DETERMINANTS OF PERFORMANCE OF FAMILY PLANNING PROJECTS FUNDED BY USAID: A CASE OF APHIA PLUS IN HOMABAY COUNTY, KENYA

BY:

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DECLARATION

This research project report is my original work and has not been presented for a degree in any other university.

Signature..... Date.....

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This research project report has been submitted for examinations with my approval as the university supervisor.

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DEDICATION

This research project report is dedicated to my wife Alice Atieno, whose motivation continued to inspire my research. I also dedicated to my son Hillary Ochieng for his encouragement and motivating me during my course work.

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I wish to extend my sincere gratitude to the following that to a greater extent supported me in ensuring success throughout my course: To my supervisor Dr. Moses Otieno who was a good mentor and advisor during compilation of this work. To our lecturers of University of Nairobi for taking us through this masters course. To my fellow students in the Masters of Arts in project planning and management class of 2016. My appreciation also goes to the Administrative assistant; Mr. Henry Kibabe, for his moral, information and material support towards the success of this research. Also not to forget the responses of respondents of being willing to give relevant information that made the research meaningful. Nevertheless, to Mr. Odhiambo Stephen who tirelessly typed this work. Lastly and most importantly to my family members and friends who have been close to me and supportive in this noble work.

May the Good Lord reward you abundantly.

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LIST OF ABBREVIATION AND ACRONYMS

ACA	Affordable Care Act
AIDS	Acquired Immunodeficiency Syndrome
APHIA	AIDS Population, and Health Integrated Assistance Projects
CBD	Community-based Distribution
CHWs	Community Health Workers
COPHIA	Community-based HIV/AIDS Prevention, care and Support Project
CPR	Contraceptive Prevalence Rates
DHS	Demographic Health Survey
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demography Health Survey
KSABs	Knowledge, Skills, Abilities, and Behaviors
NGO	Non-Governmental Organization
PATH	Program for Appropriate Technology in Health
PDA	Population and Community Development Association
PRH	Population and Reproductive Health
RH/FP	Reproductive Health and Family Planning
SPSS	Statistical Package for Social Science
UNFPA	United Nations Food Program Agency
US	United States
USAID	United States Agency for International Development

ABSTRACT

This research sought to examine determinants of performance of family planning projects funded by USAID and to establish an understanding and knowledge on the factors that enhance family planning project performance. The objectives of the study were to determine how contraceptive security influence the performance of family planning projects in Homa-bay County, to examine how staff competence influence the performance of family planning projects in Homa-bay County, to find out how accessibility influence the performance of family planning projects in Homa-bay County, and to establish how affordability influences the performance of family planning projects in Homa-bay County. To realize the objectives, a descriptive survey design was adopted. The target population constituted WRA registered as FP clients in GOK health facilities. The research study adopted Krejcie and Morgan table of sampling. A sample size of 270 women and 90 service providers was identified. This study used both the questionnaire and an interview guide for data collection among the women of reproductive age seeking family planning services and the interview guides were for the service providers. The data was analyzed using frequencies, percentages and presented in tables. The findings indicated that when users were presented with wide range of FP methods from which they could to choose from, it granted users the autonomy to choose high-quality contraceptives for family planning and therefore enhancing FP objective of preventing HIV/AIDS and other sexually transmitted infections. The study established that ensuring the continuous availability of contraceptives at the client level is a key contributor to increasing the use of family planning services and that there is need to provide Contraceptive Safety, in order to enable people to choose, obtain, and use high-quality contraceptives whenever they want them. Contraceptive Safety requires planning and commitment on several levels to ensure that the necessary commodities, equipment, and other supplies are always available. The study also noted that the cost of family planning service is an important determinant of the use of family planning services. Government health facilities in Homabay County offered the services free of charge; proximity was considered an ideal proxy for price of the contraceptives. The further away from the facility a respondent is the higher would be transport cost or transaction cost of accessing the facility. The study also noted that Poverty and longstanding County regional inequities also perpetuate the exclusion of many people from accessing effective contraception in Homabay County, according to health care providers it is hard to keep services affordable and ensure that people can choose, obtain, and use high-quality contraceptives whenever they want them. The study noted that demographic and socioeconomic factors of the woman and also the, woman's perception in terms of the facility/provider factors such quality, user fees charged for family planning services, and proximity of the family planning facility. Therefore, the study concluded that ensuring Contraceptive Safety is key in promoting performance of family planning projects in Homabay County. The study also established that family planning health workers played a critical role in creating awareness on family planning services, competent health workers were in a better position to convince young reproductive women to consider uptake of family planning measures than any other advocacy means. Therefore the staff competence had a positive influence on the performance of family planning projects in Homabay County.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

This chapter gives foundation of the research study. This study is survey research that aims to determine and describe various variables and investigate their relationship that influences family planning performance project funded by USAID, a case of APHIAPLUS project in Homa Bay County Kenya. The chapter defines the study topic, formulates the problem statement, gives the purpose of the study, specific objectives of the study that guides the study. It also entails research questions that seek answers to the research study, significance of the study, basic assumptions of the study, limitation of the study, delimitation of the study, organization of the study and significant terms among others used in the study.

Family planning services are educational, comprehensive medical and social activities which enable individuals as well as minors to determine freely the number as well as the spacing of their children and to select the means by which this may be achieved. This can be achieved by means of use of contraceptive methods and the treatment of infertility. Family planning has been the most important intervention in reproductive health care. According to WHO, family planning has largely enabled people to make informed choices about their sexual and reproductive health and most importantly given women an opportunity to pursue supplementary education and participate in public life (WHO, 2018).

In accordance to the studies that has been carried out, utilization of family planning (FP) services remains low in Sub – Saharan Africa, and Kenya being non –exceptional. This has caused different organizations to put up projects on it to promote the use. Project implementation is important for an organization's success and its achievement of goals. However, many organizations fail to implement the project's strategies efficiently. According to Mbwika and Moronge (2017) the difficulty is not with formulation of a project strategy, the difficulty comes with implementation as it is not easy to implement. Effective project implementation rarely gets much attention or respect. Yet it is imperative to note that even the most creative and well-crafted project strategies are

useless if they cannot be implemented (Mbwika & Moronge, 2017).According to Pickens and Solak [CITATION Pic05 \n \t \l 1033] in their abstract; ‘Successful healthcare programs and projects: organization portfolio management essentials’, many healthcare organization projects take more time and resources than planned and fail to deliver desired business outcomes. Poor results are often not a result of faulty healthcare information and technology or poor project management or poor project execution alone but may result from a combination of these and other factors [CITATION Jen16 \l 1033].

In low-income countries, approximately 57% of second and higher-order births occur at intervals shorter than 3 years, and, in some countries, these conditions have not changed in 20 years (Ahmed *et al.,* 2013). More than 80 million mistimed or unwanted pregnancies (unintended pregnancies) occur each year worldwide, contributing to high rates of induced abortions, maternal morbidity and mortality, and infant mortality [CITATION Cle11 \l 1033]. In Kenya, during the past 20 years there has been great progress in the provision of family planning and reproductive health services. This has resulted in a decline in the Total Fertility Rate from about eight, 35 years ago, to about 3.9 by 2014 (KDHS, 2014). Many players have also come in to help in the provision of family planning and reproductive health services among them the United States Agency for International Development (USAID) through funding.

According to Huber, et al [CITATION Dou10 \n \t \l 1033], ‘Achieving success with family planning in rural Afghanistan’ traditional rural communities can rapidly accept modern contraceptives, particularly injectables, introduced by CHWs when people are educated about common non-harmful side-effects and correct use. Bonnie, (2013) in ‘family planning pilot project in Philippines is a success story’, in one community supported by a PATH Foundation family planning program, with funding from USAID, notes that parents were able to choose to have smaller families. The family size went from an average of 12 children to no more than four children over the first six years of the program. According to Edorah, (1992), in ‘A Family Planning Success Story’ Thailand lowered its birth rate quickly – and substantially due to innovative projects in carrying out family planning approaches, the openness of the Thai people to new ideas,

and the willingness of the government to work with the Population and Community Development Association (PDA), a private nonprofit organization and the largest nongovernmental agency in Thailand.

In Africa, according to the National Research Council (US) Working Group (1993), cultural and socioeconomic barriers are cited as a main reason for low contraceptive prevalence in the region. Well-managed projects and programs throughout sub Saharan Africa achieve prevalence rates of 20 percent. A report by the USAID's Bureau for Africa and the Bureau for Global Health/Office of Population and Reproductive Health (PRH), (2012) on three Successful Sub-Saharan Africa Family Planning Programs indicated that Ethiopia, Malawi, and Rwanda had achieved modern contraceptive prevalence rates (CPR) much more rapid. The increase among married women of reproductive age was 2.3% in Ethiopia (2005-2011), 2.4% in Malawi (2004-2010), and a dramatic 6.9% in Rwanda (2005-2010), according to the Demographic Health Survey (DHS) reports for the years noted.

Maura Graff (2015) in his article, Family Planning Is a Crucial Investment for Kenya's Health and Development, indicated that family planning is an essential component of achieving development goals for health, poverty reduction, gender equality, and environmental sustainability, including Kenya's Vision 2030, a national framework for development. Pathfinder International has built successful approaches to delivering quality Reproductive Health and Family Planning (RH/FP) services in the world. In Kenya since 1969, pathfinder has implemented several projects successfully funded by USAID including community-based Distribution (CBD) of FP Method, Adolescent Sexual and reproductive Health and Post abortion care, Urban reproductive Health Initiative, Integrated reproductive Health and Peer counseling in Kenyan Universities, community-based HIV/AIDS Prevention, care and Support Project (COPHIA), community-based Family Planning in Kenya Project, the AIDS, Population, and Health Integrated Assistance Projects, APHIA II (Nairobi, Central and North Eastern Provinces) and APHIA PLUS. The successful implementation of these projects is key in ensuring the success of reproductive health and family planning in the country for the benefits that

come with it: reduced maternal morbidity and mortality, and infant mortality, and increased development.

