION

Murtaza Jaffer, the Chief Executive Officer, National Council of NGOs, presenting on the "Summary of the NGO Council Position" on SDD programme noted that the World Bank and the 'Paris Club' have pushed SAPs and other economic stabilization programs, leading to severe adverse effects on the poor and the most vulnerable in the society. The donor response to this has been to promote poverty alleviating measures under the Social Dimensions of Adjustment (SDA). Hence the World Bank and the external donor community continue to maintain faith in both.

Jaffer said that the Kenya Government response on the other hand, is contained in the Social Dimensions of Development Initiative (SDD) as a showcase attempt to target poverty reduction. Within the SDD programme framework, the Government, in principle, recognizes that the fight against poverty must be waged with the informed consent and involvement of the efforts of different stakeholders such as NGOs, the corporate sector, Government, international partners and local communities.

The role that government has identified for itself is to establish and sustain an enabling policy environment for private initiative. The government is also supposed to ensure a dynamic and interactive programme where all key stakeholders effectively participate in conceptualization, implementation, and monitoring/evaluation.

Government has itself identified and discussed weaknesses in the SDD policy framework. implementation mechanisms, participation and poverty targetting process, funding channels, information dissemination as well as weak capacity of all stakeholders. These concerns have also been raised by the NGO sector and donor community. As a result, SDD has not yet fully taken off. Government commitment has not been reflected in budgetary support (as in the case of the National Youth Development fund), donor response is very weak, NGO engagement is not a reality, corporate sector participation is non existent and the public knowledge restricted to the rumour mill.

He stressed that the NGO Council is committed to participating in the poverty eradication strategies of government as it is a central concern of the sector as well. The recently concluded SDD conference and subsequent discussion and assessment by NGOs of the SDD and other national social policy positions have therefore propeled the NGO Council to raise the following fundamental principles, issues and concerns around which meaningful success of the SDD initiative can be guaranteed.

3.1 Policy and Programme Framework

SDD can only be a component of a larger anti-poverty plan aimed at identifying the root causes of poverty and subsequent eradication strategies. This has been recognized by government (President Moi on Kenyatta Day) but the overarching policy either does not exist or has not yet been unveiled.

At the programme level, the framework does not reflect clear commitment to decentralization in decision making as well implementation. It presents some unrealistic clusters for programme formulation. It also does not present a clear definition of the target groups viewed as poor, vulnerable, or disadvantaged. It fails to address other policies and legislation that promote or hinder the fight against poverty.

The framework lacks clear strategies on access to productive resources such as land. redistribution of productive resources and indigenous resource management structures and mechanisms at the community level. Decentralization with strengthening of local governance structures cannot be sustained. The reach of SDD, due to its stress on the use of DFRD as the implementing mechanism, only extends to the sub-locational level - thus not reaching the very target of SDA initiatives.

Participation of NGOs, as the identified key players and other civil society actors has thus far been negligible. Programme formulation and subsequent project identification has by-passed the principles of partnership, participation and collaboration. The NGO sector is being viewed more as implementation sub-contractors rather than actual participants with potential value.

3.1.1 The NGO Council therefore proposes:

- 1.1 Reaffirmation and practice of the core principles of partnership, participation and equity with the private non-governmental stakeholders contained in the SDD document. This will make the initiative relevant in the public domain and enhance its legitimacy as an anti-poverty mechanism.
- 1.2 A comprehensive review of the SDD Programme Framework and programme portfolio jointly between the government, donors and NGOs to incorporate various suggestions relating to relevance of policy initiatives, roles of stakeholders, partnership principles, participation mechanisms, poverty targetting and participatory project identification and prioritization, implementation structures and mechanisms, monitoring tools and methods and accountability and evaluation procedures. This can be done in the next three months.
- 1.3 That the six programme clusters be reviewed to reflect the seriousness and aspirations of various stakeholders and to emphasize on productivity rather than poverty as an object.

3.2 Structures of Implementation

The DFRD administrative structure represents the governments strategy for devolving responsibility for planning and implementation of rural development to the districts. People's experience with DFRD has not always been positive. It is too dependent on the personality of the District Commissioner rather than trust in the institutional structure.

It is argued that DDCs have a heavy governmental presence; have a 'law and order' focus rather than a developmental one. They controls rather than promotes peoples' participation: are characterised by a tradition of top-down approaches, processes and structures which, in any event, are very weak; they have problems of a political nature at the local administrative level and are service delivery oriented with very little emphasis on people's participation and mobilization in the development process.

Government, to its credit, acknowledges these concerns and is willing to consider well thought out alternative delivery systems.

The NGO Council's approach to implementation strategies is rooted in two fundamental principles:

- a. Respect for and the active promotion of the right of all parties, particularly the beneficiary communities, to organize for participation (either directly or through their representatives) in all anti-poverty measures at all levels and at all times; and
- b. The integration of participatory methods in the conceptualization, planning, targetting, implementation and monitoring of all SDD initiatives.

3.2.1 The NGO Council therefore proposes:

- 1.1 The re-orientation of the existing SDD/DDC structures to maximize full participation of NGOs and communities in project identification, formulation, implementation, monitoring and evaluation;
- 1.2 Establishment of national and district level technical Committees to act as a professional link between the national structure and the grassroots;
- 1.3 Acceptance of the principle of equal representation between the principal stakeholders (Government and NGOs) on all Committees and policy and implementation structures;
- 1.4 Rotational chairpersonship between the stakeholders on committees;
- 1.5 Establishment of local networks of SDD programme stakeholders to ensure focused implementation, advocating for the community preferences and wider participation of the beneficiaries;
- 1.6 Establishment of independent monitoring units at different levels to monitor accountable and transparent implementation of SDD programme by all stakeholders;
- 1.7 The creation of liaison structures to ensure collaboration between NGOs and line ministries.
- 1.8 The recognition and promotion of independent networks for human rights within the SDD programme;

- 1.9 Establishment of guidelines and criteria for involvement of NGOs and CBOs in implementing SDD projects taking into account the geographical spread of NGOs, fields of operation and internal capacities;
- 1.10 Development of guidelines to specifically define different levels of NGO/CBO involvement and participation in SDD programme roles.
- 1.11 Development of participatory approaches/methodologies for targetting interventions and implementing SDD projects by different stakeholders.

3.3 Resource Mobilization and Accountability

In terms of resource mobilization, disbursement of funds and utilization, the policy framework proposes three main alternatives which emphasize (a) direct disbursement of funds by the bilateral and multi-lateral donors; (b) in-house donor management of SDD funds; and (c) contributions from the general public and private sector to a common fund.

Government promises that financing arrangements will accommodate alternative financing options, although close liaison with the Treasury is considered paramount. It also promises to resource utilization effectively and efficiently with the ultimate objective that resources reach intended beneficiaries.

Government also promises that all projects will meet the beneficiary participation criteria. This has not happened so far.

Since all stakeholders are equal partners in the development process, they must also play an important role in the mobilization and management of the financial resources.

3.3.1 The NGO Council therefore proposes:

- 1.1 For this very first national anti-poverty policy initiative based on the principle of partnership, collective accountability and public transparency, that the financial resources for the programme be held in trust by an independent 'National Anti-Poverty Trust Fund';
- 1.2 The funding negotiations and procedures for accessing funds, investments, agreements and obligations, procedures for periodic review, contract amendments and the settlements of disputes be developed in consultation with different stakeholders;
- 1.3 The Board of Trustees for the **'National Anti-Poverty Trust Fund'** be independent and free from executive control, comprising of representatives of all stakeholders;
- 1.4 The development of tax incentives for contributors to the trust fund:
- 1.5 Measures be put in place to make donors honour their commitments and responsibilities and be accountable to their funding beneficiaries;
- 1.6 Prior clarification of potentially contentious areas like Government's funding role and obligation in the SDD programme, donor policies and priorities and clearly defined mechanisms for ensuring multiple accountability among and between the different stakeholders;
- 1.7 Agreement on the early phasing out of direct disbursement of funds by the bilateral and multi-lateral donors and the in-house donor management of SDD funds in favour of the national trust fund arrangement;
- 1.8 Emphasis on the role of local authorities' active participation in the decentralized implementation of anti-poverty measures;

- 1.9 That clear commitments be negotiated on the level and availability of funds for the whole SDD programme and for the NGO component;
- 1.10 A definition of alternative sources of funds with guidelines on access by NGOs and local communities;
- 1.11 The establishment of a 'Corporate Social Responsibility Incentive Scheme' supported through tax benefits, special responsibility taxes on the government, donors, tourists, private (corporate) sector, large landowners and those involved in the depletion of natural resources and environmental degradation;
- 1.12 Equity and justice to constitute the basic principle of applying SDD resources.

3.4 Capacity Building

Capacity to implement comprehensive anti-poverty measures involving the active participation of government, donor representatives, NGOs and communities is certainly very weak. Government response to build capacity through identification of formal "training centres" and "experts" is not going to be sufficient. Moreover, the methodological jump from top-down to participatory approaches respecting diversity, culture and different levels and working methods will not be easy.

Secondly, it is not clear where the funds for these essential activities will come from. Will they be budgeted into the total project costs? If so, do the existing budgetary estimates for SDD programs include funding for capacity building and training?

Whilst the need for addressing the issue of lack of adequate capacity is keenly felt, methods of tackling the concerns are not yet clear. Hence the potential danger to the whole SDD initiative.

3.4.1 The NGO Council therefore proposes:

- 1.1 Participatory methodologies be tested, appropriate modules developed and implementation personnel within government and the NGO sector be trained as a priority;
- 12 The capacity building efforts address the needs of NGOs and CBOs in providing advisory services, in the mobilization of funds and conduct of needs assessment and project profile development;
- 1.3 That paralegal training be provided to community based organizations to participate in effective human rights advocacy;
- 1.4 That capacity profiles of all NGOs be developed to identify areas of weakness and strengths;
- 1.5 That the National Council of NGOs take the lead in developing the training materials and courses for DDC/SDD committees, NGOs and other local administrative officials like District Officer and Chiefs who will be engaged in implementation.

3.5 Information

Lack of appreciation of the SDD initiative and its linkage in the public eye to partisan politics linked to the 1997 electoral process is mainly due to lack of information on the content, context and purpose of SDD as a poverty alleviating mechanism.

The Government policy document lacks appropriate systems or mechanisms to disseminate policy information to the grassroots communities and other stakeholders. Without adequate information, targetting of the real beneficiaries of the initiative will be made very difficult. And the programme will continue to be treated negatively by the public. Participation too, will be rendered meaningless for the lack of it.

The NGO Council's position is predicated on the principle that information is the property of the citizen. Citizen access is therefor a right. Moreover, updated, clear and valid information is a precondition for proper planning of all social welfare measures - be they by government or others. All stakeholders must therefore have equal access to information that will enable them make informed choices and decisions regarding their participation. The information that they generate must also be available to government.

3.5.1 The NGO Council therefore proposes:

- 1.1 That the anti-poverty policy and programme measures being put in place by government, donors and NGOs must be urgently made available to the public in a non-technical format;
- 1.2 That a Special Information Network on SDD (SDD-SIN) be established under the National Council of NGOs for information gathering, management and dissemination.
- 1.3 That a database be developed on SDD, outlining basic information on the institutions. activities and collaboration for targetting need and the anti-poverty measures being undertaken.
- 1.4 Information within government on poverty, welfare monitoring surveys, participatory poverty assessments, poverty census and other statistical information be available in the public domain for comment and use in planning of local action.
- 1.5 That relevant information on prior NGOs experience on SDD related activities be availed for better collaboration and networking.
- 1.6 Clear information on the amount of funds already disbursed or used and their sources be identified and made available;
- 1.7 Given the rather poor record of poverty reduction programs in the country and the preelection timing of SDD proposal it is very crucial that the government provides clear information to the public and civil servants in order to dispel considerable confusion on various counts and information that is not clear in as far as NGO engagement is concerned.

In his concluding remarks, Jaffer expressed concern that the energy, time and quality effort made by the government particularly, and to some extent by donors and NGOs in preparing the SDD programme should not go to waste. Government has a responsibility to hold out a promise of economic emancipation for the poor, the marginalized, the vulnerable and the needy. NGOs, CBOs and communities, in the spirit of *Harambee*, work with the government and the people to promote social development in the country; and the donor community utilizes public funds from their home countries to support these local processes. We all work together in the name of the people.

Our accountability and vested interest in the success of anti-poverty endeavours must not be allowed to go to waste. Succeed we must. And we must also honestly, openly and in a caring manner question the assumptions we make about poverty and the poverty creating and poverty alleviating mechanisms. Human and financial resources are being spent on these initiatives. We must therefore fine tune them to the best of our knowledge and ability in order to achieve the intended impact - the benefit of our people and their removal from the ranks of the poorest of the poor.

Does SDD, therefore, promise real, meaningful and collective participation, good governance, widespread respect for human rights, clear information, democracy, accountability and transparency? Theoretically it clearly does. In practice it cannot. The areas of tension and weakness lie in the conceptualization of the programme framework, its implementation model and its incapacity to provide adequate information for broad ownership. The document, we recognize, was prepared in a hurry. It was meant to respond to specific time constraints. It achieved its purpose of mainstreaming the necessity for the whole nation to address the question of poverty eradication in a meaningful way. We at the NGO Council applaud the initiative. And we commit our full support for the éntire spectrum of social policy change in our beloved country.

Since the principles the participation, democracy and respect for peoples' rights are fundamental to the SDD document, we at the NGO Council therefore have made these proposals in the hope that government and donors, along with other stakeholders within our society will support further engagement with the crucial issue of poverty eradication and agree to jointly revisit the SDD Green Book and develop it into the meaningful document of promise that it was always meant to be.

4.0 GOVERNMENT RESPONSE

In his response on behalf of the government of Kenya, Mr. Peter Ondieki Bita, Deputy Director of Programmes and the Head of the SDD secretariat, Office of the President, stated that he did not have much to respond to since the major government response will be contained in the Minister Kones' keynote address during the National Council of NGOs General Assembly in Mombasa.

Mr. Bita however said that they had gone through the NGO proposals and found them acceptable although many are directed at NGOs. He said the proposals are in line with the SDD policy which allows for alternative ways of implementation. Although some of the proposals are already ongoing, because of poor networking and information sharing, some of the work done in government has not been apparent. He noted that more understanding is needed especially in the area of decision making.

On the proposals regarding representation of NGOs in various SDD structures, Mr. Bita -said that appropriate recommendations may be forwarded to the Minister to increase the level of representation for example at the National Steering Committee. At the district level, he noted that although the government feels that the DC should be in charge of the SDD, the government is open to suggestions as to who can steer the committees.

The SDD secretariat at the District level would be under the District Development Officers (DDOs). It was initially envisioned that the SDD secretariat would be under the District Social Development officers but it was discovered that they do not have the necessary capacities to handle the SDD tasks. There is therefore a new circular to the effect that the DDOs will be the heads of the SDD secretariat.

Mr. Bita noted that the government is aware of the need to work together with the council even though achieving total agreement may not be that possible but a common ground may be found. He stressed that previously, the government encouraged NGOs participation in project profiles development but this had not been successful. However, the SDD conference and the consultative meeting have proved more successful and have opened lines of communication and provided room to move forward. Mr. Bita further emphasized that SDD programme is not for victimization but provides opportunity for equal collaboration and therefore NGOs should not fear because none will be victimized.

On funding mechanisms, Mr. Bita stressed that the government is not keen that all the money pass through the government and therefore NGOs can get funds directly from donors. As one of the funding options, he said that there are plans to establish a TRUST FUND which will be run by a Management Committee. NGOs can propose the constitution of this committee. In this arrangement, the government would play the role of a contract holder through the ministry of Finance but disbursement mode and procedures will be determined by the management committee of the trust fund.

In conclusion, Mr. Bita noted that he hoped the consultative meeting will strengthen the collaboration between NGOs and the government.

4.0 DONOR RESPONSE

Mr. Fred Lyons, the UNDP representative presenting on the donor response started by clarifying that donor response to the SDD initiative is not as weak as it has been portrayed but that all long the donor response has been positive and expectations remain high. At the donor consultative group meeting in Paris, nearly all the countries present positively welcomed the idea. What the donors emphasized was the involvement of more participatory approaches in the SDD process.

Mr. Lyons noted that as far as he knows, although he could not competently speak on behalf of the other donors as UNDP is not a major donor as compared to the World Bank, many of the donors have not been given any definite responses because no SDD proposals have been submitted to them.

Mr. Lyons commended NGOs for injecting new life into the SDD process. He said that NGO guidelines are excellent and touch on most of issues and this shows the beginning of serious dialogue. Although this is rather late and should have taken place over year ago, what needs to happen now is to operationalise various aspects of the guidelines and proposals. Mr. Lyons posed:

Can we run the SDD programme as a whole package? Or can it be appropriate to look at specific components and see if we can kick start with some right now?

Lyons suggested that it may be important to start with capacity building while working on the implementation modalities for the projects. In this regard, he requested for proposals for capacity building as an immediate plan of action.

He also suggested that instead of re-inventing the wheel especially in participatory techniques, it would be necessary to draw from the wealth of experience Kenya already have in applying participatory approaches in development. It would also be important to travel to other countries to see what others are doing on poverty alleviation. Given the large financial outlay (about US\$ 1 billion) dedicated to the process, it is the donors requirement for thorough and methodical approaches to management in such areas as finance, project and human resources. He noted however that there is reluctance to discuss real management issues and to establish hypothesis on what we want SDD to achieve. These are still looked at a more abstract level.

It will also be important to clearly define SDD targets although selective targeting is not usually easy. These need to be assessed and defined vis-a-vis the expected impact of the SDD program in order to commit various stakeholders to specific challenging targets.

On information, Mr. Lyons stressed that SDD is a public undertaking and therefore it needs to be executed in a transparent manner. This requires a strong information base to bridge the gap between different sectors. This can be done by establishing an information centre through which SDD documentation can be done and people included in the broader sense. He informed the meeting that the Government of Kenya has requested the UNDP to compile a national report on human development which can be used as a basis for national debate on how to improve human life. The SDD program would benefit from such a report.

Mr. Lyons concluded that the donor expectations for the success of the SDD program are very high and the donors position on working with other stakeholders remain positive. He stressed that emphasis should be placed on the urgency to launch the program and to strengthen the collaboration among different stakeholders involved in SDD programs. In addition, he said that UNDP is willing to work on the capacity building aspect with the Government and NGOs. Mr. Lyons further stated that the link between the NGO council and the NGO Bureau in SDD programme should be clearly defined and strengthened.

Dr. Helmut Asche of GTZ on his part concurred with Mr. Lyons concerns and observations. Helmut informed the meeting that the German Government response to SDD initiative has been positive although the implementation of the SDD programme has been to slow and long overdue.

He noted that there will always be serious concerns for a coherent approach to poverty alleviation and it will always be part of the debate. It is this concern that at the moment is under the acronym of SDD programme.

Because programmes have their own life cycle characterised by increasing and decreasing momentum, there is need to take urgent measures that would ensure the sustainability of the SDD programme. If urgent measures are not taken, the life line of SDD may soon run out. Helmut stressed that because SDD programme presents a major opening for all the stakeholders, it should not be left to loose momentum. Commitment to practical approaches to SDD implementation must materialize because the donor commitment may fizzle out if more practical steps are not taken. At the moment, the programme so far has not focused on micro-components. In this regard, testing the use of participatory methods can be a very interesting challenge. Evidently, there is need to involve community based approaches in the programme implementation in a consistent manner.

On the role of the NGO Council, Helmut said that the NGO Council has clearly taken a risk of committing itself to the SDD programme. The Council should be aware that it is not just jumping into a happy band wagon. This risk taken by the Council is however a welcome one. In order to move on with SDD programme and to maintain donor interest in the process, Helmut suggested the following:

- That the government makes a quick, strong and clear response to the NGOs position and proposals.
- Need to establish a technical working team comprising of all stakeholders to work on the technical modalities for implementing the SDD programme.
- Donor technical assistance would be easier to the NGO Council than the government (although UNDP has given technical assistance to the government in the preparation of SDD document).
- Need for quick and definite response on the funding mechanisms and which specific option the government prefers. NGOs have submitted their proposal for the establishment of one system 'National Anti-poverty Trust Fund'.

However, the government responded that because of huge financial implications in creating new structures, it was not possible to create funds to finance new positions at the secretariat. The staff working at the secretariat are thus all seconded from various government ministries. Creating an independent secretariat means having funds to employ staff on full time basis and to meet other costs of the secretariat. It would therefore be appropriate if various stakeholders, like the NGO Council, created mini-secretariats at their own levels. The issue of participation at the SDD secretariat should, however, be pursued further to ensure that the secretariat takes care of the interests of all stakeholders and their input.

The meeting further stressed that participation should be made equal for all stakeholders and that the nature and content of participation should be more important than just respresentation. There should therefore be clear definition of the functions of SDD structures and the role of various stakeholders.

In terms of participatory methods, the meeting observed that the real spirit of participation needs to be engendered in the SDD structures and there is enough capacity in Kenya to make this a reality.

6.6 Corruption

The participants raised fears that the endemic nature of corruption in our systems can bring to nothing our wonderful dreams of poverty alleviation if not checked within the SDD programme. There is very critical need to address the issue of corruption by putting into place a strong monitoring system to check against and curb such practices.

6.7 Government Position:

Although many good things have been said about SDD programme and that the Government, as the initiator keeps on saying yes to almost everything, it has been very difficult to know the governments exact position about various things. The meeting observed that while the government has shown agreement in principle, there has been hesitancy in responding to real SDD challenges such as reviewing the DFRD structures and providing tax incentives to the private sector. It is therefore high time that everyone involved in SDD programme including the government, turned principles into practice to make the SDD programme move forward.

6.8 Confusion in Grassroots SDD Committees:

Participants who had experience with grassroots SDD committees reported that they are basically riddled with confusion as most people, committees and local leaders alike do not seem to understand what SDD is all about and what is expected of them. In many cases, local development committees headed by chiefs and assistant chiefs have been converted into SDD committees.

In famine prone areas, they are synonymous to food distribution committees. The fundamental problems at the grassroots level therefore are lack of clarity on who is in control and the purpose and functions of those committees.

6.9 Plan of Action:

The participants felt that for the SDD programme to move from where it is now, there is need for the stakeholders to develop a joint plan of action and definite project proposals.

6.10 Involvement of the Private Sector:

In the consultative meeting, the participants observed that there was glaring absence of the private sector. However, it was noted that the meeting was meant to feedback to the government and donors on the outcome of the SDD conference and that the private, CBO and spiritual sectors have been duly invited to the National Council of NGOs General Assembly in Mombasa. The theme of the assembly will be 'Sharing Civic Space for Development'.

7.0 DISCUSSION OF THE NGO SECTOR POSITION AND CORE PRINCIPAL AREAS OF PARTICIPATION

The following key issues and recommendations emerged during the discussions on the NGO Council's presentation of the 'Summary of the NGO Council's Response'. These core principal areas included:

- Policy And Programme Framework
- Structures Of Implementation
- Resource Mobilization And Accountability
- Capacity Building
- Information

7.1 Issues Arising

7.1.1 Lack of clear linkages between the SDD programme and other sectoral policies e.g. on health, civil service reform, land and shelter, human rights and social integration and gender equity.

. .

- 7.1.2 Unclear linkages between the government inter departmental committees on SDD.
- 7.1.3 Lack of clarity on what the SDD programme targets in terms of activities. Is the SDD targeting on existing programmes of government that have yet to be funded or on new programmes that clearly focus on and target poverty alleviation in the short and long run?
- 7.1.4 The prioritization and targetting procedures of projects and needs are not clearly brought out or defined in the SDD programme framework.
- 7.1.5 Also not clearly defined are the emergency and short term poverty alleviation strategies and the longer term poverty eradication ones. There is general confusion, even within government ministries and departments on the actual role of the SDD programme does it or does it not target long term anti-poverty measures and provide strategies for poverty eradication?
- 7.1.6 Lack of clarity on what the project profiles are meant for? What they hope to achieve and how they are identified? It is clear that the current profiles were developed in a hurry and without adequate participation of either NGOs or even the communities who are targetted. The profiles most likely do not reflect the real needs of the poor given the methodologies used to generate them.
- 7.1.7 It is also not clear how the poor will be reached by the SDD programme, particularly in view of the manner in which the projects have been identified and developed. The modalities for implementation through the DFRD strategy are not clearly defined.
- 7.1.8 The manner in which the project profiles have been generated has raised a lot of expectations which may not be fulfilled leading to frustration and lack of support for further government initiatives in this regard.
- 7.1.9 The SDD structures already in place are a cause for confusion at all levels. It is not clear who is in control and what their functions are.
- 7.1.10 Although the government emphasized that there should be no new structures, new structures already exist in the form of SDD Secretariat and the local committees albeit its orientation is not different from the DFRD structures under the DDCs.

- 7.1.11 There is reluctance in government to discuss development of effective alternative structures or to otherwise review existing structural frameworks to render them more people and development friendly.
- 7.1.12 There is general lack of capacity within the government, the donors, NGOs and other stakeholders to effectively engage in the SDD programme.
- 7.1.13 Information flow from the government to other stakeholders is hampered by too much bureaucracy, lack of appropriate communication systems and lack of culture to share information with the public.
- 7.1.14 The role and place of other stakeholders like NGOs has not been clearly defined within the SDD framework.
- 7.1.15 Lack of clarity on decision making systems and roles between and within the existing SDD structures e.g. between the national secretariat, grassroots committees, National Steering Committee and line ministries and the non-government stakeholders.
- 7.1.16 General confusion on what the SDD programme should actually focus on e.g. emergency or long term poverty alleviation interventions.
- 7.1.17 Also not clear is how SDD links with poverty alleviation schemes such as the National Poverty Plan, the Policy Framework Paper, the National and District Development Plans and the annual government Budgets.
- 7.1.18 The proposed SDD structures are restrictive in terms of representation at all levels.
- 7.1.19 General fear that the District Commissioners, given their powers and local authority, may misuse the SDD programme to suit political needs rather than those of the poor.
- 7.1.20 The current list of projects is restrictive and does not allow for local and participatory initiative in terms of poverty reduction.
- 7.1.21 The role of the government in funding SDD programme is not clearly demonstrated.
- 7.1.22 The suggested funding options may have been relevant in 1994 but are no longer considered suitable for the programme at this stage.
- 7.1.23 It is not clear how the SDD programme will improve allocative efficiency in the fight against poverty. There is need to understand how investments in one area wil lead to improvement in other areas. The projects do not seem to have been thought through in terms of cross-sectoral impact and efficiency.
- 7.1.25 No clear systems of monitoring and accountability are defined in the SDD framework.
- 7.1.26 Inadequate government personnel have been allocated to handle the daunting SDD tasksto ensure impact and success of the SDD programme and hence confusion, particularly at the grassroots, on role allocation between the different government departments.
- 7.1.27 No clear definition of sources of funds and methods of disbursements.
- 7.1.28 Lack of clear linkage and integration of the different components of SDD programme. They' all seem to be worked on in an isolated manner.
- 7.1.29 Not clear in the SDD framework whether projects will be targetted selectively or that the programme will be comprehensively implemented.
- 7.1.30 Lack of understanding within the government of participatory methodologies, thus undermining the core principle of participation set out in the SDD policy framework. This has affected the process of project definition, implementation structures, funding proposals as well as project identification and the modes and levels of partnership.

7.1.31 There is no clear communication on the funds the government has received, for what purposes received and how spent on which SDD related projects and who are the beneficiaries. The same applies for direct donor funding of SDD related activities through NGOs.

7.2 Recommendations

- 7.2.1 Before identifying projects, there should be clear definition and understanding of the causes of poverty, nationally and in the local context.
- 7.2.2 There should be clear mechanisms and methods put in place to target poverty ridden areas and groups for the purposes of implementation.
- 7.2.3 There is need for a comprehensive review of the SDD programme framework
- 7.2.4 The first step in the SDD programme implementation process should be the implementation of pilot projects instead of undertaking the SDD programme as a whole.
- 7.2.5 There should be specificity in targetting SDD projects at national and local levels, and clarity on what should be done at each level.
- 7.2.6 The SDD programme should not be viewed as emergency intervention but as a long term human centred approach to development and poverty eradication.
- 7.2.7 The SDD stakeholders should exercise care in adopting the IMF/World Bank prescriptions wholesale as they do not all address the needs of the people.
- 7.2.8 The NGO Council proposal of a 'National Anti-Poverty Trust Fund' should be adopted and further developed as a basis for ensuring all-stakeholder participation and development of national indicators for the SDD programme.
- 7.2.9 The government should clearly state its preference for the funding mechanisms and make specific proposals on the same.
- 7.2.10 The SDD programme should be taken seriously by all stakeholders as an urgent concern of national importance.

8.0 AGREEMENT ON THE WAY FORWARD:

In order to carry forward or to respond to the fundamental issues raised at he meeting, on policy and programme framework, funding, capacity building, participation and partnership, the meeting recommended that :

8.1 As a matter of urgency, modalities for the formation of an Anti-Poverty Task Force should be put in place consisting of various representatives of the different stakeholders.

The Task Force once constituted, should develop within the next 2 months, practical and implementable strategies, options and activities to carry forward SDD programme on a long-term and sustainable basis.

- 8.2 The Minister of State in the Office of the President to respond to the issues raised and recommendations made at this consultative meeting during the NGO Council's next General Assembly on 1st November 1996 in Mombasa.
- 8.3 The Task Force take the proposals made by UNDP and GTZ to immediately develop capacity building programmes for all stakeholders seriously and to implement the capacity building initiatives so developed before the end of the year.

LIST OF PARTICIPANTS

FULL NAME	ORGANISATION	POSITION	BOX	FAX	TEL:
Erastus K. Omolo	NGOG				
	NGO Council	Ex. Com.	48278	568445	562323
Salil Shetty	ACTIONAID	Country Director.	42814	445843	440-1-10
Jorg Freiberg Strauss	GTZ	Sectoral Planning Officer	5180 0-65726 Eschborn	0049- 6196 797136	0049- 6796 797644
Elijah O. Achoch	Ministry of Labour and Manpower Dev.	Senior employment officer	40326	-	729800
Peter N. Rutere	Min. of Culture and Social Services	Economist	45958		339650 Ext. 41
Kithinji Chokerah	Office of the President SDD secretariat	Economist	30510		250615 227411 Ext 2226:
I.N. Lukalo	NGO Coordination Bureau	Ex. Director	44617	250702	214044
Geoffrey Mate	Office of the President	Deputy Director of programmes	30510	21008	227411
Joseph Halake	Inter Aid	Country Director	3654 Nakuru	037-43157	037-42621
James N. Gatei	Min. of Agriculture	Senior Economist	30028		718870 Ext. 48009
Henry N. Onserio	Min. of Agriculture	Economic Asst.	30028		718870 Ext. 48014
Francis K. Mwenda	Ministry of Health	Under Secretary	30016		717077 Ext. 45013
Mwambi Mwasaru	Kituo Cha Sheria	Consultant	7483	724383	712414
Adam Leach	Oxfam (UK) Ireland	Country Representative	40680	442123	446169
Burton Odera	APDK	National Ex. Officer	46747	-	224443
Rosemarie Muganda	NGO Council	Program officer - Policy and Advocacy	48278	568445	562323,56 2312,5608 77
Donatta Obara	National School Feeding Council of Kenya	Programme Secretary	49772	-	226847
Grace Okonji	UNDP	Programme Analyst	50468		228776
'arren K. Omwenga	NGO Council	Ass Programme Officer, Policy & Advocacy	48278	568445	562323,56 2312.

NGO Council	Asst. Programme Officer, Policy & Advocacy	48278	568445	562323,5 2312
Development Secretariat. Office of the President.	Deputy Director of Programme/Chie f Economist	30510		227411 Ext. 22157
Advisory Services	Head of Project	41607	48590	338111 Ext. 33135
World Neighbours NGO Council	Representative/ Chairperson	14728	441324	440014
NGO Council	CEO	48278	568445	562323, 562312
NGO Council	Social Policy Project	48278 . *	568445	562323
Freedom from Hunger Council	Public Relations	30762	442795	442458
NGO Council	Project Asst. social Policy Project	48278	568445	562323 562312
Sinaga Limited	Programme Officer	60498	-	725732
	Social Dimensions of Development Secretariat. Office of the President. GTZ Social Policy Advisory Services World Neighbours NGO Council NGO Council NGO Council Freedom from Hunger Council NGO Council	NGO CouncilProgramme Officer, Policy & AdvocacySocial Dimensions of DevelopmentDeputy Director ofSecretariat. Office of the President.Programme/Chie f EconomistGTZ Social Policy Advisory ServicesHead of ProjectWorld Neighbours NGO CouncilRepresentative/ ChairpersonNGO CouncilCEONGO CouncilSocial Policy ProjectFreedom from Hunger CouncilPublic RelationsNGO CouncilProject Asst. social Policy ProjectNGO CouncilProject Asst. social Policy Project	NGO CouncilProgramme Officer, Policy & AdvocacySocial Dimensions of DevelopmentDeputy Director of30510Development Secretariat. Office of the President.Programme/Chie f Economist30510GTZ Social Policy Advisory ServicesHead of Project41607World Neighbours NGO CouncilRepresentative/ Chairperson14728NGO CouncilCEO48278NGO CouncilCEO48278NGO CouncilProject30762NGO CouncilProject Asst. social Policy Project48278NGO CouncilProject Asst. social Policy Project48278	NGO CouncilProgramme Officer, Policy & Advocacy305443Social Dimensions of DevelopmentDeputy Director of Programme/Chie f Economist30510GTZ Social Policy Advisory ServicesHead of Project4160744132444590World Neighbours NGO CouncilRepresentative/ Chairperson14728NGO CouncilCEO48278568445NGO CouncilCEO48278568445NGO CouncilProject48278568445NGO CouncilProject48278568445NGO CouncilProject48278568445NGO CouncilProject48278568445NGO CouncilProject568445568445NGO CouncilProject568445568445NGO CouncilProject Asst. social Policy Project48278568445NGO CouncilProject Asst. social Policy Project48278568445NGO CouncilProject Asst. social Policy

The National Council of NGOs

.

SDD CONSULTATIVE MEETING ~ 25TH OCTOBER 1996 NAIROBI SAFARI CLUB (LILIAN TOWERS)

PROGRAMME

8.30 - 9.00 A.M.	Registration and Coffee	K	2.00 - 3.30 P.M.	Discussions on the Core Themes Continued.
9.00 - 9.15 A.M.	Welcoming Remarks	EA	3.30 - 3.45 P.M.	Tea/Coffee Break
9.15 - 9.45 A.M.	Presentation of the NGO Sector Position on the Social Dimensions of Development : NGO Council.	I B R	3.45 - 4.15 P.M.	Agreement on the Way Forward : An SDD Review Task Force ?
9.45 - 10.15 A.M.	Government Response to the NGO Sector Position : Office of the President	NCH		
10.15 - 10.45 A.M.	Donor Response: UNDP	Γſ		POLICY
10.45 - 11.00 A.M.	Coffee/Tea Break	м.		
11.00 - 12.00 NOON	Plenary - Responses	0 P.M.		IMPLEMENTATION
12.00 - 1.00 P.M.	 Discussions Around the Core Themes Developed in the NGO Sector Position: Policy and Programme Framework Structures of Implementation Resource Mobilization Capacity Building Information 	1.00 - 2.0		PARTNERSHIP

World Bank/IFC/MIGA OFFICE MEMORANDUM

June 26, 1996

DATE:

TO:	Richard Anson, Chief of Operations, Operations Unit
	Wacuka Ikua, Operations Officer
FROM:	Nyambura Gifhagui and Jeremy Weinstein, NGO Liaison Office
SUBJ.:	STATUS OF NGO INVOLVEMENT POP. IV PROJECT

Mr. Chepsiror, Senior Assistant Director at NCPD, alerted us to some significant challenges faced in working with NGOs under Population III and IV. Part of our effort to promote greater NGO involvement in Bank-financed projects will involve identifying the problems faced by the government in working through NGOs and vice versa. The goal of this memorandum is to bring your attention to the issue of disbursement delays and to suggest that we develop a policy to improve the flow of funds and prevent delays in project implementation. Our meetings with both the NCPD and representatives of the participating NGOs have assisted us in developing recommendations to improve the quality of service delivery.

According to Mr. Chepsiror, NGOs began to experience liquidity problems in Population III and the temporary solutions have not lessened the problems in Population IV. Since NGOs do not have cash reserves, project implementation is dependent on NGOs receiving funds from the government -- as promised and on time. To disburse funds for Bank-financed projects, the approval process involves almost twenty steps between the NGO, NCPD, and the Treasury. The result is that NGOs do not receive funds until six months or even a year after they are requested.

During Population IV, the NCPD developed a temporary solution -- to pre-finance NGO-led projects. However, due to limited cash resources, NGOs could only be pre-financed one month in advance, severely constraining their ability to implement large projects. Even this process is extremely cumbersome and drastically affects the continuity of project delivery.

Chepsiror admits that many of the accounting and auditing problems attributed to NGOs may be the result of the significant lag in the disbursement process -- the accounting process operates on an entirely different timeline than the disbursement procedures.

After meeting with representatives of the government involved in project implementation and the participating NGOs, we feel it is necessary to address this issue as soon as possible. By developing a policy in partnership with Treasury, we can increase the capacity of Ministries to work with NGOs on Bank-financed projects. We recommend that the Bank and government develop a special accounts policy, allowing for control at the level of the line ministry, rather than the Treasury. By providing these cash reserves to the line ministries, and giving their accounts officers complete control over disbursement, ministries can speed the approval of NGO-led efforts and the disbursement process.

The Bank is well placed to push Treasury on this issue. With our emphasis on NGO involvement, the Bank can propose the creation of special accounts and have those mechanisms incorporated into the development credit agreements. We look forward to discussing this option with you further.

ĩ

. .

	THE WORLD BANK GROU Resident Mission In Eastern Afri Hill Park, Upper Hill Road P.O. Box 30577, Nairobi, Kenya Telephone (254-2) 714141 • Fax (254-2) 720612, 720612 Cable INTBAFRAD • Telex 2202 FACSIMILE COVER SHEET AND M	ica a 5 • Fax HQ Tieline 38379 22
DATE:	September 18, 1996 NO. OF PAGES: 4 (including this sheet	MESSAGE NO.: {Message #}
TO: Title: Organization: City/Country:	Christopher Gibbs DESTINATION FAX World Bank Washington, USA Caleel Nyambura Githagui DIVISIONAL FAX I	
Title:	NGO Liaison and Participation Officer Dept./Div.	
Division: Room No.:	Regional Mission of Eastern Africa 508 Telepho	one: 714141
SUBJECT/ REFERENCE:	Notes on Family Health Foundation	

Transmission authorized by: authorization

If you experience any problem in receiving this transmission, inform the sender at the telephone or fax no. listed above.

.

TACKLING POPULATION GROWTH AND HEALTH ISSUES IN KENYA'S RURAL AREAS

tess than 30 kilometers outside of Nairobi, more than 12,000 people live in absolute poverty. The vast majority of these individuals are dependents of the approximately 500 employees of the Tigoni-area tea plantations in Kiambu District. The families are grouped in small villages, largely without running water or electricity. People struggle to survive, earning Ksh 2 (approximately \$.04 cents) for every kilogram of tea lives picked. Further, plantation owners subtract food expenses, school fees, and other costs from the small monthly salary – leaving plantation workers with a zero balance and forcing them to remain in these destinute conditions.

In this region, large families of nine, ten, or even more children are still common. In Tigoni, an extra set of hands to pick tea lives could ensure that food is put on the table. In addition, the vast majority of the women are single mothers — supporting families on their own and engaging in sexuai activity with a variety of partners. While population growth has stabilized in most of Kenya, families are growing around the tea plantations. Without family planning services and information about sexually transmitted diseases, local officials have also seen the prevalence of HIV/AIDS on the rise. In an area where witchcraft and female circumcision are still common practice, the Family Health Foundation has found success in family planning and HIV/AIDS prevention where the government medical officers could not.

IDA'S POPULATION PROJECTS

Since the Population IV project was initiated in 1990, the National Council on Population and Development (NCPD) has worked through five Non-governmental organizations (NGO) to improve its capacity to distribute family planning information and services to the rural areas: Kenya Catholic Secretariat, Chania Clinic, Christian Health Association of Kenya, Family Planning Association of Kenya, and the Family Helath Foundation. The ground-work for NGO involvement in Population IV was laid in Kenya's first two Population projects; in both projects, NCPD collaborated with NGOs on the information and education components of family planning. Those experiences enabled NCPD to refine and improve its funding mechanisms for NGOs. Consequently, five NGOs were involved in Population IV from the outset – participating in the identification and design of the project, and receiving funds to carry-out the implementation of sub-projects, largely in the rural areas.

THE FAMILY HEALTH FOUNDATION

REALLY ;

"We came for family planning but we found that we had a host of other problems. When you come to Tigoni, you see what poverty really is."

- Mrs. Wairagu, Family Health Foundation

The numbers alone are impressive. The Family Health Foundation serves a community of almost 20,000 direct recipients, seeing an average of 150 patients in its one-day-a-week health clinic. In addition, FHF has trained over 120 community health workers since 1994, 12 traditional midwives, and ten family planning counselors, who distribute pills and condoms in the tea plantation villages. These accomplishments come with a full-time staff of three and a six-year budget of Ksh 9.9 million (approximately \$180,000) from the NCPD with IDA funds.

"We have done what they (the government) could not have done. There was no health care in this community before we arrived."

The closest government health center is located in Kiambu — a Ksh 120 expense not including fees for service and medicine — impossible for most residents to afford. The FHF began providing health services in the Tigoni area from its mobile health clinic — a four-wheel drive Nissan packed with boxes of supplies. Two years later, the community has constructed a shed to house the FHF health clinic. P. 002

P. 003

In order to provide health services at the lowest cost, FHF has formed an innovative partnership with the nurses training college in Banana. While nurses are stationed in Kiambu district for their three-month rural health practical, FHF transports them to the Tigoni area clinic to see patients every Thursday. On arrival, women and children have already lined up outside of the shed, having walked from up to 10 kilometers away through extremely hilly terrain. During the weekly session, the nurses perform routine check-ups, weigh infants, give immunizations, and provide antibiotics from the make-shift pharmacy.

The primary responsibility of FHF, through its World Bank/Government grant, is to provide information and education about family planning. So in addition to its health care component, the FHF developed a one-week community health worker training course. The curriculum covers basic community health issues, income generating activities, and family planning information. In two years, FHF has trained 120 community health workers -- with at least one stationed in every village in the Tigoni area. Further, FHF has trained 12 midwives who assist in natural births, since women cannot afford transport to the hospital, and refer complicated cases to the private hospital 15 km away. Finally, ten family planning counselors are trained and equipped by FHF to provide pills, condoms, and educations to the Tigoni villages.

THE COMPARATIVE ADVANTAGE OF WORKING THROUGH FHF

AIDS is rarely discussed in the communities around Tigoni. Although officials report an increasing number of cases in the area, families are uninformed and/or reluctant to admit the incidence of AIDS in their communities. With the only government health center not in reach, AIDS education and diagnosis were non-existent in Tigoni before FHF arrived. FHF worked quickly to establish files in the community, developing a trusting relationship by providing basic health services and training community health workers. Although many people still deny the existence of AIDS in Tigoni, a growing number of family members have reported the symptoms of HIV to FHF's community health workers. With a mobile health clinic and facility in the community, FHF has been able to more rapidly diagnose AIDS cases and arrange transport for patients to the nearest hospitals.

In addition, these strong community bonds have resulted in on-going infant health care. Women travel great distances, clutching tattered infant growth charts, to have their babies weighed and examined at the FHF clinic. The nurses administer vaccinations and provide antibiotics when the children are ill. Without the FHF presence, the children and their mothers would never receive health care.

THE KEYS TO SUCCESS: INVOLVING NGOS IN BANK-FINANCED PROJECTS

The National Council on Population and Development has been extremely successful in involving NGOs in its family planning efforts nation-wide. NCPD has utilized NGOs, building on their comparative advantage in reaching remote areas and in establishing strong ties to the local communities. In addition, NCPD has been careful to recognize the capacity of existing NGOs - not pushing small organizations to undertake nation-wide efforts.

The experience of FHF in Tigoni illuminates four important lessons for involving NGOs in Bank-financed projects:

* Recognizing the size and the capacity of the NGOs involved is critical. Mrs. Wairagu emphasized that the small size and staff of FHF enabled it to easily handle the World Bank/Government grant without needing to build a larger staff or increase overhead expenses. Further, the grass-roots orientation of FHF resulted in strong community connections -- ties not easily created with larger, more centralized organizations.

* Involving NGOs in project identification and development will result in more successful implementation. By designing the project with the five participating NGOs, NCPD was better able to develop a plan of action that best utilized the comparative advantages of each NGO. In addition, throughout the course of the three Population projects, NCPD was able to both address the challenges faced in procurement and disbursement with

-

NGOs and to build the capacity of NGOs in accounting and auditing. This was possible because NCPD coordinates quarterly meetings, bringing together representatives of Government and the participating NGOs, to review the projects and address challenges.

* Collaboration with existing NGOs or other organizations should be emphasized wherever possible. FHF, although small in permanent staff, is a model in collaboration -utilizing the training nurses to provide health services in the rural areas and even using its vehicle to assist the City Council in delivering immunizations in the Nairobi area. This approach ensures that IDA funding is not used to create or expand organizations when it is not necessary; rather donor money is leveraged to provide greater services with existing groups. In addition, NCPD capitalizes on the expertise of each participating NGO -working with FPAK for the information and education component, the Chania Clinic for surgical contraception, KCS for natural family planning, and FHF and CHAK for direct delivery of services.

NGOs are capable of providing more integrated services with IDA funding. In contrast to the Government department, specialized in a particular area, the FHF was able to identify the needs in the Tigoni community and respond accordingly. Although the clear focus of the grant was family planning, through collaboration FHF was also able to provide basic health services as part of its mission.

NCPD's Population IV Project provides a clear example of the benefits of working through NGOs. The Family Health Foundation more effectively reached out to the rural communities in Tigoni, providing both basic health care and family planning counseling, while building strong community ties.

FUHO

EVALUATION OF KENYA POPULATION III

David	Crapper, Malcolm Potts, Murray Culshaw		
CONTI	ENTS		
Abbreviations			
EXECU	JTIVE SUMMARY		
Evalua	tion Success Ratings (Table)		
MAIN			
1.	BACKCBOLIND		
2.	IDENTIFICATION, DESIGN and APPRAISA	AL	
З.	IMPLEMENTATION		
4.	IMPACT and SUSTAINABILITY		
5.	LINKS TO OTHER REPRODUCTIVE HEAL	TH ISSUES	
6.	CROSS-CUTTING ISSUES		
ANNE	XES AND TABLES (see over)		
This di	raft dated: January 15, 1997, <u>CIRCULATE</u>	D FOR COMMENT TO:	
Jackie	Mundy BDDEA Nairobi (for circulation w	ithin BDDEA as appropriate)	

Jackie Mundy, BDDEA, Nairobi (for circulation within BDDEA as appropriate) Phil Evans, BDDEA, Nairobi David Nabarro, HPD, ODA, London Malcolm McNeil, HPD, ODA, London Kaori Myamoto, World Bank, Washington

and for information to:

AND REPORT OF STREET

Simon Robbins, EvD, ODA, London Bernard Jordan, EvD, ODA, London Murray Culshaw, Bangalore Malcolm Potts, California ANNEXES

A. Terms of Reference

- B. Itinerary
- C. People Met
- D. Bibliography

1200

Page 1

E.	Background: Population Issues in Kenya		
F.	Background: NGOs in Kenya		
G.	Family Planning Association of Kenya		
н.	Christian Health Association of Kenya		
J.	National Council of Churches of Kenya		
к.	Kenya Catholic Secretariat		
L.	Kenya National Union of Teachers		
M.	Population and Health Services		
N.	Breastfeeding Information Group		
P.	Performance on Reporting, Monitoring and I		
Q.	Couple-Year Protection as a measure of Cos		
TABL	ES		
1.	Revised Logical Framework		
2.	Performance on Risks and Key Assumptions	THE REPORT OF THE PARTY OF THE	
3.	List of Recipients of UK training	a de grande de la company de la company	
4.	Summary of total ODA expenditure		
5.	Summary of Flow of Funds to NGOs		
6.	Other tables		
TABL	ES IN ANNEXES		
G1	FPAK: Actual Expenditure vs Approved Bud	get	

- H1 Health services provided by CHAK members
- H2 CHAK: Actual Expenditure vs Approved Budget
- J1 NCCK: Actual Expenditure vs Approved Budget
- K1 KCS: Actual Expenditure vs Approved Budget
- L1 KNUT: Actual Expenditure vs Approved Budget

EVALUATION SUMMARY

THE PROJECT

1. Kenya Population III was funded in parallel with the World Bank over the period 1988-1994. It was the third in a series of Bank population projects, starting in 1974, responding to Kenya's position of having the highest birth rate and population growth rate of any large country in the world. The project's purpose was to improve the effectiveness of the Kenya population programme by increasing the demand for and availability of family planning services, and strengthening the capacity of government and the NGOs to deliver services. The ODA contribution of ,4.6 million was used to fund: clinic development, training programmes and running costs for five NGOs; new initiatives by NGOs; a study of NGO funding; and UK training for GoK and NGO staff. (Paragraphs 1.1-1.13, 2.1-2.2).

THE EVALUATION

2. The project was selected for evaluation as one of a series of 11 ODA-funded population projects, the lessons from which will be included in a synthesis study to be produced in 1997. The evaluation was undertaken in August 1996 by a team of three consultants in Economics, Reproductive Health and NGOs. During a two week visit to Kenya, the team studied documents in the BDDEA office, met and reviewed the work of the five NGOs, held meetings with NCPD and other GoK departments, made field visits to project sites, and met representatives of other population NGOs and interested agencies. The visit coincided with that of a World Bank Implementation Completion Report mission.

FINDINGS

4.

Design and Appraisal

PREP FOCUS RAMEWORK

The initial project design followed a top-down approach, based on the assumption that 3. socio-econommic change is a pre-requisite to fertility change. It put too much emphasis on IEC rather than service delivery, even though, on the one hand, awareness of contraception and the demand for smaller families were already quite high, and on the other hand, access to family planning was inadequate in many parts of the country. The conceptual framework was built on rather limited Kenyan family planning experience, and there was a missed opportunity to apply the best of global experience, for instance on CBD programmes. (Paragraphs 2.4-2.7)

NGOS

TARGETING

There is no evidence that the NGO community as a whole was consulted about the design of the project, or that the most appropriate NGOs were selected to achieve the project objectives. More specialist help could also have been given to the selected NGOs to help them plan their programmes. (Paragraphs 2.10-2.13).

5. The appraisal did not examine the cost-effectiveness of the proposed interventions, nor did it look at the possibilities for focussing the provision of services on low income groups, or the poorer regions of the country. Adolescents were another important group not targeted. (Paragraphs 2.8-2.9, 2.18-2.21)

IEC activities

Detailed targets were set for IEC activities, and as far as can be ascertained, most of the 6. NGOs achieved some or all of these. There was, however, no attempt to measure the quality or impact of the training programmes and it is therefore not possible to assess the impact on the demand for family planning services, and the decline in fertility. The only quantitative evidence available is disappointing - FPAK's market share fell by a half between 1988 and 1993. The CHAK programme was assessed by an independent evaluation to have been expensive and to have made no discernible impact on demand, the KCS programme was limited to one method, while the other two NGOs were not, with hindsight, the most suitable partners, since they were unable to link IEC with the delivery of services. The activities of all five partners overlapped to some extent, and fewer but larger projects might have been more effective. IEC was thus one of the least successful of the project outputs. (Paragraphs 3.2-3.8, 4.4-4.13).

Page 3

7. The project component for new initiatives by other NGOs was not well managed by NCPD, and in the event, only 20% of the available funds were spent. (Paragraphs 3.9-3.10).

Service delivery

8. The service delivery programmes were more successful. The number of effective SDPs run by FPAK and CHAK increased as a result of the project, and both made available a full range of contraceptives - FPAK in particular, providing injectables, and Norplant and VSC outside formal clinics. FPAK's total number of CYPs delivered is a significant portion of the total national use of modern contraception (unfortunately, CHAK does not collect data on CYPs). KCS was reasonably successful in providing NFP services, but actively discourages the use of alternatives. Within this constraint, it could have done more to promote breastfeeding, and wider knowledge of the infertile period. (Paragraphs 4.14-4.19, 4.21-4.29, 4.38)

9. Nevertheless, more could have been done with the funds available. Too many resources went into building a small number of fixed clinics for FPAK, at a cost of ,160,000 each, the size of which was not justified by the throughput of customers. By contrast, the expenditure of ,8,000 each on rehabilitating 20 CHAK clinics was more cost-effective. Too little went into promoting CBD programmes. (Paragraphs 3.11-3.14, 4.20-4.21, 4.30).

Management

10. Project design depended to a considerable extent on NCPD management, yet its weaknesses had already been identified and no alternatives were explored. A full time field manager was not appointed until 1990. He was responsible for both the World Bank and ODA components, but by 1990 there were more critical problems with the former, and he was unable to spend much time monitoring or improving performance on the ODA NGO components. (Paragraphs 2.14-2.16, 3.36).

11. The funding to strengthen the capacity of NCPD was almost entirely unproductive. It is not the most appropriate organisation to run a service delivery project, and it does not have the autonomy to handle donor finances efficiently. It was unable to implement the new initiatives project in full. Much of the heavy investment in training was lost though staff leaving, and it will not be involved in the next ODA project, Family Health. (Paragraphs 4.31-4.35)

Reporting and Finance

12. The MIS was too complicated and did not work. No attempt was made to consolidate and analyse reports. Annual reviews by donors took place as planned, but few visits were made outside Nairobi, resulting in a failure to pick up implementation problems in the field. (Paragraphs 3.28-3.34).

13. The way the project budget was set up for the NGO component made it virtually impossible to monitor progress against the detailed targets in the project memorandum, and the distribution and level of actual expenditure bore little relation to that planned. (Paragraphs 3.19-3.23).

14. The decision to cut off disbursements in 1992, because of delays in submitting audited statements, though justified by the agreed covenants, was harsh. No action was taken to monitor the statements when they were received, and large amounts of money were subsequently handed out at the end of the project period without insisting on work plans, monitoring or audit. (Paragraphs 3.24-3.27).