1.2 Statement of the Problem

Family planning programmes have been initiated worldwide with varied rationales that is, social, economic and health. The basic assumption behind all these is to solve the problem of the world's ever increasing population through the reduction of fertility [CITATION San16 \l 1033]. However, despite the success of family planning and consequently reduction in population growth in many countries, the world's population keeps growing and will continue to do so with 95% of that growth in developing countries [CITATION Jan01 \l 1033]. Many family planning projects have therefore been taken up in Kenya in partnership with donors such the USAID. With the rising of county governments, they too have taken the responsibility of family planning programs upon themselves. The USAID in collaboration with the county government of Homa Bay even instituted a five-year family planning strategic plan (2015-2019). USAID through APHIA PLUS, also funds family planning projects in the county. Homa Bay County is one of the counties with the poorest sexual and reproductive health outcomes, including adolescent pregnancy rates. The success of these family planning projects is therefore crucial.

Several studies have even been carried out regarding the factors that influence the performance of family planning projects. Namukunda and Ogollah (2016) for instance studied the factors affecting implementation of family planning projects by non-governmental organizations in Kenya. The study found the factors affecting the implementation of this project to be; technical capability, project planning, financial control, communication about family planning, and culture. Wambugu [CITATION Jen16 \n \t \l 1033] studied the factors that influence performance of family planning projects funded by USAID in Kirinyaga County. The study investigated the influence of contraceptive safety, staff competence, accessibility, and affordability on the performance of these projects. Nyauchi [CITATION Ben11 \n \t \l 1033] studied the determinants of unmet need for family planning among women in rural Kenya. According to the study these determinants were: marital status, age, level of education, number of living

children, employment status, region of residence, household wealth index, and exposure to mass media communications. However, no study had addressed these factors in Homa Bay County. While a similar study had been done in Kirinyaga County, Nyauchi (2011) noted region of residence as a determinant of unmet needs in family planning. Also, Kirinyaga County ranked high, unlike Homa Bay, in sexual and reproductive health. Studies done generally in the whole country or the region of Kirinyaga could not therefore accurately represent the county of Homa Bay. This gap necessitated this study which sought to determine the factors that influence the performance of family planning projects funded by USAID through a case study of APHIA PLUS in Homa Bay County.

1.3 Purpose of the Study

The purpose of this study was to determine the factors that influence the performance of family planning projects funded by USAID through a case study of APHIA PLUS in Homa Bay County.

1.4 Objectives of the Study

The study objectives were:

1. To determine how contraceptive safety influences the performance of family planning projects in Homa Bay County.
2. To determine how staff competency influences the performance of family planning projects in Homa Bay County.
3. To establish how accessibility of health facilities and family planning services influence the performance of family planning projects in Homa Bay County.
4. To examine how affordability of family planning services influence the performance of family planning projects in Homa Bay County.

1.5 Research Questions

This study was guided by the following research questions:

1. How does contraceptive safety influence the performance of family planning projects in Homa Bay County?
2. How does staff competency influence the performance of family planning projects in Homa Bay County?

3. To what extent does accessibility of health facilities and family planning services influence the performance of family planning projects in Homa Bay County?
4. To what extent does affordability of family planning services influence the performance of family planning projects in Homa Bay County?

1.6 Significance of the Study

This study sought to determine the factors that influence the performance of family planning projects funded by USAID through a case study of APHIA PLUS in Homa Bay County and establish an understanding on the factors that enhance and/or hinder family planning projects' performance. The findings of the study will therefore be useful to USAID and other stakeholders in fostering family planning projects' performance through alleviation of factors that offer hindrance and promotion of those that enhance performance.

The findings of this study will assist family planning program managers in formulation of effective strategies towards addressing the problem of family planning non-users and help to develop programs aimed at addressing gaps in the current programs. The findings and recommendations of this study will help to design strategies that can help in the success of family planning programs.

To scholars and academicians, this study will serve to add literature on the subject of family planning and family planning projects' performance. The findings of this study may therefore be used as a basis for research by other researchers. From this study also, research gaps may be identified and used in conducting further research in the future.

1.7 Basic Assumptions of the Study

For the success of the study, it was assumed that the respondents had adequate relevant information on the subject that aided in the acquisition of meaningful data. It was also assumed that the facilities from which the information was collected cooperated to give necessary data.

The study further assumed that the information obtained was accurate and valid. It was assumed that the respondents spared time to give accurate and adequate responses and

that there was no respondent errors, intentional or unintentional. The respondents also gave their views without prejudice.

1.8 Limitations of the Study

These refer to those characteristics of design and methodology that set parameters on the application or interpretation of the results of the study. This study was expected to be limited by the unwillingness of respondents to freely offer the information required for this study. This was delimited through giving assurance, to the respondents, of confidentiality of their responses. This study also only sampled medical facilities supported by USAID therefore being limited to generalization.

1.9 Delimitation of the Study

The scope of this study covered health facilities supported by USAID, APHIA PLUS in Homa Bay County. Also was delimited to women of reproductive age between (15-49) years residing within all the eight sub- counties of Homabay County.These health facilities are distributed within the eight sub-county administrative units: Mbita, Ndhiwa, Homa Bay Town, Rangwe, Karachuonyo, Kabondo, Kasipul and Suba.

1.10 Organization of the Study

This study was organized into five chapters that are highlighted as Chapter one to five, and preliminary pages consisting of the declaration, dedication, acknowledgements, table of contents, list of tables, acronyms and abbreviations and the abstract. The appendices are listed at the end of the document and include relevant authorities given for the study to be conducted and questionnaires used for the study.

Chapter one is the introduction to the study. It presents the background to the study, statement of the problem, purpose of the study, the objectives of the study, research questions, and significance of the study, basic assumptions, and limitations and delimitations of the study.

Chapter Two presents the literature review which looks at factors influencing performance of family planning projects. This chapter also provides the theoretical and conceptual frameworks of the study.

Chapter Three outlines the study design, the target population, methods of data collection, validity and reliability of the research instruments and data collection procedures. The chapter also includes the ethical considerations of the study, data analysis and presentation, and the operationalization of the variables.

Chapter Four contains the response rate, Knowledge on family planning and the demographic, social, economic and service provider' factors performance family planning.

Chapter Five presents a summary of the findings and discusses the findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains literature on the subject of study as presented by various researchers. The chapter discusses contraceptive security, staff competence, accessibility, and affordability as factors influencing the performance of family planning projects. The chapter also looks in the theoretical and conceptual frameworks and ends with a summary of the chapter and presentation of the research gap.

2.2 Contraceptive Security

Contraceptive security is a situation in which people are able to reliably choose, obtain, and use quality contraceptives for family planning and the prevention of sexually transmitted diseases [CITATION Jen16 \l 1033].Hare, Hart, Scribner, Shepherd, Pandit & Bornbusch[CITATION LHa04 \n \t \l 1033] defined contraceptive security as a situation whereby people are able to choose, obtain, and use the reproductive health supplies they want. According to Julie (2011) ‘on reproductive health commodity security’, Contraceptive security exists when every person is able to choose, obtain, and use high-quality contraceptives and condoms for family planning and for the prevention of HIV/AIDS and other sexually transmitted infections.

It has been recognized that ensuring a reliable supply of quality contraceptives is essential to reproductive health programs. The slogan ‘No product? No program’ has become a common vocabulary in the developing countries with full understanding of the relationship between product availability and program success. According to Wambugu (2016) inadequate availability of and access to essential health commodities are a big challenge in developing countries. The availability of a variety of quality contraceptives highly determines the reception and adoption of modern family planning methods [CITATION Jan16 \l 1033]. Nyauchi (2011) in investigating the determinants of unmet need for family planning among women in rural Kenya noted that contraceptive security

is important in reducing unmet need in family planning. For the success of family planning projects therefore contraceptive security plays a major role.

A report by Center for Communication Programs (2008) on 'Elements of Success in Family Planning Programming' indicated that providing contraceptive is key to success. The report equally named "seven Cs" that contribute to contraceptive security as; contextual factors, commitment, capital, capacity, coordination, commodities, and clients. Context entails the supportive government policies, laws and regulations that are necessary to facilitate public- and private-sector programs to secure and deliver contraceptive supplies. Context equally includes a conducive environment in the social and economic set up that are of paramount importance to influence an individual's ability to choose, obtain, and use family planning. Political, legal, social and economic context affects contraceptive security.

Commitment is shown through existence of a national contraceptive security strategy, the existence of policies affecting access to family planning, inclusion of contraceptives on the NEML, and inclusion of contraceptive security concepts in the Poverty Reduction Strategy Paper. For any program to succeed in Contraceptive security, strong leadership and long-term commitment at all levels are very necessary and hence involvement of all stakeholders. The stakeholders need to show great commitments to make contraceptive security a top priority. They should also adoption and implementation of supportive policies and regulations, to ensure financing, to develop coordination mechanisms, to ensure adequate staffing and to develop the necessary capacities (Center for Communication Programs, 2008).

Capital or finance for procurement involves a consideration of the amount of funding for contraceptive procurement, the funding sources, and information about the procurement mechanism. There can never be any contraceptive security without funding. Good financial plan is necessary in order to procure, and distribute commodities. Making services affordable while ensuring financial sustainability is a key to contraceptive security.

Capacity involves ensuring health care provides the right skills and knowledge to forecast contraceptive commodity, and help clients choose and successfully use family planning. All the stakeholders need to be involved in the entire chain since providers alone cannot ensure contraceptive security. The whole supply chain team is necessary to ensure, planning, procuring, transporting, storing, and distributing contraceptives and other clinical supplies and equipment, which are essential for contraceptive security. A team that is able to forecast estimates of needs and is necessary to ensure consistent supply. Strong leadership is important to ensure, efficient procurement practices, proper warehousing, and reliable deliveries.

Coordination in commodity security involves very many processes which include; planning, procuring, transporting, storing, and distributing contraceptives. All these processes require many stakeholders who need to be coordinated in order to have a harmonized system. Stakeholders includes; government agencies, donors, service providers (public, private, and NGO), program planners, manufacturers, and distributors. Their coordination helps to ensure complete coverage and decrease duplication of effort. Working together to develop a joint strategy for contraceptive security is very important since it ensures that there is no double work

Commodities involve the range of contraceptive methods offered in public facilities and those offered in social marketing or NGO facilities. Availability and accessibility of a range of quality family planning commodities is central to contraceptive security. Contraceptives may be imported or produced locally; they may be procured by governments, donors, multilateral agencies, NGOs, or the private sector. The public sector, NGOs, social marketing programs, and the commercial sector all have unique and important roles in providing family planning commodities to meet the needs of all clients [CITATION Jen16 \l 1033].

Clients are the ultimate beneficiaries of contraceptive security. Efforts to improve contraceptive security should focus on meeting clients' unique needs. All individuals who wish to use family planning regardless of economic status, education, ethnicity,

geographic location, or other characteristic should be able to access family planning methods that suit their particular needs [CITATION Jen16 \l 1033].

2.3 Staff Competence and Performance of Family Planning Project

Staff competencies are the measurable or observable knowledge, skills, abilities, and behaviors (KSABs) critical to successful job performance. Competence indicates sufficiency of knowledge and skills that enable someone to act in a wide variety of situations since each level of responsibility has its own requirements[CITATION Jen16 \l 1033]. Competence can occur in any period of a person's life or at any stage of his or her career. Competence of staff is necessary in implementing any health program. Staff contributes greatly towards the success of any project. This is no wonder many schools of thought have been developed on means of improving staff competence. From these staff training and motivation are encouraged.

According to a report by UNFPA and PATH (2006) on 'Meeting the Need; Strengthening Family Planning Programs', indicated that unless staff are given adequate resources, training, and support, the quality of care may not be achieved and hence program may fail. John et al, (2006) on 'family planning: the unfinished agenda' identified staff competency as a key to success of family planning programs. According to Mokaya[CITATION Mok14 \n \t \l 1033] in a study on how communication influences the adoption of family planning in Marani division in Kisii County, training of clinical officers and all providers of family planning services was recommended. In the research, staff competence was found to highly influence adoption of family planning and thus the success of programs on family planning.

Nyauchi (2011) notes staff competence built through training can help reduce the unmet need in family planning. The quality of provider interaction and client should be improved by retraining the providers, provider knowledge and understanding of the methods and procedures should be improved, printed materials should be made available to interested clients. Staff competence at all levels of project implementation ensures success of the project. This begins from the project's management to lower ranking staff.

2.4 Accessibility and Performance of Family Planning Project

Accessibility means the extent to which a consumer or user can obtain a good or service at the time it is needed [CITATION Jen16 \l 1033]. It is also defined as the ease with which a facility or location can be reached from other locations. A report by Center for Communication Programs (2008) on 'Elements of Success in Family Planning Programming' indicated that providing family planning services through various outlets like clinics, pharmacies, and health facilities helps clients to obtain services easily. The report also attributed easy access as a necessary tool in removing unnecessary medical barriers. INFO Project Center for Communication Programs (2008) on, 'Elements of Success in Family Planning Programming' described accessibility of family planning as a situation where clients can easily obtain services; they are better able to use family planning and to obtain help when they want it. People can be termed as having good access to family planning services when the service delivery points are conveniently available to everyone; everyone knows where to find these services; everyone feels welcome; services are free of unnecessary administrative and medical barriers; and people can choose from a range of contraceptives.

According to Nguyen et al. (2002) on 'accessibility and Use of Contraceptives in Vietnam' emphasized on the importance of a country to comprehend well the accessibility of family planning services as a tool to support program planning. A report of family planning London summit (2012), indicated that increasing access to contraceptives and family planning information and services is directly related to improvement of maternal child health programs. A report by USAID (2011) relaying the story behind the FP program's success in Malawi pointed out that accessibility was one of the program successes through the use of community health extension workers who are close to the society. A report by USAID (2011) relaying the story behind the FP program's success in Malawi pointed out that accessibility was one of the program successes through the use of community health extension workers who are close to the society. INFO Project Center for Communication Programs (2008) on, 'Elements of Success in Family Planning Programming' described accessibility of family planning as a situation where clients can easily obtain services; they are better able to use family planning and to obtain help when they want it. People can be termed as having good

access to family planning services when the service delivery points are conveniently available to everyone; everyone knows where to find these services; everyone feels welcome; services are free of unnecessary administrative and medical barriers; and people can choose from a range of contraceptives.

2.5 Affordability and Performance of Family Planning Project

Affordability means what is within one's financial means [CITATION Jen16 \l 1033]. Adam (2011), on “One of the primary goals behind the Patient Protection and Affordable Care Act (ACA) ; enrollment Strategies and the U.S. Family Planning Effort ” emphasized on the need of having medical insurance in order to make health care services affordable which was informed by health care reform law enacted in 2010 in USA. Family planning was one of the health components that needed to be covered by the insurance to ensure that women of reproductive age were able to afford family planning services and hence get method of choice without straining. Even with quality and accessible contraceptives, full effectiveness of family planning services can only be obtained if they are affordable. Nyauchi (2011) noted household economic index as a determinant of unmet needs in family planning showing a correlation between affordability and performance of family planning projects.

According to Julie and David (2010) in the article, ‘Family Planning in Developing Countries; un Unfinished Success Story’, it pointed out the economic benefit of family planning. If family planning is made affordable, it will have excellent savings on other aspects of life and ensure economic growth. At the macroeconomic level, reduced fertility has helped create favorable conditions for socioeconomic development in some countries. A prime example of this connection has been the so-called Asian Economic Miracle. From 1960 to 1990, the five fastest-growing economies in the world were in East Asia: South Korea, Singapore, Hong Kong, Taiwan, and Japan. Two other Southeast Asian nations, Indonesia and Thailand, were not far behind. During this 30-year span, women in East Asia reduced their childbearing from an average of six children or more to two or fewer in the span of a single generation. Analysis of the experience of East Asian countries suggests that the reductions in fertility in the past decades relieved not only

dependency burdens but also dependence on foreign capital by contributing to high saving rates.

2.6 Theoretical Framework

This study will be guided by the Scientific Management Theory and the Theory of Project Management theories.

2.6.1 Scientific Management Theory

Scientific management theory is a theory of management that analyzes and synthesizes workflows. It is sometimes referred to as Taylorismafter its main proponent Frederick Winslow Taylor. Other major contributors were Frank Gilbreth, Lillian Gilbreth, and Henry Gantt. The main objective of this theory is improving economic efficiency, especially labor productivity. In the early days this theory was used to determine how jobs could be designed in order to maximize output per employee that is, efficiency.

Taylor was an industrial Engineer who worked in the United States at a time when industries were facing shortage of skilled labour. For factories to expand productivity, ways has to be looked for to increase the efficiency of employees. Management faced questions such as whether there was “one best way” of doing a job. He made several observations that caused inefficiency: Workers deliberately restricted production in their daily work due to fear of unemployment and lack of pieces rate system, lack of work rationalization leading to overlapping of jobs made the method of working complicated, due to poor remuneration, workers formed themselves into groups and labor unions to press for better wages, management left the initiative of working methods to the ingenuity of workers, thus rule of thumb.

In trying to answer these question Taylor slowly developed a body principles that Taylor`s first job was a Midvale Steed Company in Philadelphia. While here Taylor analyzed and timed steel workers movement on a series of jobs. With time he was able to establish the best way to do a particular job. But he noticed the workers did not appreciate the speed factor because they feared that work would finish and they would be laid off. So Taylor encouraged employers to pay the more productive workers at a higher rate, based on the profits that would result. This system is called the differential rate

system. Taylor was encouraged by the results of his work and decided to become a private consultant. Scientific management theory requires a high level of managerial control over employee work practices and entails a higher ratio of managerial workers to laborers than other management methods.

Although obsolete by the 1930s, scientific management theory's themes are still important. These include analysis; synthesis; logic; rationality; empiricism; work ethic; efficiency and elimination of waste; standardization of best practices; disdain for tradition preserved merely for its own sake or to protect the social status of particular workers with particular skill sets; the transformation of craft production into mass production; and knowledge transfer between workers and from workers into tools, processes, and documentation. This theory relates to this study in showing the contribution of staff competence through efficiency to the success of family planning projects.

2.6.2 Theory of Project Management

Under the theory of project management, management is viewed as planning, executing and controlling. In management-as planning, management at the operations level is seen as consisting of the creation, revision and implementation of plans [CITATION Kos01 \l 1033]. This approach to management looks into a strong causal connection between the management actions and outcomes of the organization. It is further assumed that planned tasks can be executed by a notification to the executor of when the task should begin.