Goal and Purpose

15. During the period 1989-93, there were significant positive changes in all the purpose and goal indicators: awareness of contraception, family size, prevalence, distribution of contraceptives, fertility and population growth rate. However, most of these changes were under way before the project started and are likely to be the result of earlier investments. Nevertheless, fertility decline has continued since 1993, and investment in the NGO training, construction and service programmes under Population III will have made some contribution towards this further decline. (Paragraphs 4.43-4.51).

NGO strenath. 16. The main roles of NGOs in future should be to concentrate on the provision of services, which they are able to do as cost-effectively as government. NGOs also have the potential to act in areas governments may hesitate to enter, such as providing services for adolescents, or HIV prevention among prostitutes, although these roles were not exploited by the NGOs selected in Population III. The prospects for sustainability of NGO activities depend on them achieving a reasonable degree of cost-effectiveness and increasing the degree of cost recovery. Only FPAK has made a start with charging for services. (Paragraphs 4.36-4.42, 4.52).

17. In terms of the key risks identified in the project framework, those which have adversely affected the achievement of project objectives include the variability of political support, partly due to pressure from the churches; the lack of evidence linking IEC activities to new demand for services; the low impact of project-funded CBD programmes; the technical and managerial weakness of NCPD and its inability to add value to NGO programmes; and the failure to make any progress on the long-term sustainability of NGOs. (Paragraph 4.55).

Cross-cutting issues

18. By improving accessibility to additional family planning choices, this project will have helped improve the autonomy and status of women. It will also have assisted in the attack on poverty, though there is no evidence that services were focused on the most needy. The FPAK fixed clinics are all located in urban areas, and the high standard of design may also have discouraged the poor. CBD programmes have the most potential to reach the poorest, but were not a strong feature of the project. The IEC programmes were largely directed at schools, yet 80% of teenagers, including many of those from the poorest homes, do not attend school. Finally, the contribution to fertility decline has helped relieve pressures on the environment, but this benefit will take some time to manifest itself - the country will have to accommodate to a doubling of numbers, however successful the family planning programme turns out to be. (Paragraphs 6.2-6.13).

LESSONS LEARNED

19. Where awareness of and demand for contraceptives services are high, project design should concentrate on the delivery of services. NGOs are often more cost-effective at service delivery

INSTRUM.

than government, but the opportunity should also be taken to use NGOs for activities which governments are not best able to do, such as services to adolescents. (Paragraphs 3, 4, 16).

X

20. Not all NGOs are good at all activities, and care should be taken to analyse their strengths and weaknesses in order to choose the most appropriate NGOs for the job. They should be consulted about project design, and should agree and understand the targets and budgets being allocated, against which their performance will be judged. (Paragraphs 4, 13).

21. MIS systems should be simple, and should enable collection of data on impact, especially of training programmes. For service delivery components, NGOs should be helped to collect and analyse data which will monitor the number of, and cost per, CYP achieved, and to use this information as a management tool. (Paragraph 12).

22. The construction of new facilities can use up an excessive amount of resources without contributing much to the achievement of project objectives. Rehabilitating existing buildings, renting space, providing services in makeshift facilities nearer to the consumer, and/or promoting non-facility-based CBD programmes may be more appropriate and cost-effective. (Paragraph 9).

23. More emphasis should be given to innovative components like breast-feeding, the most natural of all methods of fertility regulation, as well as being cheap and effective. NGOs whose religious beliefs limit the scope for using physical methods of contraception should also be encouraged to provide information more widely, including through the media, on the infertile interval, for the large numbers of couples using unsophisticated forms of periodic abstinence. (Paragraph 8).

24. If population projects are to have a poverty focus, time should be spent at the beginning to develop strategies to reach the poor, and to select the most appropriate NGOs with access to poor and vulnerable groups. (Paragraphs 5, 18).

25. In the context of partners for future reproductive health projects in Kenya, the experience of Population III is that CHAK, FPAK and KCS are worth supporting in future projects. CHAK has access to a large number of SDPs, and is appropriate and cost-effective; FPAK should concentrate on VSC and Norplant in their clinics, leaving outreach to others; and KCS should be encouraged to include items such as breast-feeding in their portfolio. NCCK is essentially a lobbying and policy group rather than an operational NGO, and is not the best partner for a service delivery project. (Paragraphs 8, 9).

EVALUATION SUCCESS RATINGS

The Overall Success Rating for a project is allocated on a scale from A + to D according to the following rating system:-

Highly Successful (A +): <u>objectives completely achieved or exceeded</u>, very significant overall benefits in relation to costs

 Successful (A):
 objectives largely achieved, significant overall benefits in relation to costs

 Partially Successful (B):
 some objectives achieved, some significant overall benefits in relation to costs

 Largely Unsuccessful (C):
 ware limited exhieves to full in the size of the size

Largely Unsuccessful (C): very limited achievement of objectives, few significant benefits in

relation to costs

Unsuccessful (D): <u>objectives unrealised</u>, no significant benefits in relation to costs, project abandoned

The judgement on the Overall Success Rating is informed by a tabulated series of judgements on individual aspects of performance, including the project's contribution to achievement of ODA's **priority objectives** (listed in the upper section of the table). First an assessment is made of the relative importance in the project of each criterion or objective, which may be **Principal** or **Significant**; or, if not applicable, it is marked " - " . Where no specific objective was established at appraisal, the importance assessment is given in **brackets**. Each performance criterion is then awarded a rating, based only on the <u>underlined</u> sections of the five-point scale above.

Project Performance Criteria	Relative importance	Success Rating
Economic Liberalisation	(HOM, dttash)	Division of Pamil
Enhancing Productive Capacity	ogesterone-edetati. (C-lor	ο γγατροφή τη τη Ο
Good Governance	-	Furriy Plan ingu
Poverty Impact	section of l'anyo	Family Planning F
Human Resources: Education	elopment Association	International Dev
Human Resources: Health	atton and Communication and Paranthood Ecoestic	internerron, Edu. Internerron, Edu.
Human Resources: Children by Choice	Principal	В
Environmental Impact	ston of Tearrow	Venye Alational U
Impact upon Women	madon System	Manadamant Info
Social Impact	abitation	Menual vegucar
Institutional Impact	Principal	na vinaci B radisM
Technical Success	Significant	В
Time Management within Schedule	Significant	cieve0 Boonv0
Cost Management within Budget	(Significant)	Hone nA+1
Adherence to Project Conditions	Significant	С
Cost-Effectiveness	(Significant)	nement (Brinews
Financial Rate of Return	ation Prince ation Training Programma	Technical Cooper
Economic Rate of Return	v Fordit	Vations Popular or
Institutional Sustainability: NCPD	Principal	to fame v.C. one v
Institutional Sustainability: NGOs	Principal	A

Overall Sustainability		(Significant)	B
OVERAL PROJEC	LL SUCCESS RATING ODA		В
ABBREVI	ATIONS	country and printing	
AVSC	Association for Voluntary Sur	gical Contraception	
	ritish Development Division in East		
BC	British Council		
BLT	Bilateral tubal ligation		
CA	Crown Agents		
СНАК	Christian Health Association of	of Kenva	
CBD	Community-based Distribution		
DFH	Division of Family Health (MC		
OHS	Demographic and Health Surv		
OMPA	Depo medroxy progesterone a		ara)
LE	Family Life Education		a second and the last of the second second second second
P	Family Planning		
PAK	Family Planning Association of	of Kenya	
ЗоК	Government of Kenya		
DA	International Development Association		
EC	Information, Education and Co	ommunication	
PPF	International Planned Parenthe	ood Federation	diller Park user neme
CS	Kenya Catholic Secretariat		
(FY	Kenyan Fiscal Year		
NUT	Kenya National Union of Teac	Kenya National Union of Teachers	
ЛIS	Management Information Sys	tem	
ИОН	Ministry of Health		
AVN	Manual vacuum aspiration		
ICCK	National Council of Churches	of Kenya	
NFP	Natural family planning		
IORADN	orwegian Development Agency		
ICPD	National Council for Populatio	n and Development	Service of a construction of the service
DDA	Overseas Development Admir	nistration	
DDG	Overseas Development Group, University of East Anglia		Anglia
PHS			
RHU	Rural Health Unit		
SDP	Service delivery point		
SIDA	Swedish International Development Agency		
CO	Technical Coordination Office		
CTP	Technical Cooperation Trainin	g Programme	
	nited Nations Population Fund		
	S Agency for International Developr		
/SC	Voluntary surgical contracept	ion	
. E	BACKGROUND		

٠

Population in Kenya (see also Annex E)

1.1 During the mid seventies, the combined effects of early marriage, abbreviated intervals of breastfeeding, and lack of access to family planning, had given Kenya the highest birth rate (52/1000) of any large country. By the late eighties, it had the most rapid population growth rate (4.1% per annum) and the highest dependency ratio (119) too. The population has grown by three times since Independence in 1962, and will double again in approximately twenty years. With almost 60% of the population currently below the age of marriage, the present momentum will affect population growth in Kenya until well into the second half of the twenty-first century.

1.2 Rapid population growth has been a significant factor in holding back socio-economic development. Between 1964 and 1972, GDP grew by 6.5% a year, but partly as a result of rapid population growth the World Bank has reclassified Kenya as a low income country. Just as the economy and health service were falling behind, Kenya was struck by the devastating and self-sustaining AIDS epidemic, with HIV prevalence increasing inexorably throughout the country.

1.3 Throughout this period of uniquely rapid population growth, there is evidence that women were having more children than they wanted. In 1993, for instance, women were having an average of 5.4 children but only wanted 3.7, with almost one half (46%) of fertile women not wanting any more children at all. Public attitudes and policies concerning population have evolved more slowly than private attitudes, and even today policies are constrained by religious and cultural forces. The FPAK began discussion of population problems in 1962, and pioneered the availability of services on a small scale. The government, with donor assistance, began cautious support of family planning in 1967. These early programmes showed that Kenyans were prepared to buy contraceptives, but services were not followed up. In retrospect the people of Kenya were ahead of the planners and the problem of the past decade has been the failure of service delivery to keep pace with demand.

Donor Assistance to the sector

1.4 Kenya's population programme has been supported by donors from the beginning. USAID has been the largest donor, directly through bilateral projects, and indirectly through various agencies, covering all aspects including contraceptive supply and logistics, voluntary surgical methods, social marketing, private sector development, management and training. UNFPA has played a key role in donor coordination, policy development, support for the NCPD, and funding of the national census. Other bilateral donors have included SIDA, Norad, FINNIDA, GTZ and ODA. The World Bank has supported population projects in Kenya since 1974, with co-financing from ODA and other donors.

Project Description

1.5 Population III was approved in 1988, with the threefold aims of increasing the demand for family planning services, increasing their availability, and strengthening the capacity of government and the NGOs to deliver. The focus was on improving the delivery of family planning services throughout the health sector, including NGOs. It involved a number of donors. Out of the total cost of \$28.3 million, IDA was to contribute \$12.2 million, NORAD \$5.0 million, the GoK \$2.7 million and ODA \$8.4 million (equivalent to ,4.6 million in cash prices). All funding was in parallel, with

each partner funding discrete components. (NORAD withdrew before the project started, after breaking off diplomatic relations with Kenya).

1.6 The main ODA contribution went to five selected Kenyan NGOs to finance clinic development, vehicles, equipment and materials, training programmes and incremental running costs for four years:

FPAK (£1.533mn) to expand and strengthen service delivery, and to support IEC activities

- CHAK (£1.221mn) to expand and strengthen service delivery, and to support teacher training programmes in family life education (FLE)
- Ar NCCK (£0.741mn) to support FLE activities
 - & KCS (£0.180mn) to continue IEC activities
 - & KNUT (£0.330mn) to spread population education among teachers

1.7 The remainder of the ODA funding was to cover:

- & UK training for NCPD and NGO staff (£0.200mn)
- Ar New initiatives by NGOs (£0.271mn)
- A study of alternative funding sources
- A Project monitoring (£0.077mn)

1.8 Funds from the other donors were to be used for further institutional strengthening of the NCPD (development of an MIS, research and evaluation, staff training, establishment of district population offices), and multi-sectoral programmes with other government departments including the Health, Education, Social Services and Agriculture departments, and involving the funding of IEC materials, training, vehicles, VSC facilities etc.

The ODA Project Objectives

1.9 The ODA project memorandum included a logical framework, but in the old style format. An attempt has been made in Table 1 to recast the aims and objectives, as described in the original logical framework and in the memorandum, into a more modern format, with a more relevant set of indicators of achievement. This revised framework has been used as the basis against which implementation and impact are evaluated in Chapters 3 and 4. The project objectives may be summarised, in the new format, as follows:

1.10 The project's *GOAL* was to reduce the rate of population growth in Kenya through lowering fertility.

1.11 The project's *PURPOSE* was to improve the effectiveness of the Kenya population programme.

1.12 The project's OUTPUTS were to be:

Increased demand for family planning services from ODA-funded NGOs.
 Increased availability, accessibility and quality of family planning services provided

through ODA-funded NGOs.

- Technical and administrative capacity of NCPD strengthened to plan, coordinate and monitor population programme activities.
- Capacity of NGOs strengthened to provide family planning services on a sustainable basis.

1.13 The project's ACTIVITIES relating to the above outputs included:

- Demand creation: production of posters, pamphlets, films, seminars; training for teachers, counsellors, church elders, youth leaders, motivators, evangelists in FLE; training for trainers and volunteers in natural family planning methods.
- Service delivery: construction/renovation of clinics and dispensaries, support for outreach clinics; pilot Community Based Distribution programmes; delivery of NFP advice.

Ger Overseas training for NCPD staff and employment of a TCO Project Coordinator.

& Overseas training for NGO staff; study of options for NGO funding.

The Evaluation

1.14 The evaluation comprised a two week visit to Kenya, during which the evaluation team studied documents in the BDDEA office, met and reviewed the work of the five NGOs, held meetings with NCPD and other GoK departments, and made field visits to project sites, and met representatives of other population NGOs and interested agencies. The visit coincided with that of an Implementation Completion Report mission on Population III by the World Bank.

lewin model, texars in

1.15 Chapter 2 of this report covers lessons from early stages of the project cycle, chapter 3 assesses performance and issues in the achievement of objectives at the input and activity levels, chapter 4 assesses achievement of output, purpose and goal level activities, chapter 5 considers the project's links with other reproductive health issues in Kenya, and chapter 6 discusses some cross-cutting issues.

2. IDENTIFICATION, DESIGN and APPRAISAL

IDENTIFICATION

2.1 Population III developed as a continuation of two previous World Bank population projects in Kenya. The first (1974-79) was largely concerned with improving health facilities and infrastructure, the second (the Integrated Rural Health and Family Planning Project (IRHFP), 1983-1990) was more directly focused on demand creation and the expansion of service provision in the rural areas. By 1984, however, it was apparent that the objectives of IRHFP were not being fully achieved and that Kenya was failing to meet fertility targets. To remedy this, IDA and the GOK agreed to develop a new project, Population III, to support new activities which would have a greater impact on fertility.

2.2 ODA involvement in the two earlier projects was modest, comprising the cost of some

buildings and vehicles. Kenya is a priority country for ODA's health and population assistance, though the existence of other established major donors, and limited management resources, made ODA reluctant to establish a substantial bilateral programme in the sector. Participation with other donors in Population III offered an opportunity to make a bigger contribution to the sector, while sharing project management overheads.

2.3 The project met one of the two aims of ODA policy towards the population sector in Kenya, which are to support NGOs which provide effective family planning services, and to respond to requests from the DFH to make up shortfalls in contraceptive supplies (especially injectables). The latter aim has been met through separate projects during the period of Population III.

DESIGN

Key principles and alternative options

2.4 Two major assumptions in the design were that the appropriate family planning interventions strategies had been adopted, and that the appropriate NGOs were selected. These assumptions were not fully justified.

2.5 Population interventions can be designed in one of two ways. One is a centralized, topdown, medicalized approach, largely built around fixed clinics dedicated to providing family planning services. This model is often accompanied by an assumption that fertility is innately high, that IEC may need to take priority over services, and that if fertility decline is to occur it is likely to be closely linked to development in other sectors, as measured for example by per capita income. The alternative model treats family planning as an important personal choice, rather than as a medical therapy. It assumes that many people, even though poor and perhaps not well educated, will choose to have smaller families. It focuses on making services available, often using non-medical community-based channels of distribution, such as social marketing. The top down model tends to favour the free distribution of contraceptives, while the community model often emphasizes some degree of cost-recovery.

2.6 The NCPD had been created in response to pressure from the UNFPA and other donors in the context of a top-down model, and Population III was designed in the 1980's according to this model. The initial design put less emphasis on creation of service delivery capacity than on a Astrategically planned and coordinated IEC program@ to Afurther create acceptance of, and demand for family planning@, even though realistic access to family planning services remained inadequate in many parts of the country. The design of the project included very little financing of contraceptive supplies: there is hardly any reference in the World Bank SAR report regarding projected requirements of different types of contraceptives for the project period or on the expected contribution of contraceptive supplies by different donors outside the project. Nor was there reference to services that had been tried outside Kenya. For instance, alternative ways of bringing contraceptive choices to a community and of providing voluntary sterilization in responsible and safe circumstances existed elsewhere and were well documented.

2.7 When the project was designed, Kenya had one of the most serious demographic problems of any nation, but evidence was already emerging that people wanted smaller families. The dramatic deterioration in reproductive health as a result of the spread of AIDS had already begun.

During the course of implementing Population III, empirical evidence from the 1989 DHS revealed that demand for contraceptives was higher than had been estimated during the Appraisal, and that the second model might be more appropriate. Instead of reprogramming Population III, however, the World Bank introduced an additional project (Population IV) to deal with the gap in contraceptive supplies.

2.8 The project design omitted to review ways of providing service which might have been more cost-effective. For instance, were fixed clinics necessary, or could CBD programmes have been developed more rapidly? Were there enough existing clinics to meet the foreseeable demand for VSC training? Were patterns of breast feeding changing and perhaps increasing fertility? Could VSC have been contracted out to a large number of existing facilities more cheaply and appropriately than building a small number of fixed clinics? Had these questions been asked, the CBD programme might have been greatly simplified and improved, and the clinic construction programme could have been largely avoided.

2.9 The project failed to extend significant services to adolescents, who presented the most serious demographic and reproductive health problems, but who were also the most neglected group. Those aged 10 to 19 comprised 21% of the total population, and one fifth of young women aged 15 to 19 have at least one child. Young women in particular are vulnerable to STDs, abortion and the acquisition of HIV, yet there is widespread denial of pre-marital sexual behaviour and widespread opposition in all major religious groups to providing services for young people.

2.10 The second of the basic assumptions was that <u>the appropriate NGOs</u> had been selected. There was an implicit assumption that it would be good to work through NGOs, and Population II had included support for a wide range of NGOs. Only those NGOs which had proved themselves were included in Population III (plus some very modest funding for new initiatives by others). Prior to selecting the five NGO's there is no evidence that any kind of pre-qualification survey was done (eg of NGOs specialising in family planning and others), with a view to having options to select from. There is no evidence that alternative community based / NGO networks were considered, such as women's and self-help groups, of which there are thousands; or the networks of the larger international NGO agencies such as Action Aid, Oxfam, Care, Plan and SCF. There is no evidence of a serious search to identify NGOs which would have been in the best position to implement different elements of a family planning programme. One example of a missed NGO is the Breast-feeding Information Group (see Annex N).

2.11 There is no evidence that the five selected NGOs, or NGOs in general, were consulted about the design of the project or invited to contribute their ideas on the overall shape of Population III, including the IDA components. There could, for example, have been discussions with a specially selected group of health care/family planning and rural development agencies to consider key elements of the design.

2.12 It seems as though the few NGOs who had proven themselves in the IRHFP project were invited to submit proposals, which were then discussed and modified to suit the projects aims. It was not clear that a design framework was established against which the NGO proposals could be judged, nor were the NGOs offered any professional advice on the design of their own sub-project. Overall, there is an impression that the NGOs were selected almost by chance and that they were supported for projects which they happened to come up with.

2.13 More generally, there is no evidence either that ODA had much input into the design of this project, but rather moved in to fill a financing gap in an already designed World Bank project.

Project management

2.14 Overall responsibility for managing Population III (including the World Bank components) was given to the Ministry of Health, with the director of the NCPD in day to day charge. (In practice, NCPD was fully responsible for all the ODA components). The NCPD had been established in 1982, to coordinate population activities by government departments, the private sector and NGOs. The Division of Family Health, in the Ministry of Health, however, is responsible for the actual provision of family planning services through Government SDPs. At the time Population III was set up, NCPD was accepted as having the lead role in the development and promotion of population policies and programmes, though without being able to provide authoritative technical leadership.

2.15 The project design depended to a considerable extent on the NCPD, yet as early as November 1989, concern was being expressed within BDDEA that NCPD is Aan organisation without a mission and the staff are not being motivated to work". These problems were almost certainly visible when the project was being designed, but there is no evidence that this weaknesses was realistically evaluated or that alternative project management strategies were explored.

2.16 No specific ODA project management arrangements were put in place initially, other than additional consultancy inputs of up to 6 weeks per year to supplement inputs from ODA resident advisers. Subsequently, a long-term TCO was appointed for the period 1990-1993, to monitor both the ODA and the IDA components.

Reporting, monitoring and evaluation

2.17 The intended arrangements are described in the first column of Annex P.

APPRAISAL

2.18 The technical appraisal was inadequate. It did not provide any justification for the approach adopted, or assess the ability of the selected NGOs to achieve the project objectives. The appraisal assumed it is a well-established fact that NGOs are a cost-effective way of implementing population projects.

2.19 The economic appraisal rehearsed in general terms the adverse impact of rapid population growth in terms of the demands on public expenditure, the pressure on land and resources, and the difficulty of finding employment for a rapidly growing labour force. No specific estimates were made of economic benefits, which is not unreasonable for a project of this kind. However, some attempt might have been made to rank possible interventions by cost, which would have drawn attention to the importance of cost-recovery and cost-effectiveness. A valuable opportunity was missed, for instance, when Population III failed to explore more cost-effective and appropriate ways of delivering CBD services and VSC.

2.20 No financial appraisal was carried out, and it was assumed that the budgetary allocations to be made by the GoK would be adequate. The longer-term financial sustainability of the NGOs was to be addressed by a special study.

2.21 There was no specific attempt to relate the project to a poverty analysis, to the needs of vulnerable groups, or to gender issues. The project did not look at low income groups or poorer regions, with a view to selecting NGOs and family planning approaches most likely to address the needs of these groups, or to make a link between strategies and techniques of family planning, geographical areas of high poverty incidence and groups of the poor and very poor. For example, pastoralists living in the arid and semi-arid lands which cover 80% of the area of Kenya contain a fifth of the national population, and are amongst the poorest, yet this group received no particular attention by the selected NGOs.

Project conditions

2.22 ODA assistance was conditional on a number of covenants associated with the IDA credit, the most relevant of which to the ODA-funded activities were the requirement for a study of NGO finances; that acceptable guidelines be agreed for the new NGO initiatives; and that NCPD would submit annual work plans including adequate budgetary provisions.

2.23 In addition, specific conditions for the ODA-funded components required NGOs to submit accounts, audited by an ODA nominated company within six months of the end of the financial year, adequate provision to be made in the GoK's annual estimates, and adherence to UK procurement rules.

Conclusions on Identification, Design and Appraisal

2.24 Two major assumptions in the design were that the appropriate family planning intervention strategies had been adopted, and that the appropriate NGOs were selected. These assumptions were not fully justified.

2.25 The initial design followed a top-down approach, and put too much emphasis on IEC rather than service delivery, even though, on the one hand, awareness of contraception and the demand for smaller families was already quite high, and on the other, access to family planning was inadequate in many parts of the country. The conceptual framework was built on rather limited Kenyan family planning experience, and there was a missed opportunity to apply the best of global experience, for instance on CBD programmes.

2.26 The appraisal did not examine the cost-effectiveness of the proposed interventions, nor did it look at the possibilities for focussing the provision of services on low income groups, or the poorer regions of the country. Adolescents were another important group not targeted by the project.

2.27 There is no evidence that the NGO community was consulted about the design of the project, or that the most appropriate NGOs were selected to achieve the project objectives. More specialist help could have been given to the selected NGOs to help them plan their programmes.

Page 16

2.28 Project design depended to a considerable extent on NCPD management, yet its weaknesses had already been identified and no alternatives were explored. A full time field manager was not appointed until two years into the project.

3. IMPLEMENTATION

3.1 This section is structured around the achievement of input and activity targets - demand creation, service delivery, and institutional development of NCPD and the NGOs, as defined in the revised Project Framework in table 1. It also covers other aspects of implementation including reporting, monitoring and evaluation, project management and financial matters. Further details on the work of the NGOs is given in Annexes G-L.

Demand creation

3.2 All five NGOs were supported by ODA to undertake some form of IEC activity.

3.3 Since 1987, **FPAK** has been putting greater emphasis on services than on education, but it still has an IEC centre which conducts training for other organizations including NCPD and the DFH. ODA funding under Population III was intended for various IEC activities such as the design of posters, pamphlets, films, participation in shows, seminars, and staff costs. No specific targets appear to have been set, and no information is available on actual achievements under this programme.

3.4 The <u>CHAK</u> component included funding to continue its family life education programme by training 1280 secondary school teachers to reach 640,000 students over a 10 year period. In the event, CHAK reported that it had trained 3185 youth educators but had reached just 230,000 youth, and that 1140 'bible students' were trained. Whilst the quality of the programme was reported to be good (according to an ODA consultant, it was of a much higher standard than NCCK's), the programme was closed down in 1994. A subsequent evaluation by Population Communication Africa concluded that the IEC/FLE element had not achieved the objectives and was too expensive.

3.5 The **NCCK** objective under the project was to continue the family life education activities started under the IRHFP project, including seminars for church school advisers, guidance counsellors, couples, teachers, etc, and booklets and radio programmes. Targets were to train 5000 church affiliated

participants, 2500 voluntary motivators, 1200 church elders, 1200 youth leaders, 9300 coordinators, 1600 women motivators, 840 evangelists.

3.6 Despite initial problems with cash flow from NCPD, NCCK appeared to make a good start. Their 1989-90 report, for example, reported that 43 seminars had been conducted for 6644 youths, and in 1991 an ODA consultant reported that a comprehensive range of IEC and training activities had been undertaken. NCCK quarterly reports contain some details of activities, but these were never consolidated or related to the original targets defined in the project memorandum. Such an exercise would probably have shown that NCCK had achieved many of its targets (though

Page 15

subsequent reports - eg in 1994 - suggest a high drop-out rate of trained volunteers). Qualitative criteria for assessing impact were never established.

3.7 For <u>KCS</u>, the project target was to promote IEC and to train 45 full-time teachers and 3720 volunteer teachers, with each full-time teacher recruiting 240 clients and each volunteer 60, for a total of 234,000 clients. In practice, two Senior Officers and 10 paid Diocesan Coordinators were recruited (there are 22 dioceses). A total of just 1451 volunteer teachers were trained, and 216 were appointed as volunteer supervisors. Over 200,000 people attended education seminars and 79,699 new users are reported to have been recruited to use the method. Thus, targets were only partly achieved.

3.8 The objective in the <u>KNUT</u> programme was to train 50 teachers in each of 41 districts -2050 teachers reaching out to 53,300 pupils, given an average class size of 26. KNUT conducted 38 5-day workshops for teachers in the districts, with resource people from NCPD, FPAK, KIE and the Churches, training 1700 teachers and leaders. With an actual class size now said to be 56, it may be concluded that at least 50,000 pupils would have come under the trained teachers, and that the quantitative targets were met. Qualitative targets were, however, never set or assessed.

3.9 In addition to the agreed programmes with the five established NGOs, the project included ,271,00 to support <u>new initiatives</u> by existing or new population NGOs. Guidelines were prepared allowing for a broad range of ideas. NCPD was authorised to approve projects up to KSH 1.5 million, and had to report annually on the use of the scheme. By October 1990 NCPD had received 14 proposals, all from new agencies but none had been appraised or approved. A visiting ODA Consultant suggested that five might be suitable if further details were provided. By September 1991, NCPD had still not allocated any funds, and six more proposals had been prepared. Eventually, four grants were approved, all to new NGOs, for a total of ,54,000 - less than 20% of the funds available.

3.10 This was a good idea, but recognising suitable initiatives is not easy. With hindsight, NCPD did not have the personnel with the skills and confidence to help NGOs with project planning, nor did it have project assessment and decision-making skills. If it had, better projects would have been prepared within the guidelines and there would have been no need to pass proposals to visiting consultants for comment.

Service delivery

\$0.9N TO, DESIGNS PROPERTY AND A

3.11 Only two of the five NGOs selected for support were involved in service delivery (three if KCS' NFP programme is defined as service delivery). A fourth (NCCK) had originally agreed to implement a CBD programme, but Church leaders did not allow this to go ahead and unilaterally restricted their participation in the project to family life education only.

3.12 The **FPAK** programme was to establish and support 4 new and 2 renovated static clinics, and 24 outreach clinics based on the static clinics, plus funds for pilot CBD programmes. Clinics were built at Kisumu and Nyeri, completed at Meru and one was renovated at Kakamega. The ODA investment in the Meru clinic was used to complete, in 1992, a building the FPAK had begun several years earlier using its own resources. The Nyeri clinic (estimated cost in 1992 KSH 16.3 million) was opened in March 1994, and the Kisumu clinic was completed in January 1995, at a

Page 15

cost of KSH 16.5 million.

3.13 It has to be questioned whether this programme represented good value for money. The Kisumu clinic, for instance, replaced a building rented for KSh 300,000 per year, or less than 2% of the cost of the new clinic. The original estimate for the new clinic was half the eventual cost and the ODA consultant architect questioned whether a building of this size was justified by projected patient flow. He also recommended one story clinics, whereas the actual two story building is larger than the hotel next door. There are spacious operating theatres that are used once a week (there were just 30 female sterilizations, 2 male and 29 Norplant insertions in the April-June quarter of 1996). There are 3 nurses, an MoH provided STD nurse, clinic director and administrative staff. A CBD project and a Male Involvement Project are run from the clinic. The number of clients served in the CBD is disappointing.

3.14 Twenty **CHAK** units were upgraded using ODA project funds under the RHU programme, and the Dutch agency ICCO subsequently rehabilitated a further 31 clinics. This work appears to have been carried out effectively, being completed by 1990, and in several cases there were contributions of 5-20% of the cost from the local community. The average expenditure per clinic of ,8,000 compares very favourably with the amount spent on the new FPAK clinics. Though records were kept on the physical upgrading, it is unfortunate that no data were gathered to record family planning services in the units before and after ODA support.

Institutional support for NCPD

3.15 The World Bank component supported office facilities, staff training, and development of monitoring capacity. ODA provided further training (for details see Table 3) and a project coordinator.

3.16 A total of 24 NCPD staff members were funded by ODA on one-year Masters courses in the UK. 5 other government officers (from the Ministries of Education and Agriculture) were also trained. There was no target in the project memorandum for numbers to be trained, but actual expenditure (,409,000) was over twice the budget of ,200,000. In addition to the ODA-funded training, IDA funded a further 19 NCPD staff on study tours and longer-period academic courses.

Institutional support for NGOs

3.17 A total of 17 people from NGOs (10 from FPAK) were given UK training.3.18 The report on funding of NGOs was completed but not acted upon.

Financial aspects of implementation

3.19 Details of expenditure on the project are given in tables 4 and 5, and in Annexes G-L. These were derived, with some difficulty in reconciliation, from the ODA MIS, from NCPD records and from the NGO audit reports.

3.20 The ODA project was implemented efficiently, in the sense that the money was probably spent on the intended activities, and disbursements, after a slow start, were reasonably on time

and were fully spent.

3.21 The procedure for disbursement to NGOs was quite complex, and not clearly defined for all parties at the beginning of the project. Funding routes varied, the first local cost claim being paid directly to NCPD from the BHC, whereas subsequent payments were routed through Crown Agents in London. Delays in passing funds to NGOs were generally due to the Treasury rather than NCPD.

These were quite serious in the initial year or so but, though they created extra work for all parties, and meant some of the NGOs having to find bridging finance, probably did not affect project performance in the long run.

3.22 Although audit reports were submitted by each NGO, there was no systematic monitoring (by ODA or NCPD) of financial performance against the programmes described in the project memorandum. This would have proved difficult anyway, as the original budget was split up into standard World Bank activity headings, to allow a standard calculation of foreign exchange content for the SAR. It was not intended to facilitate project management or monitoring, and bore no relation to the ways in which the NGOs managed or reported on their activities. Consequently, it was not possible to relate project activities by the NGOs to, or for ODA to monitor the project against, the original allocations. For one NGO, the biggest item in its budget (28% of the total) was for Amaterials@, but they did not know what this amount was for.

3.23 In all cases (see the financial statement page following each of Annexes G-L), the actual distribution of expenditure between various activities was radically different from what had been approved. In addition, there was considerable variation in the efficiency with which the NGOs were able to disburse funds overall. The depreciation of the shilling meant that some 70% more money was available in local currency, but even after allowing for this, FPAK spent 34% more than their original allocation of sterling whilst KNUT spent 50% less and CHAK 20% less. (KCS spent 68% more, but this increase was agreed in advance to compensate for the loss of USAID funding).

3.24 The major financial incident during the course of the project was the suspension of ODA disbursements to the GoK, for a period of 8 months in 1992, when the condition on submission of audited accounts was not met.

3.25 The requirement for audited accounts to be submitted by the GoK within 6 months of the end of the financial year is more restrictive than for most ODA aid projects (when consulted, ODA Finance Department said that a private audit was sufficient). Private audits had in fact been submitted by the NGOs, and the delay was due to the Auditor General, who was unwilling to accept a private audit without raising a considerable number of queries. There was no suggestion of malpractice by the NGOs as such.

3.26 Although technically justified by the agreed covenants, the action of cutting off disbursements seems particularly harsh in the context of subsequent events. When the audit reports were eventually issued by NCPD, they were accepted without question (as had been all other audited statements) by the ODA side. This even though (as can be seen from table 5/2) there are considerable discrepancies, both up and down, for the individual NGOs between the amounts in the audit reports (last line of each block) and the amounts of money issued. There is no suggestion that this is due to anything other than confusion, but if audited statements are so important, they ought to be queried if not obviously correct.

11 11 11

3.27 Moreover, in sharp contrast to the disciplinary action taken in 1992, much less control was exercised over disbursements in the financial year of the project. In haste to spend money before the end of the UK financial year in March 1994, a total of ,490,000 was handed over to the NGOs in March 1994, without a single work plan being prepared or agreed, and without any subsequent monitoring or scrutiny of audited statements.

Reporting, monitoring and evaluation

3.28 The effectiveness of the systems for reporting, monitoring and evaluation is assessed in the second column of Annex P. These involved quarterly reports from the NGOs to NCPD, consolidated reports from NCPD to the donors, annual reviews by ODA and IDA missions, and independent evaluations.

3.29 The information flow was to be based on an MIS designed by a USAID consultant. This proved to be far too complicated, with even NCPD officers unable to understand it. Even after the consultant's work had been completed, all NGOs continued to report in different styles.

3.30 On the whole, documentation of activities and results has been poor. There is little evidence that the MIS reports facilitated, or reflected, the quality of work being done. As with many family planning programmes world-wide, too much data was collected from clients - to the inconvenience of users and front-line service providers. Individual NGO reports did include some useful information and indicators on their programmes, but this was not systematically analysed or consolidated.

3.31 The MIS system did not generate the most fundamental statistics on service delivery. This would have been logistically easy, the data could have been converted readily to CYPs, and permitted a rough and ready, but nevertheless practical and useful, estimate of cost-effectiveness.

3.32 Quarterly reporting was perhaps too frequent - for the ODA component, it meant 90 reports from NGOs over the 4 years. Simpler and less frequent reporting would have allowed more time for monitoring, either by NCPD or (if they were unable to do it) a local consultancy group could have been hired.

3.33 Annual review missions took place as planned, the ODA being represented by an adviser or a consultant on most of these. The early missions reviewed physical and financial progress on the NGO programmes in some detail, but there was no attempt subsequently, even when the TCO project coordinator was in post, to analyse progress as a whole against the original targets.

3.34 From the reports of the annual missions, it seems that hardly any site visits were made outside Nairobi. This left the World Bank unaware that several civil works contracts had stopped, leaving buildings half-completed and idle for three years or more. For ODA, it meant a failure to pick up on the lavishness of some of the FPAK clinic construction, relative to the projected number of customers.

3.35 The evaluations of NGO project components are discussed in section 4.

122.00 19

Management of UK inputs

3.36 The TCO project coordinator was in post from 1990-93. He was in the difficult position of being appointed by and paid by ODA, but based in the World Bank office, and responsible to both the Bank and ODA for different components of the project which were being implemented quite separately. In practice, because this was causing most difficulty at the time, he spent up to 80% of his time working with NCPD and the MoH, and on procurement problems which were part of the Bank project. There was little time left to monitor performance on the ODA component, it being assumed that the NGOs would more or less look after themselves. Management of the ODA component was effectively left to the annual review mission.

Conclusions on Project Implementation

3.37 Detailed targets were set for IEC activities, but data was not collected to measure the extent to which these were achieved. As far as can be ascertained, most of the NGOs achieved some or all of their activity targets, but there was no attempt to measure the qualitative impact of training programmes on either the trainee teachers, or the trainees themselves.

3.38 Of the two NGOs which ran service delivery programmes, assistance for the FPAK involved building four clinics at a cost of ,160,000 each, the size of which is not justified by the throughput of customers. By contrast, the expenditure of ,8,000 each on rehabilitating 20 CHAK clinics was much more cost-effective.

3.39 The project component to finance new population-related initiatives by other NGOs was not well managed by NCPD, and in the event, only 20% of the available funds were spent.

3.40 The way the project budget was set up made it virtually impossible to monitor progress against the detailed targets in the project memorandum, and in the event, the distribution of actual expenditure bore little relation to that planned. There was also considerable variation in the amounts in real terms which each of the five NGOs managed to spend, varying from 65% more than, to 50% less than, the original allocation.

3.41 The decision to cut off disbursements in 1992, because of delays in submitting audited statements, though justified by the agreed covenants, was harsh. No action was taken to monitor the statements when they were received, and large amounts of money were subsequently handed out at the end of the project period without work plans, monitoring or audit.

3.42 The MIS set up was too complicated and did not work. No attempt was made to consolidate and analyse reports. Annual reviews by donors took place as planned, but few visits were made outside Nairobi, resulting in a failure to pick up implementation problems in the field.

3.43 The TCO manager was responsible for both the World Bank and ODA components, but by the time he was appointed (1990) there were more critical problems with the former at the time, and he was unable to spend much time monitoring or improving performance on the ODA NGO components.

in an programme, this concluded that there was no discements (monot on the domand third), and the way that on the whole the programme had not achieved the objectives and was too so take indeed it inight be questioned whether CHAK was an appir, data location for a you

4. IMPACT AND SUSTAINABILITY

4.1 This section assesses the achievement of output, purpose and goal targets, as defined in the revised project framework in Table 1.

ACHIEVEMENT OF OUTPUT TARGETS

4.2 There have been evaluations of four of the NGO programmes. CHAK's IEC programme was evaluated in 1995, after a decision had been taken to close it down. KCS's NFP programme was evaluated after the project in 1996. NCCK and FPAK conducted internal evaluations, which the team was not able to see. There was no evidence that these evaluations have been of any significant practical value.

4.3 The four project outputs are assessed below, as far as possible, in terms of the indicators defined in the revised project framework (column 2, table 1).

Output 1: Increased demand for family planning services

which ian service delivery programmen, assistance that in FAAK incurred

4.4 The indicator for this output is an increase in numbers of acceptors of family planning from NGOs.

4.5 In the DHS, the main sources of information on family planning were reported to be health workers and clinic staff (43%), though this is of limited use in measuring the value of this project as the survey does not distinguish between government and NGO workers. CBD workers were cited by 4%, while radio (13%) and friends and relatives (24%) provide most of the remaining sources. The church as such hardly registers as a source of information (0.4%)

4.6 Mission hospitals, which must be mainly CHAK and KCS members, accounted for 7.7% of users of family planning, is a disappointing result. Mission hospitals account for 40% of the curative beds in the country and it might be guessed a higher tion of users would be served by this source. The DHS data for mission hospitals and cline nowever, diluted by the fact the KCS SDPs only offer the Billings method.

4.7 The usage of services achieved by **FPAK** is measured in the DHS, and accounted for 4.8% of current users. This is only half the proportion reporting FPAK as the source of service in the 1998 DHS, and the FPAK record of acceptors since 1993 suggests that this disappointing trend is continuing.

4.8 An evaluation in 1992 of <u>CHAK's</u> IEC programme (YIE - Youth Information and Education) asked some basic questions of a sample of those who attended training courses, and found one in three answers wrong. Subsequently, a more comprehensive evaluation of the programme was carried out in 1995 by Population Communication Africa, after a decision had been taken to close the programme. This concluded that there was no discernable impact on the demand for fp services, and that on the whole the programme had not achieved the objectives and was too expensive. Indeed, it might be questioned whether CHAK was an appropriate location for a youth

Powell 31

programme, as they do not have a natural youth network.

4.9 The <u>NCCK</u> received the third biggest allocation of funds from the project (17%) even though no civil works or other service delivery facilities were involved. There is no way of measuring the impact of this large amount of expenditure on IEC.

4.10 Whilst NCCK is a nationally recognised, respected and influential body, it seems to be unsure of its fundamental nature and consequent role. It combines coordination of members' activities and the promotion of national debate on socio-political matters (along with the Catholic Church), with service programmes and operational work. Very few organisations are able to be effective in both spheres, and for NCCK, the natural role would seem to be one of facilitation, coordination and promotion of national debate. Part of this role would be encouraging and supporting their members to provide services, but not doing it themselves.

4.11 Objective evaluation of the IEC work by <u>KCS</u> is also difficult. The training of Billings method teachers achieved less than half its numerical goals. The shortfall was a result of a mixture of difficulties, including failure by NCPD to transfer funds on time, and either lack of promotion, or lack of enthusiasm for the method, or a mixture of these two factors. KCS' performance could have been improved if they had promoted breastfeeding; encouraged dissemination of accurate information about the infertile interval through the mass media and other sources to educate the large number of couples using less sophisticated forms of periodic abstinence; and encouraged objective evaluation of failure and continuation rates for the Billings method in Kenya.

4.12 Data on the possible impact of the <u>KNUT</u> programme was never maintained. By 1993, it was felt by KNUT, NCPD and ODA that the programme was being poorly carried out and funding ceased. With the shift in emphasis from family life education and IEC to delivery services, KNUT, with no framework for delivery services, was not an appropriate partner. KNUT officials feel that there is now general awareness of family planning issues amongst teachers, but, because of strong objections from the Catholic Church, and some sections of the Protestant Church, many teachers are unsure what to say and so avoid the issue. Encouraging and supporting family life education in schools, through curriculum development and teachers training, would have seemed worthwhile in the late 1980's. However, it is doubtful that the best entry for this was ever the KNUT. Alternatives which might have been considered include a direct approach, using the Kenya Institute of Education for curriculum development, and the teacher training colleges.

4.13 It is therefore virtually impossible to measure the impact of the project's IEC work, but the general conclusion is that this was by far the least successful of the project outputs. The volume of effort, even by NGOs, was low and it is difficult to conceive of any way of demonstrating that the work done played any useful role in the decline of fertility. The impact might have been greater if fewer, larger projects had been attempted. The IEC work of the KNUT, FPAK, NCCK and CHAK, for example, all overlapped to some extent.

Output 2: Increased availability, accessibility and quality of family planning services

4.14 Two of the NGOs (FPAK and CHAK) ran service delivery programmes, whilst KCS offered natural family planning.

4.15 The senior management of **FPAK** is capable and the front line staff are committed and hard working. The FPAK annual report provides detailed and accurate documentation. During the period of ODA support, FPAK achieved some but not all of its targets.

4.16 FPAK attempted to increase the number of service delivery points by recruiting and training community based distributors but their usefulness was constrained by inappropriate medical policies and did not reach a significant proportion of those in need. The CBD program failed because too little attention was paid to the real possibilities for their roles at the field level. The IPPF should have been more involved in helping their affiliate design an up-to-date CBD programme.

4.17 FPAK contributed positively to the range of choice of contraceptives in Kenya by making available injectables and the long acting implant Norplant. In addition, FPAK (and PHS also) developed innovative ways of providing VSC without using a dedicated clinic. This involved teams who travelled to rural areas and hired appropriate buildings (public hospital, mission hospital, private clinic, etc) and provided tubal ligations to those seeking the operation.

4.18 FPAK also contributes significantly to total family planning services in Kenya. The DHS figures for the use of modern contraception translate into 430,000 users in 1980 and 1,550,000 users in 1993 (on the broad assumption that most users continue for about one year, this equals 1.55 million CYPs). FPAK (the only NGO in the project for which we have data) generated 160,300 CYPs in 1995 (table 6/4) which is a significant share of the total effort, even though, relative to other sources of advice, FPAK's contribution to total contraceptive prevalence in Kenya has fallen.

4.19 Although FPAK makes services its first priority, its share of services to all users fell by half between 1989 and 1993. The number of new acceptors attending FPAK clinics continued to decline between 1994 (14,105) and 1995 (11,247), even though this was the time when the new ODA-funded clinic buildings were beginning to be used. The heavy investment in clinic construction under the ODA project has not been associated with any demonstrable increase in the volume of services and in the case of some of the services there have been actual decreases. Given the considerable financial inputs, this is a disappointing result.

4.20 The ODA project put too many resources into buildings, and monitoring did not lead to any discontinuation or modification of this component. While the new buildings are well maintained and well run, adequate services could almost certainly have been provided in less expensive accommodation. The recurrent costs for providing voluntary surgical contraception, even though usually performed in relatively low volumes, were relatively low, but the capital investment was unnecessarily high. The same results might well have been achieved by renting space or contracting out the services to private practitioners and overall there was a failure to explore innovative but practical alternative ways of providing services.

4.21 Some of FPAK's services were cost-effective. The cost per CYP for the clinic programme, omitting the cost of buildings and other depreciation rose between 1994 and 1995, but still remains reasonable at \$10. Nevertheless, the same ODA investment could have contributed much more to solving the nation's deteriorating reproductive health problems had it been made in other ways than providing over-designed buildings. Some newer NGOs are now providing an even broader range of services with greater cost recovery and at a lower cost to a similar clientele.

4.22 **CHAK's** quantitative targets were met fully in terms of the construction and rehabilitation of rural health units, and therefore contributed to an increase in both the quality and quantity of service delivery points. Indeed, because of ODA support, CHAK was able to secure additional funding from the Dutch agency, ICCO, for renovation of a further 31 clinics. The relatively low cost of this work (,8000 per clinic) suggests that a bigger rehabilitation programme could have been justified.

4.23 Like FPAK, CHAK also made available a full range of contraceptive methods. Unfortunately, it does not collect information which would make it possible to estimate the number of CYPs delivered, or assess otherwise the achievement of output targets. It is, however, likely that the volume of family planning services increased considerably, partly because of the renovation work and partly because of the wide range of support services (training, supplies etc) provided by CHAK. CHAK now encourages all member units to provide family planning services through their 270 hospitals, health centres and dispensaries. ODA support will have given a boost to this important network.

4.24 CHAK gives a good impression as a development organisation. It has a large number of member churches which appear to be providing appropriate health and family planning services in a cost-effective way all over Kenya. The current range of work is supported by a good spread of donor agencies, which seems to indicate broad-based support for its work. There was some evidence that the management structure needed re-thinking, as programmes appeared to function in parallel, rather than be mutually supportive, but a small working group constituted by CHAK's Board is currently looking into management structures.

4.25 Within the constraints of a group offering a single method, <u>KCS</u> has been moderately successful. KCS had the potential, through its infrastructure to reach a large population, but had the serious disadvantage of not only offering only a single method of contraception, but also of criticizing alternative choices for fertility regulation. It failed to play a role in supporting and promoting breastfeeding, a theologically acceptable option (used by the Virgin Mary) which would have had a significant demographic impact (and which would also almost certainly have reduced the loss of infants dying from diarrhoea associated with bottle feeding).

4.26 The evaluation of the KCS by Dr John Kekovole is unusual in that it adopts an explicitly dogmatic position, arguing that artificial methods of contraception Aopen a wide and easy road towards conjugal infidelity and the general lowering of morality@ and should be rejected Abecause it is NEVER permissible to do evil so that good may result@ (emphasis in original).

4.27 The evaluation used institutional records, individual interviews and focus groups, and was supposed to assess the effectiveness of NFP on couple users. Although the questionnaire asked if the user had an unplanned pregnancy, unfortunately no data are provided on failure rates. (Data from other countries suggests failures are common during learning the method, but can be low among a small self selected group of users who are enthusiastic for the method). The lack of data on failures and continuation rates is serious, and makes it exceedingly difficult to use the report to estimate cost-effectiveness.

4.28 The evaluation was published when the 1993 DHS was already available, but it fails to explain the gap between the KCS record of people trained to use the method (almost 80,000) and

the DHS estimate (about 11,600 users). Nor does it explain another discrepancy in the 1993 DHS, which is that 3% of women quoted the church as their source of family planning information, but only 0.2% of women reported using the Billings method.

4.29 The evaluation also claims the project was successful in enabling couples Ato preselect the sex of their child. Some epidemiological work has been done on the influence on sex of the child of the day of the menstrual cycle the fertilizing intercourse occurred, but no scientific basis exists for such a strong conclusion, and none is offered from Kenya. This aspect of the independent evaluation must be considered a triumph of faith over facts.

4.30 A major shortcoming of all the NGO-supported programmes was that none of them provided any significant help for young people, especially adolescent girls, who are the most vulnerable of all groups for the effects of unintended pregnancy and the devastation of HIV/AIDS. No good estimates of the number of young people having sexual intercourse is available and there is considerable denial of adolescent sexuality by politicians and planners. Nevertheless, the burden of unsafe abortions and the spread of STDs underscore the reality of teenage sex. KCS does not face up to the reality of teenage sexuality and FPAK, while philosophically committed to doing something, in practice has few services that would genuinely attract teenagers.

Output 3: Technical and administrative capacity of NCPD strengthened

4.31 The four indicators of achievement for this output are the production of strategic papers, the implementation of the new initiatives component, the management of funds, and the collection and analysis of reports from NGOs.

4.32 NCPD has been centrally involved in the preparation of a new policy paper on population, which is currently under scrutiny by parliament. The latter's response to the proposed policy will be a key indicator of NCPD's future role in population policy in Kenya. The paper rightly calls for NCPD to narrow its focus to policy development, advocacy, and oversight, with an emphasis on cross-cutting issues rather than service delivery. NCPD is the wrong organisation to choose to implement a service delivery project, whose natural home is with the MoH which is responsible for all health units in Kenya.

4.33 As discussed in section 3 above, NCPD failed to make any progress on the project component for new initiatives, for which it had been given delegated responsibility, and even after intervention by ODA consultants, this component was 80% under-spent. As also discussed in section 3, NCPD played a negligible role in the collection and systematic analysis of the data submitted by NGOs on project implementation.

4.34 The delays in providing funding for the NGOs implementing this project were largely the responsibility of the Treasury and a serious cash-flow problem with GoK finances, rather than of the NCPD, but they confirm that NCPD is almost certainly the wrong kind of organisation to choose to manage and disburse funds, and to be financially accountable. Located in the middle, between the Treasury and the NGOs, without even its own accounts unit, it was in a position of responsibility without power.

4.35 Much of the investment in training has been lost to NCPD through staff attrition. Of the 24

NCPD staff members trained under the ODA project, only 13 still work with NCPD, and a further 3 are with relevant organisations with some involvement in population activities which might use their training. Almost none of the IDA-funded trainees are still with the NCPD. A continuation/relevance rate of 67% is comparable with ODA investment elsewhere in training, but it does raise a question as to the extent to which this training has contributed positively to institution building at the NCPD. The total numbers trained (37 over a 7-year period) was also very high in relation to total staff numbers (currently 43), and absences on training must also have diminished NCPD's capacity to implement the project in the short run.

Output 4: Capacity of NGO's strengthened

4.36 The effectiveness of this element of the project, and the prospects for future sustainability, depend on NGOs achieving a reasonable cost per CYP delivered, and increasing their percentage cost-recovery. In future projects, and in a world of rising demands but increasingly constrained resources, these should be major factors in the choice of NGO partners.

4.37 <u>Cost per CYP</u> (see Annex Q) is a useful way to track performance over time, and to compare alternative distribution systems, though inter-country comparisons are made difficult by lack of comparability of data. Cost per CYP cannot capture the important qualitative aspects of delivery of satisfactory family planning services, but most well run services are also usually cost-effective. FPAK keeps records of CYP and uses them as a management tool. Other NGOs (with the exception of PHS, which was not part of this project) and the DFH do not and it is therefore difficult to compare their performance, except in the most general ways.

4.38 To make confident comparisons of FPAK's costs per CYP (table 6/4) with other Kenyan suppliers, and with programmes in other countries (table 6/5), more detailed analysis of accounts data would be required than was possible during this evaluation. In general terms, FPAK is relatively cost-effective for the running costs of fixed clinics (\$10) and VSC/Norplant (\$5.74), but the CBD service at \$21 per CYP is expensive, reflecting the low level of activity, and the fact that distributors are paid an honorarium. If, however, the cost of materials and overheads is taken into account, the average cost per CYP over all of FPAK's activities rises to \$30.

4.39 The KCS has made a cost-effective contribution to family planning, but even more could have been achieved with more flexible polices. Twenty times more women use some form of periodic abstinence than use the Billings method, but a DHS sub-study established that only one fifth of women knew the correct infertile interval. If KCS had broadened its target audience and actively promoted objective information, it would have prevented even more unintended pregnancies. Fewer than one in 10 adolescents can identify the fertile interval correctly, although reaching out to the unmarried would have been exceedingly difficult for KCS.

4.40 Insufficient attention was given to <u>cost-recovery</u> in project design, though attitudes did change during the life of the project. If NGOs are to help those in greatest need then they are unlikely to be sustained by client payments or from internal resources, and poor people in a country like Kenya will need subsidies in some areas of reproductive health for the foreseeable future. Nevertheless, they could achieve more in cost recovery. Most NGOs recover only a small portion of their costs (table 6/4). FPAK, for example, only introduced charges in the 1990s and by 1995 was recovering 9% of its expenditure through client fees. Self-financing remains difficult for CHAK and

its member churches, given the expectations of congregations and communities, mostly in the rural areas, not to pay, which makes the issue of cost-recovery both psychologically and practically very difficult.