In the context of the current study, the family planning projects, in line with project management, undergo transformation through a cycle. In this case, the projects' are initiated and planning takes place. At this stage inputs to facilitate the execution of the project are in form of funds they get from USAID via APHIA PLUS. The funds are supposed to be utilized proper for successfully implementation of the projects. Proper management of all other involved resources including human resources will result in successful projects.

Henry Fayol (1841-1925) and the Classical Organization Theory, believed that sound managerial practice falls into certain patterns that may be identified and analyzed. He strongly believed that management was not a personal talent but a skill like any other and

therefore it could be taught or learned. Fayol also developed fourteen principles of management which he felt; should be applied by managers at the operational level. He listed these principles as: Division of labour, authority and responsibility, discipline, unity of Command, individual subordination, and remuneration: centralization, scalar Chain, order, equity, stability of tenure, initiative and Espirit de Corps: In union there is strength, teamwork should be encouraged.

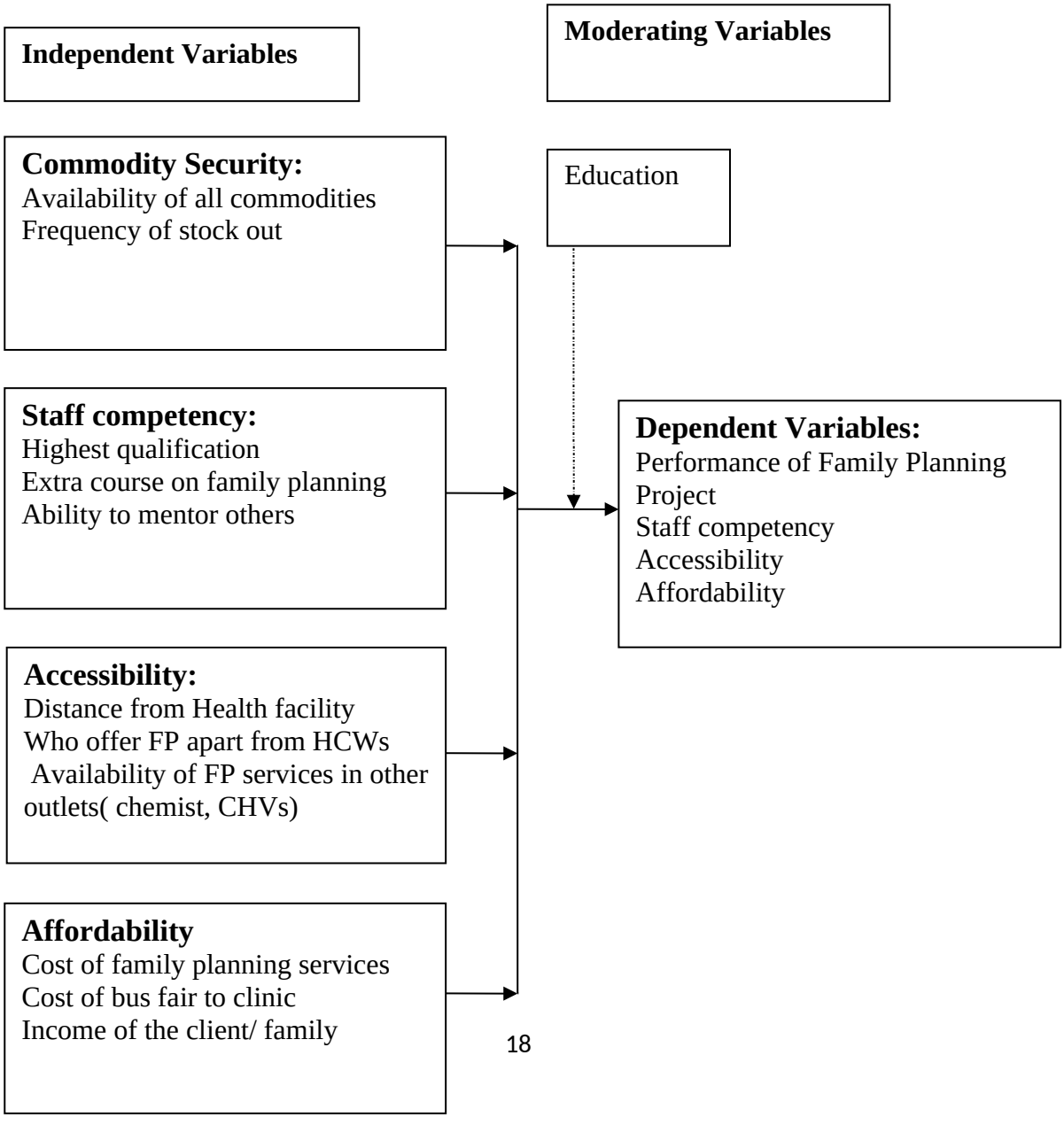
Management is universal among all organizations and Fayol argued that those with a general knowledge of the management functions and principles can manage any type of organization.

Elton Mayo (1880-1949) in Human relation school of thought / Neo-Classical Theory of Management described human relation in relationship to work and performance. Human relations are used to describe how managers interact with subordinates when the management of people leads to better performance then there is good human relations. When morale and efficiency deteriorate human relations in the organization is 'bad'. In the Abraham Maslow Hierarchy of Needs motivational model, Maslow developed the Hierarchy of Needs model in (1940-50s) USA.

David Clarence McClelland (1917-98) in the Motivational Need theory is chiefly known for his work on achievement motivation. David McClelland pioneered workplace motivational thinking, developing achievement-based motivational theory and models, and promoted improvements in employee assessment methods, advocating competency-based assessments and tests, arguing them to be better than traditional IQ and personality-based tests. His ideas have since been widely adopted in many organizations, and relate closely to the theory of Frederick Herzberg. David McClelland is most noted for describing three types of motivational need, which he identified in his 1961 book, The Achieving Society; achievement Motivation(Need for achievement), authority/Power Motivation (Need for power) and affiliation Motivation (Need for affiliation). Hence in this study, it relates to staff competence, contraceptive distribution, accessibility and affordability in the projects' success.

2.7 Conceptual Framework

According to Jabareen, (2009:51), Conceptual framework is an interlinked concept that provides an understanding of a relationship. It constitutes a conceptual framework to one another, articulate a respective phenomenon to establish a specific function. The variables relate in a manner that none is dependent but all are supportive to one another. In this research, commodity security, staff competency, accessibility and affordability which are a combination of independent variables leads to the success of performance of family planning project which becomes dependent variable. The conceptual frame work in this research is more of a map that conceptualizes if independent variables (commodity security, affordability, staff competence and accessibility) contribute to independent variables (performance of family planning projects).



2.8 Summary of Literature

This chapter has discussed contraceptive security, staff competence, accessibility and affordability as factors that influence the performance of family planning projects. With contraceptive security, which refers to the situation in which people are able to reliably choose, obtain, and use quality contraceptives for family planning and the prevention of sexually transmitted diseases, if it is guaranteed then there is higher performance in the family planning projects. With high staff competence at all levels of the project, more unmet needs for family planning can be addressed increasing performance. For successful family planning projects, accessibility and affordability of contraceptives is paramount.

The relationship between these factors and performance of the family planning projects has been shown by other researchers in different contexts. The study has however not been carried out in Homa Bay County creating a research gap. The condition of reproductive health is unique for different geographical regions based on the different economic, social, and demographic conditions. Homa Bay County is therefore a unique context and generalization of the influence of contraceptive security, staff competence, accessibility and affordability on the performance of family planning projects in the county may be misleading. This study therefore aims at establishing the factors that influence performance of family planning projects funded by USAID, APHIA PLUS in Homa Bay County.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter sets the methods used in the study. The areas covered includes, the research design, target population, sample size and sampling procedure, data collection instrument, data collection procedure, data analysis technique and operationalization of variables are discussed in detail. Further, operational definition of variables was also discussed into detail.

3.2 Research Design

Kothari (2004) described research design as a structure that gives direction and systemizes how research will be solved. This study adopted a descriptive survey research which involved collecting data so as to answer questions regarding the current status of the subjects being studied. This type of design determines and reports things the way they are.

According to Cooper & Schindler (2003) a survey is feasible when the population is small and variable hence the researcher was able to cover all the elements of the population. Hence the survey was considered to be more efficient and economical.

3.3 Target Population

Population of the study consisted of all 5695 women of reproductive age; registered for FP and 305 health workers in health facilities within the eight Sub-Counties of Homabay County supported by USAID, a total of 6000 people. This study targeted both the health workers that were providing the family planning services as well as clients that received Family planning services at the time of the interview. The inclusion of the service providers in this study was to enhance an understanding on how their competence influenced success of family planning programs.

3.4 Sample Size and Sampling Procedures

3.4.1 Sample Size

Kombo and Tromp (2009), defined sampling as the procedure a researcher uses to gather people, places or things to study. This shows that the sample is a set of respondents from a larger population for the purpose of the survey. Cooper and Schindler (2000) stated that the sample size is the selected element or subset of the population that is to be studied.

It was advantageous to sample as it could reduce the length of time needed to complete this study and cut on costs. Moreover, collecting data from fewer cases meaneant that one could collect more detailed information.

The survey determined its sample size using the Krejcie and Morgan Table shown in appendix (IV); a table for determining sample size. Aflexible and easy to manipulate table. The total population of reproductive women; FP registered clients and APHIA PLUS health workers in the county were 6000. With regard to the Krejcie and Morgan's table, the sample size for this study was 361respondents inclusive of both health workers and women of reproductive age.