4.41 It is, of course, always difficult moving from a free to fee-for-service programme, and the introduction of fees may be one factor in the relatively low number of new FPAK clients in recent years. At the same time, during the course of the Project, a new NGO (PHS, founded in 1986 - see Annex M) established 10 new family clinics in Kenya and by 1996 was recovering 75-80% of its costs from client fees. There is no evidence that PHS is serving a richer population.

4.42 The CBD programmes could have been designed from the start to charge clients a small selling price at the field level. If the CBD workers had been allowed to keep part or all of a small charge for pills and condoms, they would have been more appropriately motivated to carry out their work, administration would have been easier and the institutions running CBD programmes, such as FPAK, could have avoided the cost of an honorarium to CBD workers.

ACHIEVEMENT OF PURPOSE: improved effectiveness of the population programme.

4.43 <u>Awareness</u> of family planning in Kenya is virtually universal (96% in 1993, see table 7).

4.44 <u>Family size</u> has declined by 36% in 13 years, and desired family size has consistently been lower than the actual. Based on the experience of other nations, it will almost certainly continue to fall, especially if the means to regulate fertility continue to become increasingly available.

4.45 <u>Contraceptive prevalence</u> has risen rapidly from 17% of couples in 1980 to 33% in 1993, more rapidly than most commentators expected. The designers of Population III did not expect such a degree of change or that it would take place so easily.

4.46 The <u>volume of contraceptives distributed</u> has increased and the previously existing logistic problems in distributing contraceptives around the country have been largely overcome.

4.47 NGOs have a role in increasing the range of methods to which clients have access and (with the exception of KCS) they have largely fulfilled that role. The growth in the use of injectable contraceptives is welcome, though the potential of Norplant is still not fully accessed - in particular it is not known how difficult it is going to be to meet demands for removal. Emergency ("morning after") pills are not known, but could be widely used, and information about the method should be promoted. While unsafe abortions are not adequately monitored there is no evidence numbers are falling and they may be rising. Kenyan policy makers must decide how they are going to deal with this major issue in public health and safe motherhood, but at clinic level there have been major steps forward in treating incomplete abortions, the clinical label for the consequences of unsafe procedures used outside the government health services. The use of MVA in all clinics and health centres to treat the consequences of unsafe abortion should be further encouraged.

ACHIEVEMENT OF GOAL: Reduced rate of population growth through lower fertility

4.48 During the period 1989-1993, the pace of fertility decline accelerated, and demand for smaller families increased. The rate of demographic change was more rapid than predicted by those who had designed Population III, and exceeded the goal of the project. It would, however, be difficult to attribute much of what actually happened to this project. Such changes can be attributed both to increased availability of contraceptives and to social and economic factors, such as an increase in the educational attainment of women. Those changes were already underway before the project had made significant disbursements, and are more likely to be the result of earlier investments in education and FP service delivery.

4.49 Since 1993, fertility decline appears to have continued, and the demand for smaller families has probably become even more widespread, though definitive measurements will have to wait until the next DHS planned for 1997/8. Investments under Population III are likely to have had some impact on these changes. The NGOs achieved most of their training, building and service programmes, and to the extent the ODA funding supported family planning services, then it undoubtedly contributed to a decline in fertility which might not have occurred without, or would have taken place more slowly in their absence.

4.50 The fact that fertility fell below the targets set during the design of the Project shows the original design underestimated the latent demand for family planning services, and more might have been done to help the citizens of Kenya to make informed family planning choices if alternative strategies had been adopted. Given the great momentum of population growth in Kenya and the skewed nature of the population pyramid, the failure of the project to achieve optimum outputs will have negative repercussions for more than one generation into the future. The uninterrupted growth of HIV infections among sexually active adults will add to the nation's burdens. In this particular situation, the next project, however well designed and well managed, will not be able to make good the deficiencies of the last.

4.51 Theoretical explanations of fertility decline continue to be hotly debated and there is no consensus. Some demographers point to increasing living standards, as in Korea (though this cannot be the case in Kenya); others to modernizing influences and certainly the influence of the media, improved transport and the decay of traditional life styles are playing a role. Yet others highlight the role of improved access to services. This last factor would seem to be playing an important role in Kenya. Unfortunately, Population III was structured according to a development paradigm of fertility change and under-played the role of access to services. Half way through the project it was revised to place more emphasis on improving family planning services.

4.52 The NGOs have played an important role in making family planning respectable in what began thirty years ago in a controversial climate. Those days, however, are past and the role of NGOs must change. The private sector can be proven partners in providing large scale cost-effective services. As has been shown, the cost of government programmes is difficult to measure, but it is probable that, from the cost perspective, NGOs do relatively well beside the government services. Any new programme should try and secure better data on this important point. NGOs also have the potential to act in areas a government may hesitate to enter, such as providing services for adolescents, or HIV prevention among prostitutes, although these roles were not exploited by the NGOs selected in this project.

4.53 The need for family planning is growing, and it is imperative to slow the spread of HIV, but

10.1 34

at a global level the amount of donor money available is limited. Per capita wealth in Kenya in the foreseeable future seems unlikely to increase to the level where cost-recovery on family planning services will meet even half of the costs. Most Kenyans will need some degree of subsidy well into the next century.

4.54 Even without any increase in contraceptive prevalence, the number of users will almost double, while if prevalence goes up by 2% each year - a perfectly achievable goal - and prevalence rises to 60%, then number of users will explode by 340% in 14 years. Even if the cost of delivering one CYP decreases with increasing volume (the NCPD assumes cost will fall from \$25 to \$15.6), total expenditure on family planning will jump from less than \$30 million today to over \$67 million in 2005 (Table 6/3). At present, the GoK contributes only \$2.2 million per year to the cost of the population programme. It thus becomes increasingly important to support those institutions with the record of greatest cost-effectiveness.

Outcome in terms of risks and assumptions

4.55 An assessment of this is set out in some detail in Table 2. The key risks which have adversely affected the achievement of project objectives are:

- at purpose to goal level, the variability of political support, partly due to pressure from the churches;
- at output to purpose level, the lack of any clear evidence that IEC activities have stimulated new demand for services; the low impact of project-funded CBD programmes; the technical and managerial weakness of NCPD and its inability to add value to NGO programmes; and the failure to make any progress on long-term sustainability of NGOs.

Conclusions on Project Impact

4.56 It is not possible to make a proper assessment of the impact of the project's IEC component on the demand for family planning services, as no reliable measurements were made. The only quantitative evidence available is disappointing - FPAK's market share fell by a half to under 5% between 1988 and 1993, and is likely to have fallen further since. The CHAK programme was assessed by an independent evaluation to have been expensive and to have made no discernible impact on the demand for fp services. The KCS programme was not independently evaluated, and was limited to one method, while the other two NGOs, NCCK and KNUT, were not, with hindsight, the most suitable partners, since they were unable to link IEC with the delivery of services.

4.57 IEC was probably, by far, the least successful of the project outputs. The activities of all five partners overlapped to some extent, and the impact might possibly have been greater if fewer, larger projects had been attempted. The volume of effort was low and it is difficult to conceive of any way of demonstrating links between the work carried out and the decline of fertility.

4.58 The service delivery programmes were more successful. The number of effective SDPs run by FPAK and CHAK increased as a result of the project, and both made available a full range of

contraceptives - FPAK in particular, providing injectables, and Norplant and VSC outside formal clinics. FPAK's total number of CYPs delivered is a significant portion of the total use of modern contraception (unfortunately, CHAK does not collect data on CYPs). KCS was reasonably successful in providing NFP Aservices@, though it offers no choice and actively discourages the use of alternatives.

4.59 Nevertheless, more could have been done with the funds available. Too many resources went into building a small number of fixed clinics for FPAK, and too little went into promoting CBD programmes. None of the NGOs provided any significant help for young people, in particular adolescent girls.

4.60 The funding to strengthen the capacity of NCPD was almost entirely unproductive. It is not the most appropriate organisation to run a service delivery project, and it does not have the autonomy to handle donor finances efficiently. It was unable to implement the new initiatives project in full. Much of the heavy investment in training was lost though staff leaving. It will not be involved in the next ODA project, Family Health.

4.61 The prospects for sustainability of NGO activities depend on them achieving a reasonable degree of cost-effectiveness and increasing the degree of cost recovery. Some of FPAK's services (eg clinics, VSC and Norplant) are provided at a reasonable cost per CYP, though less so if overheads and depreciation are included. Only FPAK has made a start with charging for services, but is still able to recover only 9% of costs.

4.62 During the period 1989-93, there have been significant positive changes in all the indicators for the project's purpose and goal: awareness of contraception, family size, prevalence, distribution of contraceptives, fertility and population growth rate. However, most of these changes were under way before the project started and are likely to be the result of factors such as the increased availability of contraceptives, and improved educational standards for women, which were the result of earlier investment programmes. Nevertheless, fertility decline has continued since 1993, and investments in the NGO training, construction and service programmes under Population III will have made some contribution towards this further decline.

4.63 One of the main roles of the NGOs has been to make family planning respectable in what began thirty years ago in a controversial climate. They should in future concentrate on the provision of services, which it seems likely they are able to do as cost-effectively as government. NGOs also have the potential to act in areas a government may hesitate to enter, such as providing services for adolescents, or HIV prevention among prostitutes, although these roles were not exploited by the NGOs selected in Population III.

5. LINKS TO OTHER REPRODUCTIVE HEALTH ISSUES

Breastfeeding

5.1 The suppression of ovulation associated with lactation is a major variable in achieved fertility, but is commonly overlooked in government run family planning programmes. A decline in the average duration of breastfeeding between 1989 and 1993 is equivalent to the loss of over 100,000 couple-years-of-protection. In other words, this one, largely overlooked change in the proximal variables controlling fertility has a nationwide impact that is nearly twice as great as all the

work done by the FPAK family planning clinics (Table 6/4).

5.2 Subtle changes in breastfeeding, such as supplementary feeding too soon after delivery (a common practice in Kenya), can both expose an infant to infection and erode the contraceptive effect of breast feeding.

5.3 Lack of attention to breastfeeding is doubly unfortunate because it is the most appropriate (and in a poor society the cheapest) form of nutrition, and it also plays such a life saving role in protecting infants against infection. Evidence is accumulating that breastfeeding also has a protective effect against breast cancer in the mother, later in life.

5.4 Observation suggests that attitudes towards breastfeeding are labile and well designed IEC material can halt and even reverse declining breastfeeding intervals.

5.5 It is recommended that in future projects, a small component should be dedicated to breastfeeding promotion. This should include:

- Selecting a local NGO (e.g. Breastfeeding Information Group, BIG) to ensure the WHO code of milk formula marketing is enforced.
 - Ar Training health personnel to understand and promote breastfeeding.
 - Learning and adapting the experience of other countries in successful breastfeeding promotion (e.g. the Philippines).

Maternal mortality

5.6 No accurate estimates of maternal mortality exist in Kenya, but a great variability in the risk of death almost certainly exists between urban and remote rural areas. Given the high parity still found in Kenya, some Kenyan women are likely to have a lifetime risk of death in childbirth of 1 in 20 or greater. Population III did not encompass maternal mortality, although since the project was planned, safe motherhood has come to the fore as part of any overall package of reproductive health. Access to family planning can reduce maternal mortality significantly, as it cuts the total number of children born, and those who adopt family planning first are often older, higher parity women, who are at greatest risk of death and morbidity in childbirth.

STD/AIDS

5.7 Tragically, the reproductive health of Kenya declined measurably during the course of Population III, for the simple reason that HIV continued to spread exponentially. Nationwide, it is estimated 7.5% of adults are HIV positive. By the end of the decade an estimated 1.6 million people will be infected and there will be 600,000 AIDS orphans in the country. Child mortality is estimated to more than double by 2010 from 45/1000 if AIDS did not exist to 110/1000 in the presence of AIDS.

5.8 STD control and HIV prevention were not components of the original project strategy. The World Bank supervision mission in 1993 identified the spread of HIV as a major problem, and funds were reallocated so antibiotics could be purchased to treat STDs. It was an important decision, even though it did not use any ODA money. Unfortunately, the Kenyan government and the World

Bank ran into major problems during tendering.

5.9 Evidence from other countries suggests that the spread of HIV can be slowed. ODAsupported work in Mwanza, Tanzania cut the incidence of HIV in a rural area by 40%, just by using the syndromic treatment of other STDs, that facilitate HIV transmission. If the Mwanza project had been combined with aggressive condom distribution and some degree of behaviour change, the impact would have been even greater. ODA plans to invest heavily in STD control in Kenya from 1996 onwards.

5.10 Tragic as the AIDS pandemic has become, its impact on population growth, while significant, will be less than might be thought. The young age of the Kenyan population means that many young people are not yet sexually active and exposed to heterosexual transmission of the disease. If there are improvements in preventive strategies the rate of infection in the next generation may be less. The US Bureau of the Census estimates that the effect of AIDS deaths on the population growth in Kenya could be to reduce it from its present level to less than 1% per annum.

6. CROSS-CUTTING ISSUES

Impact on Women

6.1 Access to fertility regulation is an essential and early step on the long road to gender equality. Family planning contributes to the health of women, provides an essential autonomy and benefits their families. In an age of HIV/AIDS, there is a life-saving overlap between certain aspects of family planning and AIDS prevention.

6.2 By helping avoid unintended pregnancies, family planning reduces the resort to abortion and the dangers and cost associated with unsafe abortion. Contraceptive prevalence is often highest among older, higher parity women and use in this groups helps reduce the possibility of death in childbirth. For every death that is avoided, a great deal of potential ill health is also averted. Women, and especially adolescents, are more vulnerable to STD and HIV infection than men and, to the extent condoms are distributed, they contribute to the control of this disease.

6.3 Family planning contributes to the status of women. It helps young women complete their education - studies from rural Thailand, analysing the type of fertility change similar to that now occurring in Kenya, show that children from families using contraception were both more likely to enter school and more likely to stay in school. Women in Kenya receive about half the education of men and average less than 2 years in school, and the impact of family planning on education is likely to be considerable.

6.4 To the extent the ODA support made family planning choices accessible, it certainly helped improve the autonomy and status of women. At the same time, a great many other pressures acting against women need to be relieved in Kenya, many of them totally separate from reproduction.

Poverty Focus

6.5 Considerable attention is being given to poverty analysis in Kenya, in particular two recent

initiatives (1995) by the World Bank and ODA. Although too late to influence Population III, these could have been taken into account in planning for the new KFH project.

6.6 According to these studies, in rural areas the percentage of the population living in poverty remains high at around 47%, which, with the growth of population, meant an increase from seven to nine million people. There was also an increase in the proportion of the very poor. In urban areas, the incidence of poverty was nearly 30% in 1992, or one and a quarter million people. Kenya is now 15-20% urban and by the year 2000 will be at least 25% urban. In some rural districts, the poor and very poor amount to up to 85% of the population, and 87% of poor people who participated in recent studies felt that the situation was getting worse.

6.7 A few NGOs (eg Oxfam and Action Aid) have also conducted their own poverty studies while preparing and plans for strategic interventions. However, there is very little reference in any of these documents to the population issue as such.

6.8 In general, the ODA project will have contributed to a slowing of population growth, thus assisting in the attack on poverty. However, there is no evidence that services were focused on the most needy.

6.9 The FPAK fixed clinics are all located in urban areas, and probably attract a genuinely deserving clientele, but still one with somewhat above average income. The high standard of design may also have discouraged the poor. Community-based distribution projects do have the potential to reach the most destitute, but these have been constrained in the ODA project by restrictive medical practices and consequent relatively small scale operation. In the 1993 DHS, CBD accounted for only 2.5% of users. The IEC programmes were largely directed at schools, yet 80% of teenagers, no doubt including many of those from the poorest homes, do not attend school.

6.10 To some extent the design and funding of the project has placed the family planning NGOs in a difficult situation. Funding was quite generous and some NGOs set up over-engineered, somewhat expensive programmes, not necessarily relevant for the poor. Now that funding support may be declining, the NGOs are thinking about self-sufficiency. The type of service they have to sell and the location makes it likely they will focus on the middle strata of society. Originally, most NGOs had the service of the poor as a leading goal, but now that focus has been lost.

Environmental Impact

6.11 The Project Memorandum noted the demand made on natural resources by rapid population growth (e.g. on water and firewood). It also commented on the declining per capita availability of good quality farm land, and the reduction in the area of protected forest to only 3%. On the slopes of Mt. Kenya and in other ecologically vulnerable areas, growing numbers of people are cutting firewood and threatening the remaining forest.

6.12 To the extent the project has contributed to fertility decline, it has helped relieve pressures on the environment. Unfortunately, this benefit will take some time to manifest itself, as the maximum demands on the environment are made by adults and this project is helping to define the size of the coming generation. Equally important, the best that can be achieved at this late stage in the demographic evolution of Kenya is a slowing in growth that is far from any stabilization. The

country will have to accommodate to a doubling of numbers, however successful the family planning programme turns out to be.

6.13 In short, the project has made a useful contribution to ameliorating the deterioration of the environment but immediate visible gains will be few. It is unfortunate that similar actions were not taken earlier. It will be essential to find the resources to meet the increased demand for family planning in the future (the poverty levels make it plain that long-term subsidy will be essential), as well as finding resources to put towards the imperative to slow the spread of HIV/AIDS.

TERMS OF REFERENCE

ANNEX A

1. Identification, Design and Appraisal

1.1 How was the project identified as a priority area for funding by ODA, and was it consistent with ODA's population strategy in Kenya?

1.2 Did it fit in with the GoK's own family planning policies, and with other donors' activities?

1.3 Was the project adequately designed and appraised with respect to the definition of goal, purpose, outputs and activities? Was an adequate project framework prepared? (If not, the consultants should prepare, retrospectively, a statement of project objectives, in PF format, based on documentation available).

1.4 How well were the technical aspects of the project assessed and specified? To what extent were alternative options considered? What sources of advice did ODA seek?

1.5 To what extent was the project intended to benefit a particular target group or groups, eg the poor, adolescents, post-partum mothers, rural areas, AIDS or family planning? Were these appropriate groups?

1.6 Were project stakeholders consulted about the design of the project?

1.7 Did project appraisal/design cover cross-cutting issues - gender, poverty and the environment?

1.8 What attempts were made in project design to minimise risk, and what else might have been done? Were any conditions put on project approval, and were these appropriate?

1.9 Was there an adequate appraisal of financial expenditure and (if appropriate) revenue?

1.10 Was an economic appraisal undertaken, and if so was the methodology used and the definition of expected benefits appropriate.

1.11 Did project design adequately address the strengths and weaknesses of the arrangements for managing the project?

1.12 Were adequate arrangements made for monitoring and reporting on project implementation, and for evaluating project impact?

to react throw of the pake and weaking the empire of the

2. Implementation

(This section should cover project activities and outputs).

2.1 Did the project meet its targets, and if not, what were the reasons for under-achievement (eg, were the targets realistic)?

2.2 Did the policy and institutional environment change during implementation, and if so how did this affect the project.

2.3 Was there adequate liaison with other agencies involved in family planning programmes?

2.4 How effective was the local management of the project by the NGOs and by GoK?

2.5 Was project implementation adequately monitored and reported on by the local implementing bodies and by BDDEA? What use was made of reports to revise project design and implementation strategy?

2.6 Were project conditions satisfied?

2.7 To what extent did the type of aid management arrangement used by ODA (ie direct management by a Development Division) affect the efficiency and effectiveness of the conduct of the project cycle.

2.8 Were data collected to enable the subsequent evaluation of project impact?

3. Impact

(This section should cover project purpose and goal).

- 3.1 To what extent did the project:
 - & increase acceptance of, and demand for, family planning services.
 - increase the availability, accessibility and quality of family planning services provided by the GoK and NGOs.
 - & strengthen the capacity of the NCPD.
 - & contribute towards lower fertility and a reduction in population growth rates.

3.2 If the impact of the project has been less than expected, the constraints should be identified and explained.

3.3 Were indicators of achievement set up, were they practical, and were attempts made to monitor them? What indicators might be used in future projects?

3.4 Who has benefitted from the project and were these the intended beneficiaries? What else could have been done to ensure that the project reached the target groups?

3.5 What impact has the project had on women, on poor people, and on the environment?

3.6 What was the outcome in terms of the risks and assumptions made in the project

framework or project appraisal?

3.7 In general terms, was the cost of the project justified by its social and economic benefits (as reflected in the overall Success Ratings table)?

3.8 What are the prospects of project activities being sustained without further aid support?

3.9 Were there any clear links between the type of aid management used by ODA for the project (see para 2.7) and the extent to which project objectives were achieved, and with project impact and sustainability? ITINERARY ANNEX B

Sunday 4th Aug	just 7.30pm	Meeting with World Bank team	
Monday 5th	8.15am	ODA Field Manager (Jackie Mundy)	
	11.30am	Director, NCPD and staff	
	2.30pm	NCPD (Karagu Ngatia)	
Tuesday 6th	9.15am Kenya Natio	onal Union of Teachers	
	11.30am	Family Planning Association of Kenya	
	2.15pm	Christian Health Association of Kenya	
	7.45pm	Meeting with World Bank team	
Wednesday 7th	7.30am	Visit to FPAK clinic, Thika	
	10.00am	Visit to Muriranjas District Hospital	
	13.00am	Visit to FPAK clinic, Nyeri	
		Costations Others	
Thursday 8th	8.30am Visit to FPA	K clinic, Ribeiro, Nairobi	
	10.30am	Visit to CHAK clinic, Ngecha	
	2.15pm	Kenya Catholic Secretariat	
	4.00pm	National Council of Churches of Kenya	
Friday 9th	7.00am	Fly to Kisumu	
1000	9.30am	Visit to FPAK clinic, Kisumu	
	11.45am	Visit to NCCK regional office, Kisumu	
	3.00pm	Visit to Marie Stopes clinic, Kisii	
	3.30pm	Visit to CHAK regional office, Kisii	
	4.15pm	Visit to Lutheran health centre, Itierio	
Saturday 10th	8.30am Fly to Nairo	bi	
	11.00am	Report writing	
	5.00pm	Team meeting	
	7.45pm	Meeting with World Bank team	
		Lynage P	
Sunday 11th	Repor	t writing and Team meeting	
Monday 12th	File re	view in BDDEA	
	2.15pm	Crown Agents - DBC	
Tuesday 13th	File re	view in BDDEA	

	11.30am	Population Services International - MP	
	12.30am	Population and Health Services - MP	
	2.00pm	FP Exhibition, National Museum - MP	
	2.30pm	CHAK and NCCK - MC	
	4.00pm	NCPD (Mr Ngatia) - DBC,MC	
Wednesday 14th		Report writing in BDDEA	
and the	12.30pm	Family Health International/AIDSCAP - MP	
	2.30pm	CHAK Finance and Health depts - DBC,MC	
	7.45pm	Meeting with World Bank team	
Thursday 15th	9.00am Department	t of Family Health	
	11.15am	British Council - DBC	
	11.30am	Breast Feeding Information Group - MP,MC	
	2.45pm	UNFPA (DBC,MP)	
	4.00pm	NCCK (MC)	
Friday 16th	10.30am	Round-up, NCPD	
	1.30pm	Round-up, World Bank	
	3.00pm	Team round-up	
	4.00pm	NGO Council (MC)	
LIST OF PERSON		ANNEX C	

World Bank	Mart stells NAGE at 1997 March 1	
Kaori Myamoto Pat Walker Wasuko Ikua Tom Merrick Dick Taylor	Health Programme Specialist Implementation Specialist Operations Officer Population Specialist Procurement Auditor, SGS	s i ^e mikilisi
British Development Division in	East Africa	
Myles Wickstead Jackie Mundy Tim Martineau Patricia Scotland Jason Grimes	NGO Adviser	
National Council for Population	I the West on Latington backbook	
Amb. Simon Bullit Mr Ngatia Mr Chepsiror Mr Musanda Ms Mwenyanga	Director Coordinator, NGOs Finance and Administration IEC Division Research	ation - A
Mr Thombe	Planning and Policy Analysis	
Mr Kichamu Mr Nengena Ms Mukarama	Finance and Administration Accounts Women's Issues	
Kenva National Union of Topolo		an Lushe

Kenya National Union of Teachers

Page 38

.

John Katumanga	Chairman	
Lawrence Majali	Assistant Secretary General	
Peter Lubulellah	Senior Executive Officer	
Francis Nga'nga	Deputy Secretary	
Family Planning Association o	f Kenya	
Godwin Mzenge	Executive Director	
Samson Ariaga	Manager, Finance and Administration	
Isaac Achwal	Program Manager/ Head of Service Delivery	
Njagi Muchiri	Area Manager, Nairobi	
Mr Z Kinkola	Area Manager, Nyeri	
Sarah Chilumo	Area Manager, Nyanza	
National Council of Churches	of Kenya	
Rev David Kiarie	Coordinator, Family Life programme	
Ms Winnie Mwangi	Project Secretary	
Ms Mary Kange	Youth Issues Secretary	
Mrs Jael Owino	Regional Coordinator, Kisumu	
Christian Health Association o	f Kenya	
Norman Olembo	Executive Director	
Peter Ngure	Manager AIDS promotion project	
Sellah Nakhisa	Health Services Director	
Jennifer Mangu	Finance Manager	
Priscilla Kiambu Mwawera	Nurse in charge, Ngecha Clinic	
Lucy Maiina	Secretary, Kisii regional office	
Valerie Silva	Missionary/Pharmacist, Lutheran Church, Itierio	
Kenya Catholic Secretariat	CBUT VILL WEREAD AUTOR AND	
Rev Michael Charo Ruwa	Secretary General	
Ms Angelina Kyonda	Project Officer, Family Life programme	
Population and Health Service	s/ Marie Stopes Clinics	
Cyprian AO Awiti	Programme Director, Nairobi	
Martha Warratho	Clinic Services Manager, Nairobi	
Martha Mutunga	Project Coordinator, Nairobi	
Peter Waweru	Resident Doctor, Kisii clinic	
British Council	 Decision of Third Experionol Council, 1 output 1933. 	
Ben Dickinson	Deputy Representative	
Bernadette Mungai	Training Officer	
Breast Feeding Information Gr	rrend bank - / hid humerion Polinet Surervisien Maximo due 1996	
Ingrid van Bauwdyke	Ag Executive Director	
Martha Vihara	Community Worker	

Page 411

Sheila Macrae	Representative
Dr Margaret Gachara	Reproductive Health/FP Adviser
NGO Council	
Erastus Omollo	Acting General Secretary
Dr Makuya	Member, NGO Council and Representative on NCPD
Alice Mudiri	Toney offic
Lucy Oriang	Information Unit
Other	news leave at server includes and
John Berman	Population Services International
James Maikweki	Chief Curator, National Museums of Kenya
Gary Leinin	Health and Population Officer, USAID
Salil Shetty	Country Director, Action Aid
Booker Odenyo	Crown Agents

ANNEX D

The World Bank. Staff Appraisal Report. Kenya. Third Population Project. April 1988.

ODA. Project Memorandum. Third Population Project. May 1988.

Nabarro, D and I. Thomas. Third Population Project Review Mission and ODA Health and Population Sector Review. July 1989.

The World Bank. Staff Appraisal Report. Kenya. Fourth Population Project. March 1990.

Thomas, I. Assisting Demographic Transition in Kenya. October 1990.

ODA. Kenya: Proposed Strategy for Future British Assistance to the Health and Population Sectors. July 1991

Thomas, I. Third Population Project. Report on a visit to Kenya. September 1991.

Potts, M. Review of Third Population Project. February 1993.

ODA. Strategic Review of British Assistance for the Health and Population sector in Kenya. December 1993.

The World Bank. Third Population Project Supervision Missions. March 1994, September 1994, October 1995.

Family Planning Association of Kenya. Strategic Plan 1994-2000.

Jenkinson, G. Review of Building Activities of FPAK. ODA/Kenya, Oct. 1992

ODA Evaluation Department. Third Population Project, Project History. July 1994.

BDDEA. Third Population Project, Project Completion Report. February 1996.

NCPD/CBS. Demographic and Health Survey 1993. May 1994

NCPD. Family Planning Projections Analysis, Kenya 1989-2020. June 1995

NCPD. Family Planning Financial Resource Requirements (1993-2010). June 1995

NCPD. Partners on Population and Development Kenya. Nairobi, 1996.

BDDEA. Project Submission. Kenya Family Health Project. January 1996.

The World Bank. Aide memoire, Kenya Population Project III, Implementation Completion Report Mission. August 1996.

NCPD. Sessional Paper No.1. National Population Policy and Sustainable Development. 1996.

Stanecki, K.A. *Review of HIV spread in Southern Africa*. International Program Center, Population Division, US Bureau of the Census, 1996.

AMREF. Learning for the Poor, A participatory Poverty Assessment in Kenya. Supported by ODA, UNICEF, World Bank: November 1995.

BDDEA. Direct Funding of NGOs: Links to Country and Sector Strategies and the Further Development of the Programme. November 1995

BDDEA. Links with NGOs: Strategy and Procedures. January 1996

CHAK. Annual Report, 1994-95

NCCK. Annual Report to the General Assembly, 1995

Mwanchi. A Magazine of the Episcopal Conference. September 1995

The Family. A Pro-Life Magazine published in Nairobi. April/July 1996 Action Aid. Country Strategy Paper 1993-97

BACKGROUND - POPULATION ISSUES IN KENYA ANNEX E

1. The population of Kenya has multiplied five times since the end of World War II, and three

date The dovernment, with donor resistory at tauth cautions support of family planning in 1987

times since Independence in 1962. In 1904 the population of Nairobi was 14,000: today, it is about two million and, in the country as a whole, there are 14,000 more births than deaths every five days. The population will double again in approximately twenty years and with almost 60% of

the population below the age of marriage, current momentum in population growth will have demonstrable effects on population growth in Kenya until well into the second half of the twenty-first century.

2. By 1975, early marriage, abbreviated intervals of breastfeeding, and lack of access to family planning, had brought the total fertility rate to 8.1, giving Kenya the highest birth rate (52/1000) of any large country. By 1989, moderately effective public health measures had also lowered the death rate to the point where Kenya had the most rapid population growth rate (4.1% per annum) of any large country.

3. Throughout this period of uniquely rapid population growth, there is evidence that women were always having more children than they wanted. No reliable survey exists before 1984, but in that year women had an average of 7.7 children and wanted 5.8. By 1989, they had 6.7 and wanted 4.4. Today, women are having 5.4 but only want 3.7, with almost one half (46%) of fertile women not wanting any more children at all.

4. Rapid population growth has been a significant factor stalling socio-economic development in the country. Between 1964 and 1972 the GDP grew by 6.5% a year, and people were aware that per capita income was increasing. The World Bank reclassified Kenya from a low to middle income country. No economic system, however, could have accommodated the vast numbers of young people seeking employment. During the years covered by this project, 450,000 to 500,000 adolescents left school annually, but found fewer than 70,000 new jobs in the modern sector waiting for them each year. By 1985 Kenya had the highest dependency ratio (119) in the world.

5. In the words of the Pastoral Letter of the Bishops of Kenya, published in August 1996, AOur population has increased, but the number of public health centres has not in the same proportion. Lack of social amenities such as employment, health centres, are some of the main causes of the "rural exodus" to the big cites of our country in which slum dwellers live in subhuman conditions.@ Today, partly as a result of rapid population growth, Kenya has slipped back to being categorized as a low income country.

6. Until the 1990s, basic health and education were provided largely free, but then the government was forced to start charging fees. By 1995/96 government per capita expenditure on health was only 37% of what it had been in 1979/80.

7. Just as the economy and health service were falling behind, Kenya was struck by the devastating AIDS epidemic. In Nairobi one quarter of women coming for delivery are HIV positive and, while the prevalence of infection is lower in rural areas, a self sustaining epidemic exists and HIV prevalence is increasing inexorably throughout the country.

8. Public attitudes and policies concerning population have evolved more slowly than private attitudes, and even today policies are constrained by religious and cultural forces. The FPAK began discussion of population problems in 1962 and pioneered the availability of services on a small scale. The government, with donor assistance, began cautious support of family planning in 1967. A National Population and Development Council was set up in 1982.

9. A pioneer social marketing programme in Meru showed that rural Kenyans were prepared to buy contraceptives, but these early services were not followed up. Instead, it was assumed that family planning would only be acceptable if "integrated" with other aspects of health care, although there was little empirical evidence to support this proposition. In retrospect the people of Kenya were ahead of the planners and, although sensible information about family planning is essential, the problem of the past decade has been the failure of service delivery to keep pace with the demand for family planning services.

10. In the country as a whole, there are 112 government hospitals, 176 private hospitals, 74 mission hospitals and 414 government health centres. NGOs, mostly church managed, provide some 40% of curative health care in Kenya. CHAK has 187 facilities and KCS 196 dispensaries and community programmes. Of the total of 2300 family planning service delivery points (SDPs), an estimated 45% are run by NGOs. The expansion of SDPs and the broadening of contraceptive choices helped increase the use of family planning and, for example, between 1990 and 1992, injectable use jumped from 27,000 clients to 110,000.

Prospects for sustainability of population programmes in Kenya

11. The need for family planning is growing, and it is imperative to slow the spread of HIV, but at a global level the amount of donor money available to put into the service of family planning and reproductive health is exceedingly limited. The targets set for the OECD donor community for international family planning and reproductive health in the Cairo consensus is unlikely to be reached. If the dream of Cairo is not to turn into a nightmare of raised expectations colliding with diminishing resources, then donors will have to focus on supporting the most cost-effective projects with the most extensive impact.

12. Empirical data shows people will spend approximately one percent of their income to purchase contraceptives. While cost-recovery is worth while, if we look ahead to say 2010, per capita wealth seem unlikely to increase to the level where cost-recovery on family planning services will cover even half of the costs. It is safe to assume that most Kenyans will need some degree of subsidy well into the next century. Where will that subsidy come from?

13. The reproductive health situation in Kenya is deteriorating. HIV continues to spread rapidly and morbidity and deaths from AIDS are beginning to overwhelm the health services, and (as AIDS kills trained people in their most productive years) it is one more factor eroding a already weak economy. When these problems are set in the context of the rapid growth in adult population resulting from the explosion of births over the past few decades, then the picture becomes worrying. In particular, the cost of family planning services will sky rocket and there may not be the money to pay for them.

14. As is well known, Kenya has a broad based population pyramid, with 47% below the age of 15. The demographic momentum built into Kenyan population is reducing the per capita amount of money available for all aspects of health care, but increasing the number of people seeking care. This is a devastating combination of forces. The donor community is the only realistic source of help available for most Kenyans who are too poor to afford the full cost of family planning and reproductive health care, but the implications for the donor community are expensive. If as seems possible it is not politically achievable to raise the sort of donor money analysis implies, then the family planning programmes in Kenya will have to be restructured to save money. The alternative would be to deny women, especially the poorest, any realistic access to family planning, in which case the birth rate would rise and the abortion rate would be even higher than it is at present.

15. <u>Future costs</u>: One projection suggests the GoK contribution to the estimated cost of the population programme in the future could rise from \$2.2 million (9.5% of the total family planning budget) in 1993 to 36m (49.7% of the total) in 2010. The National Population Policy for Sustainable Development document, however, makes no numerical commitment, merely stating

AWhile recognizing the need for continued donor support, the Government will assume responsibility for a greater proportion of the required resources for the implementation of this policy@. Per capita expenditures on all aspects of health have slipped backwards since 1980 (Table 6/1) and this trend may be difficult to reverse. Although the government has greatly expanded its budget it has not been able to get ahead of population growth. In the medium term, looking ahead 15 years, population growth will continue while the burden of AIDS will grow exponentially. The donor community might be wise to question whether the GoK will achieve the 50% goal set out in the non-binding Resource Requirements document.

16. Demand for services: The impact of the skewed population age pyramid on the demand for family planning services is formidable (Table 6/2). Even without any increase in prevalence the number of users will almost double, while if prevalence goes up by two percent more women using contraceptives each year - a perfectly achievable goal - and prevalence doubles to 60%, then number of users will explode by 340% in 14 years. It is reasonable to assume the cost per CYP will decrease with increasing volume and the NCPD assumes cost will fall from \$25.03 per CYP in 1993 to \$15.6 in 2010. However even with this fall the total expenditure on family planning will jump from less than \$30 million today to over \$58 million in 2005 (Table 6/3).

17. As the work moves into the next millennium, it will be increasingly important to support those institutions with the record of greatest cost-effectiveness. Technically (1), greater attention needs to be paid the maintaining natural patterns of breastfeeding. (2) Update science-based policies for contraceptive distribution. CBD has proved popular with users in Kenya, as in other countries, but users continue to be unnecessarily inconvenienced by out of date and conservative guidelines, such as forcing women to attend travel great distances to attend a fixed clinic for a pelvic examination. Other women, such as those over 35, are denied oral contraceptives as a responsible choice.

BACKGROUND - THE NGO SECTOR IN KENYA

ANNEX F

- 1. NGOs have been evolving since 1900 in Kenya.
- 1900 Formation of People's Associations
- 1922 The Salvation Army started a welfare service, providing relief and health services.
- 1930s A hospitals committee was formed, which later became the Christian Health Association of Kenya (CHAK)
- 1940s The emergence of Women's Clubs, mainly composed of wives of soldiers, culminating in the formation of Maendeleo ya Wanawake in 1950.

1940-60 Formation of welfare associations in urban areas by rural people working in towns. The Christian Council of Protestant Churches was formed in 1944, becoming the National Council of Churches in Kenya (NCCK) in 1966. The Catholic Secretariat (the 'action arm' of the Kenya Episcopal Conference) was formed in 1950.

1970s Individuals started getting together to form NGOs, and the international NGOs began to operate in Kenya. CARE began in 1968, World Vision in 1974 and ActionAid in the mid 1970's.

- 1980s Professional people started to form NGOs, such as AMREF (a medical NGO) with more of a service orientation than relief work.
- 1990s A trend towards NGO networking and awareness raising on development issues as illustrated by the formation of the NGO Council and such groups as the Legal and Human Rights Network.
- 2. NGOs in Kenya now fall into four categories depending on their registration:
 - and under the Companies Act, for a few who have registered as 'non-profit' companies;
 - and under the Ministry of Culture and Social Services, for thousands of Community Based Organisations (CBOs) and Self-Help Groups;
 - ar under the Societies Act, for most religious organisations, about 400 of which run development programmes;
 - arr under the new NGO Co-ordination Act, a control body established by an Act of Parliament - by April 1993, 553 had registered.

3. The NGO Coordination Act provides for an NGO Board and Council. The Board is composed of 35 members, 15 of which are representatives of different NGOs. The Board registers new NGOs. The Council is a membership organisation, represents the interests of its members to the Board and provides a range of services. The Council is autonomous and has been established to promote understanding, knowledge, trust and solidarity about and within the NGO community. There are four programme areas:

- policy and advocacy; this deals with such matters as land issues and ethnic tension and conflict - one initiative has been to form a Peace and Development Network (Peace-net)
- information and publicity; deals with the media, donors, a newsletter and a 'code of conduct' for NGOs
- Arr networking between NGOs and others; the Council promotes a number of networks eg: Legal and Human Rights NGOs Network; the Participatory Methodologies Network of Kenya (PAMFORK); Kenya Pastoralists Forum
- and NGO support; such as training in accounting

4. The Council now has 620 paying member NGOs, including international NGOs. Subscriptions provide about 10% of the budget, the balance comes from international NGOs in the form of grants.

5. The NGO Council was only formed during the life of Population 111, so there was no scope for it to be involved at the beginning. However it has an extensive knowledge of the NGO sector and could be consulted on a number of matters such as ... how could CHAK overcome the weaknesses of its management structure... which would be the best NGO to support on urban/slum family planning work ... and in relation to institutional strengthening perhaps the Council could be supported to work with NGOs on behalf of ODA.

6. BDDEA has been developing a policy framework to strengthen relations with NGOs with a view to enhancing the poverty focus of country programmes in Kenya, Tanzania and Uganda. The relationship is to be built on the mutual recognition of the comparative advantages of each partner, for example ODA learning more from NGOs about the use of participatory methods, and NGOs learning more about ODAs approach to project cycle management. BDDEA also seeks to involve NGOs in country and sector strategies.

7. The NGO sector is comparatively well developed with a full range of organisations from selfhelp groups to international operational and support NGOs. There is also a wide range of consultancy groups. Multi-lateral and bi-lateral agencies have increasing links to the NGO sector. The sector appears to be evolving fast and it will be desirable for ODA to maintain and expand its links along the progressive lines outlined above.

The Nature of NGOs and ODA support

8. The nature of an NGO influences the role it can and should play, and the type of project which could be supported by ODA. The framework below is indicative of the type of analysis which could have been made at the beginning of Population III. Once the framework has been developed, organisations can be fitted in and options considered for the nature of ODA support to organisations within the different categories.

Category	Nature of work	Examples	Consequence for ODA
Local NGO/CBO	Service	A hospital or clinic	Usually not possible for ODA to directly relate to, and so the need to go through larger, national level organisations
National	General Coordination/ Advisory / Network	NGO Council, NCCK, Catholic Secretariat	ODA may get advice. These are potentially good for motivational initiatives and activities such as training and research with member networks, but not for direct operational programmes
	Specialist Coordination / Advisory / Network	СНАК	Potentially good for a spread affect on a specialist subject eg: family planning, AIDS
nce a no esw NGC sector Stre	Active / operational	FPAK Marie Stopes	Potentially good for operational work - providing the 'model' is the right one.
International	Supportive (though in some cases operational)	Oxfam, ActionAid etc	Potentially good for advice and focused operational work

9. Broadly speaking, Coordination/Advisory/Network groups are not good at direct services, though specialist coordination groups may be. Active and operational groups are not so good at advisory and coordination work, because they often have particular approaches to advocate. Reasons include mandates and visions; type of staff; funds available; working patterns and life styles.

10. The implication of this framework is that perhaps ODA could have spent more time at the beginning of this project, to identify and understand a broader range and a larger number of NGOs. With their different service options and opportunities. This would have helped ODA determine which NGOs would have been able to do what, and which would have needed help in their planning.

11. One example is that FPAK would certainly have been identified as a potential NGO to work with, but their rather institutional approach and their attention to quality services could perhaps have been modified at the beginning if they had received specialist family planning advice at the time of planning their proposal. Instead, from the beginning they were (and even in 1996 they still are) treated as the experts and their approach not questioned. Perhaps some international wisdom and experience on family planning could have been brought into Kenya through FPAK, and much more done to promote the CBD approach through FPAK, CHAK and many rural development NGOs. These could have reached out to larger numbers in the rural areas and particular poverty groups like nomadic peoples and certain coastal communities.

12. A second consequence is that the CBD approach might have received more than just incidental support through the ODA project. There are said to be 16,000 CBD agents operating in Kenya, out of which 10,000 are supported by GTZ. At least 16 agencies are said to be promoting the CBD approach. There is urgent need to research the effectiveness and costs of different CBD models (eg contraceptives charged for or provided free, distributors working as volunteers, paid an honorarium, or paid according to results), and alternative training strategies (in Kenya this is for two weeks, but in some countries one or two days is considered sufficient). NCPD and ODA has played only a minor role in this important service model.

13. A third consequence is that a large service delivery programme might have been considered through CHAK (because of its very extensive service network) instead of the IEC programme actually funded.

14. Lastly, the above framework might also have been useful for the subsequent Family Health Project. It would for instance have suggested that NCCK is not an appropriate NGO to conduct a MCH/FP project in the slums of Nairobi, because it is not an operational organisation and has no specialist medical expertise.

15. BDDEA through its recent paper 'Direct Funding of NGOs' (November 1995) and 'BDDEA Links with NGOs' (January 1996) has a strategy to improve its relationship with NGOs. This should enhance the poverty focus of BDDEA programmes in Kenya, and East Africa - though the concerns and opportunities which emerge from the type of framework outlined above may not yet have been fully considered.

FAMILY PLANNING ASSOCIATION OF KENYA (FPAK)

ANNEX G

Background

1. FPAK has been a leader in family planning in Kenya. It is large, well staffed and has good top management. FPAK can complete projects on time, and it has satisfactory fiscal control (it is audited by Deloitte, Haskins and Sells). Yet today it is a danger of being overtaken in volume of service and sustainability by more cost-effective and innovative organizations.

2. The Association runs 14 clinics, a number of CBD programmes and some outreach services for men. It has an IEC centre. The FPAK 1987 strategic plan called for increased emphasis on services, including voluntary sterilization. More recently, it has begun to broaden its services to encompass a concern over STDs and HIV infection, and even antenatal infection. It conducts training for other organizations and the IEC centre also serves the NCPD and the DFH.

3. The total FPAK budget in 1995 was KSh 242.6 million, of which KSh 21 million was local income from client fees and other sources. In 1995, FPAK received external funds from USAID (approximately KSh 40 million directly, and KSh 42 million indirectly from cooperating agencies (such as AVSC), and from IPPF, NCPD (this project), Population Concern (partly ODA money), and JOICFP.

4. The FPAK annual report is large and detailed. There are some small errors (eg some clinics report more than 100% continuation rates), but the documentation is good. One external check on the accuracy of its data is the fact that in 1995 FPAK provided 98,456 CYP through their fixed clinics, and in the same year the DHS found 4.8% of users (approximately 92,000) reported going to FPAK clinics.

5. In 1995, based on its own records, the FPAK clinic programme achieved 54.4% of its target for the year and provided 52,657 CYPs. The number of new acceptors declined between 1994 (14,105) and 1995 (11,247), even though this was the time when the new ODA-funded clinic buildings were beginning to be used. 54% of CYPs are provided by injectable contraceptives. Just under 1000 clients bought advice for STDs and 15,443 Pap smears were done (one in 200 was seriously abnormal and referred by a doctor to a hospital or private clinic). About 150 people had some training contact with the clinic system. The cost per CYP for the clinic programme, omitting the cost of buildings, depreciation and depreciation on vehicles, rose between 1994 and 1995, but still remains satisfactory.

6. The voluntary sterilization work conducted in clinics was managed through a separate project. It targeted 62,500 CYPs (counting each tubal ligation and Norplant insertion as conferring protection for future years, as well as during the year the procedure was performed). Achievement was 73% of target (46,800 CYPs: 2556 tubal ligations, 5939 Norplant and 10 vasectomies). The cost per CYP for the permanent methods was \$5.74. Permanent methods are usually cost-effective and this is a satisfactory result. However, it omits overheads and capital costs for building.

7. In 1995, 14 outreach teams had a target of reaching 15,600 new acceptors in rural areas. The total budget for this activity was KSh 5.336 million. In the event, the outreach reached well under 1000 and only providing 3,105 CYPs, 70% of whom choose injectables. The cost per CYP was \$34.37.

8. The IEC programme is impossible to evaluate, but in the area of public information and policy development, 40% of a budget of KSh 21 million was spent. In the area of male involvement, supported by a project specific IPPF grant, half of a budget of KSh 54 million was spent. No measurable outputs related to informing men or providing services were achieved. Some of the one-page brochures for clients about methods are good and are also used in MoH clinics. At the same time, some out-of-date material is in use. For example, Facts For Family Planning, 1990, tells women to begin oral contraceptives on day 5 of the cycle, which is confusing. It also recommends women over 35 to not take pills and women under 20 to not take injectables, both of which are unjustified and restrictive guidelines.

9. Overall, dividing total expenditure by CYPs, but not including capital expenditure, the cost per CYP in 1995 was KSh 1514 (US \$30.28 at 50). This was the total budget/total achievement, omitting CYPs (21,000) provided by FPAK supply of contraceptives to sister agencies.

The ODA Project

10. Under Population III, between 1988 and 1995 FPAK received a total of KSh 108 million (see table G 1). This was 127% more than the originally approved amount, due in part to depreciation of the Kenyan shilling (which would explain a 70% increase) and in part to FPAK's efficiency at implementing the project. Of this, 36% was spent on salaries, 15% on buildings, 12% on training programmes, and 10% on IEC activities. Clinics were built at Kisumu and Nyeri, completed at Meru and one was renovated at Kakamega.

11. The ODA investment in the Meru clinic was used to complete, in 1992, a building the FPAK had begun several years earlier using its own resources. The Nyeri clinic (estimated cost in 1992 KSh 16.3 million) was opened in March 1994, and the Kisumu clinic was completed in January 1995, at a cost of KSh 16.5 million.

12. The Kisumu clinic replaced a building rented for KSh 25,000 a month. The original estimate for the new clinic was KSh 8.7 million, and the ODA consultant architect questioned whether a building of this size was justified by projected patient flow. He also recommended one story clinics, whereas the actual two story building is larger than the hotel next door. There are spacious operating theatres that are used once a week (there were 30 female sterilizations, 2 male and 29 Norplant insertions in the April-June quarter of 1996). There are 3 nurses, an MoH provided STD nurse, clinic director and administrative staff. A CBD project and a Male Involvement Project are run from the clinic. The number of clients served in the CBD is disappointing.

13. The Thika clinic is built on a plot of land given free by the government. It is a large building with spacious operating theatres. It is within walking distance of the government hospital and there are several private practitioners nearby in the town.

Lessons learned and recommendations

14. Although FPAK makes services its first priority, its share of services to all users fell by half between 1989 and 1993. The heavy investment in clinic construction under the ODA project has not been associated with any demonstrable increase in the volume of services, and in the case of some services there have been actual decreases. FPAK is not providing significant services to adolescents, who are amongst the most vulnerable to unwanted pregnancy, STDs and acquisition of HIV. The building programme supported by ODA under Population III has been associated with declining performance. It may have been a deterrent to innovation in other areas and it may prove a liability in the future. The CBD did not meet their targets. The IEC work was on a small scale.

15. FPAK is a volunteer organization, but in reality it implements projects funded by donors, and as its Strategic Plan comments, the Aconcept of voluntarism@ is not clearly understood by volunteers. Efforts to build local support do not appear to be succeeding. Currently FPAK receives well over 90% of its money from outside the country. Client payments have begun, but raised only 8% of total revenue. A degree of cost-recovery has helped make the clinic services more cost-effective.

16. The ODA project did not review alternative and possibly more cost- effective ways of providing family planning. Little thought seems to have been given to the potential numbers of

clients during the design of the buildings.

17. FPAK adopted a new Strategic Plan in 1993, recognizing many of its weaknesses, but the implementation of the plan has been uneven. It has implemented COPE, a method of reviewing client flow - in Thika waiting time was 7 minutes, and contact with professional lasted 13 minutes. These figures are excellent by both developed and developing country standards. However, other aspects of quality of care are misunderstood (eg two types of IUD were used because Awomen asked for them by name@, but such requests only reflect the promotional activities of manufacturers, and stocking policies should be based on objective epidemiological data and price).

18. Another objective of the Plan, which overlaps with quality of care, is to Aassess the MIS needs and implement.... recommendations for improvement@. At present, clients and staff are burdened with a 28 page booklet with 4 pages of data for the first visit. This data is clinically unnecessary and is not analysed properly for record purposes: one clinic had charted the number of clients either with an error in the decimal place or confusing months and years, and several sites just could not say how they arrived at the reported number of clients.

19. The Strategic Plan cites Areducing medical barriers@ as a goal, but the only example it gives is that of distributing 3 instead of one cycle of pills at the first visit. Unfortunately, there have been no moves to capitalize on the simplification of contraceptive situation endorsed by WHO and IPPF, or any learning from the demonstrably successfully CBD programmes elsewhere in the world, such as Mexico, Colombia, Thailand, or Korea.

20. The rapid spread of HIV, the obligation to improve STD treatment, the need to help the young, and likely budget constraints in the future, all make it essential to use up-to-date, science-based guidelines for contraceptive distribution. Precious and expensive professional time needs to be allotted to life-saving tasks. Among the options open to FPAK would be:

- to reduce CBD training from 2 weeks to 2 days (still twice as long as in some CBD programmes);
- ar to update guidelines for providers and information for clients;
- ↔ to recruit more distributors;

FPAK

- to stop paying volunteers a KSh 500 per month honorarium, but to let them sell contraceptives and keep all or part of the selling price;
- to reduce record keeping to a day book and an inventory of contraceptives in and contraceptives out;
- & to remove the requirement to refer all healthy CBD clients to fixed clinics; and & to stop taking blood pressure records on CBD clients.

21. The ODA project put too many resources into buildings, and monitoring did not lead to any discontinuation or modification of this component. The IPPF London seems to have given little assistance to FPAK (eg it could have assisted in providing up-to-date guidance on the CBD projects, and the male involvement project supported by IPPF appears to have practically no substance to it). The years 1988 to 1995 were ones when the population grew with destructive rapidity, HIV spread at an unprecedented rate, and when the painful consequences of teenage sexuality grew even worse. Some of FPAK's services were cost-effective, but the same ODA investment could have contributed much more to solving the nation's deteriorating reproductive health problems had it been made in other ways than providing over-designed buildings.

Actual Expenditure compared with Approved Budget TABLE G

					Actua
(KSh '000)	BUDGE	<u>%shar</u>	ACTUA	<u>%shar</u>	v Budge
			*		
Civil works	913	19	1596	15	175
Vehicles	283	6	362	3	128
Office equipment	56	1	105	1	186
Materials/IEC costs	1351	28	1041	10	77
Equipment	91	2	528	5	576
Technical assistance	155	3	83	1	54
Monitoring/Research	56	1			and mail
Training programmes	63	55110 11 IS	1328	12	2097
Salaries/allowances	1286	27	3935	36	306
Travel/per diem			392	4	ER
Supplies/miscellaneous	238	5	357	3	150
Vehicle op costs	212	b 4	917	8	431
Maintenance	42	a post-at	155	sontA point	365
primate terminis e	4753	100	10804	100	227

5. CHAK and KCS have jaintly premoted the Masion for Essential Drugs and Supplies (MBDG), and a becares and supplies essential modify drugs to CHAC and KCS members, in addition to training fully workers on rational dute case.

*Approved Budget	From ODA	project memoran	dum.	
	Includes con 18.167%	ntingency and in	flation provision of	e vitin Smirios provided ny C
** Actual Expenditu	re Includes loc	al and offshore e	expenditure.	
			audited statemen	ts.
	Offshore ex	penditure from C	Crown Agents reco	ords
CHRISTIAN HEALTH	ASSOCIATIO	N OF KENYA (CH	IAK)	ANNEX H
				RP Bavian Chilese
Background				

1. CHAK had its beginnings in the 1930's, as a hospital committee of the National Christian Council of Kenya, the main grouping of Protestant Churches. By the early 1980's, the focus of CHAK was on the disbursement of grants from the Ministry of Health to members. By 1990 MoH

grant disbursements were phased out and CHAK evolved into a multi-purpose secretariat.