3.4.2 Sampling Procedures

Sampling, according to Kothari (2004) refers to a statistical analysis of selecting units from a population of study. Sampling of a population is considered appropriate where the researcher is limited by time factor, resources. Sampling procedure is a technique of choosing a sample, where a sample is a portion of population taken purposefully for study under investigation. A probability method of choosing the number of health workers and women of reproductive age was used with health workers taking a quarter and the women of reproductive age; and registered FP clients taking three quarter that was dependent on their numbers respectively. This gave 90 respondents for health workers and 270 respondents for women of reproductive age and registered FP clients, a total of 361 respondents.

Table 3.1 FP Client/Health Worker Distribution Table in Homa bay County, (APHIA PLUS, 2017)

S/NO	Sub- County	No. of Health Workers	Women of Reproductive age; registered for FP.
1.	Homa Bay Town	50	914
2.	Kabondo	41	768
3.	Karachuonyo	28	528
4.	Kasipul	48	852
5.	Mbita	34	531
6.	Ndhiwa	35	542
7.	Rangwe	30	770
8.	Suba	39	790

To get the participants to this study, a probability method; simple random sampling was used. For the health workers, they were met on agreed days at their respective sub counties, health facilities of work and collected in to a room. Rolled papers, the number equivalent to the staff at every health facility with eleven written ‘E’ for the all the eight sub counties and apart from Homa Bay Town and Kasipul sub- counties which had twelve and the rest blank were administered to them. Equal picking chances without

replacement then was done with them. All who picked the papers written ‘E’ qualified to participate and therefore were the respondents.

To get the women of reproductive age who were the participants in this study, simple random sampling still was used. Chances of 32 participants were given to Mbita Sub-County due to its low number compared to the other counties and the rest, chances of 34 participants. The number that participated in each health facility was decided on depending on the number registered in the facilities and the rolled papers recorded ‘E’ with respect to the number decided on to participate in every health facility was produced with the rest being blank making the total of all registered in the facility. These papers were then shaken to randomize them then put into a pool at the point of entry to the clients. Upon arrival, every client picked one paper without replacement and showed it to the questionnaire administrator. All that picked on the paper written ‘E’ were picked to participate in the study.

3.5 Data Collection Instruments

The study utilized primary data. Primary data was collected using a research questionnaire. The questionnaire consisted of both open ended and closed ended questions. The researcher himself administered some of the questionnaire while the rest were administered by a research assistant.

3.5.1 Pilot Testing

It is important to test survey questionnaire before using it to collect data. With the developed questionnaires, pilot testing of the tools was done in the field using the samples with features similar to the actual target sample, using the exact procedures that were used in the study. The pilot made changes in the questionnaire’s clarity and relevance, ambiguous questions that had double interpretation and misinterpretations of the question. Poor numbering, typo errors and unclear instructions were changed in the final questionnaire.

3.5.2 Validity of the Instrument

According to Patton (2001), any qualitative researcher should consider validity and reliability while designing, analyzing results and judging the quality of the study. Study endeavored to ensure the validity of the instrument. The validity was upheld to include content, construct, and criterion, internal and external validity. To achieve internal validity the external strenuous factors of the study were controlled. This determined the alterations in the dependent variable affected by independent variable. In external validity, sample is representative of target population hence accurate generalization of the findings to small size delegated authority to other regions. The research instruments were also subjected to expert's opinion to ensure effectiveness of the instrument.

3.5.3 Reliability of the Instruments

The study strived to ensure the findings are consistent. The random error was avoided at all stages of the study to eliminate deviations from the true findings of the study. The questionnaire instructions were as clear as possible and coded accurately. Random errors caused by instrument inaccuracy, scoring inaccuracy were eliminated using the split half reliability method. In this method, all items that measured the same idea were split in two groups then instrument administered to a sample of people. The sum of scores were calculated for each group. The correlation between scores gave the split half reliability result within acceptable measures using Statistical Package for Social Science (SPSS).

3.6 Data Collection Procedure

Data collection procedures entail the steps and actions necessary for conducting research effectively and the desired sequencing of these steps, Kothari (2004). Data collection began after preparation of a research proposal and presentation for assessment. Upon making necessary corrections, the researcher applied for a research permit from the Kenya National Council for Science and Technology, authorizing for data collection.

Data collection was undertaken with the help of four well-trained research assistants, while being closely supervised by the researcher.

3.7 Data Analysis Techniques

Data collected were sorted, coded and keyed into the computer for analysis using the Statistical Package for Social Sciences (SPSS version 22). As Martin and Acuna (2002) observed, SPSS is capable to handle large amount of data, and with wide spectrum of statistical procedures designed for social sciences, it is quite efficient. Data gathered was qualitative and quantitative in nature. Qualitative data was analyzed by arranging responses in line with research objectives. Descriptive statistics including percentages and frequency counts were used to analyze data. Bell (1993) maintains that when making the results known to a variety of readers, simple descriptive statistics as percentages have a considerable advantage over more complex statistics. The results of data analysis will were presented in frequency table and percentages.

3.8 Operationalization of variables

Operational definition of variables is a specific manner in which the variables are measured in a study. In this study, the operationalization of variables was done in line with the objectives of the study which included; determining of how contraceptive safety influences the performance of family planning projects, how staff competency influences the performance of family planning projects, how accessibility of health facilities and family planning services influence the performance of family planning projects and examine how affordability of family planning services influence the performance of family planning projects in Homa Bay County as shown in table 3.2 below

Table 3.2. Operationalization of variables

Objectives	Independent variables	Indicators	Tools for data collection	Measurement of scale	Type of analysis
To determine how contraceptive safety influences the performance of family planning projects	Contraceptive safety	Availability of contraceptives	Questionnaire	Nominal	Descriptive Frequencies Percentages
To determine how staff competence influences the performance of family planning projects	Competence influence	Continuous training on FP methods Skills to offer all FP methods	Interview	Nominal	Descriptive Percentages
To establish how accessibility of health facilities and family planning services influence the performance of family planning projects	Accessibility	Distance from health facility Availability of all FP methods	Questionnaire	Interval Nominal	Descriptive Frequencies
To examine how affordability of family planning services influence the performance of family planning projects in Homa Bay County.	Affordability	Transport cost to the facility Cost of FP services Affordability by the client	Questionnaire	Interval Ordinal Nominal	Descriptive Percentage Mean

3.9 Ethical Considerations

Ethical consideration issues are important when dealing with people with diverse cultural backgrounds. Rules and regulations should be there to guide conduct of researcher when collecting data for the study from people in various fields and areas. Ethical consideration requires that research ethics be observed and respected when relating with people in research undertakings especially in field data collection and in research reporting. Permission was sought from Homa bay County health management. Consent was sought from research respondents, confidentiality was assured and data collection instrument did not bear their names and those that did not willing to participate in the study were not forced to do so.

The research team, that is interviewers and their supervisors respected respect the dignity and diversity of the respondents when planning, carrying out and reporting on research study, in part by using data collection instruments appropriate to the cultural setting. Further, prospective host team and respondents were treated as autonomous, given the time and information to decide whether or not they wished to participate, and were able to make an independent decision without any pressure.

The following Ethical principles upheld when conducting research survey; principle of confidentiality, principle of not harm, principle of privacy, principle of integrity, principle of fairness and principle of honesty.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter details the findings of the study with respect to the objectives of the study and has three major sections. Respondents' demographic characteristics were first presented followed by findings on factors influencing performance of family planning projects funded by USAID in Homabay County. The third section presents regression analysis. The regression model was used to determine the relationship between the dependent and independent variables. The dependent variable is performance of family planning projects in Homabay County while the independent variables are variety of factors.

4.2 Respondents' Demographic Characteristics

The demographic data obtained from individual respondents and their background is examined in this segment. Doing this enabled the researcher to comprehend the respondents setting and their capability to provide useful information.

4.2.1 Response Rate

A total of 264 respondents, out of the 361 targeted respondents filled and submitted the questionnaire, and their response percentage was 73. Mugenda and Mugenda (1999) indicated that a response percentage of more than 70 are considered good enough for examination.

Table 4.1 Response Rate

Target Population	361
Responses	264
Response Rate	73%

Source: Research data (2018)

4.2.2Ages of the Respondents

Age in this study was significant due to the fact that age and female reproduction are two factors that are inversely correlated. The findings are shown Figure 4.1.

Table 4.2: Ages of the Respondents

Age group	percentage
15- 24 yrs.	15%
25- 34 yrs.	59%
35- 44 yrs.	24%
45- 54 yrs.	2%

Source: Research data (2018)

Figure 4.2 indicate that most respondents fell in the age group of 25-34 years at 59%, second category being age group 35- 44 years at 24%, followed by age groups15-24 years at 15%. The responders above 45 years were only 2%. This therefore indicates that 97% of the respondents were still in their reproductive ages and therefore made meaningful contributions to this study.

4.2.4 Marital Status

The researcher sought to find out the marital status of the respondents in Homabay County. The findings are shown in Table 4.3

Table 4.3: Marital Status

Marital Status	Percentage
a) Single/ never married	6%
b) Married	48%
c) Separated/divorced	19%
d) Widowed	27%
Total	100%

Source: Research data (2018)

The findings indicate that 6% of the respondents were Single/ never married. The findings indicate that 48% of the respondents were married. The findings indicate that 19% of the respondents were Separated/ divorced. The findings indicate that 27% of the respondents were widowed. This therefore implies that family planning services were necessary even for women without stable relationships. An indication that there is need for education on the prevention of sexually transmitted diseases (STDs).

4.2.5 Respondent Religion

The researcher sought to identify the respondent Religion**.** The findings are shown in Table 4.4.