2. CHAK is now an umbrella organisation for a network of 270 members: 15 hospitals, 32 health centres, and 223 dispensaries. CHAK facilitates and coordinates the health work of its members; assists with training, management advice and supplies; and speaks on health matters to the MoH and other national and international organisations. All of the member units are said to now provide some family planning services.

3. CHAK estimates that CHAK members (Protestant) and KCS (Catholic) provide 30% (CHAK 20%, KCS 10%) of the total health services in Kenya - mostly in the rural areas.

- 4. Currently the main programmes of CHAK are:
 - An Management and Institutional Capacity Building (supported by InterChurch-Aid, Denmark
 - Are Rehability of Health Units RHU (supported by the ODA project; support continues from ICCO. Netherlands)
 - Ar Child Survival prevention of diseases (supported by ICFID, Canada)
 - Family Planning IEC (supported by ODA, continuing support is being received from USAID, at least till 1997). The programme also includes CBD and AVSC assistance for training of doctors and nurses (supported by USAID, at least till 1997)
 - AIDS Prevention through 39 units and the training of health workers (supported by EZE, Germany). This programme was evaluated in July 1996 by Population Communication Africa and deemed to be 'cost-effective'. \$220,000 reached 300,000 individuals, at US\$ 0.73, or KSh 41 each. It is likely to receive further funding.

5. CHAK and KCS have jointly promoted the Mission for Essential Drugs and Supplies (MEDS), which procures and supplies essential quality drugs to CHAK and KCS members, in addition to training health workers on rational drug use.

and the second				
Selected services (numbers)	Estimate for all Hospitals	Estimate for all Health Centres	Estimate for all Dispensaries	Totals
Outpatient curative services	490000	1761014	1084413	3335427
Immunization	166730	825169	169579	1161478
FP New Clients	17053	59815	17666	94534
FP Revisit Clients	63502	150559	40386	254447
VSC Procedures	9577	6358	1065	17000
Ante-natal	132740	305779	59498	498017
Deliveries	24177	35872	2621	62670

Health Services provided by CHAK members: 1994 TABLE H1

Fage 7

at an even the start and the tar

The ODA project

- The project had two components:
- to expand family planning services through clinics by upgrading 20 existing CHAK rural health units (RHU)
 - to continue the family life education programme by training 1280 teachers to relate to 640,000 students

7. Overall expenditure (see table H2) was KSh 51 million, 36% more than the originally approved budget, but less than the increase of 70% which was in principle available due to the devaluation of the shilling. This is possibly a reflection on CHAK's management weaknesses (see below). 31% of actual expenditure went on salaries (only half of the proportion budgeted), and 26% on buildings.

8. Through the <u>RHU programme</u>, a total of 51 CHAK clinic units were upgraded at an average cost of ,8,000. ODA contributed 51% of the cost of this work, the balance coming from the Dutch agency ICCO. Twenty of the units were designated as being funded from the ODA money. The clinic rehabilitation work appears to have been done efficiently. The ODA Review Mission in 1990 reported that A20 clinics for renovation have now been completedY.. and that in 5 areas where the clinics are located the local communities have contributed from 5 to 20% of the costs. The ODA support was a catalyst for the Dutch funding.

9. Though records were kept on the quantity of physical upgrading, it is unfortunate that noone (NCPD, BDDEA, CHAK) insisted on a basic MIS to ensure the gathering of data to record family planning services in the units before and after ODA support. (The NAO report of 21-2-96 mentions that there was a general increase of 93,400 clients (22.5%) in ODA funded clinics for child welfare, ante-natal, curative and family planning services, but it was not possible to confirm the source or the accuracy of this information).

10. Nevertheless, despite the lack of records, it is likely that fp services considerably increased, partly because of the renovation work and partly because of the wide range of support services (training, supplies etc) provided by CHAK. CHAK now encourages all member units to provide an fp service - 15 hospitals, 32 health centres and 223 dispensaries. ODA support will have given a boost to this important network.

11. Under the <u>IEC component</u> of the family life education programme funded by ODA, CHAK reported that it trained 3185 youth educators who reached over 230,000 youth, and that 1140 'bible students' were trained. The training was for two weeks, CHAK covering the costs, those trained subsequently working as volunteers. The training set out to provide Aa sound factual Christian basis for responsible parenthood@.

12. In July 1994, an ODA Consultant reported that CHAK's IEC programme operates to a higher standard than NCCK's. Nevertheless, an external 1992 evaluation asked a number of basic questions of a sample of those who attended, and found one in three answers wrong. CHAK felt the evaluation did not take into account the strength and weaknesses of the whole programme. Subsequently, a comprehensive evaluation of the Youth Information and Education (YIE) programme

was carried out in 1995 by Population Communication Africa, after a decision had been taken to close the programme. This concluded that there was no discernable impact on the demand for fp services, and that on the whole the programme had not achieved the objectives and was too expensive.

13. Two field trips visits were made to CHAK centres. The first, at Iterio, was run by the Evangelical Lutheran Church of Kenya. It was visited in the late afternoon - as services were winding down. They appeared to be active, effective and efficient in responding to a wide range of family planning needs from school girls to sex workers. We were informed that "50 to 100" persons receive family planning services daily and that services had "certainly increased" since the improvements (an operating theatre and waiting facilities) had been completed, funded by the ODA/RHU programme.

14. The second visit was to a small rural clinic at Ngecha, also improved through the ODA/RHU programme, about 40 kilometres outside Nairobi. It was sited next to a church, the pastor of which provided general support. It was staffed by a nurse and two assistants. The clinic handled about 20 patients a day who came from a radius of 5-10 kms. Services, which were basic but effective, were of a general medical nature and also included family planning advice and condom distribution.

15. The conclusion is that CHAK's quantitative targets were certainly met in the RHU programme and partly met in the family life education programme, but that qualitative targets and date were not set and maintained for either programme.

Lessons learned and Recommendations

16. CHAK generally gives a positive impression. The current range of work is supported by a good spread of donor agencies, which seems to indicate broad-based support for its work. There was some evidence that the management structure needed re-thinking, as programmes appeared to function in parallel, rather than be mutually supportive, and that this was not a new problem. However, a small working group constituted by CHAK's Board is currently looking into management structures.

17. Self-financing remains as difficult for CHAK and its members, as for most other agencies. The desire of churches to provide services free of charge, and the expectations of congregations and communities, mostly in the rural areas, not to pay, makes the issue of cost-recovery both psychologically and practically very difficult.

18. More might perhaps be done to raise general public funds by the Church and its health care network through an annual healing-health 'harambee' type campaign, but no-one is working on the idea, or anything similar. Meanwhile a range of foreign donor agencies seem ready to support CHAK.

19. In retrospect, the questions to be raised are: any provide and any provide and any provide any pro

- Why were fp statistics not maintained for the rehabilitation programme (CHAK certainly had the capability);
- Why was a YIE programme placed with CHAK, as they do not have a natural "youth' network;
 - ar Should the clinic rehabilitation programme have been bigger;

Could CHAK have been supported to provide other services such as training and the development of a CBD network.

20. CHAK is not included in the new ODA/EU Kenya Family Health project. Apparently they "could not get their act together, and even after two attempts did not produce an acceptable proposal". CHAK's explanation was that they felt ODA did not really want to support them for reasons they did not understand. It is quite likely that a poor proposal was produced. However, had they received professional guidance, there seems to be no reason why a good proposal could not have been prepared - to complement the range of services they are already providing. CHAK's membership constitutes the most extensive NGO health network in Kenya and almost all members are providing some family planning services. There is no doubt that the network could expand its range of family planning services and gradually improve its quality, with assistance from CHAK. For the new project not to include CHAK is a missed opportunity.

TABLE H

INDEE II

					Actua
(KSh '000)	BUDGE	<u>%shar</u>	ACTUA	<u>%shar</u>	<u>v Budge</u>
			*		
Civil works	564	15	1329	26	236
Vehicles			575	11	ER
Office equipment			32	1	ER
Materials/IEC costs	70	2	67		95
Equipment	76	2	17	0	23
Technical assistance	23	1	7	0	33
Monitoring/Research	19	1	51	1	268
Training programmes	544	14	549	11	101
Salaries/allowances	2337	62	1574	31	67
Travel/per diem			249	5	ER
Supplies/miscellaneous	145	4	244	5	168
Vehicle op costs			428	8	ER
Maintenance	4	0	12	0	255
	3786	100	5138	100	136

*Approved Budget

From ODA project memorandum.

Includes 19.29%	contingency	and	inflation	provision	0	

** Actual Expenditure Includes local and offshore expenditure.

Local cost expenditure from audited statements.

CHAK Actual Expenditure compared with Approved Budget

Offshore expenditure from Crown Agent records

NATIONAL COUNCIL OF CHURCHES OF KENYA (NCCK) and ment manages of press global bits out all all and the service press to a second them

ANNEX J

Background. (4) District the party of secondary that are already in the second (14)

1. The NCCK started In 1913 as an Alliance of Missions, became the Kenya Missionary Council in 1918, and a Christian Council in 1943. The main areas of concern at that time were the rehabilitation of soldiers returning from the War as well as developing Christian education. Thus, from the very early days the Council was active on social issues. For example, during the 1960's the Council produced a report on the plight of school leavers. In response, member Churches started to establish Village Polytechnics which led to the formation of a nationwide network of 2-300 skills training centres. Over the years, programme work has expanded, as has membership, which now stands at 25 churches.

2. Total numbers of people associated with the NCCK churches is not clear, but (according to a Catholic publication) Catholics are 22% and Other Christians are 52% of the population of Kenya. The NCCK is the main representative of the "others' and is considered to have an important and powerful voice on spiritual, social and political factors affecting Kenyan life.

3. The 1995 Annual Report describes a comprehensive range of services and activities. These include:

- & Women's Programme; which discussed issues in relation to the Beijing conference
- & Health and Wholeness programme; this included educating the public about AIDS/HIV
- & Family Life Education Programme; included counselling activities in schools
- & Programme for Persons with Handicaps; assists with disability awareness and coordination
- Ar Refugee Service Unit; health services, general assistance and counselling to refugees
- Ar Projects Endorsement and Priorities; evaluation and follow-up, also training
- A Research and Study; for example on 'the root causes of ethnic clashes'
- & Christian Outreach and Rural Development; advice, monitoring and evaluation

4. The programme sounds comprehensive, but the report indicates that 1995 was a difficult year on account of income shortfalls. This led to restructuring, staff reduction of 130 persons, and limited achievements in almost all programmes. The ODA Project

5. The objective under the project was to continue the family life education activities started under the previous IRHFP project - to train 5000 church affiliated persons; 2500 volunteer motivators; 1200 church elders; 1200 youth leaders; 9300 men, women and youth coordinators: 1600 women volunteers and 840 evangelists.

6. NCCK originally agreed to do both family life education and a CBD contraceptives programme. Church leaders did not allow the latter to go ahead and unilaterally changed the objectives to family life education only.

NCCK, despite the difficulties of finance flow at the beginning, seems to have got off to a 7. good start. Their 1989/90 report outlines a range of activities - 43 seminars conducted for youth; 6 Provincial Coordinators received 4 weeks of training in Management of Population at the Kenya

Institute of Education; 18 seminars conducted for 1762 persons - against a target of 28 seminars for 840 persons. By 1991 an ODA consultant was able to report that Aa comprehensive range of IEC and training activities were undertaken despite limitationsY. Rallies, film shows and drama have been used to supplement the more traditional newsletters, brochures, meetings and discussions.@

8. The NCCK quarterly reports did contain some details of IEC activities but these were never consolidated. This is illustrated by the NCPD Status Report of July 1994 which concluded: ANCCK has trained quite a number of volunteers but half of these have dropped out@.

9. There was some coordination between NCCK and CHAK in their teacher training programmes, with CHAK concentrating on Western Kenya and NCCK on Eastern Kenya.

10. Overall expenditure was KSh 38.6 million, 68% above budget, which is roughly the equivalent in real terms. Most of the expenditure was on salaries, training programmes and vehicles (see table J1).

11. The Evaluation Team met NCCK staff in Nairobi and in Kisumu. They were impressive for their genuine care and concern for people - especially reflected in their comments on the AIDS problem. For instance, NCCK are advising the Nairobi Police on how to deal with AIDS (four police officers are dying each day from AIDS).

Lessons learned and recommendations

12. NCCK is a nationally recognised, respected and influential body. However it seems to be unsure of its fundamental nature and consequent role. NCCK combines facilitation and coordination of members and promotion of national debate on socio-political matters (along with the Catholic Church), with service programmes and operational work. Very few organisations are able to be effective in both these spheres. Often, by trying to do both, such agencies are not as successful as they might have been had they concentrated on one sphere. For NCCK, the natural role would seem to be one of facilitation, coordination and promotion of national debate. Part of this role would be encouraging and supporting their members to provide services and become operational, but not doing it themselves. Nevertheless, ODA supported NCCK to provide an IEC service under Population III, and is about to support them through the KFH project on a new programme to provide MCH/FP services in a large Nairobi slum. It is most unlikely that they are the best group to conduct an operational family planning/health programme in a slum community.

13. At between 75-80% of the total population, clearly Christians are an important and influential group within Kenyan society. The Kenya Episcopal Conference (KEC) (Catholic) and NCCK (Protestant) are jointly promoting a public debate on the idea of constitutional renewal before the next general elections, due in 1997. Such calls have surfaced before, as in 1986 when the churches provided vocal opposition to Kanu Party efforts to reinforce its position, and in 1990 when leading churchmen launched what came to be called the 'multi-party debate'.

14. Unfortunately, the unity on constitutional matters is not to be found on population issues. Indeed, the difference between the two groups complicates both public education and service provision. NCCK member churches, as also members of CHAK, are, generally speaking, ready to offer or recommend a full range of family planning services, whereas the KEC strongly advocates NFP and pre-marital chastity and certainly does not offer or recommend a full range of services. Pressure from both groups has resulted in withdrawing sex education from schools. President Moi has publicly stated that only parents and churches are well placed to deal with the subject. The conflicting positions of these two major church groups - and the political questioning they are both

Paur 18

engaged in - calls for careful reflection as to whether either or both groups should be supported.

NCCK	Actual Expe	enditure com	pared with App	proved Budget	
(KSh '000)	BUDGE	<u>%shar</u>	ACTUA	<u>%shar</u>	<u>v Budge</u>
			h≩etween №00 ng on Voyalan		
Civil works	66	3			
Vehicles			290	8	ER
Office equipment			66	2	ER
Materials/IEC costs	296	13	123	3	42
Equipment		13		n concert for p	17
Technical assistance	16	f no e 1 109 io	30	the eng XOOM .	181
Monitoring/Research			56	Old mpit which	ER
Training programmes	519	23	850	22	164
Salaries/allowances	882	38	1742	45	198
Travel/per diem			74	2	ER
Supplies/miscellaneous			137		ER
Vehicle op costs	190			11	
Maintenance	25		or privit v14		
				suitation, coording and supporting selves, Nevant	168
*Approved Budget	From ODA Includes co	project memo ntingency an	orandum. Id inflation prov	vision of 18.849	%
	Includes loo	cal and offsh	ore expenditure	towned April 10	
** Actual Expenditure	Includes loo	cal and offsh	ore expenditure	ional phonot	
** Actual Expenditure	Includes loo Local cost Offshore	cal and offsh expenditure f expenditure	ore expenditure from audited st from Crown	atements. Agent	
** Actual Expenditure	Includes loo Local cost Offshore records CRETARIAT (I	cal and offsh expenditure f expenditure KCS)	ore expenditure from audited st from Crown	atements. Agent ANNEX	ns Connaro Insin Januwa an Missin Situati Vista an mCi Kasanta srij

1. Catholic Church leaders endorse responsible parenthood but are vocal opponents of artificial contraception, especially for the unmarried. USAID originally provided funds to support KCS, but

their support ended when KCS refused to sign a clause in the contract asking them to refer women who wanted to use artificial methods to other institutions.

2. The KCS Medical department began in 1957 and coordinates health services in 29 hospitals and 250 other dispensaries, maternity units and community projects. It also represents KCS in the MoH, NCPD, Nursing Council of Kenya and the National AIDS Control Programme. KCS and CHAK run a join procurement and logistics system for medicines (MEDS).

3. Theologically, the Catholic Church recognizes all forms of periodic abstinence (sometimes called natural family planning), where a couple endeavours to predict when ovulation will occur, using the calendar, body temperature records, or alterations in the character of cervical mucus (Billings method). Breast-feeding is also associated with the suppression of ovulation and if a woman feeds on demand and has not menstruated since delivery, then she only has a 2% chance of conceiving within 6 months of childbirth (the lactation amenorrhea method, or LAM).

4. The KCS began to teach natural family planning in 1985, and the ODA support was largely used to teach this method. The Billings method requires a woman to perform a daily vaginal examination, to recover cervical mucous with her fingers, to examine the mucous for consistency and quantity, and to chart the result. When used for contraception, intercourse can take place for some days in the second half of the cycle and sometimes shortly after menstruation ends. If followed accurately, the failure rate is low, although use at the end of lactation is problematic.

5. Couples spend three months learning the method, during which time they see their teacher once every two weeks. If they wish to become teachers themselves, they receive a further three weeks training. An evaluation of the KCS programme (published in July 1996) provides no information on pregnancy or continuation rates. It did, however, conclude that the teaching "enhances spousal communication on matters of sexuality", and, among other benefits, it "helps in earlier detection of STDs".

The ODA project

6. The project budget for KCS was KSh 5.589 million (see table K1). In the event, expenditure was nearly three times as high (KSh 15.972 million) due partly to the devaluation of the shilling, and to an agreement by ODA to provide additional funds to compensate for the withdrawal of support by USAID. 40% of the funds went on salaries, and 33% on running training programmes. The church hierarchy did not put any of their own money into this work but local communities were asked to donate food and transport during training sessions, and all the teachers are volunteers. There were major problems in disbursing money from the NCPD and during 1993 KCS had borrowed KSh 800,000 from other projects as a result of a 10 month delay in payments.

7. The project target was to promote IEC and to train 45 full-time teachers and 3720 volunteer teachers, with each full-time teacher recruiting 240 clients and each volunteer 60, for a total of 234,000 clients. In practice, two Senior Officers and 10 paid Diocesan Coordinators were recruited (there are 22 dioceses). A total of 1451 volunteer teachers were trained, and 216 were appointed as volunteer supervisors. Over 200,000 people attended education seminars and 79,699 new users are reported to have been recruited to use the method.

8. In the 1993 DHS, 3% of women quoted the church as their source of family planning

information, and 0.2% of women self reported using the Billings method. This is a serious discrepancy between KCS records and DHS results. It is all the more worrying because, in a parallel comparison, the FPAK records of clinic attendees and DHS sample agree rather well. In the absence of any academic discussion of this issue by the KCS Evaluation, it is suggested the DHS figures are accepted. It is interesting, however, that as the NFP method requires no commodities or follow up, cost-effectiveness is particularly dependent on the number of years of continuing use over which the initial investment in training is spread.

9. Even using the lower DHS-based estimate of achievement, the KCS has made a cost-effective contribution to family planning in Kenya. Twenty times as many women use some other form of periodic abstinence than the Billings method, but a DHS sub-study established that only one fifth of women knew the correct infertile interval. Less than one in 10 adolescents can identify the fertile interval correctly.

Lessons learned and recommendations

10. Objective evaluation of the IEC work is difficult. The training of Billings method teachers achieved less than half its numerical goals. The shortfall was a result of a mixture of difficulties, including failure by NCPD to transfer funds on time, and either lack of promotion, lack of enthusiasm for the method, or a mixture of these two factors.

11. The teachers were certainly dedicated and hard working, although there was some lack of objectivity in that the method was also promoted as a way of influencing the gender of a child, for which there is no scientifically valid evidence.

12. The educational work encouraged breastfeeding, but more emphasis could have been given to this, the most natural of all methods of fertility regulation. From the perspective of the number of people helped, a small investment in breast-feeding promotion might have had an additional demographic and health impact that could have exceeded the investment in the ovulation method.

13. The KCS evaluation made a number of suggestions for future funding, including Aa special fund for the programme be established at the parish (community) level [and] that the church should set aside one day a year when the usual contribution to the church finances can be given to the fund@. Those using the method are willing to contribute to the cost, and in Bungoma and Mombasa Diocese revolving funds have been set up.

14. In summary, KCS performance could have been improved if they had:

- Promoted breastfeeding on demand without supplementary feeding for the first six months post partum, and disseminated information on LAM.
- Encouraged dissemination of accurate information about the infertile interval through the mass media and other source to educate the large number of couples using less sophisticated forms of periodic abstinence. The new ODA Family Health Project should take these issues into account and encourage cost sharing with KCS.
- Encouraged objective evaluation of failure and continuation rates for the Billings method in Kenya.

KCS

Actual Expenditure compared with Approved Budget TABLE K

(KSh '000)	BUDGE	<u>%shar</u>	ACTUA	<u>%shar</u>	Actua <u>v Budge</u>	
	1. 267. 5. 3	Teoriar	*	7031101	<u>v buuge</u>	
Civil works						
Vehicles	66	12	75	5	112	
Office equipment					45-1 397	
Materials/IEC costs	51	9	39	2	76	
Equipment	12	2	11	1	95	
Technical assistance						
Monitoring/Research	44	8	67	4	152	
Training programmes	107	19	519	33	484	
Salaries/allowances	216	39	641	40	296	
Travel/per diem	18	З	36	2	193	
Supplies/miscellaneous			122	8	ER	
Vehicle op costs	40	7	84	5	210	
Maintenance	e e i la fle	0			a dia menangkan sala	
aller that an fairing the	558	100	1597	100	286	

*Approved Budget

From ODA project memorandum.

Includes contingency and inflation provision of 26.1%

** Actual Expenditure Includes local and offshore expenditure.

Local cost expenditure from audited statements. Offshore expenditure from Crown Agents records KENYA NATIONAL UNION OF TEACHERS (KNUT) ANNEX L

Background

KNUT was established in 1959, one of its original sponsors being the current President 1. Daniel Arap Moi, a former teacher. It is the only teachers' Union in Kenya, and has 165,000 members (55% men, 45% women) out of a total of 275,000 teachers. It has 59 district branches. Apart from the normal role of a Union, KNUT has been concerned with population issues since 1982, when KNUT became a Board member of NCPD. Since 1984, KNUT, in conjunction with the Kenya Institute of Education, has played a role in integrating population issues and family life education into the curriculum, especially of primary schools and also into teachers training. However there has been and continues to be considerable resistance from the churches - especially

the Catholic church - to the subject being taken seriously in schools, and as such school family life education has virtually stopped.

The ODA Project

2. The original objective was to involve the Parent Teacher's Associations by first training the teachers. 50 teachers were to be trained in each of 41 districts - 2050 teachers reaching out to 53,300 pupils - given an average class size of 26.

3. KNUT conducted a series of 5 day workshops for teachers in the districts. Resource people came from NCPD, FPAK, KIE and the Churches. KNUT reported conducting 38 seminars and training 1700 teachers and leaders. Class size is now said to be 56 so it is reasonable to assume that at least 50,000 pupils would have come under the trained teachers. However there is no evidence that the Parent's Teachers Associations were 'motivated'.

4. Data on the possible impact of the programme was never maintained. For example this could have included, amongst the schools covered: facts on family planning and levels of population knowledge amongst school children; pregnancies by school going girls; sex offences by teachers (said to be a serious problem).

5. By 1993, it was felt by KNUT, NCPD and ODA that the programme was being poorly carried out and ODA funding ceased in 1993. With the shift in emphasis from family life education and IEC, to delivery services, it meant that KNUT, with no framework for delivery services, was not an appropriate partner for continuing support by ODA. As a result of this early closure, total expenditure (table L1) was 17% less than budgeted. 85% had been spent on training programmes.

6. KNUT officials feel that there is now "general awareness of the population and family planning issues" amongst teachers, "but the approach is now the problem". Because of strong Catholic Church objections, as also from some sections of the Protestant Church, many teachers are unsure what to say and so avoid the issue.

7. It is reasonable to conclude that quantitative targets were met but that qualitative targets were never set or assessed.

Lessons learned and recommendations:

KNUT

8. Recurring expenditure of the Union is covered by membership fees (KSh 80 per month, deducted at source). Extra activities, training etc are funded by international sources. KNUT does not receive support from the Government. The 'workshop' approach in the ODA supported programme would have required donor agency support for it to be sustainable. (Currently the Danish Teacher's Union is supporting 'Leadership Training'. Phase one 1992-95, was evaluated in 1995 and positively assessed and is now proceeding into phase two 1996-99.)

9. Encouraging and supporting family life education in schools, through curriculum development and teachers training would have seemed worthwhile in the late 1980's. However, it is doubtful that the best entry for this was ever the KNUT. Alternatives which might have been considered include a direct approach, using the Kenya Institute of Education for curriculum development, and the teacher training colleges.

Actual Expenditure compared with Approved Budget TABLE L

					Actua	
(KSh '000)	BUDGE	<u>%shar</u>	ACTUA	<u>%shar</u>	<u>v Budge</u>	
			whether with the with			
Civil works	11	1				
Vehicles	47	5	48	6	101	
Office equipment			4	1	ER	
Materials/IEC costs	119	12		0	0	
Equipment		0		HE IN THE	Lob-market ford a	
Technical assistance						
Monitoring/Research	28	3				
Training programmes	550	54	723	85	131	
Salaries/allowances	197	19	6	1 10 300	CIG 21 2119 .00 40 1	
Travel/per diem			66	8	ER	
Supplies/miscellaneous	19	2	2	0	11	
Vehicle op costs	47	5			and the set of the	
Maintenance						
BNST n. Indektor. (d. briegoniem, c. o. 1900	1024	100	852	100	83	

again as there are 12 start whore on ant were obtained a

*Approved Budget From ODA project memorandum. Includes contingency and inflation provision of 19.1%

** Actual Expenditure Includes local and offshore expenditure.

Local cost expenditure from audited statements. Offshore expenditure from Crown Agents records

POPULATION AND HEALTH SERVICES (PHS)

ANNEX M

1. PHS is affiliated with Marie Stopes International, London. It began in 1986 with one clinic, just as Population III was being designed. It was one of five additional NGOs which eventually (1993) received funding under the component for promising new initiatives by NGOs.

2. PHS received ,10,000 from the ANew Initiatives@ component of the project for an exhibition in the National Museums of Kenya. PHS convened a committee, including KCS, to design an exhibition covering population and the consequences of rapid growth in human numbers for Kenya. Individual panels cover marriage, puberty, contraceptive methods, pregnancy and

Page 64

childbirth. The standard of design is high and there is a video in English and Swahili. It took a great deal of time for the money to be transferred, but the exhibition opened in January 1995. Three hundred thousand people visit the museum every year and half of them are in school parties. It was an innovative and successful project.

3. PHS is now an important service provider, having grown by 1996 to 10 clinics throughout Kenya, and performing 40% of all the voluntary sterilizations in the country. PHS strives for self sufficiency and is committed to cross-subsidize family planning from other sources of profit.

4. All over the world in poor countries, experience shows that family planning loses money, but PHS is developing other sources of income such as maternity homes that subsidize the family planning. With the imposition of hospital fees (1500/- for delivery and 300/- in Kenyatta Hospital) PHS can compete with charges of 4500/- for a normal delivery and 20,000/- for a caesarian operation, provide a needed service and make a profit to cross subsidize other activities.

5. In 1994, PHS provided 199,457 CYPs. There were 131 full time equivalent staff. The 1995 expenditure was KSh 70.7 million and income was KS 45.7 million, or 64% of expenditure. In 1996 PHS income from client fees covered 75 to 80% of its costs, and the cost per CYP was just over \$2.00. PHS is provenly one of the most cost-effective NGOs providing family planning services in Kenya.

BREAST-FEEDING INFORMATION GROUP (BIG)

ANNEX N

1. The Breast-feeding Information Group is a small NGO based in Nairobi, established in 1978 to 'promote, protect and support proper breast-feeding and breast-feeding practices, training and advocacy'. Altogether, there are 19 staff whose recent work consists of:

- Producing educational material for a radio programme; 5 minutes on a Sunday with a repeat on Tuesday this has been running since 1992.
- To the extent possible, securing general press, radio and TV coverage for Breast-feeding and related issues.
- Supporting / conducting two community based projects; one in Sirigori near Kakamega, funded by Oxfam and the other in Kangemi in Nairobi funded by Caritas.
- Conducting a survey in Nairobi supermarkets into the conformity of baby food supplies with the WHO code of conduct with regards to labelling. Complaints to suppliers have not been supported by MoH.
- Visiting clinics in Nairobi on a regular basis and attending women's groups to discuss the importance of Breast-feeding.

2. BIG is planning an exhibition in December for 'Economic Empowerment of Women' at the Kenyatta Conference Centre. The purpose of this ambitious event is to highlight the needs and opportunities of women and raise funds (through the sponsorship of stalls) for BIG. This was one of the few examples the Evaluation Team came across of an NGO taking public education and resource mobilisation seriously.

BIG had recently submitted a proposal to BDDEA in Nairobi to expand their activities.

will write a panels cover manage, illicole sonrosspice methods, stearmov and

Page 9

Comment

4. BIG seemed to be a good, small and effective NGO working on a much neglected and important aspect of family planning/health education. Certainly they would be worth supporting - but care should be taken to encourage their local resource mobilisation by supplementing their needs and by not give them too much money leading to a quick change in style and possibly less effective work.

Performance on Reporting, Monitoring and Evaluation

ANNEX P

An extensive and comprehensive procedure was envisaged. The points listed below are drawn from Section 12 of the ODA Project Memorandum, May 1988.

Method	Observations
Quarterly Progress Reports by the NGOs	Generally speaking the NGOs submitted quarterly reports, though of variable style, content and quality, making it very difficult for NCPD to produce consolidated reports.
AK", Public autor that was exampled of 25, attact a descent function of the case of the self down 3 is NFP programme and evaluated of the	NCPD felt that quarterly reports were necessary. 4 or even 6 monthly reports should have been adequate.
Reports to be approved by a coordinating committee.	The coordinating committee was scheduled to meet three weeks after the end of a quarter. For a period in 1992-3 meetings were missed, but then reinstated.
Local contact between BHC/BDDEA staff and project coordinators	The TCO Project Coordinator had contacts and provided good links through to the World Bank. After he left, this was more difficult.
NCPD staff to also have contact with NGO coordinators	NCPD staff were allocated to particular NGOs in the early years and made field visits "once a quarter up to 1992". Thereafter field visits were very infrequent "due to staff shortages and finance budget constraints".
Every year by March end NCPD to produce draft work plans for donors	The first plan 1988-89 was 200 pages , covering NCPD and NGOs. Plans continued to be produced but were far too long.
Annual Reviews to be conducted jointly with other co-funders	Annual Reviews were conducted by ODA consultants, and usually coincided with World Bank Reviews. The Reviews were helpful in highlighting implementation problems, but perhaps not so helpful in facilitating qualitative improvements. The lack of site visits outside Nairobi resulted in a failure to pick up abandoned building

	contracts and the lavishness of some facilities.
A mid-term Review to be undertaken by Dec 1990	There was a September 1990 Review and a September 1991 Review.
MIS of NCPD to be used	USAID provided a consultant 1989-90. An MIS system was never put in place. It was "too complicated - even officers could not understand it". The consultant did not seem to be aware of the basic MIS requirements for an fp programme. On the whole documentation of activities and results has been poor.
Reports will include information on the types of IEC produced; numbers of training courses; number and type of middle level staff trained.	Individual NGO reports did include some of this information but no consolidated reports were produced for the year for the project as a whole.
Several studies will be undertaken	No extra studies were mentioned.
Independent evaluations by local consultants to be conducted in the 2nd and 4th years	CHAK's IEC programme was evaluated in 1995, after a decision had been taken to close it down. KCS's NFP programme was evaluated after the project in 1996 - but was not objective. NCCK conducted an internal evaluation, which the Evaluation Team did not see. And the FPAK evaluation also was not seen. There was no evidence that these evaluations have been of any practical value.
A series of workshops to be held with NGOs to review and refine finance and admin matters	One meeting was held to discuss programme and finance reporting in the first year, but not repeated.
An NGO financial sustainability / organisational study to be conducted	The study was conducted - but was of little practical help.
A widely drawn research programme	With USAID and World Bank support, this fed into publications such as 'FP Projections 1989 -2000', 'FP Financial Resource Requirements 1993-2010' and the new NCPD FP Policy Statement to be presented to Parliament this year (1996).
A contraceptive prevalence survey to be conducted (USAID funded)	Two were done in 1989 and in 1993 and the results included in the two publications mentioned above.

.

1. Cost per CYP is a useful way to track performance over time, and to compare alternative distribution systems. It cannot capture the important qualitative aspects of delivering satisfactory family planning services, but most well run services are also usually cost-effective.

2. CYPs are a constant measure. For example, 20 CYPs could be two women with 10 years of fertile life ahead of them, who have chosen to be sterilized, or it could be 40 women using the pill for six months each. Every reversible contraceptive method has a continuation rate - how many people give up use in the first year? Given the number of new acceptors and the continuation rate for a method, it is possible to calculate CYPs. A simpler way is to track the volume of contraceptives distributed over a unit time. Here the assumptions put into CYP calculations vary a little.

3. Contraceptives such as pills and condoms are converted to CYPs, by a simple formula, eg 14 or 15 OC cycles = 1 CYP (that is 13 x 28 day months, with one or two cycles assumed to be wasted). Some groups calculate CYPs as the use of 100 condoms a year and others as 150. Calculations of CYPs provided by VSC assume the average age of a user is about 30 and that the operation will provide at least 10 years protection. The total CYPs associated with permanent methods may be ascribed to the program immediately, or discounted over future years. It is usual to count the CYPs associated with sterilization in the year the operation is completed and this is done here. It is important because relatively few sterilizations can account for relatively large numbers of CYPs. In Kenya FPAK and PHS, for example, make slightly different assumptions about the number of pill packets used in a year, but such changes make little overall difference and CYPs have not been recalculated to take into account slightly different assumptions (table 6/4).

4. More important are the assumptions behind the calculation of cost per CYP. Firstly, none of the figures used in Kenya involved the cost of commodities. More difficult is the fact that the expenditure set against the cost per CYP may vary. FPAK, for example, omits overheads and depreciation on vehicles or buildings. PHS include all costs. To recalculate comparable figures, the total expenditure of FPAK and PHS against the total CYPs has been used.

FPAK and PHS keep records of CYP and use them as management tools. Other NGOs and the DFH do not and it is difficult to compare performance, except in the most general ways. When all else fails, then the number of new acceptors can be assumed to document progress. The number of new acceptors can be tracked over time, comparing like with like. Alternatively, in very broad terms one new acceptor equals one CYP, as on average many methods are used for approximately one year. **REVISED PROJECT FRAMEWORK TABLE 1**

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
GOAL 1. To reduce the rate of population growth in Kenya through lowering fertility.	 1.1 4.4% decrease in fertility during project period. 1.2 Reduction of population growth rate from 4% to 3.6% by 2000. 	1. Census data and Demographic and Health survey.	Linetors of Selimers and Linetors of Selimers and Linetors and Linetors and Paris and Dians

60 790

PURPOSE	to alonge, submitte provinci	COMPANY AND A STREET	and the second
1. To improve the effectiveness of the Kenya population programme.	 1.1 Increased awareness of family planning methods. 1.2 Decline in desired family size. 1.3 Increase in contra- ceptive prevalence rate. 1.4 Increase in total volume of contra-ceptives distributed. 	1. As above, plus MoH data on materials supply.	 Continued GoK commitment to reducing population growth Strong and consistent political support for fp.
OUTPUTS	any months, with an one two and of 100 approximation any lation	orenes a 13 x 28 comment 2 a as the) free server inter of a . As the angle of the s
1 Increased demand for family planning services from ODA-funded NGOs.	1.1 Increased number of acceptors of family planning from NGOs.	1. NCPD MIS and NGO reports.	 MoH willingness and ability to deliver, with NGOs, fp services. MoH & NCPD liaise more closely.
2. Increased availability, accessibility and quality of family planning services provided through ODA-funded NGOs.	 2.1 Increase in number of NGO service delivery points. 2.2 Full range of methods available. 2.3 Increase in number of CYPs delivered by NGOs 	2. Independent evaluations and NGO reports.	 Quality of voluntary surgical contraception is maintained. NCPD is appropriately staffed Partnership between NCPD/ NGOs continues to develop.
3 Technical and administrative capacity of NCPD strengthened to plan,	 3.1 Strategic papers produced. 3.2 Good new initiatives put forward. 	3. Mission review.	6. Expansion of NGO's role is financially sustainable in long
coordinate and monitor population programme activities	3.3Steady flow of funds to NGOs. 3.4Timely reports collected from NGOs, and provided to donors.	mazatini etderma	term.
4 Capacity of NGO's strengthened to provide family planning services on a sustainable basis.	 4.1 Cost per CYP delivered within accepted norms. 4.2 Increase in proportion of running costs recovered. 	4. As above.	ersender growth artse threadn erng fareber.

ACTIVITIES	INPUTS	MOV	ASSUMPTIONS
1.1. FPAK: production of posters,	(Ks'000 or ,'000)	1 and 2:	1. Donor activities
pamphlets, films, seminars.			coordinated; no
1.6	Activities 1 and 2:	Reports by	duplication or
1.2. CHAK: training for secondary	Linear and	NCPD,	overlap.
school teachers in FLE	CAPITAL	annual	2. NCPD staff
curriculum.	Civil Works	reviews by	trained under project
feetuated to be easily another a distance	13114	donors.	return to NCPD.
1.3. NCCK: training for church	Materials		3. Adequate
elders, youth leaders,	15936	Independent	budgetary provision
motivators, evangelists in FLE.	Vehicles	evaluations.	by GOK.
	3330		4. Timely provision
1.4. KCS: training for trainers and	Furniture,	Reports by	of funds by NCPD to
volunteers in natural family	equipment	NGOs.	NGOs.
planning methods.	4559	A CONTRACTOR OF A CONTRACT	5. Suitable staff
	Training	Clinic	made available for
1.5. KNUT: training for teachers	14937	statistics.	training.
and counsellors in FLE.	M&E and TA	otatiotics.	6. Acceptable
	10554	an Fut In Dollars	
1.6. New initiatives submitted by	10001		proposals for new NGO initiatives
other NGOs.	RECURRENT		
	Salaries		forthcoming.
2.1 FPAK: establish and support	31375		7. Complementary
6 new/renovated static clinics and	Allowances		inputs from other
24 outreach clinics.	10059		donors forthcoming.
	Supplies		8. Timely and
2.2 FPAK: pilot Community	3401	of the	accurate submission
Based Distribution programmes.	0 & M	132	of reimbursement
based Distribution programmes.	4741		claims by NCPD to
2.3 CHAK: upgrade and support	4/41 Stoets le yolles		Treasury and
20 existing dispensaries.	Cantingener		Treasury to HMG.
to existing dispensaries.	Contingency 2507	mooque team	9. Timely
2.4 KCS: delivery of NFP advice.	The Physical Study 111 Physical Street Stree		processing of
2.4 RCS. delivery of NFF advice.	Inflation		claims by ODA/
2.5 New initiatives by other	18815		Crown Agents.
2.5 New initiatives by other NGOs.	concipiles.		10. Effective admin
NGOS.	TOTAL		istration of training
3.1 24 NCPD staff trained	133328		by British Council.
		Lav	TENT IN PURPOSE LE
overseas.	210		the free of the second second
2 TCO Project Coordinates	3.1 Overseas	TBVIINT GS VI	lide bon at optilles H
3.2 TCO Project Coordinator.	training	BUILPHIEURITE	inameyanam) anoista
what enhanced but no	£200		fine and entries i
1.1 Overseas training for 17	saloni tetti opiidtiva	puedita et	cap with MG(8)
NGO staff. bon	3.2Project	Storage da	
1.2 Study of options for NGO	Coordinator £xx	shore	
funding. And as done approved	Major axpansions		
programme (10,000 CPDs)	4.1 Training for		

Page 14

EPOP (Mar. 17	136.21	NGO staff: (incl in 3.1) 4.2 Study of NGO		a francisco de la companya de la compa
	5 bri	funding: (incl in 1+2 above)	a r	anatan Anima diany inatana
				 1.152 - Annald Act and Activity a.1520 (search-ro. 315) a.1520 (search-ro. 315)
rate i o hQ ^{er} 1. forequere	8/00 30/8	a dan	a) e M	s were at present applies.

TABLE 2

Performance on Risks and Key Assumptions:

The analysis below is based on the 'Important Assumptions' included in the original Project Framework (1988) and repeated in the new version (Table 1).

mousais for new

Key Assumptions	Observations
PURPOSE to GOAL LEVEL	enni establish nhd scrippon - 31376 en stred datio alinica and Allowan as tree Arinic - 10059
Continued GoK commitment to reducing population growth	GoK has demonstrated commitment to reducing population growth, for example by supporting NCPD; and is about to consider a new population policy statement prepared by NCPD.
Strong and consistent political support for family planning	Political support has been variable, partly because of pressure from the churches to exclude family planning issues from the school curriculum and to deny services to unmarried but sexually active couples.
OUTPUT to PURPOSE LEVEL	139328 sol0 - 9000
MoH willingness and ability to deliver fp services (management strengthening part of the project); its capacity with NGOs, to expand supply of services to meet new demand created by IEC work	MoH capacity to deliver fp services not greatly enhanced by the project; NGO capacity somewhat enhanced but no evidence that project funded IEC activities have stimulated 'new demand' Major expansions in fp services such as the MoH GTZ supported CBD programme (10,000 CPDs) and the growth of the NGO PHS, have come about

Page 59

atterness seconds but had which	independently of the project
MoH & NCPD liaise more closely (monthly and quarterly meetings specified under the project)	These meetings have very rarely taken place
Quality of voluntary surgical contraception is maintained (condition of the project)	No evidence to measure the quality recorded
NCPD is appropriately staffed	NCPD has been staffed, but services have been of variable quality - in relation to the ODA support of NGOs. For example NCPD has not had advisory capacity in technical, managerial and MIS matters to make a qualitative impact on NGO services and was not able to administer the 'new initiatives' project.
Partnership between NCPD and NGOs continues to develop; bureaucratic problems reduced	Partnership has been confined to reporting and a few meetings. Office visits and field visiting have been almost not existent and experience exchange and discussions of issues such as: charging for services; the wide variety of approaches to CPD work (a meeting in 1993 of the health-fp coordination group reported 23 different types of CPD programmes); difficulties in access to radio and TV have not been addressed by NCPD.
Expansion of NGO's role is financially sustainable in long term (study of options included in the project)	Study conducted by Dr C Paton and Dr BN Ong in 1990, but no follow-up. The issue remains difficult and NGOs highly dependent on foreign funding. A fresh look is required which would need to include the provision of more appropriate services, the concept of cost recovery and public resource mobilisation.
ACTIVITY to OUTPUT LEVEL	Alle Solo (Marine) Remounter Solo (Marine)
Donor activities coordinated; no duplication or overlap	BDDEA officials have participated in donor / NGO / health-fp group meetings. There has been little or no duplication or overlap with service delivery or IEC at the national level, at local levels there may have been some.
NCPD staff trained under project return to NCPD	Staff have been trained and most have returned to NCPD. Too many sent in total (25 between 86-94), for too long, affecting the output of NCPD.
Adequate budgetary provision by GOK Timely provision of funds by NCPD to NGOs	Major problems especially in the first two years. Difficulties lay more with the Treasury and with official procedures than with NCPD.

Adequate supplies of contraceptives backed by appropriate logistics	ODA made a key input through a separate project supplying injectable contraceptives. Logistic support was given by USAID.
Suitable staff made available for overseas and in-country training	On the whole, as judged by their present positions, suitable staff were made available for training.
Acceptable proposals for use of funds for new NGO initiatives forthcoming	Proposals were received of variable, mostly poor, quality. NCPD did not give assistance. Processing was very slow by NCPD despite assistance from ODA consultants. Five small grants made late in the project.
Complementary inputs from other donors forthcoming (particularly to support District Population Offices)	DPOs in place - their role and impact is uncertain.
Timely submission of properly prepared reimbursement claims by NCPD to Treasury and Treasury to HMG	There were major delays by the Treasury in the first two years, which affected NGO activities. A decision has since been taken to fund NGOs directly in future projects.
Timely processing of such claims by ODA/ Crown Agents	This seems to have been fine.
Effective administration of training by British Council	This seems to have been fine.

LIST OF RECIPIENTS of UK TRAINING AWARDS

TABLE 3

NAME	ORGANISATION	TION UNIVERSITY/ COURSE		Present Position
NCPD	olidad puo Alevasa 140	a ha shekarar Anti-sainika m		
Chas Erigari	NCPD Demographer	Cardiff Population Studies	86/87	Dismissed
Anne Thairu	NCPD	Cardiff/Birmingham Population	86/87	Now with private sector
Karugu Ngatia	NCPD Planning Assistant	Cardiff Population Studies	86/87	Asst Director, NCPD
Dorcas Kungu	NCPD Demographer	Cardiff Population Studies	87/88	DPO, Kirinyaga
Joseph Omagwa	NCPD Demographer	LSHTM Medical Demography	88/89	DPO, Nakuru
Eunice Kyalo	NCPD Asst Demographer	Cardiff Population Studies	88/89	Now with private sector

Ms Mukabwana	NCPD	Cardiff Population Studies	88/89	Asst Director, NCPD
Mr MHR Muraguri	NCPD Economist	Manchester Economics	89/90	PhD at LSHTM (IDA funded)
Ms MW Watani	NCPD Planning Assistant	Inst of C'wealth studies Medical Demography	89/90	Research Officer, MYWO
Chas Oisebe	NCPD	Exeter Programme Management	89/90	DPO, Kericho
Mr TT Takona	NCPD Asst Pop Officer	Exeter Population Studies	90/91	Now with USAID
Ms HA Odido	NCPD Population Officer	LSHTM Medical Demography	90/91	Now with UNIDO
Mr SM Mwatha	NCPD Demographer	LSHTM Population Studies	90/91	DPO Tana River
Mr PHG Ngugi	G Ngugi NCPD Cardiff Population Officer Population Studies (IEC)		90/91	Retired
Miss CW Ndei	NCPD Population Officer	Exeter Population Management	91/92	DPO Meru
Mr MM Muindi	NCPD Asst Pop Officer	Exeter Demography	91/92	NCPD IEC division
Mr PM Muchiri	NCPD Assistant Artist	Chelsea School of Art Art and Design	91/92	Retired - freelance artist
Wanjiku Karanja	NCPD	Exeter Population Management	92/93	Resigned
Mbatha	NCPD Exeter 92/93 Population Management		92/93	DPO, Machakos
Onyango Oduor	NCPD	Exeter Population Management	92/93	DPO Bugoma
Wachira	NCPD	Exeter Population Management	92/93	DPO, Ganssa
		Exeter		

10 124-1

Kirogo Mwangi	NCPD	Population Management	92/93	DPO, Nyeri
Mr JM Ndambuki	NCPD Asst Pop Officer	Cardiff Population Studies	92/93	Now in private sector
Omalo Osindo	NCPD	Exeter Population Management	93/94	DPO, Baringo
OTHER GOVT DE	PARTMENTS	Baltaba		seeker a lier
SW Wanjoki	Culture/Social Services Education Officer	Cardiff Population Studies	86/87	Asst Director, Adult Educ'n
Beatrice Onyonka	Culture/Social Services Education Officer	Cardiff Population Studies	87/88	Dep Director, Adult Educ'n
Priscilla Nyingi	gi Culture/Social Cardiff Services Population Studies Education Officer		87/88	Sen Ed Off Adult Educ'n
Mrs HJC Yego	Yego Culture/Social Cardiff Services Adult Education Officer		89/90	DAE Officer Nakuru
Betty Maina	Ministry of Agriculture Agricultural Officer	Cardiff Population Studies	87/88	Now with private sector
NGOs	geh? e	Exeler	dirion (n in Men B
Mr GM Magiri	FPAK	Medical Demography	87/88	Now with Pathfinder
Mr Salim Mbete	FPAK	Population	88/89	Area Manager, Coast
Mr J Karueru	FPAK	Exeter Population Management	88/89	Sr Program Officer (Youth)
Mr EM Keengwe	FPAK Area Manager	Cardiff Public Administration	89/90	Now with ITG
Mrs MW Kairu	FPAK Programme Officer	LSHTM Community Health	90/91	Now with IPPF
Dr IMO Achwal	FPAK no	Applied Pop Research	91/92	Ag Programme Manager

Mr NN Muchiri	FPAK Programme Officer	Exeter Population Management	91/92	Area Manager, Nairobi
Mr AT Mumangi	FPAK	Cardiff Management	92/93	Area Manager, Western
Ms SZ Chilumo	FPAK Area Manager	Cardiff Management	93/94	Area Manager, Nyanza
Mrs EJ Soy	FPAK	Exeter Population Management	94/95	APO, Service delivery
Mr PK Ngure	CHAK Field Project Officer	Cardiff Population Studies	89/90	Manager, AIDS project
Mrs JW Muiruri	CHAK Field Project	Cardiff Management	92/93	Made redundant
Mr AW Masinde	CHAK Family Planning Officer	Exeter Management	93/94	Area manager, Kakamega
Rev David Kiarie	NCCK Programme Officer	Cardiff Population Studies	87/88	Programme Coordinator
Mr WU Wanyoike	NCCK Regional Coordinator	Exeter Demography	91/92	Regional Coordinator
Mrs GM	NGO (unspecified) Regional Coordinator	Cardiff [no subject given]	90/91	atina o a su a
Mr IA Mutua	NGO (unspecified) FL Coordinator	Exeter Management	93/94	noo daer awre

Kenya Population III: Summary of ODA Expenditure

TABLE 4

(Kenya Financial Years, , thousand)

the present only of the

<u>NGO</u>	type of aid	<u>89/90</u>	<u>90/91</u>	<u>91/92</u>	<u>92/93</u>	<u>93/94</u>	TOTAL
FPAK	local cost offshore	600 52	255 12	323 31	217	272	1668
			12	31			95
	total	653	267	354	217	272	1763
CHAK	local cost	480	179	191	130	109	1089
	offshore	80		21	12		113
	total	560	179	212	141	109	1203

C MILL'S

KCS	local cost		47	18		75	6	55	201
	offshore		17						17
1611-178	total	9	64	18		75	6	55	219
NCCK	local cost		177	138		183	87	54	640
is hear	offshore		82	Carliage 1		6			88
	total		258	138	iai l	189	87	54	727
KNUT	local cost		49	59		50	32		189
	offshore		14						14
0 1000	total	19	63	59	109	50	32	0	203
Others	local cost						54		54
TOTAL	local cost	SE	1353	651	Ext	821	526	491	3841
	offshore		245	12		58	12	0	327
TOTAL, o	capital aid	8	1598	662		880	538	491	4168
				S nonaluo	194	Officer	swittajbaj	4	
	I Cooperation								
	training			24		85	165	135	409
	consultants et	C	12	5		20	25	20	82
TOTAL, t	tech coop	20	12	29	Exe	105	190	155	491
	TABL								
GRAND 1	TOTAL		1610	692		985	728	646	4660
	of Flow of Fur an Financial Ye		n ODA te	oNGOs (1)	TAB	LE 5/1		
	88/8	89/9	90/9	91/9	92/9		94/9	тота	
	050	512		let	256	00	8	TEL LIGH	
RELEASE	D BY ODA to (GoK (£	000)						
FPAK		60	25	32	21	27		166	
СНАК		48	17	19	13			108	
KCS		4	1	7		5		20	
NCCK		17	13	18	8			64	

Pager

e rate	2275 1810 185 661 173 5105 37. GOs (ac 1972 1000 185	65 (Sh'000) 1170 822 83 633 271 2981 45. 2981 45. cording to 822	1730	2325	49 2500 1000 505 500 4505 91. 2500	44.7 1.55 841 841 841	5 384 10001 6045 1241 3709 1051 574 22624 58. 10019
e rate D to N 320 264	2275 1810 185 661 173 5105 37. GOs (ac 1972 1000 185	(Sh'000) 1170 822 83 633 271 2981 45. cording to 1170 822	1730 1025 400 979 265 4400 53. 0DA re 1730	2325 1387 68 934 341 574 5631 107. 2325	2500 1000 505 500 4505 91. 2500		10001 6045 1241 3709 1051 574 22624 58.
e rate D to N 320 264	2275 1810 185 661 173 5105 37. GOs (ac 1972 1000 185	1170 822 83 633 271 2981 45. cording to 822	1730 1025 400 979 265 4400 53. 0DA re 1730	2325 1387 68 934 341 574 5631 107. 2325	2500 1000 505 500 4505 91. 2500		6045 1241 3709 1051 574 22624 58.
D to N 320 264	1810 185 661 173 5105 37. 1972 1972 1000 185	822 83 633 271 2981 45. cording to 822	1025 400 979 265 4400 53. ODA re	1387 68 934 341 574 5631 107. 2325	1000 505 500 4505 91. 2500	сян 	6045 1241 3709 1051 574 22624 58.
D to N 320 264	185 661 173 5105 37. 1972 1972 1000 185	83 633 271 2981 45. cording to 1170 822	400 979 265 4400 53. ODA re 1730	68 934 341 574 5631 107. ecords) 2325	505 500 4505 91. 2500	сян 	1241 3709 1051 574 22624 58.
D to N 320 264	661 173 5105 37. IGOs (ac 1972 1000 185	633 271 2981 45. cording to 1170 822	979 265 4400 53. ODA r 1730	934 341 574 5631 107. ecords) 2325	500 4505 91. 2500	сян 	3709 1051 574 22624 58.
D to N 320 264	173 5105 37. IGOs (ac 1972 1000 185	271 2981 45. cording to 1170 822	265 4400 53. ODA re 1730	341 574 5631 107. ecords) 2325	4505 91. 2500	сян 	1051 574 22624 58.
D to N 320 264	5105 37. GOs (ad 1972 1000 185	2981 45. cording to 1170 822	4400 53. ODA r 1730	574 5631 107. ecords) 2325	91. 2500	сян 	1051 574 22624 58.
D to N 320 264	37. I <mark>GOs (ac</mark> 1972 1000 185	45. ccording to 1170 822	4400 53. ODA r 1730	5631 107. ecords) 2325	91. 2500	сян 	574 22624 58.
D to N 320 264	37. I <mark>GOs (ac</mark> 1972 1000 185	45. ccording to 1170 822	53. • ODA r 1730	107. ecords) 2325	91. 2500	1994 	22624 58.
D to N 320 264	I <mark>GOs (ac</mark> 1972 1000 185	2000 2000 2000 2000 2000 2000 2000 200	0 ODA re	ecords) 2325	2500	24	95 5 APD 367
320 264	1972 1000 185	1170 822	1730	2325	2500		
264	1000 185	822	1730		2500		
	185						
152			1025	1387	1000		5499
152		83	400	68	505		1241
	400	633	979	934	500		3599
64	164	271	265	341			1106
				(5745			
800	3721	2981	4400	5057	4505		21466
ED EX	PENDITU	JRE by NG	iOs				
803	1733	1156	1068	540	2915	2171	10389
433	405						4500
326	202						4596
517	217	622					3519
76	195	187					799
156	2754	3155			4155		20836
v of F					1100	0047	TABLE 5/2
cial ye	ar						
	88/	8 89/9	90/9	91/9	92/9	93/9	94/9 TOTA
	-						1017
	803 433 326 517 76 156 v of Fr cial ye	803 1733 433 405 326 202 517 217 76 195 156 2754 v of Funds from	803 1733 1156 433 405 975 326 202 213 517 217 622 76 195 187 156 2754 3155 v of Funds from ODA to cial year 88/8 89/9	433 405 975 852 326 202 213 198 517 217 622 477 76 195 187 65 156 2754 3155 2662 v of Funds from ODA to NGOs 0 cial year 88/8 89/9 90/9	803 1733 1156 1068 540 433 405 975 852 765 326 202 213 198 200 517 217 622 477 642 76 195 187 65 156 156 2754 3155 2662 2304 v of Funds from ODA to NGOs (2) 2) 2) cial year 88/8 89/9 90/9 91/9	803 1733 1156 1068 540 2915 433 405 975 852 765 838 326 202 213 198 200 147 517 217 622 477 642 254 76 195 187 65 156 156 2754 3155 2662 2304 4155 v of Funds from ODA to NGOs (2) 2) 5 5 5 254 88/8 89/9 90/9 91/9 92/9	803 1733 1156 1068 540 2915 2171 433 405 975 852 765 838 325 326 202 213 198 200 147 244 517 217 622 477 642 254 787 76 195 187 65 156 118 156 2754 3155 2662 2304 4155 3647 v of Funds from ODA to NGOs (2) 5 5 5 5 5 stal year 88/8 89/9 90/9 91/9 92/9 93/9

22 321

Page 77

.