Table 4.4 Religion

Religion `	**Percentage**
a) Catholic	33%
b) Protestant	44%
c) Muslim	21%
d)Traditional African Church	2%

Source: Research data (2018)

The findings in Table 4.3 indicate that 33% of the respondents were Catholic while 44% of the respondents were Protestant. 21% of the respondents indicated that they were Muslim while 2% of the respondents indicated that they attended Traditional African Churches. This implies that despite religious beliefs and teaching of doctrines women from all walks of life and religious beliefs are in need of family FP services.

4.2.5 Number of Children

The researcher sought to identify the number of children the respondents had**.** The findings are shown in Table 4.5.

Table 4.5 Number of Children

Number of Children	**Percentage**
a) 0	1%
b) 1-2	27%
c) 3-4	62%
d) 5 and above	10%

Source: Research data (2018)

The findings indicate that only 1% of women registered for FP services in Homabay County did not have any child. The findings indicate that 27% of women registered in FP services for Homabay County had 1-2 children. The findings indicate that 62% of women registered for FP services in Homabay County had 3-4 children. The findings indicate that 10% of women registered for FP services for Homabay County had 5 and above children.

4.2.5 Intention to Have More Children

The researcher sought to establish whether the respondents intended to have more children**.** The findings are shown in Table 4.6.

Table 4.6 Intention to have more children

Desire	**percentage**
Yes	15%
No	85%

Source: Research data (2018)

The findings indicated that only 15% of the respondents intended to have more children. Due to the large percentage of women not intending to have more children; its evident that future FP plans should include provision of long lasting family methods such as Intra-Uterine Devices.

4.2.5 Preferred Method of Contraception

The researcher sought to identify the respondent's **preferred contraception method.** The findings are shown in Table 4.7

Table 4.7 Method of contraception

method of contraception	**Percentage**
a)Abstaining	0%
b) Pills	22%
c) Injectables	26%
d) Implants	16%
e) Condoms	15%
f)IUDs	20%

Source: Research data (2018)

22% of women registered for family planning in Homabay county preferred daily pills as a method of contraception. 26% of women registered for family planning in Homabay county preferred injectables. 16% of women registered for family planning in Homabay County preferred Implants. 15% of women registered for family planning in Homabay County preferred Condoms. 20% of women registered for family planning in Homabay County preferred IUCDs.

4.2.5 Previous Use of Family Planning

The researcher sought to identify if the respondent's had previously used family planning as shown in Table 4.8.

Table. 4.8 Previous Use of Family Planning

Previous use of family planning	percentage
Yes	**71%**
No	**29%**

Source: Research data (2018)

The findings indicate that 71% of the respondents had previously used family planning. This therefore indicates general acceptance of Family planning by women in Homabay County.

Table 4.9 Previous Change of Family Planning Method

The researcher sought to identify if the respondent's had previously used family planning as shown in Table 4.9.

Previous change of family planning	percentage
Yes	28%
No	72%

Source: Research data (2018)

4.2.5 Reason for Changing Family Planning Method

The researcher sought to identify the respondent's reason for changing family planning method**.** The findings are shown in Table below

Table 4.10 Reason for changing family planning method

Reason for changing family planning method	Percentage
Cost	12%
Side Effects	88%

Source: Research data (2018)

The findings indicate that the major reason for changing family planning method was due to side effects

4.3 Demographic Information of Service Providers

The researcher sought to identify the Demographic Information of Service Providers such as the occupation**.** The findings are shown in Table below

Table 4.11 Occupation of Service Providers

Occupation	Percentage	
Doctor	0	0
Nurse	12	16%
Clinical Officer	65	84%

4.3 Demographic Information of Service Providers

The researcher sought to identify the Demographic Information of Service Providers such as the years of practice**.** The findings are shown in Table below

Table 4.12 Years of practice

Years Of Practice	Percentage
a) 1-5	67%
b) 6-10	21%
c) 10-20	12%
d) Above 20	0
Total	100%

4.4 Factors Influencing Performance of Family Planning Projects Funded by USAID Homa Bay County

The researcher sought to find out the Factors influencing performance of family planning projects funded by USAID in Homabay County by determining how Contraceptive Safety ,staff competence, accessibility and affordability influences the performance of family planning projects in Homa Bay County.

4.4.1 The Effect of Competency of Staff on Performance of Family Planning Projects Funded by USAID in Homabay County

The researcher sought to find out the effect of competency of staff on performance of family planning projects funded by USAID in Homabay County. This means that the representation of the majority opinion of the respondents in reference to the likert scale data which 1= Strongly disagree, 2= Disagree, 3= Not sure, 4= Agree, 5= Strongly agree. The findings are presented in the table below

Table 4.13: The Effect of Staff Competency on the Performance of Family Planning projects

Competency of Staff to offer Family Planning Services	Mean	SD
The Staff at the medical facility received adequate formal training on Family Planning and reproductive Health in the past three years	4.3	0.4
The Staff at the medical facility have attended a continuous medical education or job training on family planning in the past one year	4.6	0.1
The Staff at the medical facility have acquired on the job right knowledge and skills that is needed to offer family planning	4.8	0.1
The Staff at the medical facility counsel every client on all family planning methods before issuing her with a method.	4.4	0.1
The Staff at the medical facility are competent to offer family planning to teenagers who are sexually active below 20year (including school going boys and girls)	3.7	0.1
The staff at the facility are competent and provide all the information required hence increasing your confidence to use the contraception	3.92	0.1
The staff have been able to recommend effective contraceptive with minimal side effects	3.92	0.11
The staff at the facility are nice, friendly and welcoming as this influences your decision to come back for more FP Services	4.1	0.13

Source: Research data (2018)

The respondents agreed that the Staff at the medical facility received adequate formal training on Family Planning and reproductive Health in the past three years as indicated by the mean of 4.3 and a small standard deviation of 0.4. The respondents strongly agreed that The Staff at the medical facility have attended a continuous medical education or on job training on family planning in the past one year as indicated by the mean of 4.6 and a small standard deviation of 0.1.The respondents strongly agreed that the Staff at the medical facility have acquired on the job right knowledge and skills that is needed to offer family planning as indicated by the mean of4.8 and a small standard deviation of 0.1.

The respondents agreed that the Staff at the medical facility counsel every client on all family planning methods before issuing her with a method as indicated by the mean of 4.4 and a small standard deviation of 0.1.The respondents agreed that the Staff at the medical facility are competent to offer family planning to teenagers who are sexually active below 20year (including school going boys and girls as indicated by the mean of 3.7 and a small standard deviation of 0.1. The respondents agreed that the staff at the facility are competent and provide all the information required hence increasing their confidence to use the contraception as indicated by the mean of 3.92 and a small standard deviation of 0.1.

The respondents agreed that the staff have been able to recommend effective contraceptive with minimal side effects as indicated by the mean of 3.92 and a small standard deviation of 0.11. The respondents agreed that the staffs at the facility are nice, friendly and welcoming and this influences their decision to come back for more FP Services as indicated by the mean of 4.1 and a small standard deviation of 0.13

4.4.2 The Effect of Contraceptive Safety Performance of Family Planning Projects Funded by USAID in Homabay County

The objective study was to identify the effect of Contraceptive Safety on performance of family planning projects funded by USAID in Homabay County. The table below shows the mean and the standard deviations of the responses. The mean is the representation of the majority opinion of the respondents in reference to the likert scale data where 1= Not at all, 2= little extent, 3= Moderate extent, 4= Great extent, 5= Very great extent.

Table 4.14 Contraceptive safety

Contraceptive Safety	mean	SD
the administrated FP methods are easy to use and has minimal side effects	3.6	0.7
the variety of family planning methods that are always on demand are always available	4	0.9

Source: Research data (2018)

The respondents agreed that the administrated FP methods are easy to use and has minimal side effects as indicated by the mean of 3.6 and a small standard deviation of 0.7.The respondents agreed that the variety of family planning methods that are always on demand are always available as indicated by the mean of 4 and a small standard deviation of 0.9.

4.3.3 Factors Influencing Performance of Family Planning Projects Funded by USAID

The objective study was to identify employee perception of the effect of factors influencing performance of family planning projects funded by USAID in Homabay County. The table below shows the mean and the standard deviations of the responses. The mean is the representation of the majority opinion of the respondents in reference to the likert scale data where 1= Not at all, 2= little extent, 3= Moderate extent, 4= Great extent, 5= Very great extent.

Table 4.15 Family Planning Accessibility

Family Planning Accessibility	Mean	SD
The health facility is near enough to access services in time when needed.	2.4	1.3
The health facility is open for at least 8 hours a day	2.4	1.3
The health facility had adequate stock and variety of FP resources	3	1.5

available on demand		
The health workers at the health facility are always available	2.4	0.8
The distance between your home and the nearest health facility can covered within reasonable time and transpiration cost	2.4	0.9
There are adequate and affordable transpiration resources and facilities between your home and the health facility	2.2	1.1

Source: Research data (2018)

The respondents disagreed that the health facility is near enough to access services in time when needed as indicated by the mean of 2.4 and a small standard deviation of 1.3. The respondents disagreed The health facility is open for at least 8 hours a day as indicated by the mean of 2.4 and a small standard deviation of1.3.The respondents were not sure whether the health facility had adequate stock and variety of FP resources available on demand as indicated by the mean of 3 and a small standard deviation of 1.5. The respondents disagreed the health workers at the health facility are always available as indicated by the mean of 2.4 and a small standard deviation of 0.8.The respondents disagreed The distance between your home and the nearest health facility can covered within reasonable time and transportation cost as indicated by the mean of 2.4 and a small standard deviation of 0.9.The respondents disagreed There are adequate and affordable transportation resources and facilities between your home and the health facility as indicated by the mean of 2.2 and a small standard deviation of 1.1.

4.3.3 Factors Influencing Performance of Family Planning Projects Funded by USAID

The objective study was to identify employee perception of the effect of factors influencing performance of family planning projects funded by USAID in Homabay County. The table below shows the mean and the standard deviations of the responses. The mean is the representation of the majority opinion of the respondents in reference to the likert scale data where 1= Not at all, 2= little extent, 3= Moderate extent, 4= Great extent, 5= Very great extent.

Table 4.16 Family Planning Affordability

Family Planning Affordability	Mean	SD
The cost of my ideal FP method is reasonable	4.2	1.2
My income can adequately cover by facility basic needs	2.2	0.8
I have never had any challenges paying for my family planning	3.8	1.3

Source: Research data (2018)

The respondents agreed that The cost of my ideal FP method is reasonable as indicated by the mean of 4.2 and a small standard deviation 1.2 The respondents agreed that My income can adequately cover by facility basic needs as indicated by the mean of 2.2 and a small standard deviation 0.8 The respondents agreed that I have never had any challenges paying for my family planning as indicated by the mean of 3.8 and a small standard deviation 1.3.

4.6 Regression Analysis

A regression model was applied to determine factors influencing performance of family planning projects funded by USAID in Homabay County in Kenya. The dependent variable is performance of family planning projects in Homabay County while the independent variable is staff competence, Contraceptive Safety, accessibility and affordability. The analytical model used in analyzing the relationship between the dependent and independent. Coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable that is explained by all the four independent variables The research used statistical package for social sciences (SPSS V 21.0) to code, enter and compute the measurements of the multiple regressions.

Table 4.17: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.733[a]	0.537	0.783	0.399

Source: Research data (2017)

R-Square is a commonly used statistic to evaluate model fit. R-square is 1 minus the ratio of residual variability. The adjusted R^2 (square), also called the coefficient of multiple

determinations, is the percent of the variance in the dependent explained uniquely or jointly by the independent variables. 78.3 % of the performance at FP projects funded by USAID in Homabay County could be attributed to the combined effect of the predictor variables.

Table 4.18 Summary of One-Way ANOVA

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	3.5	7	0.5	3.147	.022[b]
Residual	3.019	19	0.159		
Total	6.519	26			

Source: Research data (2017)

The study used One-way ANOVA to establish the significance of the regression model. The significance value is 0.022 which is below 5% level of significance thus indicating a statistically significant relationship between the predictor variables and performance of family planning projects funded by USAID. The F calculated at 5% level of significance was 3.147 since F is greater than the F critical this shows that the overall model was significant.

Table 4.19 Regression Coefficients results

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	T	Sig.
(Constant)	0.02	0.07	0.89	0.06	0.00
Staff competency	0.33	0.02	0.05	0.00	0.86
Contraceptive Safety	0.51	0.17	0.89	0.03	0.01
Contraceptive Accessibility	0.43	0.15	0.18	0.01	0.39

Contraceptive Affordability	0.26	0.18	0.37	0.02	0.15

Source: Research data (2018)

The regression equation above established that holding all other factors constant (no staff competence, Contraceptive Safety, accessibility and affordability) performance of family planning projects in Homabay County would be at 0.02. A unit increase in Staff Competence would lead to improvement in performance of family planning projects funded by USAID in Homabay County by 0.33. A unit increase in Contraceptive Safety would lead to improvement in performance of family planning projects funded by USAID in Homabay County by 0.51. A unit increase contraceptive accessibility would lead to a improvement in performance of family planning projects funded by USAID in Homabay County by 0.43. A unit increase in contraceptive affordability would lead to the improvement in performance of family planning projects funded by USAID in Homabay County by 0.26.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

A summary of the results, conclusions and recommendations are presented in this chapter. The results are summarized in line with the objectives of the research. The findings have been discussed relative to the questionnaire aspects which were on; demographic data on the respondent, factors influencing performance of family planning projects funded by USAID in Homabay County.

5.2 Summary of the Findings

From the findings, the study notes that provision of Contraceptive Safety enhanced the performance of family planning projects in Homabay County. The findings indicate that when users were presented with wide range of FP methods from which they could to choose from, it granted users the autonomy to choose high-quality contraceptives for

family planning and therefore enhancing FP objective of preventing HIV/AIDS and other sexually transmitted infections.

The research deduces that staff competence was key in promoting performance of family planning projects in Homabay County, healthcare workers played a critical role in creating awareness on family planning services which enhanced chances of uptake, competent health workers were in a better position to convince young reproductive women to consider uptake of family planning measures than any other advocacy means.

Results on Accessibility showed that, ensuring accessibility of FP programs especially at very local level promoted the performance of family planning projects in Homabay County, The study also notes that Failure of the supply chain or logistics system causes an erratic supply of contraceptives, which may result in loss of credibility and eventual failure of the family planning program and that ensuring the continuous availability of contraceptives at the client level is a key contributor to increasing the use of family planning services.

Research findings on affordability showed that the cost of family planning service is an important determinant of the use of family planning services thus programs must find a way to ensure that services remain available to those who cannot pay. Poverty and longstanding County regional inequities also perpetuate the exclusion of many people from accessing effective contraception in Homabay County.

Offering a full range of contraceptive options is also important. The findings are in line with the research by Julie,(2011) ‘on reproductive health commodity security’, defines that Contraceptive Safety exists when every person is able to choose, obtain, and use high-quality contraceptives and condoms for family planning and for the prevention of HIV/AIDS and other sexually transmitted infections. The findings are in support of the research findings by Owens, et al, (2003) that Contraceptive Safety requires planning and commitment on several levels to ensure that the necessary commodities, equipment, and other supplies are always available. Further, the study established that provision of Contraceptive Safety presents to reproductive women with various choices of FP method from which one can adopt.

The decision by the responded to continue with uptake of family planning method were indirectly influence by various factors like cost, availability, level of comfort based on experience with certain FP method and altitude among others. The study noted that at some point women changed from previous family planning methods due to side effects or cost related factors, periodically some of women in family planning missed to get their choice of family planning method family planning service due to stock out in the facility.

The study noted that family planning healthy workers played a critical role in creating awareness on family planning services, competent health workers were in a better position to convince young reproductive women to consider uptake of family planning measures than any other advocacy means. The findings support the literature by Bonnie, (2013) that appropriately trained competent health workers are an essential component of family planning progress.

The findings are in line with the argument by Lutalo et al., (2000) that the quality of provider interaction and client should be improved by retraining the providers, provider knowledge and understanding of the methods and procedures should be improved, printed materials should be made available to interested clients. Further, the study revealed that majority of the family planning uses were fairly satisfied with the quality of service provided by staff, considerable numbers of FP users were satisfied with skills/service of the staff in the clinic, considerable numbers of respondents were served in cautious friendly manner, that majority of the FP users would recommend his friend to come for family planning in the same clinic.

Further investigations on reasons as to clients who would recommend their friend to seek family planning in the same clinic, praised the facility for, excellent service in terms of patient handling, provision of medical information, high level of operational efficiency, greater value for clients and reliability of their services ,the findings are in line in the research by Kak,et al, (2001), dissatisfied patients normally blamed the health facility for poor service, including unfriendliness with the staff, limited family planning programs, hidden miscellaneous charges long queues.

The study established that accessibility to family planning programs enhanced the performance of family planning projects in Homabay County, providing family planning services through various outlets like clinics, pharmacy, health facilities, and helped clients to obtain services easily, easy access as a necessary tool in removing unnecessary medical barriers. Majority of the family planning users had to travel more than 7 Km before they could get to the local family planning clinic. The findings concur with research by PATH and UNFPA,(2006), that the distance from clients resident to health facility is directly related to the transport cost charged, the mode of transport was also directly associated with choice or mode of transport to be adopted and thus influenced clients morale to seek FP services depending on affordability.

The study also notes that failure of the supply chain or logistics system causes an erratic supply of contraceptives, according to INFO Project Center for Communication Programs (2008) this may result in loss of credibility and eventual failure of 73 the family planning program, ensuring the continuous availability of contraceptives at the client level is a key contributor to increasing the use of family planning services, the findings are in support of the argument by Nguyen et al, (2002), that family planning programs depend on the uninterrupted flow of contraceptives through multiple levels of the supply chain, ranging from central warehouses to health clinics and community-based distributors.

The study noted that the cost of family planning service is an important determinant of the use of family planning services. Government health facilities in Homabay County offered the services free of charge; proximity was considered an ideal proxy for price of the contraceptives. The further away from the facility a respondent is the higher would be transport cost or transaction cost of accessing the facility. The findings are in support of findings by Adam, (2011) that Family planning was one of the health components that needed to be covered by the insurance to ensure that women of reproductive age were able to afford family planning services and hence get method of choice without straining.

The study also noted that Poverty and longstanding County regional inequities also perpetuate the exclusion of many people from accessing effective contraception in Homabay County, according to health care providers it is hard to keep services affordable

and ensure that people can choose, obtain, and use high-quality contraceptives whenever they want them. The findings affirms the call by Sharma and Dayaratna (2004) Due to shortage of commodities in public facilities, patient go to seek services in private facilities which is not affordable to many women. The study noted that demographic and socioeconomic factors of the woman and also the, woman's perception in terms of the facility/provider factors such quality, user fees charged for family planning services, and proximity of the family planning facility.