(£th)									
Released by ODA to Go (KSh)		2275	1170	1730	2325	2500		10001	
Issued by NCPD (acc t ODA)	320	1972	1170	1730	2325	2500		10019	
Audited Expenditure	803	1733	1156	1068	540	2915	2171	10389	
CHAK									
Released by ODA to Go (£th)		48	17	19	13	10		108	
Released by ODA to Go (KSh)		1810	822	1025	1387	1000		6045	
Issued by NCPD (acc t ODA)	264	1000	822	1025	1387	1000		5499	
Audited Expenditure	433	405	975	852	765	838	325	4596	
KCS									
Released by ODA to Go (£th)		4	1 (abiot	7 100 m		5		20	
Released by ODA to Go (KSh)		185	83	400	68	505		1241	
Issued by NCPD (acc t ODA)		185	83	400	68	505		1241	
Audited Expenditure	326	202	213	198	200	147	244	1532	
NCCK									
Released by ODA to Go		17	13	18	8	5			
(£th)		00.9	10	10		U		04	
Released by ODA to Go (KSh)		661	633	979	934	500		3709	
Issued by NCPD (acc t ODA)	152	400	633	979	934	500		3599	
Audited Expenditure	517	217	622	477	642	254	787	3519	
KNUT									
		4	5	5	3			18	
Released by ODA to Go (KSh)		173	271	265				1051	
Issued by NCPD (acc t ODA)	64	164	271	265	341			1106	
Audited Expenditure	76	195	187	65	156		118	799	
Other NGOs									

Page 78

.

Page

Released by ODA to Go (£th)	5	5
Released by ODA to Go (KSh)	574	574
lssued by NCPD (acc t ODA)	574	574
Audited Expenditure	n/	

served we extend to an an an an and the server and the server

Note: See table 5/1 for actual exchange rates used **MISCELLANEOUS TABLES**

TABLE 6

Table 6/1: Kenya: impact of population growth on health budgets.

Year		Heath budget as % of GoK budget		Per capita I	nealth expen	diture (\$US)
1979/80		9.26			8.65	
1985/86		9.25			5.35	
1990/91		7.82			5.08	
1995/96		7.60			3.22	
6.24		8.84	130			
Source: WF	IO Kenya	Country Health Profile,	1995			

Table 6/2: impact of population growth on demand for family planning services

Year	Number of women, 15-49 (million)	Number of users at 30% prevalence	Number of users if prevalence reaches 62.1% by 2010	
1993	5.65	1.47	1.47	
1996	6.40	2.14	2.14	
2000	7.51	2.25	3.25	
2005	8.95	2.68	4.72	
2010	10.12	3.36	6.28	

Source: Modified from WHO Kenya Country Health Profile, 1995.

Table 6/3: NCPD estimate of family planning expenditures to achieve a 62% contraceptive prevalence in 2010 (US \$ million)

	Expenditure on	Commodities	Donor support	Donor support
Year	services		required if GoK	required if GoK

W. married

Page 79

			reaches 50%	constant at 10%	
1993	20.3	2.9	20.9	20.9	
1996	25.9	4.0	27.4	27.4	
2000	35.5	8.8	36.9	39.1	
2005	45.8	12.0	39.1	52.0	

Source: Modified from WHO Kenya Country Health Profile, 1995. Table 6/4: Cost effectiveness estimates of family planning by Kenya NGOs

Institution	Expend,	Revenue	Percent	CYP,	Cos	t/CYP
	KSh mn	KSh mn	cost recovery	'000	Ksh	US\$
PHS (1995)	71.3	45.7	64%	217.9	330	6.60
PHS (1994)	70.7	34.1	48%	199.5	350	7.00
FPAK (1995)			01	.e		
Overall (incl. Overheads			-35	16		
and capital)	242.6	21.0	9%	160.3	1514	30.28
Fixed Clinics	26.6	9.4	35%	52.7	506	10.12
VSC/Norplant	13.5	0.5	4%	46.8	287	5.74
CBD	63.4	0.1	0%	60.7	1045	20.90
KCS: Internal Report	11.6	0	0%	160.0	75	1.50
KCS: DHS Survey	11.6	0	0%	18.0	640	12.80
PSI: Social Marketing	4 8906 M 9 -	approx. 50%	dmaki svena	60.1	na stati	17.30
Estimated Cost ODA Famil (includes overheads, comm		ject 1996-2	2001	8.4.A		9.00

NOTES:

All costs per CYP for Kenya exclude commodity costs Exchange rate: KShs 50 = US\$1.00 Expenditure on FPAK fixed clinics excludes KSh 30.2 million of building costs PSI data from PSI Washington.

Table 6/5: Cost-effectiveness of family planning programmes in selected countries.

206200	Libddns woon	
annuper -	Required if Gok	Becolvenia.

Section 1

Country	100	Type of distribution	Cost per CYP/US\$	
				a made dans
Kenya		CBD	16-20.00	
Sri Lanka		CBD	15-85.00	transfer a
Mexico		CBD	5-15.00	
Columbia		CBD	5.00	
Nigeria		CBD	153.00	an olimpica is
Columbia		Social Marketing	profit	Bull Brief
Egypt		Social Marketing	3.00	thurned Ford
Bangladesh		Social Marketing	6.00	
Burundi (1995)		Social Marketing	4.70	
Thailand		VSC	3.00	
Pakistan (1995)		Social Marketing	0.92	
Cambodia (195)		Social Marketing	19.70	
Columbia		VSC	2.00	
Sri Lanka		VSC	5.00	
Bangladesh		Fixed Clinic	1-5.00	
Nigeria		Fixed Clinic	24-30.00	
Mexico		Fixed Clinic	8-24.00	
Egypt		Fixed Clinic	6.00	
			prostole vier	

Sources: Huber S.C., Harvey, P.D. Family Planning Programmes in Ten Developing Countries: Cost-effectiveness by Mode of Service Delivery, Journal of Bio-Social Science, 1989. Social Marketing data for 1995 from PSI, Washington.

Note: Huber-Harvey includes commodity cost, PSI 1995 doesn't.VITAL STATISTICS: POPULATION III & IV 1989 -1996TABLE 7

Year	<u>1980</u>	<u>1993</u>
Population Total population ('93 figure extrapolated from '90 @ 3%) TFR Birth rate (per 1000) Natural increase per year. Absolute annual increase in population. Percent population below 15 years of age.	21.4 mn <i>(89)</i> 7.7 <i>(84)</i> , 6.7 <i>(89)</i> 52 4.1% 0.87 mn 52.5	28.7 mn 5.4 na 3.4% 1 mn 49.1
Proximal variables controlling fertility Median age of marriage	na	19.5

Page 81

Median of first intercourse (women age 20-24)			16.6	17.3
Median age at first birth		19.0		19.8
Mean duration postpartum amenorrhea (months)		13.4		8.1
Contraceptive prevalence		17% (84	<i>t)</i> , 27% (89)	33%
of which: (modern methods)		10% (84	1)	27%
(permanent methods)		2% (84	1)	4%
(injectable contraception)			2% (84)	11%
Knowledge any method of FP.		81% (84	1)	96%
Visited by CBD worker in past 6 months		na		4%
Obtained FP from government service		na		48%
Obtained FP from NGO		na		27%
Obtained FP from commercial sector		na		20%
Desired family size		5.8 (84)	, 4.4 (89)	3.7
a state of the				
General Health				
IMR per 1000 live births		63 (83-	87)	62 <i>(88-93)</i>
Births not attended by trained person.		na		43%
Children not vaccinated at all		na		3%
Knowledge of ORS		na		80%
HIV prevalence (from sentinel surveys, women, 15-49		na		7.5%
Self-reporting 6 or more life-time sexual partners: me	n	r	na	61.5%
womer	i ne cla	na		4.1%
Status of women				
Percentage females completed primary education		76.8%		74.7%
Women in polygynous unions		19.4%		19.5%
Approve of family planning		88.2%,	76.2% (84)	95.4%
Husband disapproves of FP when wife approves		na		13.1%
Percentage of women who approve of FP services for	ried. na		52.0%	

and show and amma

Note: Data from DHS unless otherwise noted. Some data for 1980 calculated from 1993 tables giving variables by age

18 18 19

NGO Study - Itinerary of OED Mission to Kenya

November 25, 3:00 p.m.	Nyambura Githagui	Bank NGO Liaison Officer, Kenya
November 25, 5:00 p.m.	Hal Wackman	Country Director for Kenya and
		Djibouti
November 26, 8:15 am	Richard Anson	Office Administrator, World Bank,
		Nairobi
November 26, 11:00 am	Christine Cornelius	Bank Task Manager, Emergency
		Drought Recovery Project (EDRP)
		and Arid Lands Resource
		Management Project (ALRMP)
November 26, 2:30 p.m.	Mr. B. Chele	Deputy Secretary, MALMD
November 27, 3:00 p.m.	Wacuka Ikua	Bank Operations Officer for
ň •		population projects and Sexually
		Transmitted Infections project.
November 27, 4:15 p.m.	Vincent Lelei,	Deputy Director, Drought Recovery
	Mahboub Maalim, and	Project, Office of the President, and
	Peter Eripete	Project Coordinator for Mandera;
	1	last title unknown.
November 28, 11:00 am	Nyambura Githagui	Bank NGO Liaison Officer, Kenya
November 28, 3:00 p.m.	Kiteli Chepsiror	Senior Assistant Director, National
		Council on Population and
		Development
November 28, 7:00 p.m.	Mirza Jahani	Chief Executive, Aga Khan
•		Foundation, Kenya
November 29, 9:00 am	Hugh Scott and	ODA, Nairobi, Regional and
	Catherine Masinde	Assistant Coordinators, British Aid
		to small enterprise development
November 29, 2:30 p.m.	Nyambura Githagui	Bank NGO Liaison Officer, Kenya
November 30, 1:00 p.m.	Salil Shetty	Country Director, ActionAid, Kenya
	John Abuya	Program Director, ActionAid, Kenya
	John Batten	Director, ActionAid, London
December 2, 9:30 am	Charles Bailey	Representative, The Ford
	Sarah Thurman	Foundation, East Africa, and
		consultant, respectively
December 2, 11:00 am	Helmut Asche	Social Development Advisor,
		Government of Kenya, from GTZ
December 2, 3:30 p.m.	Nyambura Githagui	Bank NGO Liaison Officer
December 3, 9:00 a.m.	MALMD roundtable	Sixteen ministry staff.
December 3, 2:30 p.m.	Kiteli Chepsiror,	Senior Assistant Director and
	Michael Muindi,	managers of the NCPD
	George Kichambu,	
	and Vane Nyonga	

.

December 4, 9:00 a.m.	Francis W. Mulwa and	Executive Director, and PRA &
	Bernadette Kyany'a	Gender Consultant, respectively,
		PREMESE (Participatory Rural
		Education Methodologies and
		Evaluation Services)
December 4, 9:00 a.m.	Patricia Scotland	NGO Coordinator, ODA, East Africa
December 4, 11:00 a.m.	- Lukalo	Executive Director, NGO Bureau
· · · · · · · · · · · · · · · · · · ·	Zack Silatei	Deputy Executive Director
	Karuha Songole	Program Operations Manager
December 4, 1:00 p.m.	Elkanah Odiembo	World Neighbours/NGO Council
,	Salil Shetty	ActionAid/NGO Council
December 4, 3:00 p.m.	Detlef Mey and Tina	Head of Office, GTZ and GTZ NGO
- item i, eree piim	Ottenburger	specialist.
December 5, 8:30 a.m.	Tom M'boya	Coordinator, Sexually Transmitted
	10m W 00yu	Infections Project, Kenya National
		AIDS/STDs Control Programme
		(NASCOP), Ministry of Health
December 5, 8:30 a.m.	Johnson Ndegwa	Bank Operations Officer, NEP II
December 5, 2:30 p.m.	Saidi Aboud	Chief Executive, CMAS
December 5, 2.50 p.m.	- Mzengi	Deputy Director, FPAK
	Dr. P.O. Mokaya	Director, S.D.A. Rural Health
	DI. I.O. WIOKaya	Services
December 6, 8:30 a.m.	James Kamunge	Bank Operations Officer, ECDP
December 6, 11:00 a.m.	Allan G. Ragi and	Coordinator and Project Officer,
	Esther W. Gatua	respectively, Kenya AIDS NGO
	Louier W. Oatua	Consortium
December 6, 4:00 p.m.	Adam Leach	Representative, Oxfam
December 6, 5:30 p.m.	Salil Shetty	Country Director, ActionAid
December 0, 5.50 p.m.	John Abuya	Director Programs, ActionAid
December 7, 10:00 am	Roger Riddell (CG)	ODI
December 7, 8:00 a.m.	Travel to Wajir (TK	ODI
December 7, 0.00 a.m.	& CF)	
December 7, 10:30 a.m.	Saadia A. M.	Members of (intersectoral) Pastoral
December 7, 10.50 a.m.	(ALRMP)	Steering Committee (PSC)
	Robert Walker	Steering committee (1 Se)
	(Oxfam)	
	Dekha Ibrahim	
	(Nomadic Primary	
	Health Care)	
	M. M. Said (DSDO's	
	Office)	
	A. M. Abbas	
	(ALRMP)	

	1	
	Agricultural Officer)	
	Dr. C. M. Wajigi	
	(District Veterinary	
	Officer; also Chair of	
	PSC)	
	Hassan G. Omar	
×	(District Livestock	
	Production Officer)	
	A.M. Farah (ALRMP)	
	H. B. Kuresh	
	(MLRRWD-Water)	
	M. H. Yusuf (District	
	Public Health Officer)	
	A. I. Sheikh (NPHC)	
December 7, 3:00 p.m.	Abdi Ibrahim Tullo,	Chairman, Vice Chairman, Vice
	Abdirizah Hussein,	Service and the
		Secretary, and member, respectively,
	Hussein Osman, and Sister Teressana	Wajir Volunteer Group
	Fornasero.	
	Also present: Farah,	
D 1 0 0 00	Saadia, Abbas.	
December 8, 9:00 a.m.	Abass Maalim Ali and	Administrator, Islamic Child Centre
	Rashid Abdi Omar.	and supervisor, respectively, African
	Also present: Abbas	Muslim Agency (AMA)
	and Farah.	
December 8, 10:00 a.m.	Peter Kingori,	Supervisor (Trabaj, Hungay,
	Nirilanto	Lafaley), Technical Officer, and
	Rasamodina,&	Project Officer (Tarbaj, Hungay,
	Randriantsoaniaina.	Lafaley), respectively, Joint Relief
	Also present: Abbas	and Rehabilitation Services (JRRS).
	and Farah.	
December 9: 8:30 a.m.	Mr. Wesonga	Courtesy visit to Deputy District
		Commissioner
December 9:	Safari:	
9:00 a.m 6:30 p.m.	1) Leheley Women	
	Group (two shops run	
	by women's groups)	
	2) Lagh Bogol Pan	
	3) Habaswein	
	Dispensary	
	4) Habswein-	
	Modogashe Road	
	Project	
	5) Abakore Water	
	JAUAROIC Waler	

	I Tanna Association and	
	Users Association and	
	Pastoral Association	
	Also stopped to visit	
	with pastoral clan in	
-	bush.	
December 10, 9:00 am	David Sloan and Rick	African Inland Church
	(Absent: Martin	
	Seidelscholz,	
	Coordinator)	
	Also present: Abbas,	
	Farah and Saadia	
December 10,	Father Crispin Tabone	In charge of mission, St. Joseph's
11:00 p.m.		Catholic Mission.
December 10,	Abbas, Farah, and	ALRMP staff.
12:00 p.m.	Saadia.	
December 10, 3:00 p.m.	Sister Fornasero	Member Wajir Volunteer Group
		(WVG). (Informal discussion at
		Pastoral Rest House).
December 10, evening.	Mohammed Elmi	Oxfam Coordinator, Wajir.
_		(Informal discussion with TK only
		Pastoral Rest House).
December 11 -	Return Nairobi (TK	
morning	& CF)	
	Toursel to Neuri (CC)	
December 8, 4:00 p.m.	Travel to Nyeri (CG)	
December 9,	MALMD, Nyeri	Staff, GTZ and IFAD projects (2)
		Staff, GTZ and IFAD projects (2)
December 9,		Staff, GTZ and IFAD projects (2) Staff, SISDO (Fred Khisah),
December 9, 8:00 am - 6:00 p.m.	MALMD, Nyeri	
December 9, 8:00 am - 6:00 p.m. December 10,	MALMD, Nyeri	Staff, SISDO (Fred Khisah),
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m.	MALMD, Nyeri MALMD, Meru	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11,	MALMD, Nyeri MALMD, Meru	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia),
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m.	MALMD, Nyeri MALMD, Meru MALMD, Embu	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia),
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG)	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m.	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m.	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m. December 13,	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II Bank Disbursement Officer (John Nyaga unavailable.)
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m. December 13, 10:30 a.m.	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan Margaret Olale	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II Bank Disbursement Officer (John Nyaga unavailable.) Director and Associate, respectively
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m. December 13, 10:30 a.m. December 13,	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan Margaret Olale Ian Askew	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II Bank Disbursement Officer (John Nyaga unavailable.) Director and Associate, respectively African Operations Research &
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m. December 13, 10:30 a.m. December 13,	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan Margaret Olale Ian Askew	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II Bank Disbursement Officer (John Nyaga unavailable.) Director and Associate, respectively African Operations Research & Technical Assistance Project, The
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m. December 13, 10:30 a.m. December 13,	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan Margaret Olale Ian Askew	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II Bank Disbursement Officer (John Nyaga unavailable.) Director and Associate, respectively African Operations Research & Technical Assistance Project, The Population Council
December 9, 8:00 am - 6:00 p.m. December 10, 8:00 a.m 6:00 p.m. December 11, 8:00 a.m 7:00 p.m. December 11 - evening December 12, 2:00 p.m. December 13, 9:30 a.m. December 13, 10:30 a.m. December 13, 10:30 a.m.	MALMD, Nyeri MALMD, Meru MALMD, Embu Return Nairobi (CG) Salil Shetty Paul Ryan Margaret Olale Ian Askew Lewis Ndlovu	Staff, SISDO (Fred Khisah), Mithungu Irrigation Project Staff, Farm Africa (Patrick Mutia), Anglican Church Country Director, ActionAid Bank Task Manager, NEP II Bank Disbursement Officer (John Nyaga unavailable.) Director and Associate, respectively African Operations Research & Technical Assistance Project, The

		Management Project (ALRMP)
December 13, 1:00 p.m.	The NGO Council -	Eleven Council members, Chaired
	roundtable discussion	by Salil Shetty.
December 16,	Mr. Mzenge	Head, FPAK
9:00 a.m 12:30 p.m.		
	Visit to FPAK Clinic	
	(Ribeiro House),	
	Nairobi	
December 18,	Visit to population	
7:15 a.m 7:00 p.m.	projects in Machakos	
	District accompanied	
	by Nyambura	
	Githagui, World Bank	
	NGO Liaison Officer	
	Mr. I.K. Duale and	District Officer 1 (DO1) and Distric
	Mr. Mbatha	Population Officer (DPO)
		Machakos.
	Program arranged &	
	accompanied by Mr.	
	Mbatha:	
	(1) Christian	
	Children's Fund	
	(CCF) - Katoloni	
	(2) Machakos Scouts	
	project - Katoloni	
	(3) Muumandu	
	Development Project	
	primary health care -	
	safe motherhood	
	initiative/TBA;	
	community pharmacy;	
	organic farming; IEC.	
	(4) CCF project in	
	Wamunyu (project	
	development manager:	
	Ben Nganga)	
	(5) Wamunyu	
	Woodcarving	
	Workshop	
	-r	

.

Christopher Gibbs C:\WINWORD\DOC\ITINER'Y.DOC December 24, 1996 9:28 AM

ANNEX 1

<u>AT THE DISTRICT AND NATIONAL LEVELS</u>

The following guidelines are provided in order that NGOs CBOs participation is smooth and that it is in line with the Government of Kenya and World Bank accepted procurement procedures. The guidelines should not in any way hinder innovative approaches by NGOs in their respective areas of operation. As such, they could be reviewed and where inapplicable, revised and new guidelines are put in place with least interruption of activities on the ground. Participation of NGOs/CBOs will be done in line with guidelines for consultancy as spelt out in the DCA for STI project.

NGOs/CBOs AT THE DISTRICT LEVEL

District Intersectoral AIDS Committee (DIAC) is in place in all the 15 districts that the STI project is operational. This Committee is responsible for the oversight and co-ordination of this project at the District level. Specifically, this Committee will ensure feedback to stakeholders in the District and at the National level. The DIAC will be made up of members from MOH, GOK, Ministries, Agencies, Local Municipalities and at least 2-3 representatives of NGOs and CBOs in the District.

NGOs involvement will be at two levels:

(i) NGOs with on-going district STI-related activities and have an established working relationship with GOK.

(ii) NGOs contracted to implement various activities as outlined in the district workplans.

(iii) NGOs contracted to implement various activities as outlined in the district workplans.

A list of NGOs participating at the District level will be maintained by the DIAC. Minutes of project review meetings will be up to date and maintained by DIAC.

NGOs in Category (i)

These NGOs will be encouraged to continue with their activities and where need be the STI project funds will be utilized for capacity building of these NGOs or the expansion of their on-going activities.

NGOs in Category (ii)

These will be new NGOs who seek to collaborate with the GOK in the implementation of certain activities within the STI District work plans.

Where STI funds are sought, i.e. category (i) and (ii) the following guidelines will apply.

SELECTION CRITERIA FOR NGOs/CBOs PARTICIPATION AT THE DISTRICT LEVEL

General

(i) NGOs/CBOs that have been present in the district for at least one year and have on-going activities in the district.

- (ii) NGOs/CBOs known to the community in that given district.
- (iii) NGOs/CBOs which have the ability to finance at least 50% of their own recurrent/operating costs
- (iv) NGOs/CBOs that can demonstrate that they have staff who are already trained and deployed in STI related activities.
- (v) NGOs/CBOs with proven ability to account for funds (accounting/financial staff in place, accounting system explicit, etc.).

When identified, these NGOs will present their proposals to the DIAC Committee which would then evaluate the proposals along the following criteria:

Specific

Technical

- (i) Extent to which the proposal is within the defined district workplan and consistent with the National AIDS/STD Control Strategy.
- (ii) Clear specification of input and output indicators.
- (iii) Clear monitoring and evaluation plan.

Financial

- If NGO, demonstrated good internal financial control system. If CBO, appointment/existence of treasurer with adequate financial management system in place.
- (ii) Accounting system in place and in compliance with the MOU.

Legal

 Registration or exemption from registration under the relevant clauses with the NGO Act 1996. If CBO, registration under the Women's Bureau or other relevant department of the Ministry of Culture and Social Services.

Contract

- The agreed proposal from NGO/CBO will be incorporated in the District Plan.
- NGOs CBOs will sign a Memorandum of Understanding (MOU) with the Ministry of Health This MOU stipulates NGOs/CBOs and GOK obligations vis a vis the project. A detailed workplan will be an important Annex to the MOU

NGOS AT THE NATIONAL LEVEL

At the National level, participating NGOs will be those that have activities in more than one District: they would also have a central office: NGOs that have networks at the national and district levels and can also act as intermediary NGOs between the donors, GOK and indigenous NGOs.

A NGO/CBO working group will be in place at the national level (central) comprising representatives from Ministries of Health, Finance, NGOs, Municipalities and representatives from ODA and The World Bank. The Secretariat will be provided by the Ministry of Health, STI Co-ordination Team.

The NGO CBO Working Group will have the following responsibilities:

- (i) To advice the Ministry of Health on the input and innovative areas of activities that NGOs can undertake in the STI project framework.
- (ii) Provide guidelines on NGOs involvement in the STI project, specifically:
- (a) Identify activities that NGOs have the comparative advantage;
- (b) Prepare the terms of reference for NGOs who would participate in the identified activities:
- (c) Review criteria of selection of NGOs at the District and National level;
- (d) Advocate for capacity building for NGOs/CBOs at the National and District level;
- (e) Invite NGOs through (i) NGO Consortium, (ii) NGO Council, and (iii) NGO Bureau to bid for these inputs.
- (f) Prepare the Letter of Invitation (LOI) for the NGO to present technical and tinancial proposal.
- (g) Maintain a list of NGOs participating at the National level.

SELECTION CRITERIA OF NGO PARTICIPATION AT THE NATIONAL LEVEL

(i) Shortlisting criteria will be based on the World Bank consultancy procedures.

Technical Capacity

- NGOs with on-going collaboration with DIACs
- Ability to provide an innovative STI proposal with clear inputs and outputs
- Ability to carry out operational research
- Clear monitoring and evaluation plan.

Financial and Management Capacity

- Demonstrated good internal financial control system.
- Proven ability to accounting for funds (accounting financial staff in place, accounting system explicit, etc.).

Legal

- NGOs registered or exempted from registration under the NGO Act 1990.

Contract

The selected NGO will be required to sign a Memorandum of Understanding (MOU) with the Government of Kenya. This MOU stipulates all the obligations for the NGOs and the contracting Ministry. A detailed workplan will be an important Annex to the MOU.

<u>AT THE DISTRICT AND NATIONAL LEVELS</u>

The following guidelines are provided in order that NGOs/CBOs participation is smooth and that it is in line with the Government of Kenya and World Bank accepted procurement procedures. The guidelines should not in any way hinder innovative approaches by NGOs in their respective areas of operation. As such, they could be reviewed and where inapplicable, revised and new guidelines are put in place with least interruption of activities on the ground. Participation of NGOs/CBOs will be done in line with guidelines for consultancy as spelt out in the DCA for STI project.

NGOs/CBOs AT THE DISTRICT LEVEL

District Intersectoral AIDS Committee (DIAC) is in place in all the 15 districts that the STI project is operational. This Committee is responsible for the oversight and co-ordination of this project at the District level. Specifically, this Committee will ensure feedback to stakeholders in the District and at the National level. The DIAC will be made up of members from MOH, GOK, Ministries, Agencies, Local Municipalities and at least 2-3 representatives of NGOs and CBOs in the District.

NGOs involvement will be at two levels:

 NGOs with on-going district STI-related activities and have an established working relationship with GOK.

(ii) NGOs contracted to implement various activities as outlined in the district workplans.

(iii) NGOs contracted to implement various activities as outlined in the district workplans.

A list of NGOs participating at the District level will be maintained by the DIAC. Minutes of project review meetings will be up to date and maintained by DIAC.

NGOs in Category (i)

These NGOs will be encouraged to continue with their activities and where need be the STI project funds will be utilized for capacity building of these NGOs or the expansion of their on-going activities.

NGOs in Category (ii)

These will be new NGOs who seek to collaborate with the GOK in the implementation of certain activities within the STI District work plans.

Where STI funds are sought, i.e. category (i) and (ii) the following guidelines will apply.

SELECTION CRITERIA FOR NGOs/CBOs PARTICIPATION AT THE DISTRICT LEVEL

General

(i) NGOs CBOs that have been present in the district for at least one year and have on-going activities in the district.

- (ii) NGOs/CBOs known to the community in that given district.
- (iii) NGOs/CBOs which have the ability to finance at least 50% of their own recurrent/operating costs
- (iv) NGOs/CBOs that can demonstrate that they have starf who are already trained and deployed in STI related activities.
- (v) NGOs/CBOs with proven ability to account for funds (accounting/financial staff in place, accounting system explicit, etc.).

When identified, these NGOs will present their proposals to the DIAC Committee which would then evaluate the proposals along the following criteria:

Specific

Technical

- (i) Extent to which the proposal is within the defined district workplan and consistent with the National AIDS/STD Control Strategy.
- (ii) Clear specification of input and output indicators
- (iii) Clear monitoring and evaluation plan.

Financial

- (i) If NGO, demonstrated good internal financial control system. If CBO, appointment/existence of treasurer with adequate financial management system in place.
- (ii) Accounting system in place and in compliance with the MOU.

Legal

(i) Registration or exemption from registration under the relevant clauses with the NGO Act 1996 If CBO, registration under the Women's Bureau or other relevant department of the Ministry of Culture and Social Services.

Contract

- The agreed proposal from NGO CBO will be incorporated in the District Plan
- NGOs CBOs will sign a Memorandum of Understanding (MOU) with the Ministry of Health This MOU stipulates NGOs/CBOs and GOK obligations vis a vis the project. A detailed workplan will be an important Annex to the MOU

NGOS AT THE NATIONAL LEVEL

At the National level, participating NGOs will be those that have activities in more than one District: they would also have a central office. NGOs that have networks at the national and district levels and can also act as intermediary NGOs between the donors, GOK and indigenous NGOs.

A NGO/CBO working group will be in place at the national level (central) comprising representatives from Ministries of Health. Finance. NGOs. Municipalities and representatives from ODA and The World Bank. The Secretariat will be provided by the Ministry of Health. STI Co-ordination Team.

The NGO CBO Working Group will have the following responsibilities:

- (i) To advice the Ministry of Health on the input and innovative areas of activities that NGOs can undertake in the STI project framework.
- (ii) Provide guidelines on NGOs involvement in the STI project, specifically:
- (a) Identify activities that NGOs have the comparative advantage;
- (b) Prepare the terms of reference for NGOs who would participate in the identified activities:
- (c) Review criteria of selection of NGOs at the District and National level;
- (d) Advocate for capacity building for NGOs/CBOs at the National and District level:
- (e) Invite NGOs through (i) NGO Consortium, (ii) NGO Council, and (iii) NGO Bureau to bid for these inputs.
- (t) Prepare the Letter of Invitation (LOI) for the NGO to present technical and tinancial proposal.
- (g) Maintain a list of NGOs participating at the National level.

SELECTION CRITERIA OF NGO PARTICIPATION AT THE NATIONAL LEVEL

(i) Shortlisting criteria will be based on the World Bank consultancy procedures.

Technical Capacity

- NGOs with on-going collaboration with DIACs
- Ability to provide an innovative STI proposal with clear inputs and outputs
- Ability to carry out operational research
- Clear monitoring and evaluation plan.

Financial and Management Capacity

- Demonstrated good internal financial control system.
- Proven ability to accounting for funds (accounting/financial staff in place, accounting system explicit, etc.).

Legal

NGOs registered or exempted from registration under the NGO Act 1990.

Contract

The selected NGO will be required to sign a Memorandum of Understanding (MOU) with the Government of Kenya. This MOU stipulates all the obligations for the NGOs and the contracting Ministry. A detailed workplan will be an important Annex to the MOU.

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE GOVERNMENT OF THE REPUBLIC OF KENYA (REPRESENTED BY AND ACTING THROUGH ITS MINISTRY OF HEALTH)

AND

FOR THE IMPLEMENTATION OF THE SEXUALLY TRANSMITTED INFECTIONS PROJECT. THE present MEMORANDUM OF UNDERSTANDING ("this MOU") dated the day of , 1996, BETWEEN the GOVERNMENT OF THE REPUBLIC OF KENYA represent by and acting through its MINISTRY OF HEALTH ("the GOK and MOH" respectively) AND THE ("the NGO").

WHEREAS

The GOK has procured a development credit (the Credit") in various currencies equivalent to Twenty Seven Million Seven Hundred Thousand Special Drawing Rights (SDR27,700,000) from the International Development Association ("the Association") in collaboration in the Kreditanstalt Fur Wiederaufbau ("KFW"), the Overseas Development Administration ("ODA"), the Danish International Agency ("DANIDA") and the Government of the Kingdom of the Netherlands ("Netherlands") for the implementation, of its Sexually Transmitted Infections Project ("the Project") all on the basis of a Development Credit Agreement dated May 22, 1995 between the GOK and IDA ("the DCA") for the Project.

The DCA contemplates the participation and involvement of community based organizations and non-governmental organizations in the implementation of the Project.

AND WHEREAS

.

The GOK has requested the NGO to participate in the implementation of the Project and the NGO has agreed therewith

NOW THEREFORE the GOK and NGO hereby reach the following understanding:

- 2 -

ARTICLE 1

APPLICATION OF THE DCA

The terms and conditions of the DCA, the General Conditions as thereby defined, the various grant agreements alluded to under paragraphs (C) through (F), all inclusive, and the schedules thereto constitute an intergral part of this MOU and the several terms defined thereunder have the respective meanings therein set forth.

ARTICLE 2

RIGHTS AND OBLIGATIONS OF GOK

Article 2.1: The GOK shall:

> Provide, out of the proceeds of the credit, an amount in local currency not execeeding the sum of Kenya Shullings

Article 2.2:

The GOK may:

Require the NGO, at any time in the course of the Project and Programme implementation, to modify its strategies and approaches so as to comply with the provisions of the DCA, any grant agreement, the health Policy Framework Paper, executive orders or directives that are intended to improve the implementation of the Project or Programme, and any other changes that may be made thereto, and the NGO shall comply with any such requirement.

ARTICLE 3

OBLIGATIONS OF THE NGO

Article 3.1:

The NGO shall:

- (a) Carry out the Project and the Programme with due diligence and efficiency and in conformity with appropriate clinical, administrative, technical and financial practices.
- (b) Without limitation upon the provisions of paragraph
 (a) of this Article and except as GOK and the NGO
 shall otherwise agree, the NGO shall:
 - (i) carry out the Project and Programme in accordance with the budget submitted by the NGO to GOK and approved by GOK under Article 2.1 hereof.
 - (ii) For purposes of the Project and Programme, open and maintain an account in a reputable Commercial Bank on terms and conditions satisfactory to GOK, Including appropriate protection against set-off, seizure or attachment. Deposits into, and payments out of the account shall be made in accordance with the provision's of this MOU.
 - (iii) procure any goods and/or consultant's services required for the Project and the Programme and to be financed out of the proceeds of the monetary advance made by GOK to the NGO under Article 2.1 hereof in accordance with the procurement guidelines issued by GOK to the NGO in a form substantially.

- 4 -

sim''ar to the provisions of S edule 3 of the D.C.A.

- (iv) participate in any review of the Project and Programme that may be undertaken by GOK and shall exchange views on the achievements of the Project and Programme, implementation and management aspects of the Project and Programme, implementation procedures thereof, performance and use of technical assistance personnel, status and results of training (if any), reporting, accounting and audit performance, sustainability of the Project and programme and any other matter that may be specified by GOK. Following such midterm review, the NGO shall act promptly and diligently, in order to take any corrective action deemed necessary to remedy any shortcoming noted in the implementation of the Project and Programme, or to implement such other measures as may be required by GOK in furtherance of the objectives of the project and Programme.
- (v) prepare and submit to GOK, not later than four months after a formal written request, a plan, of such scope and in such detail as GOK shall reasonably request for the future operation of the Project or programme; and

(vi) exchange views; with GOK at any time upon the reasonable request of GOK, on the implementation of the Project and Programme.

- 6 -

ARTICLE 3.2

FinancialaCovenants

1. 1. I a and

- The NGO shall maintain, or cause to be maintained, (i) records and accounts adequate to reflect in. accordance with sound accounting practices the operations, resources and expenditures in respect of the Project and Programme; have the records and accounts aforecited audited each fiscal year in accordance with appropriate auditing principles consistently applied, by independent auditors acceptable to GOK; furnish to GOK, as soon as available, but in any case not later than thirty days after the end of such fiscal year a certified copy of the report of such audit by said auditors, of such scope and in such detail as GOK shall have reasonably requested; and furnish to GOK such other information concerning said records, accounts and the audit thereof as GOK shall from time to time reasonable request.
- (ii) For all expenditures with respect to which withdrawals were made from the Project and

Programme account, the NGO shall maintain, or cause to be maintained, records and accounts reflecting such expenditures; retain until at least one year after GOK has received the audit for the fiscal year in which the last withdrawal from the Project and Programme account was made, all records (contracts, orders, invoices, bills, receipts and other documents) evidencing such expenditures; enable the representatives of GOK to examine such records; and ensure that such records and accounts are included in the annual audit and that the report of such audit contains a seperate opinion by said auditors as to whether the statements of expenditure submitted during such fiscal year, together with the procedures and internal controls involved in their preparation, can be relied upon to support the related withdrawals.

ARTICLE 4

EFFECTIVE DATE AND TERMINATION

Article 4.1.

This MOU shall become effective and binding on both parties on the date all the parties have affixed their respective signatures.

- 7 -

Article 4.2

GOK may terminate this MOU without any notice to the NGO if:

- GOK is satisfied that a situation has arisen which shall make it improbable that the Project and Programme, or any part thereof, will be carried out in accordance with the budget under Article 2 of this MOU;
- (ii) GOK is satisfied that continued implementation of the Project and Programme and the participation of the NGO therein would inevitably lead to a breach of its obligations under the agreements referred under Article 1 of this MOU; and
- (iii) the NGO has failed, neglected or refused to furnish GOK with any audit report required under Article 3 of this MOU.

Article 4.3.

GOK and the NGO may terminate this MOU by mutual agreement.

Article 4.4

The financial obligations of the NGO under Article 3

hereof shall subsist any termination under Article 4 until such time that GOK is reasonably satisfied that any such further subsistence is nolonger necessary.

- 9 -

IN WITNESS WHEREOF, the parties hereto, acting through their duly authorized representatives have caused this MOU to be signed in their names on the day and year first-above mentioned.

Mr. The Permanent Secretary to the Treasury of Kenya, Ministry of Finance, P.O. Box 30007 NAIROBI.

Mr. The Permanent Secretary, Ministry of Health, P.O. Box Boc 16

NGO.

NAIROBI.

MINISTRY OF FINANCE

Celegraphic Address: 22921 "FINANCE", Nairobi Fax: 330426 Telephone: Nairobi 338111 When replying please quote Ref. No. . EA/FA 62/240/01 and date



THE TREASURY P.O. Box 30007 NAIROBI 4th June 19.96

The Permanent Secretary Ministry of Health P.O. Box 30016 Nairobi

(Attn. Dr. T. Mboya Okeyo)

RE: DRAFT MOU FOR DISBURSEMENT OF FUNDS TO NGOS, CBOS PVOS AND MUNICIPALITIES UNDER THE SEXUALLY TRANSMITTED INFECTIONS PROJECT, IDA CREDIT 2686-KE

Reference is made to your letter ref.ACP/1/6/9 dated 25th March, 1996 concerning the above mentioned subject.

The Draft MOU was vetted by all the relevant parties. Enclosed herein, please find the revised version which has been developed in such a way that it conforms fundamentally with the Development Credit Agreement for Credit 2686. Such conformity is essential in order to safeguard the interests of the Kenya Government in view of the obligations it has under the afore-mentioned Credit Agreement.

You may therefore proceed to execute the revised MOU with the relevant parties.

Olubendi(Mrs) C.

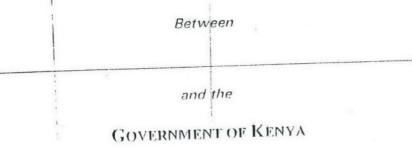
for: PERMANENT SECRETARY

Encl.

MEMORANDUM OF UNDERSTANDING

1

1



referred to as "client" or "implementing agency") and Government of Kenya acting through the Ministry of Health (hereinafter referred to as MOH). describes the terms and conditions under which MOH and the implementing agency have agreed that the implementing agency shall carry out a MOH approved program of activities in support of prevention and control of Sexually Transmitted Infections in Kenya with funds from the International Development Association(IDA) for the Sexually Transmitted Infections Credit 2686 - KE.

I. AGREED PROJECT.

MOH has agreed to provide funding

The funding provided by MOH shall be used to cover the costs incurred by the clients in carrying out the project in accordance with the approved budget as showh in this Memorandum of Understanding. The funding provided thereunder should apply to commitments made by Grantee in furtherance of the objectives of the project during the period beginning ending

The client has agreed that it shall carry out the project in accordance with its approved budget and the terms and conditions of this Memorandum of Understanding. Any changes in the approved project must be reviewed and approved by MOH and IDA.

ALLOWABLE COSTS.

The Client shall be allocated for costs incurred in carrying out the approved project which are determined by MOII to be reasonable, allocable and allowable in accordance with the terms of this memorandum. Reasonable costs are those costs that do not exceed those which would be incurred by an ordinarily prudent person in the conduct of normal business. Allocable costs are those costs which are necessary to carry out the approved project and are attributable to it. Allowable costs are those which are eligible for expenditure in accordance with the terms of this Memorandum of Understanding. The implementing agency shall only be funded for the direct costs of carrying out the project.

2

2

ACCOUNTING, AUDITING AND RECORDS. tit.

The Client shall maintain books, records, documents and other evidence in accordance with the client's usual accounting procedures to sufficiently substantiate all costs of the project and for which funding is requested. Accounting records that are supported by documentation shall, at a minimum. accumulate and record all costs incurred in carrying out the project and disclose the amount of that portion of the cost of the project supplied by other sources.

3

7

The implementing agency shall retain all records pertaining to the costs of all project activities for a period of three years under this Memorandum of Understanding and these records shall be available at all times for inspection and audit by representatives of MOH and IDA. The implementing agency agrees that project expenditures shall be audited by an independent auditor as part of the normal periodic audits the implementing agency carries out of its operations. Copies of such audits shall be provided to MOH and IDA.

If, at any time during the life of the project, or as a result of a final audit, it is determined that funds provided under this Memorandum of Understanding have been expended for purposes not in accordance with the terms of this Memorandum of Understanding, the client shall refund such amount to MOII. Any fund advanced to but not expended by the client at the time of expiration or termination of the funding period set forth in Section 1 above shall be refunded to MOH except for funds encumbered by the client by a legally binding transaction applicable to the project prior to the effective date of termination or expiration. If funds are advanced by MOH to the client and interest is earned on such funds by the client prior to their use in the project. such interest must be refunded to MOH. Any funds that revert to MOH can only be utilized in consultation with IDA.

TERMINATION AND SUSPENSION.

V.

MOH may, at any time following notice to the client suspend funding under this Memorandum of Understanding chargeable to MOH funds whenever MOH determines that such funding of the project would not be in the best interests of the Government of Kenya. If the situation causing the suspension continues for 60 days or more, then MOH may terminate this Memorandum of Understanding and cancel that portion on funding which has not been spent or irrevocably committed to third portion.

4

Funding under this Memorandum of Understanding may be terminated at any time by MOH if:

1) It is determined that the implementing agency has failed to comply with the conditions of this Memorandum of Understanding: or

2) both parties agree that the continuation of the project would not produce benefits commensurate with the further expenditure of funds.

Upon receipt of notice of termination, the implementing agency shall take immediate action to minimize all expenditures and obligations under the project and shall cancel any unliquidated obligations whenever possible. Except as provided below, no further funds shall be made available after the effective date of termination. The implementing agency shall, within 30 calendar days after the effective date of termination, repay to MOH all unexpected funds received from MOH which were not legally committed by the recipient prior to the effective date of termination. The implementing agency shall submit any claims for commitments made prior to the effective date of termination and any termination claims to MOH within 90 days after the effective date of termination.

VI. <u>REPORTING AND EVALUATION</u>.

Unless otherwise provided for in project, the client shall provide (monthly) reports to MOH regarding the progress of the activities funded under this Memorandum of Understanding. The contents of these reports shall be agreed upon by MOH and the client. Representatives of MOH and IDA shall be allowed, at all reasonable times, to visit all project sites and inspect activities being funded under this Memorandum of Understanding. MOH and the client agree to participate in periodic evaluation of the project activities.

5

5

VII. IMPLEMENTING AGENCY CONTRIBUTION.

The implementing agency shall provide throughout the project whatever additional resources may be required to carry out the project in an effective and timely manner.

VIII. PUBLICATIONS.

If it is implementing agency's intention to identify MOH or IDA with any ublication funded under this Memorandum of Understanding, the implementing agency shall consult with MOH and IDA on the nature of the acknowledgment prior to publication. The implementing agency shall provide MOH and IDA with one copy of all published works developed under the project and with lists of other written work produced under the project.

In the event that funds provided under this Memorandum of Understanding are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost shall be refunded to MOH unless MOH and IDA have agreed that such funds may be used by the implementing agency for project purposes. The

auditor or the implementing agency is free to copyright any books, publications, or other copyrightable materials developed in the course of or under the project, but MOH and IDA reserve a royalty-free nonexclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, the work for Kenya Government or donor purposes.

IX. PAYMENT PROCEDURES.

The implementing agency shall deposit all advanced funds into a separate project bank account and shall not commingle such funds with other funds owned or controlled by the implementing agency. All payments for goods and services shall be made directly from this account. Each month, after the initial cash advance, the implementing agency shall submit to MOH a status report which shows project expenditures during the period, cash in hand in the separate account, and projected expenditures. The form of this documentation shall be as prescribed by MOH. Based on the implementing agency's monthly report, the advance shall be liquidated as required.

X. NONLIABILITY.

Neither MOH nor IDA shall be liable for any third party claims for damages arising out of the implementing agency's conduct of the activities supported under this Memorandum of Understanding.

() XI. FUNDING LIMITATIONS.

The implementing agency understands and accepts that the funding provided to it by MOH under this Memorandum of Understanding comes from financing provided to the Government of Kenya under a credit from <u>IDA</u> and that such funding must be used in accordance with standard Government procedures.

. . ol do cam

6

11

6

XII. AMENDMENT.

This Memorandum of Understanding may be amended by formal amendment of its terms or by means of an exchange of letters between the Permanent Sectedary, Ministry of Health or his authorized representative and an appropriate official of the implementing agency. No such amendment shall be effective until approved by IDA.

7

7

IN WITNESS WHEREOF, the Government of Kenya and

have, through their duly authorized representatives. caused this Memorandum of Understanding to be signed as of the date indicated below.

Name		Date
		Date
		×
Title		
Title:		
For:		
	······································	
Signed:		Date
-		
		1
	•	
Countersigned:		Date
		7

POLICY INITIATIVE IN THE PROVINCES BY THE KENYA AIDS NGOS CONSORTIUM

The Kenya AIDS NGOS policy initiative is in response to the need for developing a supportive policy environment within AIDS prevention and NCOs and

NGOs and religious organisations in collaboration with the National AIDS Control Programme and others have shown positive response to the AIDS epidemic since 1986. After interventions, evaluation and lessons learnt, several questions have arisen and these need to be addressed through policies developed both at institutional and national levels.

GOAL:

To increase the effectiveness of the HIV/AIDS/STDs programmes to the target population through development of a conducive policy environment.

PURPOSE:-

Develop a supportive policy environment for HIV prevention programmes.

OUTPUT:-

- Increase the capacity of NGOs/government/religious organisations to sustain the process of policy development and advocacy.
- Development and promotion of sound AIDS related policies through the placement of specific policy suggestions before policy making bodies
- Strengthen the networks to sustain the policy formulation, advocacy and data collection activities.

The process adopted included:-

- Pre-workshop meetings with leaders both at National and Provincial level to sensitize them on policy gaps and the need to fill them.
- Organising and facilitating a series of workshops in the provinces to provide AIDS workers and policy makers with skills and knowledge in policy development, advocacy, identification of issues and their
- Initiating district networks to sustain policy development and advocacy activities.
- Bringing the provincial policy issues to a National forum for further discussion and prioritisation.
- Forwarding the policy issues to the Government session paper committee.

At the end of the process, 8 priority issues emerged as follows:

- No discrimination of infected and affected whatsoever.
- Family life education
- Home based care.
- AIDS orphans and widows support.
- Pre and post test counselling services.
- Provision of adequate housing at the workplace to facilitate families to stay together.
- Co-ordination of activities.
- Cost of drugs and other supplies.

SUCCESSES:-

- Trained HIV/AIDS programme staff and policy makers in 4 provinces on policy development, advocacy and networking.
- Identified 8 priority policy issues through the workshops and forwarded them to the Government sessional paper committee and to key organisations for advocacy.
- Sensitised the media on their role in HIV/AIDS reporting and advocacy.
- Realised effective collaboration with the electronic and print media in HIV/AIDS reporting.
- Facilitated the establishment of district networks.
- Sensitised the policy makers and programme staff on the need for sound HIV/AIDS policies at National and institutional level.

The way forward:

- Follow up on issues identified at National and district level.
- Be alert to new issues demanding attention at a National level and act on them.
- Hold specialised group meetings to further deliberate on the issues.
- Data collection and analysis to support the issues in advocacy.
- Strengthen the networks through capacity building, continued interaction and the establishment of resource centres.

Project supported by USAID through HI/AIDSCAP.

POLICY INITIATIVE IN THE PROVINCES BY KENYA AIDS NGOS CONSORTIUM

The Kenya AIDS NGOS policy initiative is in response to the need for developing a supportive policy environment within AIDS prevention and care activities. In our context, policy is defined as a written framework from which guidelines and procedures for implementing HIV/AIDS prevention and care activities will be derived from.

NGOs and religious organizations in collaboration with the National AIDS Control Programme and others have shown positive response to the AIDS epidemic since 1986. Interventions have been designed, implemented and evaluated. Several lessons have been learnt and experiences gained. However, there are still several questions, concerns and issues that have emerged. These questions/concerns need to be addressed through policies developed both at institutional and national levels.

It is also evident that very few organizations/institutions have had HIV/AIDS policies in place. It is out of this realisation that the NGO Consortium is steering this initiative of policy development, lobbying and advocacy since march 1995. This initiative is supported by USAID through FHI/AIDSCAP. Technical assistance is provided by the Policy Unit of AIDSCAP

The overall goal is to increase effectiveness of HIV/AIDS/STD programmes to target population through the establishment of a conductive policy environment.

The process has been a continuous one and has included the following:-

Phase 1:-

Preparatory phase

- Initial discussion and development of the policy
 project with the Consortium members, the Advisory Committee and FHI/AIDSCAP
 - 1

- A review of the policy situation in Kenya A study by AIDSCAP
- Formulation of the policy project Task Force to work together with the project staff and the Consortium Advisory Committee to advice and oversee the project implementation process.
- Identification of key contact persons working with NACP.
- Development of job scope of staff and recruitment.
- Review of relevant available literature on policy development and advocacy
- Consultation with key NGOS and individuals regarding policy development.
- Organising and facilitating a one day National meeting with key NGOS to introduce the initiative and discuss the intervention.
- Meeting at the District level with staff (main actors in HIV/AIDS activities) from NGOs, religious organizations, community based institutions, schools, Ministry of Health and other government departments.
- Meeting with provincial administrators, provincial medical officers of Health and District medical officers of Health

The objective of these meetings included:-

11

- Introducing the Consortium objectives and activities
- Identifying key actors in HIV/AIDS programmes to participate in the policy district workshops.

- Discussing the policy project objectives and plan for the workshop together.
- Identification of participants to the policy workshops at the Provincial level.
- Development/administration of pre-workshop questionnaires to participants. These questionnaires provided information on the type of organization and their nature of HIV/AIDS activities, successes and constraints experienced in the implementation of their activities.

Phase 2

- Organising and facilitating a two and a half (2¹/₂) days workshop in 4 provinces through which participants were expected to :-
 - Share personal and institutional experiences, successes and constraints in their HIV/AIDS/STD activities.
 - Discuss in groups issues and concerns related to policy and come up with primary policy issues they would wish to see pushed forward into policy statements.
 - Acquire basic knowledge and skills in policy development lobbying and advocacy
 - Discuss strategies for moving the policy issues forward into policy statement at their operational level.
 - Discussed establishment of district networks and finally initiate the networking mechanisms which are to be developed further on return to their respective districts.
 - Acquire information regarding the existing government policy guidelines on HIV/AIDS/STDs, HIV/AIDS legal and ethical situation in Kenya and the Kenyan AIDS situation to-day.
 - 3

HIV/AIDS legal and ethical situation in Kenya and the Kenyan AIDS situation to-day.

Phase 3

- Analysing the issues at the national level, categorising them and writing them in a format they can be discussed further.
- Forwarding the issues to the sessional paper Secretariat through the National AIDS/STD Control Programme manager.
- Through print and electronic media, these issues will be presented to key institutions and persons in key positions.

Phase 4

(()

 Follow up through the Network initiatives at the District and National levels.

Expert, technical assistance and speakers facilitation of the process in the workshops and during consultations were given The next step is what we are going to accomplish in these two days which will fit in stage three and four and have expounded on above

The issues identified so far are contained in the document that forms the basis for our discussion before arriving at a consensus at the close of the workshop.

I wish to conclude by thanking all those who have tirelessly contributed to this process. They include:-

- Provincial commissioners and PMOs from Central; Eastern; Rift Valley and Nyanza provinces.
- Administrators of institutions/organizations involved by releasing participants and using their resources.
- The programme manager National AIDS/STD Control Programme and his staff
- Facilitators of all workshops
- The participants of all the workshops.

- USAID through FHI/AIDSCAP for their technical and financial support.
- Last but not least the members of the Policy Task Force and Consortium Staff.

The vision ahead is to have district networks fully functional in sharing experiences, information, successes and constraints/problems that will be resolved through effective collaboration and co-ordination of efforts.

This is dependent on all our sustainability efforts, motivation and spirit of togetherness.

The battle against AIDS will only be worn through this kind of Spirit and "political will"

The World Bank

IN FERNATIONAL BANK FOR RECONSTRUCTIO INTERNATIONAL DEVELOPMENT ASSOCIATION

Resident Mission in Eastern Africa D DEVELOPMENT Hill Park, Upper Hill Road P.O. Box 30577 Nairobi, Kenya

Telephone: (254-2) 714141 Cable Address: INTBAFRAD Facsimile: 720612, 720615 Telex: 22022

December 17, 1996

Mr. Vincent Lelei Deputy Project Coordinator Arid Lands Resource Management Project Office of the President KICC - Thirteenth Floor Nairobi

Dear Mr. Lelei,

٩

On behalf of the OED team, I want to thank you and your colleagues for the assistance and hospitality you accorded us during our time in Kenya. Our meeting with you on November 27 helped us begin to understand the complexities of working in the arid lands and we appreciate your support in arranging for a visit to the field.

As you know, Thomas Kuby and myself visited Wajir on December 7-11. We were very well taken care of by the ALRMP team (Mr. Abbas, Mr. Farah and Ms. Saadia in particular) who arranged a full program with other district government officials, several NGOs, and a day-long visit to the field. They also took the time to show us Wajir in a more informal way which we very much appreciated and enjoyed.

During our visit, we learned that the EDRP is seen by many to have made a most positive contribution to the recovery efforts in the region. It was also encouraging to learn of the very close relationship which exists between the GOK and the many NGOs operating in the area; Oxfam in particular emerged as a very strong player who has closely collaborated with GOK.

The EDRP seems to have prepared the ground for the new ALRMP and its community participation focus. We found that the participatory planning process of ALRMP has raised many expectations in the community and that clearly many challenges lie ahead. With this foundation in place, however, we think the ALRMP has much potential for sustainable impact and we will be interested to follow the project's development.

As you may recall from our discussion, the country case study will include a small study of beneficiary perceptions in the context of the projects which we have identified as having substantive NGO involvement. After our visit to Wajir, however, we decided it would not be necessary to undertake

such an assessment in the ALRMP context as the project is still quite new. When the draft report of OED's Kenya case study is written, a copy will be sent to you for comment.

-2-

Once again, thank you for your assistance and interest in our mission. We very much look forward to continuing this dialogue with you and your colleagues.

Yours sincerely,

Elemetic TUMO

Claudia Fumo NGO Specialist Operations Evaluation Department

cc: Ms. Christine Cornelius.

A set of a second set of a sequence is a sequence is a set of a

3.2.8. Presente and a stranging on a local properties operation of 16.5 mm and 19.4 mm by present, where the mean of the D-most cost and presente of the strange of 36.5 Million strand reality in a military of the strange of the strange of 36.5 Million and the strange of 10.0 Million for the strange of the strange of the strange of the strange of 10.0 Million for the strange of the strange o

(i) a supervise of the second state of the

Wajir Project Visit

1. Objective of Wajir visit

The completed Emergency Drought Recovery Project (EDRP), together with the new Arid Lands Resource Management Project (ALRMP), is one of the three sector programs in Kenya where, according to project documents, NGO (including CBO) involvement appeared to be substantial.

Discussions at national level in Kenya with both Government and Bank staff indicated that, in fact, this involvement consisted of an informal relationship and close coordination between Government and NGOs at the district level. The EDRP began as an admittedly top-down emergency project and then began to shift into a more long-term perspective. In this process, an element of community involvement (in the form of CBOs) appeared to have developed. The new ALRMP had apparently been prepared through a highly participatory process and it seemed to be building upon EDRP's groundwork.

The objective of the visit to Wajir District was thus to assess the cooperation between the Banksupported government programs EDRP and ALRMP on the one side, and NGOs and CBOs on the other. The assessment was to be done through meetings with district level government officials, NGOs and CBOs, and a field visit to some actual project sites.

2. Visiting Program

The following four days' visiting program of Claudia Fumo and Thomas Kuby was prepared by the ALRMP project office:

Day	Program
Saturday	Greeted by Abbas and Farah at airport
	Moved into Pastoralist Guest House
	Pastoral Steering Committee meeting
	Robert Walker of OXFAM over lunch
	Wajir Volunteers Group
Sunday	African Muslim Agency
	Joint Relief and Rehabilitation Services
	Market visit with Farah ¹
	Abbas and Farah over lunch
	Market visit with Saadia and Dekha
	Visit to Dekha's house; (C.F. participates in women's group meeting)
Monday	Courtesy visit to Deputy District Commissioner ²
	Field trip (safari)
Tuesday	African Inland Mission
	Catholic Mission - Father Crispin Tabone

2 The Deputy, Mr. Wesonga, stressed improved security conditions in Wajir, but provided our safari with a two man armed escort ("just not to take any chances").

Well stocked (carrots, tomatoes, spinach, onions, potatoes, spicy peppers, bananas, mangoes, yams).

	Discussion with Abbas and Farah and Saadia	
	Sister Fornasero at rest house	
	Brief talk with Dekha (Thomas)	
	Brief talk with Mohammed Elmi of Oxfam (Thomas)	
Wednesday	Return to Nairobi	
2 5 4 G	Summarize findings	

3. Findings

Findings of the visit relate to the programs EDRP and ALRMP, to the three actors—government, Bank, and NGOs/CBOs—as well as to results on the ground and the feasibility of a beneficiary assessment. The following table summarizes these findings:

1. EDRP	
EDRP was a top-down-conceived drought emergency program. NGOs were not consulted and had no influence on planning. Implementation left no room for funding NGO activities. <i>No direct</i> <i>operational/financial</i> links existed with the local NGOs.	
"NGOs are a new phenomenon." Before 1990, GOK was main provider. After 1992 drought & refugee influx, international NGOs and bilaterals (Oxfam, MSF, AIC, UNICEF, WFP, GTZ) became an important development actor in Wajir. However, with the exception of OXFAM, most of them pulled out again in 1994 because of security concerns.	
 The local NGOs mostly concentrate their activities on Wajir town: World Vision (since 1992) Joint Relief and Rehabilitation Service (since 1992) African Muslim Agency (1992) Wajir Voluntary Group (1989) African Inland Church (1986) Catholic Mission (1976) 	
 The most important CBOs operating in Wajir district communities are 10 Pastoral Associations: 5 PAs initiated by OXFAM (money from OXFAM) 4 PAs followed on by the government (money from EDRP) 1 PA followed on in the context of the EEC ASA Program. 	
By all accounts, OXFAM is the undisputed lead NGO in Wajir. It is in the area since 1984 and operates with full capacity throughout the district since 1992. OXFAM had a particularly close partnership with EDRP. This relationship is very good because of personalities & level of commitment. In the words of one GOK official, Oxfam has gone beyond "just being an NGO".	Have Oxfam Mid-term review of Pastoral Development Project.
OXFAM considers both EDRP and the new ALRMP as good and useful projects with a participatory approach.	
The relationship between EDRP and NGOs is on the level of close work coordination. EDRP facilitated tight GOKNGO cooperation (through fora, workshops, etc.). This coordination worked well, and is mainly attributed to the local government, which seeks close contacts with NGOs.	
The Bank did not emerge as a direct contributor to this situation.	

(Oxfam, in particular, does not think the Bank deserves credit for	
the good cooperation). However, the Bank project task manager	
knows the area and is well respected there.	
The informal, social communication on all levels was also noted as	
an important cause for the unusually good GOK-NGO cooperation.	
The formal coordinating mechanism for development activities is	The DDC also considers
the District Development Committee (DDC). The DDC's main	technology issues, e.g. in building
purpose is to synchronize work plans. Each organization prepares	dams either manually (NGO
its own plans. There is no talk about money, all plans are	approach) or with heavy
individually funded.	equipment (govt. approach)
There is also the Pastoral Steering Committee (PSC), an	See point 5 for TM comment on
intersectoral body which was set up end of 1995. Previously, it	PSC.
was a Committee chaired by the DC and had much less freedom	
than now. The PSC meets once a month to deliberate on the	
establishment of PAs and all matters pertaining to PAs. Oxfam is	
the only NGO member	
With one rather odd exception, there was never any direct funding	
of NGOs through EDRP. All of them use their own funds from	
other sources. The odd exception is a KSh. 200.000 (approx. US\$	
4000) grant in 4 installments to the destitute women work of the	
catholic Sister Fornasero (a member of the WVG). In this case the	
coordinator of the NPHCP personally guaranteed for the money	
with her Government ID number.	
EDRP helped with the establishment of PAs by providing them	
with a start up quantity of animal drugs worth KSh. 104.000. For	
this purpose, a total of KSh. 1.074.000 was expensed. (To be	
confirmed from project records from the TM).	
EDRP's disbursement figures in the Wajir district were given as	
follows (by? must specify here): Total KSh. 149 Mil. Of this,	
100 Mil were for the road rehabilitation component, and the rest on	
Water (20 Mil) and Health (including some small funding for the	
NPHCP).	
EDRP accomplished the planned output for emergency recovery.	
Generally, EDRP is appreciated as useful. Physical improvements	
were visible Comment: "All government departments profited	
from EDRP." In fact, several people said that EDRP was wound	find out about worries concerning
up too early, and that it should have gone on.	too early completion date
	,,,
Nonetheless, even today there are still several thousand drought	
victims in Wajir town with practically no support.	
EDRP also made an input to other agencies' projects when these	
pulled out or suspended funding. For example, EDRP supported	
the Nomadic Primary Health Care Program (NPHCP) when	
UNICEF its original funder, pulled out. Likewise, it supported	
UNDP's Pastoral Integration Development Program.	
EDRP had implementation problems. The flow of funds from the	
national treasury was slow and led to many constraints.	
Community strengthening suffered particularly and was	
accomplished only to 50% of its planned targets.	
EDRP started the process for the follow-on development program	
(ALRMP)	

Good participatory preparation. ARLMP consists essentially of the same people as EDRP did. Bank task manager is also same and is providing continuity of good relationship.	Oxfam would not give the Bank any credit for this, considers the local government, especially the new DC, the decisive factor
The WB/ALRMP organized a three day project launch workshop in April 1996 with 75-100 participants, moderated by Dr. Wanjigi. Very participatory planning and involved NGO community. Local NGOs confirm that ALRMP got on to a good start. The community development component is being actively developed; of the whole program budget (US\$ 22 Mil) US\$ 5.9 Mil will be used for community building purposes in 8 districts.	Minutes amongst our papers. Not clear if Mr. Wajigi in fact chaired.
The community development component is seen to be the difference with EDRP. Participatory preparation raised high expectations amongst NGOs and communities.	
Expectations are especially high about the prospect of channeling 20% of the budget directly to local NGOs. A PSC member comment: plans indicate that by end of two years project must have worked or be working with three NGOs. [?]. Member felt timing would likely be slower, but that NGO	
identification will not be difficult at all. At same time, a PSC member commented that there is no provision for NGO involvement or, at least, as far as it has been explained to them.	
Direct funding of NGOs is intended in the SAR; the necessary MOU is drafted (annex 4), but not yet in place. The whole process of money flow requires utmost attention to detail. Frequently voiced concerns about the district accountant/treasurer led some NGOs to propose a direct transfer of funds either from national treasury or the Bank itself.	The Bank is aware of the problem of the local accountant. [See also TM comments in point 5].
(CHECK THIS POINT: I understood ALRMP staff to say money should come from center; do not recall NGO comment to this effect).	
Selection of pilot areas has been done in a sequence of meetings ³ (particularly close coordination with Oxfam activities so as to avoid duplication).	
Many perceive the planned 30% community contribution as a problem. With the given levels of poverty, many communities will not be able to meet the requirement. The problem could be eased if the cash contribution is kept to 5%, with 25% being a contribution in kind, i.e. for work done and land donated.	We recommend: a) flexible application of the guideline, making sure that the contribution is not just a token, and b) calculation of in-kind contribution at opportunity cost.

³ Sequence: PSC, District Executive Committee (technical arm of DDC), DDC, and final for all (MPs, DOs, councilors, NGOs, religious leaders, etc.) on December 16 in Wajir. (This workshop is also follow-up to April project launch workshop).

ALRMP will carry out needs assessments with the help of PRA	
and PLA methods. This will be done by intersectoral teams of	
GOK & NGOs in selected pilot areas. This will results in a plan of	
actions. Finally (ask T.K. what he means by this word) NGOs	
relate their work to this plan.	
PAs seem an important element in community capacity building.	Could well be in line with Bank's
However, this was a NGO innovation (Oxfam ⁴) which the Govt.	role in cooperation with NGOs.
picked up on and Bank cannot be credited for this. Oxfam feels	
project is opportunity to institutionalize PAs and scale up.	
The program can build on EDRP and has a chance to achieve	It still needs to be explained HOW
results on the ground. It can greatly improve the relationship with	exactly the program attempts to
NGOs.	improve the district's capability to
	cope with drought.
3. World Bank	
In the EDRP, the Bank is not seen as an active actor on district	We argue that, at district level, this
level. Rather, it is seen as providing the govt. with the necessary	is exactly as it should be.
funds to carry out the program. Attribution to "the Bank" is not	
possible in most cases.	
The Bank cannot be credited for bringing about the tight	However, see TM statements (in
cooperation between GOK and NGOs in Wajir. The decisive	point 5) about intensive support to
factors seem to be: an unusually receptive local govt. (esp. the	PA formation process. Bank
DC)and OXFAM as innovator.	seems to have exerted some
	degree of influence on GOK
In Nairobi meeting prior to visit, TM says that a lot of work was	officials' attitudes. Also, process
needed to get the GOK on board. But the GOK seemed (to us)	could not have happened without
fully on board through its own initiative. Therefore, Bank role	Bank financial support. So some
seems/may be hard to judge.	credit is due to Bank somewhere.
4. Results on the Ground	Foredat is due to Dank Somewhere.
Results on the ground only exist for EDRP, for ALRMP there are	Γ
no activities as yet.	
EDRP results are mainly in large infrastructure, especially the road	Check exact EDRP fund
rehabilitation component, which used 2/3 of the EDRP funds for	distribution with TM.
Wajir district	distribution with TW.
There seems to be a gap between the amount of money loaned	
(large) and results on the ground (small).	
People-centered work was done in the context of the health	Chock whether the NDUC was
component (Nomadic Primary Health Care). However, what we	Check whether the NPHC was
saw of these results was on such a minute and often	funded by EDRP. [Note: see point
unprofessionally executed level that they can in no way justify the	5.]
amounts of Bank loan money involved.	Cieter Formerene anne IIThana ia
amounts of bank loan money involved.	Sister Fornasero says: "There is
[Discuss with TK: not sure whether dispensary was part of	so much money and nothing ever
NPHC work; check where first comment came from].	really gets any better!"
The road rehabilitation concerns a 30 km piece in the middle of a	
300 km road from Wajir to Isiolo. Execution of this project was	
delayed. Technically, the road has a maramba surface which is not	
asiay sal i somnouny, the road has a maramba surface which is hot	

⁴ Oxfam has great reputation in Wajir and seems to be the "prefect NGO": works with poorest on community level, new ideas and institutional innovations, remote areas, bridging funding gaps, flexible, executing programs with local staff, staying on in difficult times. Bank should strive to cooperate with this type of NGO for better results on the ground.

passable after extended rains. [When does it ever rain though?!? this is an arid area!]. An NGO engineer said he was not impressed with the quality of the road and criticized the road's planning. A maintenance plan plus its funding does not seem to exist.	
If intended results on the ground were not achieved (women's groups shops, animal drug distribution in Abakore), the failure was frequently attributed to the ongoing drought ("because of the drought"). The excuse is not acceptable for a drought program.	
5. Beneficiary Assessment	
65% of EDRP funds (149 Mil KSh.) were spent on rehabilitation of a middle section of the road to Isiolo. 20% went to WATER sector and 15% to HEALTH sector. Infrastructure investments are far more prominent; their usefulness can be assessed without a BA. Community development activities are too marginal to justify the expenditures for a BA.	Check numbers.
There is no need for a BA for the ALRMP as it has not yet started.	

4. Persons met

In total, in Wajir district we spoke about EDRP and ALRMP with approximately twenty-five people from ten different organizations/offices, plus one pastoral association. The following table lists these persons on a day by day basis:

Day 1:	Day 2:	Day 3:	Day 4:	Day 5: Depart
Saturday 7.12	Sunday 8.12	Monday 9.12	Tuesday 10.12	Wajir
Pastoral Steering Committee: 1) Saadia A. M., ALRMP 2) Robert Walker, Oxfam 3) Dekha Ibrahim, NPHC 4) M. M. Said, DSDO's Office 5) A. M. Abbas, ALRMP 5) F. S. Tube, District Agricultural Officer 6) Dr. C. M. Wajigi, District Veterinary Officer (also Chair of PSC) 7) Hassan G. Omar, District Livestock Production Officer 8) A. M. Farah (Yassin), ALRMP 9) H. B. Kuresh, MLRRWD (Water) 10) M. H. Yusuf,	African Muslim Agency 1) Abass Maalim Ali, Administrator islamic Child Rel (or Res. ?) Centre 2) Rashid Abdi Omar, Supervisor Also present: Abbas and Farah	Courtesy visit to Deputy DC, Mr.	African Inland Church 1) David Sloan, 2) Rick 3) (Absent: Martin Seidelscholz, Coordinator) Also present: Abbas, Farah and Saadia	Miraa plane at military airport District Accountant

District Public Health Officer 11) A. I. Sheikh, NPHC				
Wajir Volunteer Group 1) Abdi ibrahim Tullo (last name spelling unclear),Chairman 2) Abdirizah Hussein, Vice Chairman 3) Hussein Osman, Vice Secretary 4) Sister Teressana Fornasero, Member Also present: Farah, Saadia, Abbas	Joint Relief and Rehabilitation Services (JRRS) 1) Peter Kingori, Supervisor (Trabaj, Hungay, Lafaley) 2) Nirilanto Rasamodina, Technical Officer 3) Randriantsoaniain a, Tarbaj, Hungay, Lafaley projects 4) (Absent: Abass Osman, Technical Officer and Trabaj Project Officer) A Also present: Abbas and Farah	Courtesy visit to Deputy District Commissioner, Mr. Wesonga Safari 1) Leheley Women Group (two shops run by women's groups) 2) Lagh Bogol Pan 3) Habaswein Dispensary 4) Habswein- Modogashe Road Project 5) Abakore Water Users Association and Pastoral Association Also stopped to visit with pastoral clan in bush.	St. Joseph's Catholic Mission Father Crispin Tabone, in charge of mission.	
Sister Fornasero. At her home (informal). With Saadia.			DRP/ALRMP staff ALRMP office. Farah, Abbas and Saadia.	
Saadia, Community Development Coordinator. At her home house (informal).			Sister Fornasero At Pastoral Rest House (informal).	
			Dekha Ibrahim informal discussion at Pastoral Rest House (T. K.)	
			Mohammed Elmi, Oxfam informal discussion at Pastoral Rest House (T.K.)	

5. Brief meeting with Christine Cornelius post-Wajir (for clarification, and relaying of impressions and preliminary recommendations), Nairobi, 13 December.

PA formation under EDRP began about one and a half years ago. Oxfam model was seen as good and was replicated, and different components of EDRP fell neatly under PA umbrella.

Bank supported all workshops & seminars related to the PA formation process: awareness raising, building committees, training, constitution writing, transport. Note: raining was sometimes done by NGOs, at no charge, with Bank covering incidentals like transport and fuel. A fair amount of money went into this. Bank did a lot of pushing of government district officials.

The DPA is just beginning to develop. Will handle procurement of drugs or parts, marketing, etc. A way to move away from Govt.

The PSC started as UNICEF-supported District Intersectoral Committee and DRP worked with it. Then became PSC.

Wajir added half way through and got less money than other districts.

The women's' groups income-generating activities conceptualized as very new pilot within EDRP for new project (ALRMP). Has not worked well. Purchasing power drops during drought.

EDRP started the drought management (DM) component, and ALRMP is to set up DM system.

NRM: want to look at PA cycle, where animals go, etc. This will take time, training, awareness building.

Drought is worsening - this may be due to climate change. If this happens, things will become more difficult.

Water development needs integrated approach @ District level. Awareness levels to be raised. Wajir is behind in the WUAs. "Lousy" water engineer at district level. Mandera is much more advanced: WUAs have money saved up.

Finances. TM does not feel DRP (i.e., WB) money is being misspent, but confirms treasurer is a problem that needs to be addressed. Attempts have been made already.

The MOU is part of the implementation volume.

The 30% is not "carved in stone", but planners thought it was minimum, and a good place to start.

6. Notes from CG's conversation with Adam Leach, head of Oxfam, Nairobi, December 6, prior to departure for Wajir.

Wajir is more successful area than others. Factors for Oxfam & ALRMP: able/committed DC; cooperative, receptive NGOs; elders/religious orgs.

Drought situation very bad. 6-12 months recovery. 3 previous seasons inadequate rain. Slow recovery even with good short rains, and these were poor.

Oxfam feeds 120,000 out of 150,000. Based on '92 drought. Need a declaration of emergency.

Mohammed Elmi's rating of ALRMP: 8/10 on design and 6/10 on implementation.

Office of President could be hepful. National level issues. Ask about consultancy under ALRMP. Ask about value of TA. Dheka Ibrahim - very capable but paid.

Pastoral development: 2 + 3 +3 years. Institutionalization of PAs through DPA.

Nyambura & NGO Working Group. ALRMP provides substance for this. Fed into GOK policy via WB. "The Bank has been a valuable partner" (direct Oxfam quote).

ALRMP allows Oxfam to scale up. Local capacity matters.

How to influence the big game?

cfumo

c:\word\ngostudy\kenya\wajir.doc 13 December 1996. Latest revision: 6 January 1997

22-JAN. '97 (THU) 13:06 WB AGRI UNIT

FAX: 254-2-720 5

P. 001

imo,

PHONE No. : 254 2 227982

Jan. 23 1997 9:07AM P01

From : DROUGHT-RECOVERY-PROGRAMME.

a

all

ministries

line

FOR Claudia DEDDI

EDRP (CR.2460-KE)

% OF EXPENDITURE INCURRED IN WAJIR DISTRICT AGAINST EXPENDITURE AS PER TOTAL CREDIT 2460-KE AS AT 30TH JUNE 1996

		TOTAL PROJECT	WAJIR	(Kenya Pound
Category of Expenditure	Description	Expenditure as per credit K£	Expenditure as per district. Kf.	% of expendi- ture
1	Agriculture	11,608		
2 3 4	D. Mgt Civil Works	1,142,566	174,753	15.3
	" - Vehicles & Equipmont	2,563,265	43,456	1.7
	" - Consultancy & Training	417,159	16,221	3.9
56	Infrastructure-Civil Works	17,982,640	5,082,153	28.3
	"-Vchicles & Spares	941,534	165,444	17.6
	"-Consultants	964,525	299,847	31.1
8	Water-Civil Works	7,073,569	179,995	2.5
9	"-Equipment & Spares	4,871,812	804,419	16.5
10	"-Consultancy & Training	679,734	41,465	6.1
11	"-Vehicles	876,754	116,380	13.3
12	Bealth-Civil Works	2,100,970	329,914	15.7
13	"-Vehicles & Equipment	1,439,816	125,981	8.7
14	"-Drugs & Medical Supplies	911,254	82,409	9.0
15	"-Training	240,602	29,994	12.5
0	PMU - Operating costs	8,600,420	656,114	7.6
	PMU - Consultants & Training	894,162	8,494	0.9
		51,715,390	8,157,039	15.8

55 Kenya Shillings to a dollar

RECEIVED OPERATIONS

Fram AIROB)

SAT Partoral anybody or his the not notes 7/12 Steenfi PARTICIPANTS Commenter SAANA A.M. ALRIDIP. 1. Robert Walker Oxfam 2 3 Dekha Ibrahim NPIte Would Bouch /GTZ 4 Thomas Kulsi CLAUDIA FUMO WOELD BANK 5. M.M. SAID DSDO'S DIFACE 6. ALRMP 7. A. M. Abbas -D.A.D (District Agricultural Officer) 8 F.S. TUBE PSC 9 DUO (District Veterinary Offron) DR C.M WANJIG' DLPO (District Livestale Production ofthe HASSAN G. OMAN (10)A.M. TARAH - ALRMP YASSIN 11) MLRRWD (ILLATER) H.B. KURESH 12) D.P.H.O (Puscie HEARING M.H. YUSUF 13 NOMADIC PRIMARY A. J. Sheikh NPHC. 14 HEALTH CLARE project

The World Bank/IFC/MIGA OFFICE MEMORANDUM

DATE: October 18, 1996 09:48am

TO: CLAUDIA FUMO

(CLAUDIA FUMO@A1@WBHQB)

FROM: CHRISTINE CORNELIUS, AF2KE

(CHRISTINE CORNELIUS@A1@KENYA)

EXT.:

SUBJECT: Kenya - Emergency Drought Recovery Project (Cr. 2460-KE) Arid Lands Resource Management Project (Cr. 2797-KE)

Claudia,

This is in response to your request for information on NGO participation in the projects for which I am responsible...

1. There are two projects which are following the same model - EDRP (which closed on June 30, 1996 except for the road rehabilitation component) and its predecessor, ALRMP (or ALP as we like to call it) which was declared effective on July 12, 1996.

2. Both projects are set in the arid, pastoral areas of northern kenya. The districts are remote, very sparsely populated, and are very much left out of the normal social service delivery system of the government.

WHEN?

3. Drought Recovery started off as an emergency project, fixing things which were broken, providing inputs, and providing institutional support. We quickly discovered that there would be no sustainable impact if we didn't involve community organizations and the other development actors at the local level (including international and local NGOS, religious organizations and church missions). This is due to the fact that most government service delivery mechanisms were tailored to the high population density, high rainfall nature of the rest of Kenya. Not very well adapted to serving the needs of nomadic pastoralists.

4. The main areas of NGO/community involvement revolved around water and animal health, and to some extent human health. Over 30 water user associations were established which now own, run, and maintain their water facilities. An equal number of veterinary drug revolving funds were established, and paravets trained to act as community animal health workers. In one district we joined hands with UNICEF and OXFAM to combine animal health with human health, training community health workers to provide both services. Intensive training of trainers as well as communities took place to build the capacity for community self-sufficiency. Catholic missions dug shallow wells, local NGOs conducted training, NGO workers were trained along side government workers.

5. NGOs and community leaders are members of the district project ρ_{sc}

FARM

steering committees, having input in the planning and budgeting of the project. The project is very much decentralized, with a district coordinator being the conduit for project funds, but all development actors at the district level participating in implementation.

6. The new project, <u>Arid Lands</u>, takes off where we left off in Drought Recovery. The community participation and management aspects have been fully institutionalized in the design of the project, serving as the philosophy and methodology for all activities.

7. Decentralized district planning will take place as para 5 above outlines, but with even more of a PRA/community mobilization focus. All activities will be initiated through a consultative process, with the eventual goal of full ownership and self sufficiency of the pastoral communities, with government playing a facilitative, technical backstopping role.

8. Project implementation has just started, but during the project launch local leaders and NGO workers participated fully in the initial planning stages. We also expect them to be instrumental in the evaluation of effectiveness of the project. We are optimistic that the successes we experienced under the first project will be replicated under the second.

So, that is our story, please don't hesitate to ask for clarification on any of the above, and come visit us and see for yourself!

Best Regards, Chris Cornelius

CC: NYAMBURA GITHAGUI

(NYAMBURA GITHAGUI@A1@KENYA)

District Cordinator ARIDLAND -ESOURCE Management project P.O. BOX 490 WAJIR

ARID LANDS RESOURCE MANAGEMENT PROJECT

LAUNCHING WORKSHOP

18TH-19TH APRIL 1996

Red Cross Centre WAJIR He appreciated the commencement of ALRMP in Wajir and on behalf of the PSC members assured cooperation in implementing projects which will no doubt lead to success, since mobile extension teams are already in place with sufficient experience from PIDP, NPHC, Oxfam and DRP.

He described the objectives of the ALRMP as very good and in line with SDD, good linkage is also observed between components like Drought Management and Community Development Package. He said that the Wajir DDC will sit down to discuss areas of operation for the new project to have a better impact.

He said unlike DRP the current project has a low level of funding and that success indicators will not be as obvious as in physical input, the project is based on developing people. For purpose of Co-ordination of all activities PSC would be the main body for the Wajir situation.

On behalf of the PSC members, the Co-ordinator has put forward matters that arose as a result of discussions regarding the document under the following headings.

Funding:

The need to have a special accounts to:-

- (i) Take care of financial float at district treasury.
- Buffer disparity in community seasonality trends and GOK budget cycle (Refer to the graph in Annex 3).
- (iii) Enable implementation of real basic community packages which technically cannot be done through the district treasury e.g restocking, Dufful project, support to women groups etc.

Marketing:

- Incorporate policy and legal issues since there are issues hampering marketing that need policy frame work.
- No all key actors in the marketing industry are involved e.g Foreign Affairs and Commerce.
- Not enough stress on marketing at international level e.g Trade fairs abroad. Document contains in formation linking to national economy.

Consultancy:

- If and when commissioned consultants should be accompanied by district based officers during field visits.

- District should participate in drawing TOR for any study commissioned at national level.
- District should at times be able to commission its own district specific study.

Training:

- Training targets should not be fixed but be district specific.
- Must not be compartmentalised but inter-sectoral.

Education:

- Does not feature prominently though expected to rank high in community plans.

Civil Works:

 Labour intensive roads acceptable and will go along way in alleviating poverty but will require use of machinery for spot improvements.

Monitoring:

Monitoring and evaluation should be participatory in that communities and district should develop their own success indicators.

Finally, before PRA is done or starting, finances must be in hand to avoid raising un-necessary expectations that might hamper trust which will also be detrimental to future cooperation with the community.

3. WORLD BANK REP. (C. Cornelius)

Ms Cornelius thanked the Wajir people for the team spirit they had ever demonstrated and admitted that the recent accomplishment of goals of the EDRP was due to the collective effort of all partners of development in Wajir district.

She gave a history of ALRMPs and its ability in terms of finances and the World Bank's commitment in the development of northern Kenya. She enumerated the objectives of the ALRMP, stressed the community participation to achieve sustainability of initiated projects.

She urged the building of a team that was action and development oriented to achieve the objectives.

4. OPENING SPEECH BY GUEST OF HONOUR (Mr J.Wesonga- Acting DC)

In his brief and well phrased speech the Ag. DC Mr. Wesonga, thanked the World Bank for coming up with the support to developed the Arid Lands of Kenya.

He re-iterated the need for support both bilateral and multilateral. He further stated that for any development to succeed it must have both community and political support. In this regard he called upon all leaders to participate in achieving the targeted goals.

As for the implementation of the project he advised the implementors to use the already existing SDD Committees at the sub-locationals to district levels.

He emphasised on the need to enhance the existing peace as it is the spring board for any development to be achieved. He finally called on all those involved in the project at the district level to strengthen the existing team spirit and declared the workshop officially opened.

5. PASTORAL STEERING COMMITTEE CHAIRMAN (Dr. C.M .Wanjigi, DVO)

Dr. Wanjigi explained that the PSC was formed in May, 1995 as a sub-committee of the DDC charged with pastoral development roles. Membership is drawn from Key line Ministries/NGO's such as the DVO, DAO, DWE, DPHO, DLPO, DRP, NPHC, and Oxfam.

Others like DEO, DAEO, Principal GPTC were incorporated in a workshop recently held at Griftu. The PSC main roles were enumerated, Oxfam's initiative on pastoral associations was also mentioned.

The purpose of the Griftu Workshop and its deliberations were summarised for the participants information.

(Refer to Annex 2 for the PSC Strategic Plan 1996-2000).

6. DISTRICT DEVELOPMENT OFFICER (Mr Ngure)

(i) Introduction

Wajir is the de facto second largest District in the country since the creation of Moyale District. The District covers an area of 63,470 sq km and is divided into thirteen administrative units i.e divisions.

(ii) Population

It is estimated that the district will have a total population of almost 300,000 people in 1997 with an annual growth rate of

almost 3%. The people are sparsely distributed all over the District due to the low carrying capacity with concentrations in central Division and specifically around Wajir town and major urban areas. Almost half of the population is below 15 years of age implying a significantly high dependency ratio. The people migrate in a cyclical manner determined mainly by climatic factors in nomadic pastoral economy.

(iii) Economy

About 90% of the population is engaged in livestock production to fulfil domestic food requirements and other needs through marketing of livestock and livestock products. Other activities like crop production, industry, trade and commerce, collection of gums and resins and the informal sector employ 3% of the labour force: in fact these are considered supplementary and not alternative sources of income and the basis of social security. The District is a net importer of food except for meat and milk.

Apparently, the pastoral economy has lost its ability to ensure food security and survival of the pastoralists from the observation that about 50% of the people cannot meet their basic material needs as manifested in the forms of hunger, illiteracy and lack of basic education, drinking water and minimum health as well as sanitation facilities. The Wajir District Pastoral Steering Committee during its workshop held in Griftu in March, 1996 identified the basic causative factors for insecure livelihoods in the District: basic inaccessibility to education and training; lack of communication and other socio-economic infrastructure; inadequate investment in the pastoral economy are at the core while disjointed planning, creation of new settlements and inadequate drought management reinforce a downward spiral of the pastoral economy.

Therefore the district Pastoral Steering Committee recommended that the key to protecting and strengthening pastoral livelihoods is based on the following:-

- 1. Increased investment in the pastoral economy including provision of socio-economic infrastructure.
- Imparting skills to pastoralists on animal husbandry and maintenance of facilities;
- Improved access to education and training for all agents of social change;
- 4. Co-ordinated District Planning for pastoral development;
- Increased knowledge on camel diseases for professionals and improved disease control measures for livestock;

- Improved access to farm inputs and spare parts for water pumps;
- 7. Improved drought management and application of acceptable rangelands management principals and;
- 8. Support of non-pastoral economic activities.

(iv) Institutional capacities

The Wajir District Development Committee (DDC) continues with functions of planning, implementing and evaluating its projects and programmes aimed at reducing poverty and unemployment. This is in line with the district focus for Rural Development Strategy and is attained with the preparation and implementation of District Development Plans The DDP integrates national policies as those (DDP). contained in sessional Proffer No.1 of 1994 on ``Recovery and sustainable development'', the ASAL development policy, sectoral policies and community contributions gathered through the Divisional Development Committees. To improve these activities its imperative to strengthen the district Planning Unit in terms of premises, staff, training, transport and office equipment.

For efficiency and effectiveness the DDC has constituted various sub-committees. The PSC which was constituted in May, 1995 is charged with enhancing development of the pastoralist.

(v) Epilogue

Since its inception the Drought Recovery Programme has been instrumental in ensuring recovery. In this connection it is noteworthy that livestock population which had be decimated by the recent drought attained the 1991 levels in 1995. The Programme was active in the areas of livestock and crop production, health, water, roads, community development and environment promotion. It has also boosted the DDC's capacity to function by assisting line Ministries in rehabilitation of vehicles, plants and office equipment.

Similar to DRP the Programme being launched today recognised the causes of poverty among pastoralists and more importantly envisages feasible and optional measures to enhance development. Therefore this is an idea whose time has come and neatly fits into our developmental activities. Successful implementation of the Programme will further the success of both the National and District Development Plans of 1997-2001 whose theme is ``Rapid Industrialisation for sustainable Development``. The district supplies industrial raw materials mainly skins and hides, cereals and gums and resins. It is also noteworthy that existence of the very active District PSC proves that the district is not only ready for the Programme but that its already into ALPs. Therefore the launching is very welcome.

7. OXFAM (UK &I) - Mr. Mohamed I.Elmi (Co-ordinator)

He summarised on a flip chart community development programmes undertaken by his organisation so far and it's future plans in the district as follows:

KEY COMPONENTS:

1. Pastoral development (Wajir -Bor Division)

*Pastoral Associations *Water (wells + pans) *Revolving drugs for livestock and humans *Training of daryelles + TBAs *Drought monitoring

2.Urban poverty

*Restocking *Credit for women's groups *Shelter *Wells

3. Capacity Building

*Support to local NGO's (funding and training) *Networking and sharing experience (PSC,DDC).

FUTURE PLANS:

- Expand to new areas
- Identify needs of communities through PRA.
- Continue with urban programme +capacity building.

III. PLENARY DISCUSSION

The participants were asked to contribute on any aspect that featured in their past, present experience and future visions for effective implementation of ALRMPs. (1) Oxfam was praised for its Restocking programme and its efforts in community development activities the success was attributed to good planning at the local level.

- (2) Education to be included as a component of ALRPM in the District.
- (3) Good leadership in implementation of ALRMP.
- (4) Employment of more chiefs versus settlements are causing environmental degradation.
- (5) Bottom up approach to Development is important.

(6) Assistance in the form of food handouts is not a long lasting solution to the pastoralists problems as drought continues to re-occur.

(7) The National DRP Programme Co-ordinator assured suitable managers for the incoming project. He stated that Education would be given the due consideration if it features in the Community Development component.

The following points were then raised:

(1) The chairman of Khorof Harar PA emphasised the poor state of livestock marketing in the district and noted that Pas will be dormant unless it can be improved

(2) The councillor for Leheley noted that there is need to have the flow of Uaso-yiro river improved and extended along the district border. Success was noted in small scale irrigation schemes.

(3) The councillor from Tarbaj said that grassroots information/proposal was not well respected or recognised in the past. Problems of education sector not spelt out in the ALRMP document and even in the past development programmes.

(4) The Chairman of Arbajahan PA noted that grassroots consultation was being seen for the 1st time in 36 yrs. Poorly planned water sources and depleted grazing lands have resulted in poverty.

(5) The Chairman of Wajir-Bor PA said he was not satisfied with performance of local educated officers. He asked what resources are available to start the Programme before we plan properly.

(6) The DDO suggested reorganising and strengthening sub. DDC and sub-local DDC to improve the bottom up approach to

development. He also encouraged participation at community level and an intersectoral approach by the PSC being put in place.

- (7) In relation to the points raised, the DRP National Coordinator said more ideas were expected from local community to improve livestock/products marketing. Community contribution in all community priority projects i.e community micro-projects will be expected.
- Problems of education are being discussed in a Garissa workshop today but proposals can be included in the community development component.
- Issues of more water point and settlements causing degradation to be discussed at district level.
- Resources for 10 district for 6 years have been availed by W/Bank. Disbursement to the district will depend on implementation rate.

IV. PROBLEM AND RISK ANALYSIS

Participants were divided into three groups each discussing one of three components of ALRMP ie:-

- (1) Community development
- (2) Drought Management
- (3) Livestock marketing and infrastructure

Choice of group was voluntary, free expressions of ideas/opinions were encouraged. Group leaders were also appointed.

The aim of the group discussions was to examine how ALRMP should be implemented in Wajir District and to look at problems that might hinder the implementation of the project and solutions possible.

1. Drought Management

(A) How can every one in the District be better prepared for the next drought?

- 1. Make cereal reserves available at the District level.
- 2. Increase the agriculture out put of the district.
- 3. Strengthen the existing drought monitoring system and incorporate the traditional system.

- 4. Control of grazing (grazing management)
- 5. Discourage permanent settlements around the watering points.
- 6. Improve management of water points.
- 7. Creation of strategy drought grazing reserves.
- 8. Provide market out-let before onset of drought to minimize losses.
- 9. Provide stand by generating sets to the existing borehole avoid problems to break down.
- 10. Provision of veterinary and human drugs.
- 11. Strengthen the meteorological station.
- 12. Institutionalize the drought management
- 13. Prepare shelf-plan in a participatory manner at all level.
- 14. Improvement of communication system (Roads, Telephone, etc).
- 15. Traditional herd management -Separation of the herd -Slaughtering of calves -Control breed

(B) Problem Analysis

PROBLEM	PROBABILITY	SERIOUSNESS
Creation of new settlements	Н	Н
Creation of unplanned watering point	L	L
Inadequate maintenance of water facilities	М	Н
Insecurity	L	Н
Restriction of livestock movement in search of pasture and water	L	M
Lack of efficient marketing	Н	Н
Lake of adequately funds to implement shelf-plans	Н	Н
Inability to sustain the early warning system.	L	L
Inadequate human and veterinary drugs	L	Н

PROBLEM	PROBABILITY	SERIOUSNESS
Creation of new settlements	H	Н
Lack of efficient marketing system.	Н	Н
Lack of adequate funds to implement the shelf -plan.	Н	Н

Likely causes of the problems: * Politics -Govt policy -Bring Govt closer * High population * Settlement due to poverty

Possible ways of preventing the development of permanent water sources include:

*Stop chief employment *Create awareness *Legislation *Prevent water point development *More consultation

Ways to reduce the impact of the problem include: *Market livestock *Awareness about family planning *Awareness about problem *Mobile Chiefs *Range Management *Temporary settlements not perpetuated.

2. Community Development

How can we help more people in a way that will fit best with their lifestyle and their goals?

(A) What is a community?

A group of people settled or mobile, with a common interest, who share the same facilities in one geographical location determined by the resource base.

(B) How best can we reach the community?

(i) Adopt a process that will involve all people considering interest groups i.e pastoralists, settled, gender etc.

The representatives should be chosen by the community through a participatory approach.

(ii) Development of extension teams comprising of a technical staff from:-Health, Water, Education, (Formal and informal),livestock and veterinary, Agriculture and others as appropriate.

The technical staff must be trained on participatory skills and be provided with the necessary resources.

(C) What could go wrong to prevent us reaching our goals?

- 1. Insecurity social unrest poor roads.
- 2. Communication, telecommunication.
- 3. Illiteracy.
- 4. Lack of awareness.
- 5. Resource, lack of funds
- 6. Attitude
- 7. Drought
- 8. Epidemic of disease livestock/human.

PROBLEM	PROBABILITY	SERIOUSNESS
Insecurity	М	Н
Poor roads telecommunication	L L	M L
Illiteracy	М	Н
lack of awareness	Н	Н
lack of funds	L	Н
Negative attitude	L	Н
Drought	М	Н
Epidemic of disease	L	Н
Increasing population Vs decreasing resource	М	Η

(D) How serious are the risks?

1.	Lack of awareness	-H/H
2.	Illiteracy	-M/H

- 3. Drought
- 4. Insecurity -M/H
- 5. Increasing population Vs decreasing resources -M/H

The causes of lack of awareness were listed as follows:

-M/H

-Lack of participation -Information not available -Lack of interest -Ineffective Communication

Possible solutions were listed as follows:

-Community mobilization -Training of trainers public education (community members). -Public community programme unification (many forms) -Change of attitude of development (training Workers)

3. Livestock Marketing

- (A) How can we improve the marketing of all products of the district?
- (i) Improve existing stock routes and infrastructure (i.e roads, dams, boreholes, subsurface wells, troughs, cattle crushes, weigh bridges, drug stores, equipment) in holding grounds etc.
- (ii) Improve local markets: At division buying centres outspans, grounds (Create Zonal markets)
- (iii) Export of livestock and products to be encouraged
- (iv) KMC to be revived and Wajir to be given a share or slaughter house to be established in Isiolo or Garissa.
- (v) Increase the number of members of traders and herdsmen in to KNCC & Industry.
- (vi) Export of natural gum and white wash to be encouraged
- (vii)Need for co-operation timely society to be formed charged with selling/buying with borrowing and bargain power.
- (viii) Training the herders and traders on hides and skin tanning method.
- (ix) National livestock marketing board.

PROBLEM	PROBABILITY	SERIOUSNESS
EXISTING INFRASTRUCTURE AND STOCK ROUTES		
.Lack pasture on trekking routes.	М	Н
.Lack of water on trekking routes	М	H
.Insecurity	L	Н
.Wild life predation	L	M
.Quarantine	L	Н
.Poor road condition	H	Н
.Lack of loading ramps	L	L
.Lack of motorised transport	М	M
.High road transportation cost	Н	L
LIVESTOCK MARKETS		
.Lack of marketing facilities e.g. auction yards	L	L
.Lack of maintenance of the facilities where they exist	М	L
.Safety of the buyers/sellers i.e carrying/handling cash	L	М
.Lack of marketing information	M	L
EXPORT OF LIVESTOCK/PRODUCTS		
.Lack of resources/facilities to establish external trade fare	Н	L
.Diseases/poor quality of livestock i.e. marketing weight and constant supply	M	L
KMC REVIVAL OR NEW SLAUGHTERHOUSE CONSTRUCTION		
.Lack of investors	Н	M
MEMBERSHIP OF KENYA NATIONAL		

(B) What could go wrong to prevent us from achieving our goals?

CHAMBER OF COMMERCE AND INDUSTRY .low membership due to high illiteracy and unawareness	Н	M
NATURAL GUM .Poor quality control	Н	Н
CO-OPERATIVE SOCIETIES .High mismanagement of finances by officials	L	L
QUALITY OF HIDES AND SKINS .Resistance to changing the family brand	Н	L

PROBLEM	PROBABILITY	SERIOUSNESS
Lack of water and pasture on trekking routes	М	Н
Poor road condition	H	Н
Quality control of gum	H	Н
Lack of investors	Н	М
Illiteracy and lack of awareness	Н	L

V. CLOSING REMARKS

1. The DRP District Programme Co-ordinator (Mr Mahboub) promised to compile the workshop reports and use it to enlighten other local leaders such as chiefs, councillors and other development agents through a similar workshop.

2. National DRP Co-ordinator appreciated the interesting discussion and presentation by all groups. The objective of the workshop was achieved and correct interpretation of the document made.

District specification will be done by implementors at ground level. He called for feedback/updates progress of community inputs and welcomed better approaches for implementation.

3. Christine Cornelius, the World Bank representative expressed her confidence and satisfaction on the positive development efforts shown by the Wajir team. She hoped the new project would supplement the on-going development efforts. She called for more detailed planning, and setting of realistic targets for community, government and NGO's.

She also thanked all for the co-peration/contributions that made the workshop a success.

4. Mr. Johnstone Wesonga (Ag. DC) said he hoped that the workshop was beneficial, awareness created on what is entailed. He urged participants to have a broader focus on community needs. He called on the leaders to plan ahead and steer their people towards the right direction. He asked project implementors to use their past experience to alleviate obstacles that may be faced.

The workshop was closed by a prayer at 5.00 pm.

APPENDICES

APPENDIX 1: List of Participants

NAME :

DEPARTMENT/ORGANIZATION

1	Ahmed Ibrahim Ali
	Abass Maalim Ali
	Ahmed M. Burey
	A. M. Hassan
5.	Ali Abdi Hussein
6.	Ali Mohamed Hassan
	Farah Mohamud Sheikh
	Ugas Ahmed Liban
	Mohamed Osman
10.	Mohamed Mohamud Dahiya
11.	Omar Jibiril Hussein
12.	Anmed Sheikn Ali
	Omar Sambul Abdi
	Martin
15.	A.A.Tifow
16.	Hillow Noor
17.	Abdi Osman Mohamed
	H.A. Mohamed
19.	A.M. Mohamed
20.	Padre Crispin Tarbone Rashid Abdi Omar
21.	Rashid Abdi Omar
22.	M.M. Said
23.	A.M. Farah
	Abdirahman Ali
25.	Abdisemet B. Osman
26.	Mahboub M. Maalim
27.	Ibrahim Aress
28.	Osamn Omar Hajir
29.	Bundid Abdi Ogle
30.	Farah S. Amin
31.	Kassay Mohamed Odiway
	A. M. Yarow
33.	Hillow Abdullahi
34.	Mohamed Elmi
35.	Abass Osman
36.	Bishar Mohamed
37.	Eng. J.Z. Ruwa
38.	S.A. Kilele
	Jille Abdi Ibrahim
40.	H.D Elmi
	Moruwa
	E.K. Songony
	J.M. Mutetu

V/chairman WCC Africa Muslim Agency County Treasurer Griftu Pastoral Association Habaswein PCA Arbajahan PCA Abakore Pastoral Association DLPO Wajir Chairman K/Pastoral Association KANU S.B.T Wajir Bor PA AIC Wajir AIC Wajir EDRP Mandera CLLR Tarbaj AIRP DAO Wajir DRP Mandera Catholic Mission AMA Wajir DRP Wajir DEO's office Wajir DRP Mandera DRP Co-rdinator Wajir Cahirman Water Association CLLR leheley CLLR National Cereal Board CLLR Wargadud DAEO CLLR Mansa Oxfam Wajir JRRS CLLR Wajir Bor MOPW & H D/DTDO DAO D/DPHO DPC/DRP Marsabit DPC Baringo MOALDAM Nairobi

44.	Julie Chiffy
45.	Stephen G.Ingabo
46.	Osman Mohamed
47.	Preeti Ahuja
48.	Milena Hileman
49.	Sister Fernasero
50.	Oliver K.Ngure
51.	Zeitun M Haji
52.	Ruth Gathei
53.	Ngambura Githaqui
54.	Habiba Hathow
55.	Sahara Mudey

56. A.A. Ali

IDRB Mandera Information Dept. 77 99 Work Bank Manager ALRMP Consultant World Bank SFC1 District Dev. Officer Drought Monitoring Officer Drought Recovery programme World Bank Cheirlady Barwago Kulmiye W/Gorup Vice chairlady " DRP

APPENDIX 2

PSC 5 YEAR STRATEGIC PLAN

I. PASTORAL ASSOCIATIONS (PAs)

Objective

20 representative PAs functioning and able to plan and execute development for pastoralists;

The PAs should be:

(i) members of sub-DDCs(ii) located according to the following criteria:

- spread
- need
- livestock population
- range management/grazing patterns
- preference for places with no existing health centre
- preference for places with a borehole

Outputs

(1) 20 PA management committees trained

(2) District umbrella body for PAs established and operating with the following functions among others:

- operate revolving fund for procurement for procurement and supply of essential animal and human drugs, spare parts and agricultural inputs.

- represent interests of pastoralists
- drought monitoring and management
- livestock and other natural resources marketing
- environmental management
- liaison with PSC on technical matters
- any other issues relating to pastoralism

II. WATER

Objective

13 boreholes well managed under PAs

Outputs

(1) Community operator/mechanic trained in basic skills, at least one for each borehole.

(2) Revolving spare part fund set up

(3) Access to spare parts for each borehole

(4) Community management committee trained for each borehole

(5) Guidelines on training (water, management committee, mechanic, operator) drawn up.

III. EDUCATION

Objective

Strategy and policy on literacy for pastoralists developed through pilot project with 2 PAs

Outputs

(1) At least 20 hanuniye teachers trained for each of the 2 pilot PAs

(2) Curriculum on functional literacy developed

(3) This new approach evaluated and documented

(Note: existing education activities to continue)

IV. ANIMAL AND HUMAN HEALTH

Objectives

- Each of the 20 PAs to have at least 20 functional daryelles

- Each of the 20 PAs to have at least 10 functional trained TBAs

- PAs able to liaise with line ministries on issues of control and prevention of disease.

- 20 livestock crushes operational.

V. LIVESTOCK MARKETING

Objective

Improved livestock marketing system in place.

VI. CO-ORDINATION FOR PLANNING PASTORAL DEVELOPMENT

Objective

Improved co-ordination and planning of activities for pastoral development.

Outputs

(1) PSC will be the co-ordinating committee for pastoral development activities.

It should be a sub-committee of the DDC, drawing membership from all main actors in pastoral development.

The chairman of the committee will be revolving and drawn from line ministries.

(2) Training of extension workers in:

- participatory methods

- training skills
- technical skills
- (3) Curriculum development for extension workers

(4) Manpower: 4 mobile intersectoral extension teams functioning and adequately resourced.

(5) Camel knowledge:

(a) Research strategy on how to improve camel knowledge developed and implemented.

(b) Dissemination of existing knowledge on camels.

(6) District water development plan formulated which takes into account grazing patterns and environmental issues developed through the District Water Board.

(7) Presentation to DDC on the issues in the issues involved in the creation of new settlements.

(8) Advocate for tackling of wildlife menace.

(9) Support for any measures which enhance peace.

(10) Advocate for improved cross border grazing.

(11) Seek to encourage diversification of pastoral economy.

(12) Co-ordinate drought preparedness aspect of drought

(13) Support initiatives which introduce and store information in the district which relates to pastoralism.

(14) Seeking of more resources for the pastoral sector to be able to achieve the 5 year plan.

Note: Responsibility for implementation of the objectives listed in the above 5 year plan lies with line ministries in conjunction with other key actors.

m 590 Page 1 of 2	IBRD and II	THE WORLD BAN DA - Implements	All and the later was a second of	,	Run Time: 06,	/12/96 at 12.29 ial summary
ailed instructions on completion s Form are in Annex D of OD13.05	• of • *** W	orking Version	***	This Summary is (a mission repor
	t Name: JGKI RECOVERY t Code: 1369	Loan/Credit Nu C24600	mbers:	L/C Amt (\$) Original: 20 Revised:	(X.XM/SDR) 0.0 / 14.6	Type of Lendin Instrument: SIL
Country Code: KE Country : KE Product Line: PA Borrower: GC				Board Date: Sign 02/23/93 03	ning Date: 5/01/93	Effective Date 04/28/93
lanaging Dept/Div Name: Igriculture and Environment Div	Dept/Div 1	Code: Task Man	ager: Mi	ssion End Date: ext Mission (mo/yr):	:11/96 Las	st 590: 06/16/9 is 590: 06/10/9
Md-Term Review? Y Date: 04/2	6/1994 Project	Restructured? N	Арргоча	al Date:		
Program Objective Category(POC): SECTION 1:Summary of Project Deve	EN - Environ					
The project would fund specific (i) to alleviate the impact of in agriculture and livestock pr provide access to and within s trict level to deal with drough The long-term objective is to b singly susceptible to drought.	the current droug coduction for the A selected districts at. begin th eprocess o	ht through meas SAL populations ; and, (ii) to f tackling the	ures which w ; and to imp assist in er underlying o	will start to regene prove water supply, nhencing institution	erate product basic health nel capacity SAL populatio	tive capacity h services and and the dis-
SECTION 2: Summary of Project Comp						
The project has six main compor (i) agriculture, (ii) livestock tation, and (vi) health.	ents: ((iii) drought ma		ding environ	nmeht, (iv) water si	upply, (v) ro	oad rehabili-
	formance Ratings:				(mo/y	
lasic Data	formance Ratings:	e Project (Disbursement		
Dasic Data Driginal (from SAR/PR):	formance Ratings: Closing Dat 09/30/199 06/30/199	e Project ((\$XX.Xk 5 \$30.(6 \$30.0	lost 1) 0 Orij 0 Fori		(mo/y 05/9 (\$XX.XM ast: \$20.0 ast:	6) (% of L/C) 100.0%
Asic Data Driginal (from SAR/PR): is Formally Revised: Expected-Last Form 590: Expected-This Form 590; Number of formal closing date ext bate of last closing date extens Project Age: 5 3.3 years or Reporting: End of period covered	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed	e Project ((\$XX.XK 5 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995	Cost) Ori;) Fori S Acti S Dis Und	Disbursement ginal SAR/PR Foreca mally Revised Foreca ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SDi al and Expected-Thi	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 R6) \$5.6	6) (% of L/C) 100.0% 65.9% 40.0% 38.4%
Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Expected-This Form 590: Aumber of formal closing date extens Project Age: 5 3.3 years or Reporting: End of period covered Indices	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995 1 time between E rogress report Last Form 590	Cost) Orij) Fori S Acti Soard approv (mo/yr):) Audit	Disbursement ginal SAR/PR Foreca mally Revised Foreca ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SDi al and Expected-Thi	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 R6) \$5.6	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number
Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Expected-This Form 590: Humber of formal closing date extens Project Age: 5 3.3 years or Reporting: End of period covered Indices	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 67.8%	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.2 7 \$34.2 1995 time between E rogress report Last Form 590 19.4%	Cost) Orig) Forig Action Cost Action Cost Action	Disbursement ginal SAR/PR Foreco mally Revised Foreco ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SD) al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 R6) \$5.6 s Form-590 c	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number
Assic Data Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Expected-This Form 590; Number of formal closing date ext Project Age: 5 3.3 years or Reporting: End of period covered Endices Closing Delay Cost Overrun	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995 time between E rogress report Last Form 590 19.4% 14.3% 44.7%	Cost Cost	Disbursement ginal SAR/PR Forect mally Revised Forect ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SD) al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfec	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 R6) \$5.6 s Form-590 c ect Accounts Audits: tory Audits:	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number 1 1 1 0
asic Data priginal (from SAR/PR): as Formally Revised: xpected-Last Form 590: typected-This Form 590: tumber of formal closing date extens project Age: 5 3.3 years or teporting: End of period covered indices Closing Delay Cost Overrun Disbursement Lag	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995 1 time between E progress report Last Form 590 19.4% 14.3% 44.7% ast Form 590	Cost Cost	Disbursement ginal SAR/PR Forec: mally Revised Forec: ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SD) al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfec ings T	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 R6) \$5.6 s Form-590 c ect Accounts Audits: tory Audits:	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number : 1 1 0 Last Form 59
asic Data riginal (from SAR/PR): s Formally Revised: xpected-Last Form 590: xpected-This Form 590: unber of formal closing date extens roject Age: 5.3.3 years or leporting: End of period covered rdices cosing Delay cost Overrun bisbursement Lag Mandatory Ratings commery Ratings: project Development Objectives implementation Progress	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 67.8% 14.3% 34.1% This_Form 590 L	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995 1 time between E progress report Last Form 590 19.4% 14.3% 44.7% ast Form 590	Cost Cost	Disbursement ginal SAR/PR Forec: mally Revised Forec: ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SDI al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfec ings I nt Progress Asst. Progress	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 Rs) \$5.6 s Form-590 c ect Accounts Audits: tory Audits: his Form 590 	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number 1 1 1 0 Last Form 59 1 1 1
Assic Data Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Aumber of formal closing date ext Project Age: 5 3.3 years or Reporting: End of period covered Indices Closing Delay Cost Overrun Disbursement Lag Mandatory Ratings Summary Ratings: Project Development Objectives Implementation Progress Other Ratings: Compliance With Legal Covenants Project Management Performance	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 67.8% 14.3% 34.1% This_Form 590 L S S 1 1	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995 time between E rogress report Last Form 590 	Cost Cost	Disbursement ginal SAR/PR Forec: mally Revised Forec: ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SDI al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfac ings T nt Progress Asst. Progress Asst. Progress ntal Aspects Performance	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 Rs) \$5.6 s Form-590 c ect Accounts Audits: tory Audits: his Form 590 	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number 1 1 1 0 Last Form 59 1 1 1 1 NR NR NR NR
Asic Data Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Expected-This Form 590: Humber of formal closing date extens Project Age: 5 3.3 years or Reporting: End of period covered Indices Closing Delay Cost Overrun Disbursement Lag Mandatory Ratings: Droject Development Objectives Implementation Progress Other Ratings: Compliance With Legal Covenants Project Management Performance Availability Of Funds	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 67.8% 14.3% 34.1% This_Form 590 L S S 1 1 1 1	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.3 7 \$34.3 1995 1 time between E progress report Last Form 590 19.4% 14.3% 44.7% ast Form 590 5 5 1 1 2 Partic	Cost Cost	Disbursement ginal SAR/PR Forec: nally Revised Forec: ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SDI al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfac ings T nt Progress Asst. Progress Asst. Progress ntal Aspects	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 Rs) \$5.6 s Form-590 c ect Accounts Audits: tory Audits: his Form 590 	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number : 1 1 0 Last Form 59(1 1 NR NR NR NR
Asic Data Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Expected-This Form 590: Humber of formal closing date extension troject Age: 5 3.3 years or Reporting: End of period covered Indices Closing Delay Cost Overrun Disbursement Lag Mandatory Ratings: Project Development Objectives Implementation Progress Other Ratings: Compliance With Legal Covenants Project Management Performance Availability Of Funds SECTION 4: Supervision Manageme	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 	e Project ((\$XX.XK) 5 \$30.(6 \$30.(6 \$30.(6 \$34.2 7 \$34.3 1995 time between E rogress report Last Form 590 19.4% 14.3% 44.7% ast Form 590 S S 1 1 2 Partic The P tion Mission	Cost Cost	Disbursement ginal SAR/PR Forec: mally Revised Forec: ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SD) al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfac ings I nt Progress Asst. Progress ntal Aspects Performance	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 Rs) \$5.6 s Form-590 c ect Accounts Audits: tory Audits: his Form 590 1 1 1 NR NR NR NR	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number : 1 1 1 Last Form 590 1 1 NR NR NR NR
Aasic Data Driginal (from SAR/PR): As Formally Revised: Expected-Last Form 590: Aumber of formal closing date extens Project Age: 5 3.3 years or Reporting: End of period covered Indices Closing Delay Cost Overrun Disbursement Lag Mandatory Ratings Summery Ratings: Project Development Objectives Implementation Progress Other Ratings: Compliance With Legal Covenants Project Management Performance Availability Of Funds SECTION 4: Supervision Manageme	formance Ratings: Closing Dat 09/30/199 06/30/199 03/31/199 06/30/199 06/30/199 tensions: 1 ion (mo/yr): 09/27/ 75.8% of elapsed d by last project p This Form 590 67.8% 14.3% 34.1% This_Form 590 L S S 1 1 1 1	e Project ((\$XX.Xk 5 \$30.0 6 \$30.0 6 \$34.2 7 \$34.3 1995 1 time between E rogress report Last Form 590 19.4% 14.3% 44.7% ast Form 590 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Cost Cost	Disbursement ginal SAR/PR Forec: mally Revised Forec: ual Disbursement: b. Forecast for CFY isb. Credit Bal.(SDI al and Expected-Thi 12/95 s and Accounts ue fin. Stmnts/Proj ue SDE Audits: ue Special Account fied and Unsatisfac ings T nt Progress Asst. Progress Asst. Progress ntal Aspects Performance	(mo/y 05/9 (\$XX.XM ast: \$20.0 ast: \$13.2 : \$8.0 R6) \$5.6 s Form-590 c ect Accounts Audits: tory Audits: tory Audits: tory Audits: 1 1 1 NR NR NR NR NR NR NR NR	6) (% of L/C) 100.0% 65.9% 40.0% 38.4% losing date. Number : 1 1 1 0 Last Form 590

[

PROJECT: Emergency Drought Recovery Project TASK TEAM LEADER: Christine Cornelius TECHNICAL SPECIALIST (MENTOR): Cornelis de Haan CLIENT: Office of the President OBJECTIVE, STATUS & DESCRIPTION OF PROJECT:

see fleren

The overall objectives of the project are: (i) to alleviate the impact of the drought of 91/92 through measures to regenerate productive capacity in agriculture and livestock production for the ASAL populations, improve water supply and basic health services and provide access to and within the arid districts of Mandera, Marsabit and Turkana; and (ii) to assist in enhancing institutional capacity a the district level to deal with drought. The long-term objective is to begin the process of tackling the underlying causes which make ASAL populations increasingly susceptible to drought.

The project has six main components: (i) agriculture, (ii) livestock, (iii) drought management, including environment, (iv) water supply, (v) road rehabilitation, and (vi) health.

Project status. The project was developed in response to a request in September 1992 from the GOK for assistance in its overall Drought Recovery Program, which mobilized in response to the severe drought which started in 1992 but continued in many areas through 1994. The project, originally designed as a "quick fix" rehabilitation project, has turned into a sustainable development project with substantial positive impact on its target population. The government project management team has continued to work with exceptional diligence and the success of the project should be credited to their competence, and the high level of government committment to the project. The many lessons learned from this project, especially in the areas of community participation and management of project activities and decentralization of decision-making and financial flows to the district level, have been adopted in the follow-on ALRMP. 2. project

The health component renovated district hospitals and clinics, repaired equipment, trained communities and provided essential drugs. Facilities in the area are much improved due to the project. The impact of the water component on the well-being of targeted drought stricken communities is substantial - the provision of clean, reliable water has facilitated the recovery of humans and animals in the project area. Community mobilization and user association training has allowed communities to have their own self-sustaining water supply. The distribution of agricultural seeds finally had an impact due to the above-average rains received during 1995, the first substantial rains many areas have seen in over three years. Livestock drug revolving funds have taken off at the community association level after district-level funds were created from the sale of veterinary drugs provided by the project, and most associations are into their second and third procurement from their own revolving fund. The drought management component in Mandera, Wajir and Tana River is effective, with drought management officers in place, civil works complete, and data collection and monitoring system up and running with monthly district drought monitoring reports being produced. Drought management in the other districts is being managed by the Dutch-funded Drought Preparedness, Intervention and Recovery Project. The road rehabilition in Marsabit is complete, Turkana started in January and is well underway, however the two contracts in Mandera and Wajir continute to experience delays, necessitating an extension of this component for one year. The work is being monitored closely and successful completion is expected.

The project has committed all of its available funds - a total project allocation of US\$ 35.8 million equivalent including funds made available from three other credits.

Board Approval: 2/23/93 Effectiveness: 4/28/93 Closing: 6/30/97 Amount: USS 20.0

(plus 15 M from other credits) Other 3/4 Ratings: None

Current Project Rating: Development Objective: S Project Implementation: S

Monitorable Outcomes	Managed Resources Direct Costs (\$000)				
				Indicat	ive
 Completion of two remaining road rehabilitation works. 		To Date	97	98	99
 Ensuring sustainability of community-based associations which are managing water supplies and veterinary drug 	Regular Budget	?			
funds through further training and support.Carrying out impact assessment of the project.	Trust Fund				У.
	Cross Support				
	Field Office		18.3	0	0
	Total		18.3	0	0
	Expenditure Re	view Milest	ones		

Monitorable Outputs

Timetable

Sustainability of community associations and continued attitude change of GOK officers as regards community ownership. ongoing

Project outcomes: Improved water supply and health facilities, better health of population (human and animal), lower vehicle maintenance costs

December 1996

Implementation Completion Report: Due in FY98

Harold Wackman

A

"

Country Director

Sushma Ganguly

Technical Manager

Christine Cornelius Task Team Leader

Date

Will be carried out though training and followup under the Arid lands Resource Management Project (Cr. 2797-KE)

Special Features for Monitoring

Impact assessment will be carried out by GOK this year.

in

SUPERVISION TASK CONTRACT

PROJECT: Arid Lands Resource Management Project TASK TEAM LEADER: Christine Cornelius TECHNICAL SPECIALIST (MENTOR): Cornelis de Haan CLIENT: Office of the President OBJECTIVE, STATUS & DESCRIPTION OF PROJECT:

The overall objectives of the project are: to strengthen and support community-driven initiatives to : (a) reduce the widespread poverty and enhance food security in the ten arid districts of Kenya, and; (b) conserve the natural resource base in the arid lands through (i) improving crop and livestock resilience to drought, (ii) increasing the economic linkages with the rest of the economy and (iii) improving basic health services, water supply and other social services.

The project has three main components: (i) drought management - to institutionalize at the national and district levels a structure to effectively manage all phases of drought - preparedness, mitigation and recovery. (b) Marketing and infrastructure - to address the bottlenects which impede market linkages with the rest of the economy. (c) Community development - to address priority needs of aridlands communities through supporting community-identified microprojects.

Project status. The project team, who have a successful track record in managing the EDRP project, have worked hard to facilitate a smooth transition into the new project, and startup is proceeding well. As the project is based on a participatory model, district level planning is the most critical activity during this initial period, in order to include all stakeholders in the process and place the ownership of the project in the hands of the implementers and beneficiaries at the grassroots level. This process takes time but has been initiated by a very positive set of district launching workshops, which will culminate in a national launch in September. Commitment to the project in the Office of the President remains strong and should facilitate smooth implementation. Districts where EDRP was active will take off faster as project infrastructure and community development efforts are already in place.

Board Approval: 12/14/95	Effectiveness: 7/12/96	Closing: 9/30/01	Amount: US\$ 22.0
		Project Implementation: S	Other 3/4 Ratings: None

	Monitorable Outcomes		Ianaged R Direct Cost			
	4. 			sā. 1082	Indicat	ive
•	Increase in animal offtake and crop production.		To Date	97	98	99
:	Decline in commom diseases and child mortality. Decrease in drought-related economic losses to	Regular Budget	?	25.2	26	26
	population. Sustainability of all project activities through community	Trust Fund				
	participation and ownership.	Cross Support		13.0	14	14
		Field Office		41.8	40	40
		Total		80	90	90
	A THE CASE OF THE	Expenditure Rev	riew Milest	ones		

Monitorable Outputs

Training of district development actors in participatory development techniques will give support to community associations and foster attitude change of GOK officers as regards community ownership.

training by June 30, 1997, impact ongoing

Timetable

Begin implementation of drought management system at the district and national levels.

Begin development/improvement of community-based animal holding grounds, stock routes and marketing centers

ongoing

ongoing

Increase in the number of community health workers for human and animal health, number of community-run water supplies increased.

ongoing

Implementation Completion Report: Due in FY 02

Harold Wackman

Country Director

Sushima Ganguly

Technical Manager

<u>Christine Cornelius</u> Task Team Leader

.

Date

Training consultancy to begin in October 1996.

Working in conjunction with Dutch funded project.

Community based development has a slow start and must build naturally. First year will be devoted to building capacity and raising awareness in project area.

Special Features for Monitoring

Field Visit to Wajir District, December 7-December 11 (TK & CF)

Day One: Arrival in Wajir

Greeted by Abbas and Farah at military airport. No photos allowed!

Meeting with Pastoral Steering Committee

Committee is intersectoral: district vet officer, livestock, agr, EDRP coordinator, social devt, water devt., Nomadic Primary Health Care coordinator.

EDRP was quick fix project - rehabilitated health centers - increased #s of vaccinations

PAs are user associations: sensitize...identify priorities...active...(?)

Four priorities identified: i) water; ii & iii) human and animal health; iv) education (mobile teachers).

Wajir East is Oxfam area : 5 PAs; Rest of Wajir: 4 PAs

Which NGOs operate in Wajir? WV since '92 (doing water facilities); African Muslim Agency; Wajir Volunteer Group since '89; African Inland Church (10 years); Catholic Mission for 20 years (orphanage, static facilities to which people come).

Oxfam is strongest with most branches. Operating since 84 through WVG then in full capacity since 92. Since 95: Integrated Pastoral development Program

NGOs are new phenomenon. Before 1990, mainly Govt. provision [of services?]. 1992 drought & refugees led to international community response (Oxfam, MSF, AIC, UNICEF, WFP, GTZ). But most left in '94 due to violence. Only Oxfam stayed (this is in part because most of Wajir staff is local).

EDRP made input to concluded/suspended NGO programs. For example, the Nomadic primary health Care project was funded by UNICEF and when UNICEF withdrew, EDRP finished it. Also, UNDP's Pastoral Integration development Program was continued by EDRP.

In Wajir, GOK & NGOs work together to avoid duplication. Have monthly meetings to coordinate.

Money to NGOs/CBOs? EDRP never provided funds directly, Only exception was grant made to Wajir Volunteer group where the NPHC coordinator had to personally guarantee the funds with her government ID # and was held accountable.

EDRP/ARLMP-Oxfam cooperation has not been based on funding but on coordination.

How does Bank define NGOs/CBOs? Dekha does not see implementing organizations as NGOs; NGOs are either advocacy groups or supporters of local organizations. Can/should separate NGOs from CBOs. More CBOs than NGOs so if anything WB \$\$\$ would be going to them.

The PSC deliberates on establishment of PAs. Also helps them identify priorities, pen accounts, write their constitutions. Process; needs expressed by community ---> ask PSC for assistance ---> identify priorities with PRA--->write constitution--->PRA

together with traditional knowledge to plan--->train community health workers--->community monitors.

A District Pastoral Association (DPA) formed to coordinate PAs.

Training community health workers to be able to diagnose and then sell veterinary medicines. They are mobile. Money from medicines deposited into bank account (revolving drug fund).

No formal MOU between NGOs and project. No funding. Oxfam is only visible presence in GOK.

The EDRP was sectoral: water, health, roads.

Community development component is difference in ALRMP. Pilot areas will be selected where PRA will help communities identify priorities. four areas in Wajir District: N & E are Oxfam, while S & W are GOK. One intersectoral (both GOK & NGO) team will work in each area & use PRA skills. Areas only recently approved.

Drought monitoring: monthly bulletins from GOK shared with others.

ALRMP: must work with 3 NGOs by end of two years. NGO identification will not be difficult at all but grey area is funding. Will need to be worked out.

No provision for NGO involvement (or at least as was explained).

At District level, had many forums...

EDRP-Oxfam relationship = very good because of personalities & commitment. EDRP is not about partnership with NGOs.

Oxfam has gone beyond "just being an NGO" - it is committed to people and area.

Q: is there a need for a relationship where it has not happened?

PSC formed about one year ago. Before, it was committee chaired by DC and now have more freedom. PSC meets once a month. When finds missing, Oxfam would bridge gap (on loan basis).

ARLMP actors = same. Moving beyond PA formation. Want to form District level PA Cte. which will have a voice re: product marketing, procurement, etc. PSC will support DPA.

EDRP promoted intersectoral cooperation. Funding constraints in EDRP: flow was very little. Hopes ARLMP will be different. it will be very difficult to work with communities if funding is not available. District has cash flow problems. District capacity was increased by EDRP (e.g., training in planning & mgt.), but needs more. Such training should also be for civil society.

Wajir = close marriage between GOK & NGOs.

Meeting with Wajir Volunteer Group

Local volunteer association run by professional volunteers. About 15 members. Non profit, non religious, non political & non segregated [or non-segregational?].

Formed 1989 to assist unfortunate:

- assistance to disabled: helped form first ever Wajir Disabled Association

- elderly: Help Age UK funds sponsoring "adopt-a-grandparent". Also preventive care. Also supporting grandchildren.

- education: two primary schools (one run by Italian church). Many Italian churches supporting individual classes. GOK provides teachers and salary.

Did relief work in 91-92 drought. Collected food from business men for distribution. Then Oxfam came in and called others in.

Pastoral advocacy (protecting rights on their behalf) and conservation of pastoral waterpoints.

Wajir is one of only permanent wells. Restocked 110 families with goats & sheep.

Sister Fornasero's (member of WVG) shelter project, the "duful" project (traditional Somali hut covers), is longest running (since 89).

WVG has applied for NGO registration and developed work plan [was hanging on wall].

Got funding from Oxfam for one year.

Sister: works with destitute women and children, the elderly & TB patients. Duful project is most helpful.

DRP made contact & offered assistance. WVG made application & got funding. DRP coordinator was willing but getting money from GOK was tough! Bureaucracy is huge so sister was advancing money (sister subsidizing the WB!). Dheka developed work program - the sister had to produce numbers & ha--- [missing word?] - no receipts.

Apply, get imprest account, show account.

This funding not in original plans but DRP coordinator was one to approach community.

Future expectations? "First time around not trained to know EDRP". No emphasis on community needs. DDC decides community needs.

Feasibility study being done.

NGOs are more commun [unfinished sentence here..could be "community-oriented"].

Make sure money gets to community. ARLMP should be more community-based at planning stage.

Sister: how to realize participation in practice? there should be a system for this? Community doe not have capacity to organize itself.

But some physical inputs can be seen [ndr: from EDRP] and many things were improved.

Some hope for process.

Oxfam and WVG - working very well with community. Presence is very felt due to direct intervention.

Supportive of local groups.

DRP was pre-planned and there was no opportunity to enter. Even if you approached DRP, no room for dialogue or change. Planning done form top, not ground level.

Communities only need small amounts of money to achieve things.

Refugees are still in town & dispossessed. need to be helped.

Have no idea how to resolve bottleneck [financial?].

problem is from GOK to NGOs and GOK to community: how to find directly.

At least set aside amount for communities at planning stage. Even if money takes its time getting there, money should be at least guaranteed.

Visit with Sister & Saadia at Sister's home.

Things we talked about: black market for drugs; miraa/khat and "cocktails"; banditry: UNICEF pilot killed & Saadia attacked on road; men sit around getting over hangovers; Oxfam only one to stay.

Saadia's background: Community development worker in ALRMP; worked for CARE in relief for two years; Edgerton College [sociology & philosophy?]; got job right after degree; can't start PRA work until consultant arrives January (per Dheka's decision); came on board Oct 1.

Day Two

Meeting with African Muslim Agency

Center run by Norway before and handed over in 1992.

Team participates in DDC; not members of PSC; members of SDD: sub-cte. of DDC working on relief.

DDC is chaired by DC: GOK calls in all NGOs & Govt. official departments; each presents owns plans; no budget discussion; but can seek help from each other.

Working in water sectors: doing bore holes & water points.

Also, health services: clinics, nutrition.

Had duful projects also.

Knowledge/understanding of EDRP? EDRP came in when drought was over. Cordial relationship with DRP, and very good cooperation. For example, EDRP provided monitoring info. to NGOs. However, no implementation.

Have not had contact/input to ALRMP.

Want closer cooperation in future.

Is this all? [not sure what this meant.]

Conditions are still drought. Did not want EDRP to end when it did.

Projects are pre-planned so no divergence is possible. But AMA does need funds for many things & have many plans which cannot support.

Any constraint to input to District Govt. plan? District has own plans.

DDC: projects decided upon here. Also, ctes. at divisional level and locational level.

[Here Farah prompted]. Participated in three day launch workshop for ALRMP [oh?!] back in April. Extensive discussion. Women also participated. CC from Bank was there. Workshop moderator was PSC Chair, Dr. Wanjiri. There were up to 90 people. Actually too many people.

Expectations? Community needs will be priority. Awaiting anxiously start of project. New officials were introduced recently.

Any questions for us? Wanted to know about WB funding because saw amounts as being very small. Have seen budget plan for District but is aggregated.

Money distribution at national level is problem.

Meeting with Joint Rehabilitation and Relief Services

Satrted in Wajir in 1992 (before, had liaison who connected with communities) and was formerly in Somalia. Involved in veterinary care, agriculture and water (wells & dams). Both emergency and development work. Head office in Nairobi and five people in Wajir.

Two projects: i) Southern Wajir: water & sanitation project; community demand; SIDA funded; ii) Eastern Wajir: also W & S - roof catchment pit latrines, hand dug wells.

Had very little interaction with DRP. But liaising with Yassin Farah - met in field.

Was at April workshop (ALRMP).

Different approaches to water [than GOK/EDRP?]. WB interested in JRRS activities.

At beginning, water department did not like hand made dams - raised issue at DDC - but JRRS was "stubborn" and stuck with it.

Expectations [of ALRMP]? Thought....[?]

Cost-sharing will be very difficult: 30%!

Community more open to participation and that part may be successful.

Had a lot of questions at time of workshop but did not raise them because thought there would be a follow-up (did not think it would have been appropriate to raise so many negative concerns at time). But follow-up never happened! DRP staff informed that workshop will be held on 16 December.

Participation really depends on project personalities. But if people are not willing, you can't force them.

Sees good beginning & have had good interaction so far.

Comment: Bank-financed roads don't look very impressive. Being done in sections and also funds could have easily covered a tarmac road. Why not planned better? The roads will need more maintenance than tarmac and there are no real plans for maintenance.

Day Three

Courtesy visit to Deputy District Commissioner, Mr. Wesoryo (?) [TK took notescan't read most of them!].

GTZ defected

NGOs

They deal directly with the people

Govt. ---?--- go through them to reach people

Oxfam has many

ALRMP

<u>TAK</u>

Safari

Day Four

Meeting with African Inland Church

Coordinator in Nairobi

1. Farm groups: establishment & training; agricultural teams (extension, planting); physical improvements tea, (wells, mills).

2. Medical: dispensary

3. Reading room/recreation center. [Adult education also?]

Funding: individual donors in home countries.

AIC does work with AID, CARE-NH.

DRP. Worked quite closely in farm activities; worked with DRP on farmer's groups. Very helpful in coordination since AIC struggling to figure out what is going on in district. Monitoring data very, very helpful. DRP was also very helpful in parts acquisition. Example: when UNICEF left, handled excess goods disbursement. DRP identified needs in refugee settlements. Not aware of \$\$\$ availability from [blank-could be EDRP or ALRMP].

Pressure to change lifestyle from nomadic to agricultural. Groups form themselves and then approach AIC for help in establishment. From early 80s to now, 150 groups with approx. 10,000 members.

Improved coping? Answer is subjective. People in Wajir town are better than last time [last drought], but attribution is more difficult.

DRP has valuable coordinating function. DDC is main formal forum for sharing.

Planning happens at AIC coordinator level so not included in this and cannot speak to it.

Meeting with Father Crispin Tabone, in charge of St. Joseph's Catholic Mission.

In Wajir for 14 years. Have two priests, three sisters, 2 volunteers (one Italian stayed 20 years!), and 5 Caritas Italian people.

Relationship with DRP very good. Coordinating force. Highly regarded. Spoke to CC regarding cash for work program: 1000-1500 heads of families work on agric./agroforestry project for 2 hrs a day, have 1 hour adult education, and are paid for 3 hours' work.

CAFOD, ODA, CARITAS, Misereor [are these supporters?].

First three years was food for work but this became to expensive (was buying 12-14 Ksh a kilo and selling at 7).

Some have started small kitchen gardens of own (shambas), and this is the aim. Aim is also to learn about agriculture so that they don't rely on a single resource.

EDRP: DDC & all NGOs [?]

Other activities: i) rehabilitation of ex-sex workers; ii) cleaning hospitals; iii) people helping handicapped at home (cash for work); iv) youth polytechnic: managed by one of volunteers; v) girls' orphanage managed by other volunteer; vi) mother & child clinic: CRS funded but troubles with duty on food hopes will resume.

Coordinating with WVG.

ALRMP. 30% sounds a bit high. it depends on amount and whether in kind contribution counts (labour, land value).

Would like WB to do feasibility study on canning industry; as well as chalk production which could be replaced by kiln which is more efficient. trying to get people to cut chalk into cement block size so that building will be cheaper.

Meeting with EDRP/ALRMP staff.

Abbas (new ALRMP coordinator): difficult to prepare, pull thoughts together on short notice [for us]

Coordination is good but there is room for improvement. Funding transfer is a problem.

First launching workshop had great participation.

Pilot areas selection. Three meetings so far: PSC, then DEC (District Executive Cte.technical arm of DDC), then DDC. Final one will be on 16th December with leaders, all MPs, DC Officers, Councillors, NGOs, religious leaders. (this workshop will also serve to as follow-up workshop to launch, to explain project & confirm pilot area selection). South & West will be areas for pilot because: i) no duplication w/Oxfam; ii) had USAID pumps concentration; iii) need immediate attention.

16 DOs & NGOs will do PRA - Saadia & Abbas will go with them.

Project Implementation Plan - June 1996 - includes MOU. Only snag is exact mechanism, how to do it.

Paying 8 NGOs will be a problem. GOK & NGO systems are quite different. Will need formal contract.

•Wajir Field Visit, Saturday December 7-Wednesday December 11, 1996

Day One: Arrival in Wajir

Greeted by Abbas and Farah at military airport. No photos allowed!

Meeting with Pastoral Steering Committee

Committee is intersectoral: district vet officer, livestock, agr, EDRP coordinator, social devt, water devt., Nomadic Primary Health Care coordinator.

EDRP was quick fix project - rehabilitated health centers - increased #s of vaccinations

PAs are user associations: sensitize...identify priorities...active...(?)

Four priorities identified: i) water; ii & iii) human and animal health; iv) education (mobile teachers).

Wajir East is Oxfam area : 5 PAs; Rest of Wajir: 4 PAs

Which NGOs operate in Wajir? WV since '92 (doing water facilities); African Muslim Agency; Wajir Volunteer Group since '89; African Inland Church (10 years); Catholic Mission for 20 years (orphanage, static facilities to which people come).

Oxfam is strongest with most branches. Operating since 84 through WVG then in full capacity since 92. Since 95: Integrated Pastoral development Program

NGOs are new phenomenon. Before 1990, mainly Govt. provision [of services?]. 1992 drought & refugees led to international community response (Oxfam, MSF, AIC, UNICEF, WFP, GTZ). But most left in '94 due to violence. Only Oxfam stayed (this is in part because most of Wajir staff is local).

EDRP made input to concluded/suspended NGO programs. For example, the Nomadic primary health Care project was funded by UNICEF and when UNICEF withdrew, EDRP finished it. Also, UNDP's Pastoral Integration development Program was continued by EDRP.

In Wajir, GOK & NGOs work together to avoid duplication. Have monthly meetings to coordinate.

Money to NGOs/CBOs? EDRP never provided funds directly, Only exception was grant made to Wajir Volunteer group where the NPHC coordinator had to personally guarantee the funds with her government ID # and was held accountable.

EDRP/ARLMP-Oxfam cooperation has not been based on funding but on coordination.

How does Bank define NGOs/CBOs? Dekha does not see implementing organizations as NGOs; NGOs are either advocacy groups or supporters of local organizations. Can/should separate NGOs from CBOs. More CBOs than NGOs so if anything WB \$\$\$ would be going to them.

The PSC deliberates on establishment of PAs. Also helps them identify priorities, pen accounts, write their constitutions. Process; needs expressed by community ---> ask PSC for assistance ---> identify priorities with PRA--->write constitution--->PRA together with traditional knowledge to plan--->train community health workers--->community monitors.

A District Pastoral Association (DPA) formed to coordinate PAs.

Training community health workers to be able to diagnose and then sell veterinary medicines. They are mobile. Money from medicines deposited into bank account (revolving drug fund).

No formal MOU between NGOs and project. No funding. Oxfam is only visible presence in GOK.

The EDRP was sectoral: water, health, roads.

Community development component is difference in ALRMP. Pilot areas will be selected where PRA will help communities identify priorities. four areas in Wajir District: N & E are Oxfam, while S & W are GOK. One intersectoral (both GOK & NGO) team will work in each area & use PRA skills. Areas only recently approved.

Drought monitoring: monthly bulletins from GOK shared with others.

ALRMP: must work with 3 NGOs by end of two years. NGO identification will not be difficult at all but grey area is funding. Will need to be worked out.

No provision for NGO involvement (or at least as was explained).

At District level, had many forums...

EDRP-Oxfam relationship = very good because of personalities & commitment. EDRP is not about partnership with NGOs.

Oxfam has gone beyond "just being an NGO" - it is committed to people and area.

Q: is there a need for a relationship where it has not happened?

PSC formed about one year ago. Before, it was committee chaired by DC and now have more freedom. PSC meets once a month. When finds missing, Oxfam would bridge gap (on loan basis).

ARLMP actors = same. Moving beyond PA formation. Want to form District level PA Cte. which will have a voice re: product marketing, procurement, etc. PSC will support DPA.

EDRP promoted intersectoral cooperation. Funding constraints in EDRP: flow was very little. Hopes ARLMP will be different. it will be very difficult to work with communities if funding is not available. District has cash flow problems. District capacity was increased by EDRP (e.g., training in planning & mgt.), but needs more. Such training should also be for civil society.

Wajir = close marriage between GOK & NGOs.

Meeting with Wajir Volunteer Group

Local volunteer association run by professional volunteers. About 15 members. Non profit, non religious, non political & non segregated [or non-segregational?].

Formed 1989 to assist unfortunate:

- assistance to disabled: helped form first ever Wajir Disabled Association

- elderly: Help Age UK funds sponsoring "adopt-a-grandparent". Also preventive care. Also supporting grandchildren.

- education: two primary schools (one run by Italian church). Many Italian churches supporting individual classes. GOK provides teachers and salary.

Did relief work in 91-92 drought. Collected food from business men for distribution. Then Oxfam came in and called others in.

Pastoral advocacy (protecting rights on their behalf) and conservation of pastoral waterpoints.

Wajir is one of only permanent wells. Restocked 110 families with goats & sheep.

Sister Fornasero's (member of WVG) shelter project, the "duful" project (traditional Somali hut covers), is longest running (since 89).

WVG has applied for NGO registration and developed work plan [was hanging on wall].

Got funding from Oxfam for one year.

Sister: works with destitute women and children, the elderly & TB patients. Duful project is most helpful.

DRP made contact & offered assistance. WVG made application & got funding. DRP coordinator was willing but getting money from GOK was tough! Bureaucracy is huge so sister was advancing money (sister subsidizing the WB!). Dheka developed work program - the sister had to produce numbers & ha--- [missing word?] - no receipts.

Apply, get imprest account, show account.

This funding not in original plans but DRP coordinator was one to approach community.

Future expectations? "First time around not trained to know EDRP". No emphasis on community needs. DDC decides community needs.

Feasibility study being done.

NGOs are more commun [unfinished sentence here..could be "community-oriented"].

Make sure money gets to community. ARLMP should be more community-based at planning stage.

Sister: how to realize participation in practice? there should be a system for this? Community doe not have capacity to organize itself.

But some physical inputs can be seen [ndr: from EDRP] and many things were improved.

Some hope for process.

Oxfam and WVG - working very well with community. Presence is very felt due to direct intervention.

Supportive of local groups.

DRP was pre-planned and there was no opportunity to enter. Even if you approached DRP, no room for dialogue or change. Planning done form top, not ground level.

Communities only need small amounts of money to achieve things.

Refugees are still in town & dispossessed. need to be helped.

Have no idea how to resolve bottleneck [financial?].

problem is from GOK to NGOs and GOK to community: how to find directly.

At least set aside amount for communities at planning stage. Even if money takes its time getting there, money should be at least guaranteed.

Visit with Sister & Saadia at Sister's home.

Things we talked about: black market for drugs; miraa/khat and "cocktails"; banditry: UNICEF pilot killed & Saadia attacked on road; men sit around getting over hangovers; Oxfam only one to stay.

Saadia's background: Community development worker in ALRMP; worked for CARE in relief for two years; Edgerton College [sociology & philosophy?]; got job right after degree; can't start PRA work until consultant arrives January (per Dheka's decision); came on board Oct 1.

Day Two

Meeting with African Muslim Agency

Center run by Norway before and handed over in 1992.

Team participates in DDC; not members of PSC; members of SDD: sub-cte. of DDC working on relief.

DDC is chaired by DC: GOK calls in all NGOs & Govt. official departments; each presents owns plans; no budget discussion; but can seek help from each other.

Working in water sectors: doing bore holes & water points.

Also, health services: clinics, nutrition.

Had duful projects also.

Knowledge/understanding of EDRP? EDRP came in when drought was over. Cordial relationship with DRP, and very good cooperation. For example, EDRP provided monitoring info. to NGOs. However, no implementation.

Have not had contact/input to ALRMP.

Want closer cooperation in future.

Is this all? [not sure what this meant.]

Conditions are still drought. Did not want EDRP to end when it did.

Projects are pre-planned so no divergence is possible. But AMA does need funds for many things & have many plans which cannot support.

Any constraint to input to District Govt. plan? District has own plans.

DDC: projects decided upon here. Also, ctes. at divisional level and locational level.

[Here Farah prompted]. Participated in three day launch workshop for ALRMP [oh?!] back in April. Extensive discussion. Women also participated. CC from Bank was there. Workshop moderator was PSC Chair, Dr. Wanjiri. There were up to 90 people. Actually too many people.

Expectations? Community needs will be priority. Awaiting anxiously start of project. New officials were introduced recently.

Any questions for us? Wanted to know about WB funding because saw amounts as being very small. Have seen budget plan for District but is aggregated.

Money distribution at national level is problem.

Meeting with Joint Rehabilitation and Relief Services

Satrted in Wajir in 1992 (before, had liaison who connected with communities) and was formerly in Somalia. Involved in veterinary care, agriculture and water (wells & dams). Both emergency and development work. Head office in Nairobi and five people in Wajir.

Two projects: i) Southern Wajir: water & sanitation project; community demand; SIDA funded; ii) Eastern Wajir: also W & S - roof catchment pit latrines, hand dug wells.

Had very little interaction with DRP. But liaising with Yassin Farah - met in field.

Was at April workshop (ALRMP).

Different approaches to water [than GOK/EDRP?]. WB interested in JRRS activities.

At beginning, water department did not like hand made dams - raised issue at DDC - but JRRS was "stubborn" and stuck with it.

Expectations [of ALRMP]? Thought [?]

Cost-sharing will be very difficult: 30%!

Community more open to participation and that part may be successful.

Had a lot of questions at time of workshop but did not raise them because thought there would be a follow-up (did not think it would have been appropriate to raise so many negative concerns at time). But follow-up never happened! DRP staff informed that workshop will be held on 16 December.

Participation really depends on project personalities. But if people are not willing, you can't force them.

Sees good beginning & have had good interaction so far.

Comment: Bank-financed roads don't look very impressive. Being done in sections and also funds could have easily covered a tarmac road. Why not planned better? The roads will need more maintenance than tarmac and there are no real plans for maintenance.

Day Three

Courtesy visit to Deputy District Commissioner, Mr. Wesoryo (?) [TK took notes-can't read most of them!].

GTZ defected

NGOs

They deal directly with the people

Govt. ---?--- go through them to reach people

Oxfam has many

ALRMP

TAK

Safari

Day Four

Meeting with African Inland Church

Coordinator in Nairobi

1. Farm groups: establishment & training; agricultural teams (extension, planting); physical improvements tea, (wells, mills).

2. Medical: dispensary

3. Reading room/recreation center. [Adult education also?]

Funding: individual donors in home countries.

AIC does work with AID, CARE-NH.

DRP. Worked quite closely in farm activities; worked with DRP on farmer's groups. Very helpful in coordination since AIC struggling to figure out what is going on in district. Monitoring data very, very helpful. DRP was also very helpful in parts acquisition. Example: when UNICEF left, handled excess goods disbursement. DRP identified needs in refugee settlements. Not aware of \$\$\$ availability from [blank--could be EDRP or ALRMP].

Pressure to change lifestyle from nomadic to agricultural. Groups form themselves and then approach AIC for help in establishment. From early 80s to now, 150 groups with approx. 10,000 members.

Improved coping? Answer is subjective. People in Wajir town are better than last time [last drought], but attribution is more difficult.

DRP has valuable coordinating function. DDC is main formal forum for sharing.

Planning happens at AIC coordinator level so not included in this and cannot speak to it.

Meeting with Father Crispin Tabone, in charge of St. Joseph's Catholic Mission.

In Wajir for 14 years. Have two priests, three sisters, 2 volunteers (one italian stayed 20 years!), and 5 Caritas Italiana people.

Relationship with DRP very good. Coordinating force. Highly regarded. Spoke to CC rehgarding cash for work program: 1000-1500 heads of families work on agric./agriforestry project for 2 hrs a day, have 1 hour adult education, and are paid for 3 hours' work.

CAFOD, ODA, CARITAS, Misereor [are these supporters?].

First three years was food for work but this became to expensive (was buying 12-14 Ksh a kilo and selling at 7).

Some have started small kitchen gardens of own (shambas), and this is the aim. Aim is also to learn about agriculture so that they don't rely on a single resource.

EDRP: DDC & all NGOs [?]

Other activities: i) rehabilitation of ex-sex workers; ii) claning hospitals; iii) people helping handicapped at home (cash for work); iv) youth polytechnic: managed by one of volunteers; v) girls' orphanage managed by other volunteer; vi) mother & child clinic: CRS funded but troubles with duty on food hopes will resume.

Coordinating with WVG.

ALRMP. 30% sounds a bit high. it depends on amount and whether in kind contribution counts (labour, land value).

Would like WB to do feasibility study on canning industry; as well as chalk production which could be replaced by kiln which is mre effeicient. trying to get people to cut chalk inot cement block size so that building will be cheaper.

Meeting with EDRP/ALRMP staff.

Abbas (new ALRMP coordinator): difficulkt to prepare, pull thoughts together on short notice [for us]

Coordination is good but there is room for improvement. Funding transfer is a problem.

First launching workshop had great participation.

Pilot areas selection. Three meetings so far: PSC, then DEC (District Exectuive Cte.technical arm of DDC), then DDC. Final one will be on 16th December with leaders, all MPs, DC Officers, Councillors, NGOs, religious leaders. (this workshop will also serve to as follow-up workshop to launch, to explain project & confirm pilot area selection). South & West will be areas for pilot because: i) no duplication w/Oxfam; ii) had USAID pumps concentration; iii) need immedaite attention.

16 Dos & NGOs will do PRA - Saadia & Abbas will go with them.

Project Implementation Plan - June 1996 - invludes MOU. Only snag is exact mechanism, how to do it.

Paying 8 NGOs will be a problem. GOK & NGO systems are quite different. Will need formal contract.

Brief meeting with Christine Cornelius (for clarification post-Wajir and relaying of impressions and preliminary recommendations), December 13 in Nairobi.

PA formation under EDRP began about 1 1/2 years ago. Oxfam model was seen as good and was replicated. Thinking about structures. Synergy actually established this

Different components of EDRP fell neatly under PA umbrella.

Bank did a lot of pushing of government district officials.

Bank supported all workshops & seminars related to the PA formation process: awareness raising, building committees, training, constitution writing, transport; training sometimes done by NGOs.

The DPA is just beginning to develop. A way to move away from Govt. Will handle procurement of drugs or parts, marketing, etc.

The PSC started as UNICEF supported District Intersectoral Committee and DRP worked with it. Then became PSC.

Wajir added half way through and got less money than other districts.

I describe our impressions of results on the ground re the women's shop, the PA, the water, etc.

The women's' groups income-generating activities conceptualized as very new pilot in EDRP for new project. Has not worked well. Purchasing power drops during drought.

EDRP started the drought management (DM) component, and ALRMP is to set up DM system.

NRM: want to look at PA cycle, where animals go, etc. This will take time, training, awareness building.

Drought is worsening - this may be due to climate change. If this happens, things will become more difficult.

Water development: need integrated approach @ District level, raise awareness level. Wajir is behind in the WUAs. "Lousy" water engineer at district level. {so why is he still around??]. Mandera is much more advanced: WUAs have money saved up.

Finances. Project sends AIE to District Treasury. District has weekly cash float. Expenditure record goes back to Nairobi. {Drew me little diagram to show stps and checks/balances). Does not feel DRP (ie, WB) money is being misspent, but confirms treasurer is a problem that needs to be addressed. (He is doing something with funds, either "borrowing" for personal purposes and nor replenishing account or holding up payments to. eg., contractors while waiting for kickback).

The MOU is part of the implementation volume.

The 30% is not "carved in stone" but planners thought it was minimum, and a good place to start.

Oxfam (UIK and Ireland) Kenya	
Wajir Pastoral Development Project	
Mid-Term Review	7
March 1996	
Final Report	
Prepared by	
Oxfam (UK/I) Kenya & ODA BDDEA	
September 1996	

-

KEY WORDS AND ABBREVIATIONS

Badia	•	Area outside of settlements
Bulla		Settlement on the edge of town
CBO		Community Based Organisation
Daryelle		Trained nomadic community health worker
DC		District Commissioner
DDC		District Development Committee
DPA		District Pastoral Association
GOK		Government of Kenya
MOH		Ministry of Health
NPHC		Nomadic Primary Health Care Programme
PA		Pastoral Association
PSC		Pastoral Steering Committee
Rer		A nomadic household or a group of households that move/s together
TBA		Traditional Birth Attendant
WPDP		Wajir Pastoral Development Programme
WUA	(A)	Water Users Association
Zakat		Islamic tax for the poor

•

Oxfam (UK/I) Kenya

I. EXECUTIVE SUMMARY

"Dan iyo sahan meshi lotirai wakaimathan"1

(Somali proverb)

- 1.1 Oxfam had a limited operational presence in Wajir District, Kenya between 1984 and 1994, during which it focused on providing emergency support following major droughts in 1984 and 1991/2. In 1992, with the diminishing emergency situation, a detailed participatory planning process began to develop longer term strategic plans for Oxfam involvement in the District. The result was the establishment of the Wajir Pastoralist Development Project (WPDP), which started in 1994. The overall objective of the project is to reduce poverty and vulnerability of pastoralist and settled communities in the District, by strengthening sustainable livelihoods and improving self-reliance. WPDP has been conceived as a nine year programme, the first three- year phase of which has the following components:
 - improving access to animal and human health services;
 - improving access to water;
 - creating and/or improving income generation activities in rural and urban areas;
 - establishing Pastoralist Associations which are able to plan and manage community development projects; and
 - strengthening the capacity of local NGOs and community groups to implement poverty reduction activities on a sustainable basis.
- 1.2 WPDP is currently funded by ODA through its British Development Division in Eastern Africa and Comic Relief, which provide 75% and 25% respectively of the first phase budget of £ 1.136 million.
- 1.3 The WPDP project document provided for a joint Oxfam/ODA review mid-way through the implementation of the first phase. This took place during February and March 1996. The review was participatory in approach and was divided into three phases: the first consisted of gathering of information by project staff about progress to date and compiling this as a mid-term Status Report; the second phase consisted of a visit by a Review Team for two weeks and the production of a report of their findings; the third involved presenting these findings and discussing them with the project's stakeholders.
- 1.4 The general conclusions from the review process are positive. The project has made an excellent start in achieving the project outputs. Although it is very early to make conclusive assessments of the impact of the activities on the outputs, there are many indications that it is positive.
- 1.5 The review process was a well-structured exercise, participatory in nature and of use to all those involved. The project team found that the time taken to put together the Mid-term Status Report had focused their thinking on what the project had achieved and what questions had arisen during the previous 18 months. The Review Team found the documentation to be thorough and adequate, their visits well-organised, and they appreciated the willingness of all participants to investigative questioning. The workshop discussions were open and constructive and came up with clear priority areas for the project team to work on in the coming months.

September, 96 - WMTR-RPT.DOC

¹ Roughly translated means: when you send the water caravan and the pasture scout out, they will always come back with water and news of pasture, ie.you expect them to bring results.

Oxfam (UK/I) Kenya	Wajir Mid-Term Review Report

- 1.6 The purpose of the Review was to provide thinking space for the project team, beneficiaries and other stakeholders, and the feedback received during the review period was positive in this respect. It is hoped that this report captures the important findings and discussions that have taken place, and that it will serve as a useful reference for the project team as they plan for their next 18 months, and beyond.
- 1.7 Table 1 summarises progress and impact to date. Further details of the findings of the review are provided in Section III of this report.
- 1.8 Table 2 summarises the main priorities agreed for the remaining period of phase one of the project. Further details of these and issues raised are contained in the Report of the Workshop Proceedings attached as Annex 3.

OUTPUTS	PROGRESS and IMPACT
1. Access to animal health services improved	1. Good progress, but approach still to be fully tested. Sustained demand for and supply of <i>daryelle</i> services, and <u>successful</u> turnover of drug revolving funds still to be proven.
2. Access to human health services improved	2. Some progress though slower than for animal health. Credibility of TBAs still to be proven. More women <i>daryelles</i> would help to strengthen human health work.
3. Pastoral Associations which are able to plan and manage community development projects are established	3. Good progress, and excellent model developed. PAs need to be tested over time, expand their membership and representation, and successfully sustain drug revolving funds. Capacity of PAs to undertake community projects without external assistance remains to be proven.
4. Access to water improved	 Very good progress; well-capping and pan digging have significant impact on easy and safe access to additional water sources
5. Income - generating opportunities in rural and urban areas created and/or improved	5. Slow progress, but more cautious approach is supported by review findings; this is a priority area for second part of Phase 1. Good progress on restocking programme; high impact for individuals able to return to pastoral life
6. Capacity of local NGOs to implement poverty-reducing activities on a sustainable basis strengthened	6. Reasonable, though mixed, progress. Institutional capacity building a priority area for further work, including capacity to raise external support on own account
7. Efficiency, effectiveness and impact of project assessed and plans for 2nd phase of project developed	7. Good progress, with development of innovative approaches, though effectiveness still to be proven. Excellent team management and participatory approach. Integration of findings from monitoring, and translation into operational benefits, still to be tested.

TABLE 1: SUMMARY OF CURRENT PROGRESS AND IMPACT OF OUTPUTS

TABLE 2: SUMMARY OF MAIN PRIORITIES AGREED FOR REMAINDER OF PHASE ONE OF WPDP

Human and Animal Health

Explore options to make training more available to women

Investigate feasibility of studies on disease burden - technical monitoring.

Monitor effects and acceptance of 'new' versus 'old' methods of treatment practice in relation to poverty; monitor impact on ethno-medical practices.

Document experiences of use of prohibited/regulated drugs

Monitor remuneration systems for daryelles as established by PAs

Pastoral Associations

Project advances a set of qualities that make a good PA (representivity, involvement of women, ability to manage delivery of their development priorities) and has considerable influence over them but leaves PAs to develop their own structures and management

Qualities of PAs will be translated up to DPA and dialogue will ensure what representivity the PAs actually have

Water

Recognition that access to water is central to project's core purpose of securing livelihoods

Further exploration of implications of getting involved further in borehole management

Need to develop policy about further project support via PAs for wells and pans, as PAs will certainly ask in their own proposals

Need to monitor for any future assistance, extent to which poorer pastoralists have benefitted from subsidised help for well-capping and pan-digging

Restocking

Lessons to be learnt from this component for PAs and broader project experience

Consider an evaluation of restocking component during the coming months, using monitoring data, consultation with restockees, and comparison with other projects, including effects on traditional restocking systems

Credit

Need for fundamental review of this component, in terms of group formation and credit scheme and project's role

Capacity-Building

Develop a strategy for capacity-building with each group

September, 96 - WMTR-RPT.DOC

Monitoring and Evaluation

Review monitoring and evaluation workplan in the light of review findings and agreed priorities

Review effectiveness of monitoring and evaluation by the end of Phase 1

Management

Revise the Log Frame as a result of the review process, adding activities, redefining outputs and indicators, and reviewing assumptions, at their next quarterly planning meeting; this process will enable the team to find out how the review has influenced their work

Gender

Use of gender analytical tools, with the help of the Oxfam Nairobi office, to be considered.

Replicability, Sustainability, Institutionalisation

Focus of work to shift towards issues of sustainability and institutionalisation of the approach.

II. INTRODUCTION AND METHODOLOGY

"Si,laf i kuhaganta, ilkana i kunab galan"²

- II.1 A mid-term review to be carried out by ODA and Oxfam was planned in the original project document. The project staff drew up the Terms of Reference (see Annex 1), in close consultation with ODA and Oxfam staff in Nairobi. The objectives of the review were to:
 - review progress, and assess the preliminary impact, of the activities of the project, using the Log Frame, status reports, and indicators set with the communities;
 - review Oxfam Wajir's approach, systems and procedures in management and in working with communities and its facilitation role and working relationship with GoK, NGOs and others in the project area;
 - identify key lessons learnt to inform the implementation of the programme during the remainder of the funded period;
 - establish guidelines and timing for the final evaluation of WPDP.
- II.2 In order for the review to be as participatory as possible, involving project beneficiaries, Oxfam UK/I staff from Wajir and Nairobi, ODA staff from Nairobi, and other stakeholders government officials, organisations and NGOs in Wajir the review was structured in three phases:
 - The first phase consisted of information-gathering by project staff on the progress of project activities to date, compiled as the 'Mid-Term Review Status Report' (available as a separate document).
 - ii) The second phase of the review consisted of a two-week visit by a Review Team who were asked to review the progress, impact, and approach of the project activities. The team consisted of:
 - Sarah Westcott, Oxfam UKI, Oxford
 - Ekwee Ethuro, Deputy Country Representative, Oxfam UKI, Nairobi
 - Dr Phil Evans, Social Development Advisor, ODA-BDDEA (Nairobi)
 - Dr Jacob Wanyama, Animal Health Advisor, ITDG, Kenya

The timetable for the team's work over the two weeks is included in Annex 1. The Review Team carried out its work through analysis of the various documents prepared by project staff and interviews with:

- beneficiaries, both in focus groups (daryelles, TBAs, women's groups, etc) and in meetings of general PA membership;
- project staff;
- representatives of local NGOs;
- government officials.

At the end of the second phase, the Review Team put together its findings in a summary report, which is presented in Section III of this report.

²Roughly translated means: 'be careful not to destroy your teeth while eating meat because of the bone'; if there's a problem, you must resolve it in the right way.

iii) The third phase of the review consisted of presentation and discussion of the Review Team's findings with the different stakeholders involved in the project as follows:

- The first presentation was to a meeting of government officials, local NGOs, representatives of ODA (Nairobi) and Oxfam (Nairobi) and project staff. This gave an opportunity for the wider group of stakeholders to give their initial reactions to the Review Team's findings. For a list of those who attended and a report of this meeting see Annex 2.
 - The second stage of this phase was a two-day workshop with project staff and the Review Team, with representatives of ODA and Oxfam from Nairobi, when some of the issues raised by the Review Team were discussed in greater depth. This workshop led to a series of agreed priorities for work during the second half of the project's first phase. In the light of lessons learnt from this mid-term review process, the timing and form of the final evaluation was discussed along with a timetable for the preparations for Phase 2 of the project. The workshop proceedings, together with the list of participants, are contained in Annex 3.
- II.3 This report does not attempt to reproduce all the background information about the project, For a full account, readers should refer to the original proposal document, the Mid-term Status Report and the Background Document (available separately from Oxfam (UK/I) Kenya).

III REVIEW FINDINGS

"Afkas sosoda mahan lenahai, wehisnadaha an wahkalenahai"³

- III.1 It is important to begin by stating the overall positive impression that the Review Team has of the project. We feel that the general progress of the project is good, the approach is appropriate, and the preliminary impact is positive. We make no recommendations for radical changes in approach and direction. We recognise and congratulate the project team on the completion of most of the inputs planned in Phase 1 of the project. Our general recommendation for the second half of phase 1 is for the focus of the work to shift towards the issues of sustainability and institutionalisation of the approach, with a view to planning for the Phase 2 of the project when these issues will predominate.
- III.2 The Review Team prepared their findings by analysing each of the nine project components against progress, approach, impact, and efficiency. Six other issues of a more thematic nature were also analysed, with a view to future project direction: poverty focus, gender, institutional learning, replicability, sustainability, and institutionalisation. These findings are provided in the following pages:

III.3 Animal Health

Progress	Target for training of daryelles almost achieved;
	5 drugstores established; a system for management of revolving drug funds being developed by PAs and showing good potential;
Impact	* Knowledge from training retained good; evidence of spread of training to others; training appreciated and more requested; good collaboration with Ministry officials over training, which enhances acceptance of model by government.
	* Improved access to drugs and services achieved.
	 Demand for drugs and services appears to be strong, and should lead to benefits for animal health.
	* Some evidence of deferred payments for poor.
	* Impact on and relation to traditional treatments needs monitoring
Approach	* Selection of trainees at rer level good model
	* Remuneration for services vary; some incentives for <i>daryelles</i> have been agreed.
	* Participatory nature of training could be improved.
	* Drugstore management systems evolving well, with responsibility given to PAs, and positive results so far.
Efficiency	* Scepticism about effectiveness of more structured treatment methods, in part related to economic realities.
	* Services appear to be reaching the poor.
	* Limited access to training for women.

"Lo lih a kuverkhata"⁴

³roughly translated means: 'what do we tell that person coming to talk to us? whatever he asks, we will tell'

⁴translation: 'six cows are enough for a good life'

Wajir Mid-Term Review Report

III.4 Human health

Progress	Targets for training, drugstores and management of revolving funds achieved as above; over achievement of target for training TBAs	
Impact	* Knowledge retained from training good; <i>daryelles</i> learnt more about animal than human health and prefer it.	
	* Less scope on human health for treatments (legal, expertise and risk); essentially preventive health training	
	* Take up of drugs strong; impact on health too early to assess.	
lata Antoni Anto (Personal) Inter	 Some resistance to new approaches to child delivery being promoted by TBAs, eg. kit 	
Approach	* Training together seems acceptable; however human health is relatively sidelined	
	* Little preventive education work being done although it is part of the training; daryelles and TBAs could get together to do this.	
	 Good approach training people with previous expertise in human and animal health; TBAs particularly demonstrate this 	
Effic'y	 Not fully efficient yet due to remaining scepticism towards new methods, particularly for childbirth 	
	* Some TBAs with no previous experience lack credibility.	
	* Some <i>daryelles</i> and TBAs have expectations of formal sector employment as a result of training; no opportunities may result in loss of motivation	

Wajir Mid-Term Review Report

Oxfam (UK/I) Kenya

III.5 Pastoralist Associations

"Labatanjir getki luguwabta aya lehitinjir lehergela"⁵

Progress	5 PAs created in Wajir Bor division instead of target of 4
	Proposed establishment of District PA already advanced
	PA involved in drought monitoring established
Science as all	PAs already planning their own development programmes
Impact	* Leaders and members demonstrate great enthusiasm, strong sense of ownership, able to give coherent explanations of why they exist and what they have and what they are trying to achieve; evidence of increased social cohesion and successful planning and implementation of activities.
15 P.2	* Local government convinced of PA model, and its replicability
	* Full impact unlikely to be known until membership base widened; insufficient involvement of women
Approach	* Good participatory community work carried out by project, to persuade communities of a slow and systematic approach.
	* Responsive to communities' perceived needs, including conflict resolution transcending clan differences
	* Freedom given to PAs to develop their own management systems and develop their own plans and proposals.
Effic'y	* Establishment PAs relatively low cost, with great potential benefits
	* Efficiency in spreading benefits beyond membership
	* Expectations sometimes unrealistic - eg. of financial gains from drug stores
	* Efficiency hard to establish until full extent of demand for membership is known

⁵roughly translated means: 'the shade you make when you are twenty years old is the same you will make when you are sixty years old', ie. you reap what you sow.

III.6 Water

"Nafta biya, nolasha ano."⁶

Progress	Targets for well-capping and pans almost achieved; rapid progress made, with enthusiastic community response. Promotion of pans very successful. Water-users Associations trained.	
Impact	 * High: wells - safer, easier access (especially for women), reduced contamination, silting, evaporation; pans providing several months' supply to avoid pastoralists moving animals near boreholes so indirect benefit to range * Positive impact but dependent on rainfall > ? 	
Approach	 Very successful participatory, low-cost, low-technology making good use of local skills and materials 	
	 Clan ownership of wells and pans probably proving to be the best model around which to organise work and management; successful support of customary management systems. 	
- The City City	* Communal work may have proved less easy to organise and management of wells and pans remains to be proven	
Effic'y	 Upgrading very cost effective - reduced costs at boreholes and reduced pressure on boreholes, reduced time for digging out wells each year, opportunity to increase catchment; strong incentive for people to maintain 	

⁶translation: 'for life you need water, for survival you need milk'

September, 96 - WMTR-RPT.DOC

page 10 of 16

Wajir Mid-Term Review Report

III.7 Restocking

"Afartan riyat iyo afarunig wakikuhormarg"⁷

Progress	90% of targets for restocking met; project plans to exceed target with money saved from budget.	
Impact	* Major impact for beneficiaries, particularly in sense of well-being; people able to move to <i>badia</i> immediately; other family members may subsequently help a restockee further; some restockees teaming up to further strengthen livelihood security	
	* Reduction of pressure on Wajir town.	
	* Rate of increase of herds good according to projections	
Approach	 Good understanding by communities of careful selection process and compliance with contract arrangements with buyers and restockees. 	
	* Recipients acting responsibly in maintaining and expanding herds	
	* Good follow-up through monitoring visits.	
Effic'y	 High return to individuals with respect to other activities; no formalised spreading of benefits to others 	
	* Risk that external restocking may displace customary systems in the short and long term	

III.8 Income Generation

"Meshi bowlat lagahela aya shillin lagateyta"⁸

Progress	Target for women's groups exceeded - 117 Wajir town, 21 in Wajir Bor Division; loan disbursement slow; 5 days of training completed	
Impact	 Social impact very positive; economic impact harder to test - access to goods on credit is common, and support from group to members in emergency need is available. 	
	* Some petty trading made good profits in short time.	
	* Project staff seriously stretched	
Approach	* Project decision to spread itself thinly rather than concentrate on a few groups;	
	 Project correctly cautious in deciding to do lots of training before moving to provision of credit, but causing some frustration among potential recipients 	
	* Collective enterprises rather than individual	
Effic'y	* Management intensive for modest loan sizes	
	 Mark-up (profit-sharing) below market rates and unlikely to create sustainable revolving funds 	

⁷translation: if you have 4 children first, 40 goats won't be enough; 40 goats before children makes a livelihood

September, 96 - WMTR-RPT.DOC

⁸translation: 'where you find 50 cents, is where you look for a shilling'

Wajir Mid-Term Review Report

III.9 Capacity-building

Progress	6 local organisations supported, not all NGOs; workshops held with local government and NGO staff
Impact	 Organisations very appreciative of Oxfam's help; Impact in terms of capacity-building for NGOs not proven, relationship is more of a funding one that cap-building;
en antiger en en Antiger	 Workshops has enhanced credibility and acceptance of WPDP approach and activities through establishment of good working relationships with key GoK officials and NGOs
Approach	 Responsive and participatory approach, very strong on building collaborative relationships in a potentially difficult environment
	* Capacity-building work could benefit from a more systematic and rigorous approach
	* Support so far does not obviously lead to a way of Oxfam withdrawing from operational role

It is worth noting that the same people are members of several of the organisations, thus providing a networking and coordination mechanism that could only be achieved in a relatively small town.

III.10 Management

Progress	Full programme team in place in Nov 95; management, admin and financial systems in place and working well; efficient reporting to ODA and Oxfam	
Impact	 Management of team is excellent, good team spirit; Strong participation of all members in project activities; Very committed staff; project focus well maintained; * Inputs dominated but next phase will be consolidation of management by P/groups 	
Approach	 Participatory management shown to be working well; Flexibility and pragmatism have been important for success; Need for some more structured one-to-ones to support staff; Philosophy correctly focused on project's objective of institutionalising approach to facilitate phasing out of Oxfam's operational presence within a reasonable timeframe 	

III.11 Monitoring and Evaluation

"Inta laarkaba lamauna inta lamaghlaba lamashega"⁹

Progress	Significant levels of human and financial resources have been invested in setting up quantitative and qualitative monitoring systems, especially in the difficult area of social processes	
Impact	 * Early to assess for project; will depend on good analytical frameworks for processing of data. * Monitoring already been able to feedback on effects of inputs eg. training * Potential for capacity-building of PAs through their participation in self-monitoring processes Significance of this work for wider institutional learning should not be underestimated. 	
Approach	* Participatory monitoring is emphasised and well accepted by the communities	
Effic'y	 Intensive monitoring is necessary while models and approaches are being developed and refined; streamlined systems will need to be developed as institutionalisation becomes a more dominant theme 	
	* Significance of this work for wider institutional learning should not be underestimated	

III.12 Poverty Focus

"Saa oman biya ayalugusuga"¹⁰

- Somali culture is mutually supportive, with a strong awareness that anyone can become poor and need help, and it is within this context that the project team has discussed reaching the poorest people within the society. Project staff flagged up the difficulties of reaching the really poor, especially through the women's groups, so the Review Team feels it is appropriate to comment on this issue.
- 2. When PAs were asked how they intended to help the poor, they generally said that they would want to grow strong like Oxfam and then be able to help the poor as Oxfam does, rather than admitting poor people on different membership terms. For the PAs to really represent the communities they are implanted in, the project needs to ask whether excluding those who can't pay the membership fee is going to result in the PA being the affair of an 'elite'.
- 3. Access to animal and human health services and drugs has been improved, but the drugs have to bought; some PAs do have systems to help the poor who have difficulty paying, and some daryelles said that they pay out of their pockets in the expectation of some payment eventually, although this is hardly sustainable in the long-term.
- 4. Some women's groups said that they helped poor women from their own resources, and others had poor women as members despite their inability to contribute at the same rate as others. The poorer women's groups seemed the more difficult to organise, and they would certainly need longer and more intense management input before they are able to access credit and manage it.

⁹roughly translated: 'you don't have to eat whatever you see and you don't have to say whatever you hear'; ie. look before you leap

¹⁰translation: 'when a cow is thirsty, it needs water'; ie. when a person is poor, any help will do

am (UK/I) Kenya	Wajir Mid-Term Review Report

- 5. The restocking programme gives the best example of reaching the poor, through the identification process by the community to help the very poorest in the bullas, although the Review Team does question the intensity of input of this component compared to the number of beneficiaries.
- The project has made great efforts to reach the poor and has done good awareness raising work with communities about that objective.

III.13 Gender

"Rag nima kasta uniga khaba nagba gatabesa"¹¹

- Following the PRA exercises, the project decided to focus its attention on several components that would support the position of women, either through alleviating their work loads (easier access to health services and drugs and water facilities), or providing resources (income-generation and restocking) to enable them to have more secure livelihoods.
- 2. The project has deliberately taken a decision not to push the gender issue with PAs. Few women came to the meetings we had with PAs, although it is hard to judge whether this is normal. PAs were a bit hazy on how to get more women involved, despite their resolutions to do so during the workshop in November 1995. In some PAs, when a husband becomes a member, his wife automatically obtains membership rights; this might clearly deter some women from feeling they needed to belong. Women daryelles are rare this is discussed under the human and animal health training component.
- 3. Work on raising awareness on gender issues is mainly being promoted through funding of an Islamic NGO that is going to hold workshops on women's rights according to the Koran.
- 4. Men questioned in both the urban and rural areas admitted that the relationship between men and women is changing; they seem to encourage and accept it. Working with men's groups has not happened and is not in the project document.
- 5. Experience of other programmes would suggest that the promotion of activities with women, especially income-generation, needs to be accompanied by active gender awareness work with men, otherwise the activities become a threat to men's status, or are eventually seen as biased by the men.
- 6. This is a sensitive cultural issue and project staff are well placed to detect any problems arising in the communities and talk them through.

III.14 Broader institutional learning

- 1. The project grew out of other experiences, both internal and external to Oxfam, as part of the learning cycle. The project has an important place in Oxfam's strategic planning about work in similar areas, and work on advocacy and conflict-resolution.
- 2. The project itself has great potential to demonstrate a number of positive lessons for the benefit of other development programmes: the project approach of building sustainable structures capable of carrying on when Oxfam withdraws its operational capacity; the monitoring and evaluation systems being developed and tested; the use of the Log Frame in project planning; operationality for Oxfam.
- 3. The project is also experimenting with a new relationship with donors, particularly ODA, and both parties hope to learn from the experience.
- 4. The project has made an excellent start in documenting its progress (of which this review is one part) and must be encouraged to continue to do this in order that other programmes can have access to the lessons learnt.

¹¹translation: 'however strong the man who makes a decision, there is always a woman behind him'

III.15 Replicability

"Farto kilih fol madaqta"¹²

- 1. The core activity of the project is the establishment of self-reliant PAs. A highly effective model for these is emerging from the project, with wide support (including from GoK at the local level).
- 2. The establishment of the Pastoral Steering Group under the DDC is highly significant in paving the way for replication at a district-wide level, and some work is already underway to establish PAs outside the Oxfam project area. Effective replication, however, will depend on the identification of the minimal requirements for the establishment of PAs, as it is unlikely that either local NGOs or the DDC will have the resources to match the intensity of input provided by Oxfam in developing the model. Technical support to replication and the identification of appropriate approaches to this are recommended as priorities in phase
- 3. The restocking work as currently undertaken is probably not replicable without external support, but significant potential exists to build capacity among PAs to play a more active role in restoring livelihoods in the event of future crises: this too is recommended as a priority in phase 2.

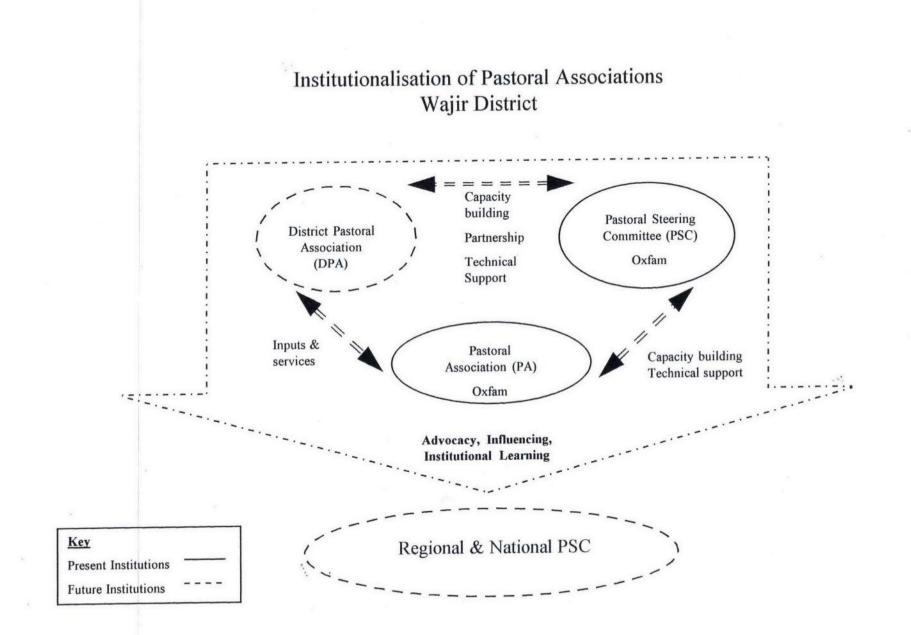
III.16 Sustainability

- 1. The PAs show great potential for self-sustainability, particularly if the management of drug stores and revolving funds can be effectively institutionalised at the community level, and a district PA can be established.
- If sufficient levels of income can be raised through the PAs, many of the community-based project activities (particularly the improvement of water sources) are also likely to be sustainable. Water sources already improved through the project should be sustainable through existing local management systems, which the project has supported and kept in place (and in many cases strengthened).
- Key areas where sustainability is less certain include technical training for daryelles and TBAs: while knowledge is likely to be spread through informal networks in the community, needs for sustained training inputs in the long term will need to be carefully assessed.
- 4. The sustainability of the credit programme will need careful review, both in terms of the potential for the establishment of local organisations to manage credit programmes and the financial viability of the current approach in the long term. The setting of appropriate "profit sharing" percentages will be of great importance, as will the identification of optimum repayment intervals and loan security arrangements.

III.17 Institutionalisation

- 1. The Review Team present a diagrammatic representation of institutional relationships as they are now and how they might develop in the future (see overleaf). It is hoped that the form of the diagram and the relationship between the different partners will lead to useful discussions about the project's future.
- 2. During the Review workshop a number of issues where raised which require further discussion and consideration by the project team and these are incuded in Annex 4.

¹²translation: 'one finger can never wash a face' ie. solidarity is strength



page 16 of 16

ANNEX 1: Terms of Reference & Timetable for Mid-Term Review

Terms of Reference December 1995 Mid Term Review Wajir Pastoral Development Project, Oxfam (UK & Ireland) Kenya

1. Introduction

A mid-term review of the Oxfam (UK/I) Kenya Wajir Pastoral Development Project (WPDP) is planned for February 18 - March 8, 1996 inclusive to be undertaken by Oxfam (UK/I) Kenya together with staff from ODA BDDEA and a Review Team appointed by Oxfam (UK/I)Kenya.

The holding of a review halfway through the first phase of the programme plan is intended to provide an opportunity to assess the work carried out to date and to inform the work in the remainder of the first phase. Work is already underway for establishing a participatory monitoring system for the project. It is hoped that the Review will link in with the ongoing monitoring process and also provide an opportunity for assessing the monitoring systems. The communities with which WPDP is concerned are actively involved in the process and it will provide an opportunity for them to reflect on their own work and that of Oxfam (UK/I) Kenya WPDP in support of future joint planning. The Review will come at a key time for pastoral associations who are beginning to consider their future role as the time comes to take over responsibility for key aspects of the programme (e.g. drug purchasing).

2. Background

Wajir is the second largest district in Kenya. It is an arid district with little arable land and unreliable rainfall. Nomadic pastoralism remains the mainstay of Wajir's economy, with over 70% of the population deriving their livelihood chiefly from livestock and livestock products. The Somali pastoralist inhabiting the area have long-established patterns of seasonal movement between different pasture lands and water supplies, the more permanent of which have become focal points for the growth of small trading and service settlements. Over the years, the pastoralists have adapted coping strategies which maximise their use of the fragile environment, with minimal damage. However these strategies have in recent years been undermined by changing social, political and economic circumstances and inappropriate development intervention. Frequent and poorly managed droughts and chronic insecurity have further increased pastoralists food insecurity.

In 1991/92 there was a serious drought, the severest in living memory. Many families lost all or most of their livestock and were forced to move to settlements in search of food aid. During the same period clashes between the different clans occurred with a number of households losing stock through raiding.

3. Wajir Pastoral Development Project

Oxfam (UK/I) Kenya Wajir PDP aims to support pastoralist communities to diversify their strategies in coping with changing circumstances and recurrent drought. It also aims to restock destitute ex-herders and to identify and develop viable alternative livelihoods for poorer urban families, particularly women, who may not be able or wish to return to pastoralism.

WPDP began in July 1994. It is a nine year programme with funding secured for an initial three years. The budget for the initial three years phase is £1,136,384. During this period Oxfam is concentrating its work in Wajir Bor Division of Wajir District and in the town of Wajir.

Specific Programme Objectives include:

1. To improve access to animal and human health services

Communities identified lack of essential drugs at affordable prices and the lack of basic knowledge to diagnosis and treat common disease as serious problems. The project has been training pastoralists in both human and animal health and supplying essential drugs to drug stores in order to start revolving funds.

2. To improve access to water

The objective has been to improve both the quality and quantity of water at the existing water sites and not to create new ones. This is due to the fact that the pastoralists are seriously opposed to the creation of new water sites. Also to be improved is the quality of water management by the communities. Shallow retention wells are being improved and communal and individual pans supported.

3. To create and/or improve income generating activities in rural and urban areas

In the settlements in Wajir Bor Division and in Wajir town a large number of households remain destitute after the drought and clashes of 1991-1993. To enable some of these families to return to self sufficiency Oxfam is carrying out restocking and providing credit facilities. The aim is to restock 300 families with small stock and 200 families with burden animals and to provide credit facilities to women through women's groups.

4. To establish pastoral associations which are able to plan and manage community development projects

This output was born out of the need to have a community structure to plan and implement the various activities identified by the communities. The pastoral associations identify and supervise the *daryelles* (community animal and human health workers), run the drug stores and supervise the inputs for improvement of water.

5. To strengthen the capacity of local Non Governmental Organisations and Community groups to implement poverty reducing activities on a sustainable basis.

Four local groups are being supported, namely Wajir Volunteer Group, Wajir Association of the Disabled, Nomadic Primary Health Care and Wajir Peace and Development Committees. They receive funds and training.

6. To assess the efficiency, effectiveness and impact of the project.

Background information has been collected, and basic monitoring system is in place. Project management systems are in place (all staff have been recruited and operating systems and procedure established).

4. Objectives of the Mid-term Review

The key objectives of the Review are:

- To review progress made on activities contained in the project documentation (including Log Frame & `status reports') and make recommendations appropriate to the further management of the WPDP.
- To assess preliminary impact of the programme using the indicators developed in partnership with the communities and in relation to indicators set by the Log Frame.
- To review the approach, systems and procedures (including monitoring system) of Oxfam (UK/I) Kenya Wajir PDP in management and in working with communities and the Government and to identify key lessons learnt in order to inform the implementation of WPDP during the remainder of the funded period.
- To establish guidelines and timing for the final evaluation of WPDP (Phase 1).

5. Structure of the Review

The review process will be divided into three phases in order to make optimum use of the time available for Review Team members, Oxfam (UK/I) Kenya staff and ODA staff. The phasing of Review activities will also enable efforts to involve communities as fully as possible in the Review.

Phase 1: Information Gathering

Purpose: Prior to the arrival of the Review Team (Phase 2), status reports on all areas of project activities and management will be prepared by the Oxfam (UK/I) Kenya Wajir PDP team.

Outputs: The status reports will summarise information already collected by the project as part of the monitoring process. The status reports will include information on the progress of project activities and information so far collected on the impact of project activities. The status reports will also highlight the issues that have been raised by project staff as important and considered necessary for the Review Team to look at.

Personnel: WPDP staff, together with support from Oxfam (UK/I) Kenya staff based in Nairobi, will carry out the process of preparing the status reports.

Timing (Phase 1): To be fully completed, with status reports prepared, by February 2, 1996.

Phase 2: Review Team Assessment

Purpose: In the second phase, a review team consisting of members of the project team and representatives from ODA and Oxfam will examine both the progress of project activities and the effectiveness of these in achieving the proposed outputs of the project. This team will also provide a fresh insight from outside the project team into the work of the project, especially regarding the areas flagged in the status reports as requiring attention.

Outputs: The Review Team will:

- (i) Review progress of implementation of project activities against the project documents, logframe and status reports.
- (ii) Review the impact of project activities carried out so far and assess them according to the indicators set by the logframe and by the participatory M and E programme.

September, 96 - WMTR-RPT.DOC

Oxfam	UK/I	Kenya

Wajir Mid-Term Review Report

- (iii) Review Oxfam Wajir's approach to working with communities and its facilitation role and working relationship with GoK, NGOs, and others in the project area.
- (iv) Review the efficiency and effectiveness of Wajir's management of the project, including financial and monitoring systems.
- (v) Present findings of the above to the larger review mission in phase 3.

Schedule of Activities for the Review Team

The second phase of the Review will include the following components:

- Briefing by project staff
- Field Work
- Preparation of findings to present to review mission in phase 3.

During the fieldwork, the five centres in Wajir Bor Division where pastoral associations are located will be visited along with the surrounding *badias*. Different aspects of project activities will be looked at in different places. Then the town of Wajir will be visited to look at the urban aspects of the programme.

The programme of fieldwork will be divided into sections to reflect the different sectors of WPDP project activities, as follows:

Meetings with communities: Information on the progress and impact of project activities in all sectors (drug stores, daryelles, water activities will be collected from meetings with two communities, one in Wajir Bor Division and one in Wajir Town. Indicators to assess the project have already been set by the communities and these will be used.

Animal and Human Health

- (a) Drug Stores: Three of the five PA drug stores will be visited. The team will look at the variety of the drugs sale and the operation of revolving funds. Observations will also be made of livestock condition prevalent at watering points to check how such conditions relate to the drugs available and to the training given.
- (b) Daryelles: From at least two of the five centres, a sample of daryelles will be visited. These will be both daryelles who operate in town and who operate in the badias. Those served by daryelles will also be interviewed. The team will investigate the animal and human health knowledge of daryelles, their treatment practices and the effectiveness of daryelles.
- c) Trained traditional Birth Attendants: Meetings will be held with trained TBAs in two of the five centres. Knowledge, treatment practices and records will be examined.

Pastoral Associations: The role of the PAs their current capacity and their interaction with aditional institutions will be assessed. The review team will meet with 2 PAs (committees nd available members), meet the PA committee members in each centre and examine PA ecords. A random sample of members and non members will also be carried out to scertain attitudes towards and involvement in the PA.

/ater: The team will examine capped wells in one centre and hold discussions with eneficiaries in that centre to investigate the effects of capping.

O f i i i i i i i i i i	
Oxfam (UK/I) Kenya	
	Wajir Mid-Term Review Report

Restocking: A minimum of four randomly selected restocked families will be visited in their current location to assess benefits to beneficiaries, and in particular their ability to sustain a pastoral life.

Income Generating Activities: A minimum of two meetings with women's groups will be held, one in Wajir Town and the other in Wajir Bor division to check viability of activities and operation of the credit scheme.

Capacity Building: Meetings with the three local groups supported by Oxfam(UK/I) Kenya (WVG, Red Cross, WAD) and with the district development committee sub committee (Pastoral Steering Committee, Wajir Peace and Development Committee and Nomadic Primary Health Care), also supported by Oxfam(UK/I) Kenya, will be held together with meetings with relevant GoK personnel.

Management and monitoring of the project: The review team will hold discussions with members of the project team and examine the methods in use and records kept to assess:

- management systems and procedures in place
- on-going monitoring system

Personnel Required for Review Team:

In addition to members of the project team, the following people/skills are expected to be involved:

1) Social Development (including participatory methods for project M and E)

Dr Philip Evans, Social Development Advisor, ODA-BDDEA

2) Experience of integrated community based projects (including experience of community based animal health care)

Dr Wanyama, Animal Health Development Advisor, ITDG Kenya

Understanding of local level institutional development issues (within a pastoral setting)
 Sarah Westcott, Institutional & Community Development Advisor, Oxfam (UK/I)

Timing (Phase 2): Review team arrive Wajir - February 18, 1996

Report prepared by - March 3, 1996

Phase 3: Workshop To Review Findings Of Review Team

Purpose: To hold a workshop in which the Review Team, WPDP staff, and other representatives of Oxfam (UK/I) Kenya and ODA meet together to discuss the outputs of Phase 2 and the findings of the Review Team in order to make recommendations for the further implementation of WPDP activities.

Outputs: The workshop will result in:

- 1. Assessment and discussion of the Review Team's findings from phase 2.
- 2. Consolidation of reflections on the report of the Review Team's findings.
- 3. Recommendations for the second period of WPDP Phase 1 (1994-97) in relation to project implementation and management.

NGOs and participants from GoK will be invited but may not stay for the whole time.

Oxfam (UK/I) Kenya	
	Wajir Mid-Term Review Report
	VValii Viio-Leitti Keview Report

There will be one of field exposure for the new participants from ODA and Oxfam in order that they are familiar with the issues to be discussed.

A final report of the Mid Term Review will be written by the Review Team from the conclusions reached during the workshop in phase 3.

Personnel: In addition to the WPDP team and Review Team members, further participants from Oxfam (UK/I) Kenya (Country Representative & Deputy CR) and ODA (3 people) together with representatives from Government of Kenya, local communities and NGO partners.

Timing (Phase 3): Participants arrive Wajir - March 2, 1996

Field exposure - March 2-3, 1996

Review mission workshop March 4-5, 1996

Departure - March 6, 1996

TOR approved: Oxfam(UK/I) Kenya

ODA BDDEA

V	Najir Mid-Term Review Report
---	------------------------------

ANNEX 2: Report on Meeting of Stakeholders, Wajir, 4 March 1996

"So far, so good" (District Officer 1, Wajir)

A meeting was organised with government officials, representatives of NGOs in Wajir, the Oxfam project team, the Review Team and representatives of ODA and Oxfam in Nairobi.

Objectives of the meeting:

Oxfam (UK/I) Kenya

- 1. To present the findings of the Review Team;
- To receive feedback from stakeholders (ie. government departments, local NGOs and Oxfam team).

Discussion

The Review Team presented its findings, and invited feedback from those present. Participants generally expressed their positive impressions of the WPDP, and endorsed the main elements of the findings; there was no suggestion that the Review Team had got anything seriously wrong. Some points were then raised that the Review Team should take into account. The following is a summary of these:

- Need for well-defined relations between NGOs and government staff, for institutionalisation of the approach, particularly as government employees are frequently moved.
- Nomadic Primary Health Care programme as a possible exit structure.
- Importance of flexibility in the project's ability to respond to other demands.
- Livestock marketing is a crucial issue for the district which has to be tackled.
- In Phase 2 of the project, Oxfam should take up lobbying on environmental issues, particularly
 relating to the recent increase in the number of new settlements and consequent degradation.
- Future of the relationship between the PSC, DDC, and the planned DPA was discussed and the views of different actors expressed.
- Concern was expressed that the PRA exercises which underpinned the project's purpose and objectives identified education as a major need in the district, but the project chose not to address this. Formal education and basic literacy is particularly important with respect to women's participation in the project's activities.

Closing remarks included congratulations to the WPDP team for their transparency and accountability, thanks from Oxfam for the excellent working relationships established in Wajir with local government, and the request to Oxfam to broaden their scope and extend their timeframe - and more pans for Wajir Bor!

Wajir Mid-Term Review Report

List of Participants

	Name	Organisation/ GoK
1	A.A. Kontoma	KRCS/Wajir
2	Hussein Sugow	WAD Wajir
3	Abdi Ibrahim Tulo Wajir V. Group (C/Man)	
4	Sheikh Abdiwahab	Association of Islamic (AIRP)
5	Fred. A.E. Ndunga	District Officer (Wajir Bor)
6	Ugas Ahmed Liban	DLPO-Wajir
7	Mahboub M. Maalim	DRP-Wajir
8	Dekha Ibrahim	NPHC Programme
9	Abdullahi Irshat	
10	M.R.M. Hussein	D/D.W.EWajir
11	Dr. Wanjigi C.M.	DVO Wajir-(session Chairman)
12	Hassan A. Abdille	Agriculture Wajir
13	Mohamed E. Elmi	Oxfam -Wajir
14	Halima Shuria	
15	Abukar Shariff	
16	Ali Omar	
17	Abdi Abdullahi	
18	Muhlar Ahmed Sheikh	
19	Mohamed Hassan	
20	Rahay H. Amin	
21	Farhiya Ali	
22	Khadija Mohamed	
23	Robert Walker	
25	Adam Leach Oxfam (UK&I) Kenya	
26	Ekwee Ethuro	
27	Sarah Westcott	Oxfam, UK
28	Phil Evans	ODA, Nairobi
29	Patricia Scotland	
30	Jim Harvey	
31	Jacob B. Wanyama	ITDG, Isiolo
32	Steve Ingabo	Information

Oxfam (UK/I) Kenya	Wajir Mid-Term Review Report

ANNEX 3: Proceedings of Review Workshop, Wajir, 4-6 March 1996

"Nin walba intis uni wa irkis intis halthana wa-aghligisa"¹³

A two-day workshop was held with the project team, representatives from ODA and Oxfam in Nairobi and UK, and the Review Team to discuss the Review Team's findings and issues arising from these for the remainder of the first phase and beyond.

A. Identification of specific issues arising from the Review for further discussion

The Project Team was invited to pull out issues from the Review Team's findings for more in-depth discussion. The following issues were identified:

Pastoral Associations:

Health issues:

- More emphasis on human health
- Possibility of TBAs taking on wider human health role
- Combination of animal and human health in one person
- Acceptance of new ideas introduced by daryelles and tbas
- Involvement of women in daryelle training
- Legal restrictions on human and animal drugs and need to network on this
- Incentives for daryelles and their operational position

Nature Of PAs:

- Membership, representivity and accountability of PA and role of project in relation to these
- Different perceptions of members of nature of PA
- Timing of start up of DPA
- Relationship between PA and women's groups
- Resource mobilisation and planning by PA including financial sustainability of drugstores

Water:

- Further involvement in boreholes by project
- Future role for project/PAs in wells and pans

Restocking:

- How to diminish dependence on outside intervention in the long-term
- Effect on traditional redistribution practices
- Appropriate size of restocking herd

Credit:

- Accounting problems need to understand their system and put it into writing
- Strong request for associated literacy training

¹³translation: no-one can't eat more than his capacity; whatever you say reveals your capacity for thought

September, 96 - WMTR-RPT.DOC

- Project understaffed in this area; possible need for external advice
- Issue of poor women being excluded
- Decision to spread funding thinly; possible to refuse some stronger groups, using same arguments as for restockees
- Link between women's groups and pas and dpa
- Turnover on petty trading means repayments can be faster

Capacity-building:

 Clarification of rationale and objectives for this component in relation to government and other organisations

Monitoring:

- Amount of time and money versus gain
- What is done with the information analysis

Management:

Merits of the Log Frame

General themes:

- choice of themes
- sustainability as an indicator of success
- is replicability a bonus or indicator of success?

B. Key points arising from discussion of issues relating to components and thematic issues

The discussions were held as a round-table, in one group, as an opportunity to expand on the Review Team's findings, and to enable the project team to respond and comment. Generally agreed points were noted as issues for the project team to consider in their next round of planning for the second half of Phase 1 of the project. What follows is a summary of the main points raised under each topic, and the agreed priorities emerging from the discussions.

Pastoral Associations

(i) Human and animal health

- Review Team found that combining human and animal health training in one person was economic, culturally sensitive and efficient.
- Targeting TBAs willing to be trained as *daryelles* will enhance human health component and involve more women. It will also help those TBAs with less experience in improving their credibility with communities.
- Project is already planning to involve more women through taking training to rers and adapting it to women's daily and seasonal work patterns.
- Monitoring will check drop-out rates of *daryelles*, and women's participation, to provide analysis for further training and refresher needs. Target numbers of *daryelles* to be trained may be revised in light of experience so far.
- Focus on good ethno-medical practices to be retained.

- Project involves MOH and DVO in training, so currently no legal problem in dealing with prohibited drugs but recognised as broader issue requiring some networking and lobbying.
- Project has no agenda about remuneration of *daryelles*, but constantly raises issue with PAs, as well as management of revolving fund for drugs over questions of losses, pricing, deferred payments by poor people.

Agreed priorities for rest of Phase 1:

Exploration of options to make training more available to women

Investigation of feasibility of studies on disease burden - technical monitoring - guidelines developed by Dr Wanyama, Annex 6

Monitor effects and acceptance of 'new' versus 'old' methods of treatment practice in relation to poverty; monitor impact on ethno-medical practices; guidelines on studies into ethno-medical practices contributed by Dr Wanyama, Annex 7

Documenting experiences around use of prohibited/regulated drugs

Monitoring remuneration systems for daryelles as established by PAs

- (ii) Nature of Pastoral Associations
- Implicit in the project is the assumption that the creation of representative community-based institutions in the form of PAs is a good approach.
- Perception of PA members that PA is a membership movement, self-help group, service cooperative, private enterprise, or a mixture of all these, varies, and the role of the project in influencing the direction of their development is delicate.
- Issue of representation can be addressed at three levels:
 - between themselves, members must be accountable and transparent in their management of the PA: inclusive membership will increase this accountability and transparency
 - representation of the community as a whole, and especially of women in that community, and of poor people; avoidance of emergence of a new elite
 - representation towards the government and wider community
- WPDP could distance itself from PAs and DPA if poor people's interests are not being represented but should not need to because of careful selection and support to PAs, especially in early stages.
- PRA produced idea of association to manage improved access to human and animal health and water; PAs together developed ideas of peace and conflict resolution and representation of pastoralists' concerns, via the creation of a District PA.
- Formation of the DPA will bring issue of representation to the fore; if DPA wants to have an
 advocacy role then it must be representative of communities through the PAs.
- Creation of a strong DPA and its potential power has been discussed with the DC; a legal structure for DPA is still being sought - advice could come from KPF and NGO Council.
- Timing of the creation of the DPA is not in hands of WPDP only, as it involves other actors (especially PSC, DRP).
- Relationship of women's groups with PAs.

Wajir Mid-Term Review Report

Agreed priorities for rest of Phase 1:

Project advances a set of qualities that make a good PA (representivity, involvement of women, ability to manage delivery of their development priorities) and has considerable influence over them but leaves PAs to develop their own structures and management

Qualities of PAs will be translated up to DPA and dialogue will ensure what representivity the PAs actually have

Water

- (i) Boreholes
- WPDP is considering giving an allocation of fuel for WUAs to replace through fees collected from users; and also considering kick-starting a fund for spare parts, on same model as revolving fund for drugs."
- Importance of good community management of boreholes given the GOK's reduced role and the serious impact borehole problems could have on the project's work.
- Difficulty of tackling total community management and maintenance of a borehole was recognised, as it was suggested that no community would have the resources to do this.
- (ii) Further work on pans and wells
- The question was asked whether the project had subsidised people who could afford to improve wells rather than seeking to help poorer people, by responding to those who could raise the necessary inputs first. Monitoring found that poor people had benefitted but may not benefit those poor without access to labour.
- In the future, should poor people be targeted for assistance to well-capping?
- Should project find money from elsewhere in budget to continue supporting well-capping and pan digging (given the positive impact) or should it leave PAs to do this?

Agreed priorities for rest of Phase 1:

Recognition that access to water is central to project's core purpose of securing livelihoods

Further exploration of implications of getting involved more in borehole management

Need to develop policy about further project support via PAs for wells and pans, as PAs will certainly ask in their own proposals

Need to monitor for any future assistance, extent to which poorer pastoralists have benefitted from subsidised help for well-capping and pan-digging

Restocking

- Idea that PAs could play a part in restocking others through some return from existing restockees is not feasible as rules have been agreed and cannot be changed.
- PAs are involved in drought monitoring and already thinking about future restocking, in association with zakat. (Islamic tax for poor)
- Survival of pastoralism will always depend on external inputs, because of greater constraints, and availability of aid, and state obligation.
- Herd size chosen for restocking resulted from experiences elsewhere, and pastoralists' recommendations. Monitoring should now attempt to check whether this was correct.

Wajir Mid-Term Review Report

Agreed priorities for rest of Phase 1:

Lessons to be learnt from this component for PAs and broader project experience

Consider an evaluation of restocking component during the coming months, using monitoring data, consultation with restockees, and comparison with other projects, including effects on traditional restocking systems

Credit

- Most groups are combining savings and credit.
- Is WPDP trying to build capacity among women's groups to undertake collective enterprises, or establish a credit scheme?
- Caution was expressed about the difficulties of establishing successful credit schemes.
- Suggestion made to get other agencies in to provide credit, while WPDP builds the capacity of groups to access this.
- Agreed that project should stick with this component as no-one else doing it in Wajir. "cally?"

Agreed priority for rest of Phase 1:

Need for fundamental review of this component, in terms of group formation and credit scheme and project's role

Capacity-building

- Two objectives: (i) to support activities that form part of project's overall purpose but which project has no capacity for or considers too sensitive (ii) to build capacity of one or two NGOs that will have ability to respond to needs in project domain once WPDP withdraws
- Good working relations with government ministries in Wajir is also part of capacity-building, and WPDP is a good model for other NGOs to follow
- Capacity-building also includes that of communities, through PAs

Agreed priorities for rest of Phase 1:

Develop a strategy for capacity-building with each group

Monitoring

- Dilemma for project about how much monitoring is for internal consumption and how much is at request of outsiders to prove project impact.
- Monitoring helps document and justify explanations of success, and learn issues for next time.
- Efficiency of monitoring how much to do and to what end needs monitoring in order to arrive at the minimum necessary to support project components, and demonstrate impact
- Participatory nature of process is important and value of feedback already demonstrated; integrated monitoring essential
- Persuading people to be able to show how they are monitoring themselves is hardest part of monitoring

Agreed priorities for rest of Phase 1:

Review monitoring and evaluation workplan in the light of review findings and agreed priorities

Review effectiveness of monitoring and evaluation by the end of Phase 1

Management and use of Log Frame

- Original Log Frame does not need complete revision, which would indicate that the project is on the right track.
- Log Frame can now be seen to be not so useful, in the light of project progress to date the
 outputs and indicators could be more clearly defined to reflect more accurately the project
 experience and capture the priorities for the rest of Phase 1.

Agreed priorities for rest of Phase 1:

The project team will revise the Log Frame as a result of the review process, adding activities, redefining outputs and indicators, and reviewing assumptions, at their next quarterly planning meeting; this process will enable the team to find out how the review has influenced their work

Gender

- Gender is not just about working with women and meeting their needs, but about analysing the nature of the relationship between men and women and then developing strategic objectives for gender work
- WPDP has to decide to what extent it can challenge social structures in pursuing more strategic gender work.
- Monitoring of the impact of changes in gender relations is difficult but necessary and project is tackling this.
- Building relations of trust and inclusive dialogue with pastoralists is important now, through practical help, and will pave way for more strategic work in Phase 2.

Agreed priorities for rest of phase 1:

Use of gender analytical tools, with the help of the Oxfam Nairobi office, to be considered

Replicability, Sustainability, Institutionalisation

- Implicit assumption that we would not carry out these development interventions if they were not sustainable, replicable and able to be institutionalised at a local level. WPDP wants PAs to become more widespread in Wajir District, so needs to develop an approach that others can take up.
- Institutionalisation links replicability and sustainability, if establishment of PAs is to be long-term; capacity and institution-building process is at heart of project.
- Some project components are not sustainable and replicable, but of transitional necessity to further project ends.
- Replicability in terms of a model transferable elsewhere in Kenya should not be driving the project; external replicability is to do with good practice and lessons learnt; the process is the model, not the project.
- Level and period of investment need to be evaluated in order to demonstrate the result achieved.

Oxfam (UK/I) Kenya	Wajir Mid-Term Review Report

- Project demonstrates that development does not have to be adversarial, but can be inclusive with other actors.
- Pre-condition for effectiveness of PAs is representivity this is the value underpinning the project, related to the basic rights analysis; representivity is the value to be replicated; a truly representative PA gives legitimacy to articulation of rights
- But possibility of eventual adversarial process as rights are articulated by truly representative PAs.

C. Influences on thinking about Phase 2 as a result of the review:

The meeting brainstormed the following issues:

- Replicability of project components and the project as a whole
- Interface with other projects, eg Arid Lands Programme of the World Bank, and pushing people back into those programmes rather than taking people from them in order that experiences can be shared
- Involving other stakeholders in dialogue around the development of Phase 2
- Integration of project into broader Oxfam Kenya strategic thinking
- Development of a strategy underpinning Phase 2, with Phase 3 also in mind
- Work on assuring technical back-up from ministries to DPA and PAs

D. Project team's vision for Phase 2:

- (i) In the next phase, Oxfam will coordinate its strategy with ALP, NPHC and others. Even considering their input, there will be a need for Oxfam to work directly in setting up PAs in other areas. The details of what is done will depend on PRAs with communities and what ALP/NPHC are planning. With the same resources that were used in the present phase (money, time, staff) we feel we could now work with twice the number of PAs (ie 10). In the next phase, however, animal and human health components will probably be done through the DPA. Oxfam will work to build the capacity of the DPA during phase 2.
- (ii) By end of Phase 1, project should have withdrawn from direct work with existing PAs, and will work with them only through the DPA. The project will continue to have a monitoring relationship with them.
- (iii) The project will pursue work on gender, depending on experience from Phase 1
- (iv) Livestock marketing will be a central issue for work in Phase 2
- (v) The project will develop a policy about education both formal and non-formal (literacy, civic education) - for activities in Phase 2.
- (vi) Youth education will also be considered.
- (vii) Contingency plans for emergency situations will be developed (on possibility of recurring drought in coming years)
- (viii) More restocking will depend on an evaluation of what has been done in the bullas towards the end of Phase 1.

E. Milestones for planning between now and Phase 2:

	March 96	Mid-term Review
	Sept - December 96:	PRA in new and existing geographic areas
		Analysis by PAs and DPA of needs
		Integration of project thinking into Oxfam strategic planning
	by end 96:	Preparation of concept paper for Phase 2
	January 97	Invite ODA and others to share analysis in concept paper
	February 97	Phase 1 final evaluation to follow up MTR findings; this should take the form of a 2 -3 day workshop based on updated status reports; the workshop would then continue into planning for Phase 2 and preparation of a Log-Frame
	March 97	Final project proposal for Phase 2 prepared by early March for presentation to donors
F.	Some thoughts on the	final evaluation of phase 1:
	Approach:	participatory; external in the sense of representation from Oxfam, UK
	Objectives:	to look at the how the agreed priorities from the MTR were put into place during the remainder of Phase 1;
		to give insights into Phase 2 based on more information and experience gained during the remainder of Phase 1;
		to feed into the preparation of the Log Frame for Phase 2.
	Timing	ToRs to be prepared by November 96; evaluation of Phase 1 and planning of Phase 2 in February 97.
G.	Review of the Review	
	Timing: • although lo	ong, this gave time to bring out many issues in detail

- preparation time seemed long to staff at times although they recognised the value of this later
- exceptional input from ODA, but considered a good investment of time

Approach: • phased approach good in that it made it more manageable and less disruptive for the project team

- staff involvement in Status Report enhanced internal communications
- participation was good especially of beneficiaries who organised RTs visits with PAs
- open discussion was very positive

Lessons learnt from the process:

- important for project team to feel what they are doing is on the right lines, even if no major changes proposed
- could beneficiaries been even more closely involved by being part of Review Team, or presenting findings jointly

September, 96 - WMTR-RPT.DOC

- documentation could have been provided sooner to help RT
- MTR of this depth helped weave team together, bring Oxfam Nairobi closer to project, and beneficiaries and stakeholders - in essence, a good PR exercise
- review should be timed to suit seasonal and any other work cycles rather than disrupting them
- Oxfam learning about how to strengthen relations between operational project team and Oxfam-Kenya's programme

MTR as opportunity to develop Oxfam - ODA relationship:

- For ODA, WPDP falls within a number of ODA sectoral priorities and represents a valuable learning opportunity to influence ways or working on natural resources and poverty impact. The project also provides a realistic perspective on needs at local level.
- There is commitment to experimenting a relationship between ODA and NGOs, recognising that ownership of projects stays with the NGOs; there is need to be clear about respective roles in the process.
- ODA particularly values how the project has integrated participation into the delivery of project inputs, and is not treating participation as a mere precondition for project implementation.
- There is a genuine desire on the part of ODA to see this as a learning opportunity, and to create real partnership. Partnership means establishing the right balance to ensure that both sides gain in the relationship.

H. Overall summary of the workshop

We have talked a lot about power relationships - between ODA and Oxfam, the project and beneficiaries, between men and women, between the Review Team and the project, between Oxfam Wajir and Oxfam Nairobi; none of this should cloud our common goal which is working for the people in the communities.

I. Participants in the workshop

Oxfam staff Wajir:	Mohamed Ibrahim Elmi	Mohamed Mursal
	Abukar Shariff Bulle	Rahaye Hassan Amin
	Halima Omar Shureye	Robert Walker
Oxfam staff, Nairobi:	Adam Leach	
ODA staff, Nairobi:	Patricia Scotland	
	Jim Harvey	
Review Team:	Phil Evans	
	Ekwee Ethuro	
	Jacob Wanyama	
	Sarah Westcott	

ANNEX 4: Summary Of Issues Needing Further Discussion

Animal Health

- Technical support to daryelles at drugstore level: technical back-up is provided by Oxfam staff on an ad hoc basis which is not sustainable; question of adequacy of reference materials available at the stores or kept with the daryelles.
- Relationship of daryelles to DVO
- Closer link to be established over disease surveillance and control
- Question of remuneration for daryelles (also applies to human health and TBAs)
- Financial management of drugs and daryelles:
 - Issues of incentives or mark-ups for daryelles
 - Overing for losses of drugs
 - Payments for poor people out of daryelles' pockets
 - Ocst/benefit analysis of drugs to ensure revolving fund remains at sustainable level
- Formal recognition of daryelles certification for protection
- Ethno-veterinary studies: local expertise merits more recognition in training sessions; ethnoveterinary research and development possible
- Teaching methods need some standardisation and introduction of PTT
- Accountability of *daryelles*, and strength of PAs.

Human Health

- Human health training perceived to be less important than animal health, although this varies with relationship with local dispensary, if there is one; what does project think about the relative weight given to two sectors?
- Human and animal health combined in one person: arguments for and against and review's conclusions: intersectoral human and animal health is economic, efficient and appropriate culturally
 exploitation of traditional practitioners and practices enhances this appropriateness.
- Lack of women daryelles project already planning training nearer or in rers; possible to adjust training programme to suit lives of women - half-days, shorter duration.
- Ethno-medicine and existing local practices needs more recognition and building on perhaps there is a need for research work first
- Acceptance of modern ways versus traditional
- Could TBA and daryelles team up to do a bit of awareness-raising?
- Take up of TBA kit not good price or understanding by men
- Some trainees chosen by communities for their expertise in animal and human health; this
 relationship could be further exploited to reduce conflicts and lack of confidence in the daryelles
 and TBAs by the local communities. This relates to both animal and human health.

Pastoral Associations

- Membership and accountability: badia/settlement, individuals/reps of rers; representation of community - what community? Role of DPA in establishing criteria for PAs to be members in terms of who PAs represent.
- Nature of PA service co-operative, CBO, membership movement, private enterprise? varied perceptions among members and officials within different PAs
- Strength of PAs in presenting development plans to other donors
- Other small PAs springing up like Riba could indicate success of replication of model response of project? criteria for joining DPA would need to be clear
- Role of project in being more or less hands off over management, especially financial management of PAs - when to support, when not to
- Income-generation for PAs mark-up on drugs, hire of room, etc.
- Representation of women major issue for focus in next period
- Role of project in next phase concentration on institutionalisation, working on DPA, relations with government

Water

- Monitoring to establish estimated cost-effectiveness of well-capping and provision of pans on pastoral life
- Management of boreholes more project involvement? WUA relationship to PA and provision of small stock of spare parts

Restocking

- Restockees from bullas relationship to PAs and project once moved out different from restockees already done through PAs
- Copies of contracts to be given to restockees, PAs and committees in bullas for their records
- Future restocking by PAs from restockees as part of contract, to build up a PA restocking herd; capacity of PAs to take this on - institutionalisation, replicability and sustainability of the intervention.
- Direct return to restockees very high in short term compared to wider benefits achieved through other programme activities: is this fair? eg women's groups given a loan of a similar amount to use for the whole group, and it has to be repaid.
- Optimum size of herd for restocking?

Income Generation

- Accounting problems need to understand their system and put it into writing;
- strong request for associated literacy training
- Project understaffed in this area; possible still need for external advice
- Issue of poor women being excluded
- Monitoring of impact establish indicators soon

Outom (I IK/I) Konus	
Oxfam (UK/I) Kenya	Wajir Mid-Term Review Report

- Decision to spread funding thinly; possible to refuse some stronger groups, using same arguments as for restockees
- Link between women's groups and PAs and DPA
- Repayment rates over long-term for petty trading is unnecessary

Capacity Building

- Current capacity-building is essentially funding for local NGOs; need to develop capacity-building
 programme with them to help in strategic planning, and the project cycle.
- Exit strategy represented by any of these organisations? Institutionalisation of project components? NPHC represents possible sustainability of some elements of approach in other divisions of the district, but project's assistance to them is transitional; WVG played an awareness-raising role during last drought, now supports old people and does some restocking; potential link between DDC, Peace and Development Committee, PSC and DPA to core project aims, particularly in the area of conflict prevention.
- More clarification needed from project on objectives of this capacity-building

Management

- Risk of diversion from core objectives through encouraging more requests for support from PAs and other groups; diversion and dilution.
- Merits of Log Frame as planning and management tool

Monitoring and Evaluation

- Issue of time spent on monitoring versus gain to project
- Analytical framework for data needed, with focus on minimum requirements that will lead to impact assessment in the long term.
- Training for daryelles, storekeepers and TBAs on record keeping
- Monitoring of drug efficiency and efficacy of drugs use through laboratory disease surveillance and drug monitoring
- Analysis of cost effectiveness of the services for the benefit of the PAs using cohort households.