5.3 Conclusions

The study established that ensuring the continuous availability of contraceptives at the client level is a key contributor to increasing the use of family planning services and that there is need to provide Contraceptive Safety, in order to enable people to choose, obtain, and use high-quality contraceptives whenever they want them, according to Rao, Raja. (2008) Contraceptive Safety requires planning and commitment on several levels to ensure that the necessary commodities, equipment, and other supplies are always available. Therefore, the study concludes that ensuring Contraceptive Safety is key in promoting performance of family planning projects in Homabay County

The study noted that family planning health workers played a critical role in creating awareness on family planning services, competent health workers were in a better position to convince young reproductive women to consider uptake of family planning measures than any other advocacy means. Therefore the staff competence had a positive influence on the performance of family planning projects in Homabay County. The study also notes that failure of the supply chain or logistics system causes an erratic supply of contraceptives, which may result in loss of credibility and eventual failure of the family planning program.

Ensuring the continuous availability of contraceptives at the client level is a key contributor to increasing the use of family planning services, thus the study concludes that ensuring accessibility of FP methods had a positive influence on the performance of family planning projects in Homabay County. The study noted though the county health facilities in Homabay offered the FP services free of charge; proximity was considered an ideal proxy for price of the contraceptives. The further away from the facility a

respondent is the higher would be transport cost or transaction cost of accessing the facility, thus the study concludes that the cost incurred during the acquisition of family planning services to some extent hindered the performance of family planning projects in Homabay County.

5.4 Recommendations

In view of enhancing contraceptives security, there is need to ensure uninterrupted supply of a variety of contraceptives so that clients can choose and use their preferred method without interruptions this was associated with positive performance of family planning programs. In view of enhancing affordability, the USAID in collaboration with the County government should come up with a more decentralized approach in health service provision, this will help to wave other miscellaneous cost incurred in seeking of FP services such as transport cost. In view of enhancing accessibility of family planning programs, community based distributors in Homabay County should be revived and enhanced, promotion of family planning education and activities at the household level should be accorded priority.

There is also need for formation of lobby groups to enhance cultural change, awareness creation and counseling. The USAID in collaboration with the County government should come up with staff development programs especially to health care providers, this should be done in view of enhancing competence among the health care providers, it is also important for the USAID in collaboration with the County government to recognize the role of community health and volunteers in effort of lobbying for family planning uptake. The USAID in collaboration with the County government programs must find a way to ensure that services remain available to those who cannot pay. There is need for greater recognition of Health Assistants (HA) at the local community; Health Assistants should be thoroughly trained on primary health care services such as advocacy on family planning uptake.

Further the study noted that Provision of sufficient numbers of properly trained competent health care workers to deliver adequate health services in Homabay County should be treated as matter of urgency, the growing staff shortages in health facilities and

community health workers repress performance of family planning projects in Homabay County, seriously impacting provision of family planning service to the community. From the findings, the study noted that to ensure successful family planning programs in Homabay, there is need to provide Contraceptive Safety, whereby people are able to choose, obtain and use high-quality contraceptives whenever they want them.

5.5 Suggestions for Further Research

The study recommends that future studies; should aim to broaden the factors influencing family planning projects not identified in this study. The study also suggests that a study on the factors that affect the use of family planning among women should be conducted. This would assist to establish more factors that family planning projects implementers should take into consideration for enhanced family planning project implementation.

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APPENDICES

APPENDIX I

LETTER OF TRANSMITTAL

MUMA WALTER AWINO

P.O.BOX 595, OYUGIS.

PHONE NO. : 0726-687 881

DATE MAY 12TH, 2018.

THE COUNTY ADMINISTRATOR

HOMA-BAY OFFICE

P.O.BOX 207,

HOMA-BAY.

Dear Sir/ Madam,

RE: REQUEST FOR RESEARCH DATA COLLECTION

I am a student undertaking Master of Arts in Project Planning and Management at University of Nairobi. As part of my assessment, I have written a proposal entitled Determinants of Performance of Family Planning Project funded by USAID a case of Aphia plus HomaBay County Kenya.

Therefore I have designed a questionnaire that will enable me to collect the data. The registered women of productive age and service providers are the respondents of the study. I am therefore seeking your authority to collect data from this organization. The information obtained will only be used for my academic purpose. The findings from the study shall be made available to you upon request.

Your assistance and cooperation will be highly appreciated.

Yours in advance

Yours faithfully,

Muma Walter Awino

Master Student

UNIVERSITY OF NAIROBI.

APPENDIX II

QUESTIONNAIRE

Please tick (√) in the appropriate box or filling the empty spaces. Kindly respond to all question freely and honestly. Your response will be kept strictly confidential and your name not required.

Section A: Demographic Information (Tick appropriately)

1. What is your age in years?

a) 15-24 [ ]

b) 25-34 [ ]

c)35-44 [ ]

d) 45-49 [ ]

2. What is your marital status?

a) Single/ never married [ ]

b) Married [ ]

c) Separated/divorced [ ]

d) Widowed [ ]

3. What is your religion?

a) Catholic [ ]

b) Protestant [ ]

c) Muslim [ ]

d) Others (explain)

……

……..…….

4. How many children do you have?

a) 0 [ ]

b) 1-2 [ ]

c) 3-4 [ ]

d) 5 and above [ ]

5. Are you looking to have more children?

Yes [ ]

No [ ]

6. If no, how are you preventing pregnancy?

a) Abstaining

b) Pills

c) Injectable

d) Implants

e) Condoms

f) Others specify

……

……...

Section B: Contraceptive Security

7. Have you ever used family planning method before?

Yes [ ]

No [ ]

8. If Yes, which method?

a) IUCD [ ]

b) Implants [ ]

c) Pills [ ]

d) Tubal ligations [ ]

e) Injectable [ ]

f) Condoms [ ]

8) Which Method have you come for today

a) IUCD [ ]

b) Implants [ ]

c) Pills [ ]

d) Tubal ligations [ ]

e) Injectable [ ]

f) Condoms [ ]

9. Have you ever changed family planning method?

Yes [ ]

No [ ]

10. If yes, why have you changed?

1) Cost [ ]

2) Side Effects [ ]

3) Others (Specify)

……

……

11. Have you ever experienced a situation when you came for family planning services andyou missed to get your choice of family planning service due to stock out in your facility?

Yes [ ]

No [ ]

12. If the answer to question 5 above is yes, how many times have you experienced stock out?

a) 1-2 [ ]

b) 3-4 [ ]

c) 5-6 [ ]

d) Lost Count [ ]

Section C: Staff competency

13. Do you feel you received the information and the method you requested today?

a) Yes

b) No

14. Were you satisfied with the skills/SERVICE of the staff in this clinic? Explain

---

---

15. Were your questions answered during the visit?

a) Yes

b) No

16. Were the staffs friendly during the visit?

a) Yes

b) No

17. Will you recommend your friend to come for family planning in this clinic?

a) Yes

b) No

18. If yes, why?

---

19. If no, why?

---

20. Do you have any suggestion for improving the family planning services offered in this facility.

……
……

Section D: Accessibility

21. What is the distance between your home and the family planning clinic?

a) Less than 2 km [ ]

b) 2 km to 4 km [ ]

c) More than 4 km [ ]

22. What means of transport do you use to come for family planning services

a) Walking [ ]

b) Motorbike [ ]

c) Public vehicle [ ]

d) Own vehicle [ ]

23. How much money do you use on transport from your house to the facility?

a) less than Ksh. 50

b) Ksh 51-100

c) Ksh 101-200

d) Greater than 200

24. Other than health facility, are there other service providers who offer family planning at the village?

a) Yes [ ]

b) No [ ]

25. If yes who are they?

a) Traditional birth [ ]

b) Private clinics [ ]

c) Chemists [ ]

d) Others specify

……

……..……..

Section E: Affordability

27. What is your education level?

a) Non formal education

b) Adult education

c) Certificate

d) Diploma

e) Degree

28. If married, what is your husbands' education level?

a) Non formal education

b) Adult education

c) Certificate

d) Diploma

e) Degree

29. What is your current to occupation?

a) Formal employment

b) Self employment

Others specify

……

……

30. What is the average total monthly household income in your family?

a) Less than Ksh 2500

b) Ksh 2500-5000

c) Ksh 5000-10000

d) Ksh 20000- 40000

e) Above 40000

31. How much did you pay for family planning service?

a) Ksh 0

b) Ksh 1-50

c) Ksh 51-100

d) Ksh 101-200

e) Ksh 200-1000

d) Above Ksh 1000

32. Were you satisfied with the fee charged?

a) Yes [ ]

b) No [ ]

APPENDIX III

QUESTIONNAIRE FOR SERVICE PROVIDERS

Instructions to the purpose this interviews to gather information to services providers relevant to the study. Please tick (√) in the appropriate box or fill in the empty spaces. Kindly respond to all questions freely and honestly.

General Information

1.What your gender

a) Male [ ]

b) Female [ ]

2. What is your age…….

a) Less than 30

b) 31-40

c) 41-50

d) Above 50

3. What is your profession?

Doctor [ ]

Nurse [ ]

Clinical Officer [ ]

Others specify

……

……

4. How many years have you been practicing?

a) 1-5

b) 6-10

c) 10-20

d) Above 20

5. PLEASE ANSWER THE FOLLOWING QUESTIONS ACCORDINGLY

No	Question	Strongly disagree	Disagree	Neither agrees or disagrees	Agree	Strongly Agree
1	I have received formal training on Family Planning and reproductive Health in the past three years					
2	I have attended a continuous medical education or on job training on family planning in the past one year					
3	I have the acquired on the job right knowledge and skills that is needed to offer family planning?					
4	I counsel every client on all family planning methods before issuing her with a method.					
5	I am competent to mentor medical students on family planning					
6	family planning methods before issuing her with a method. I am competent to offer family planning to teenagers who are sexually active below 20year (including school going boys and girls)					

APPENDIX IV

KREJCIE AND MORGAN'S TABLE

Table for Determining Sample Size for a Given Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size
"S" is sample size.

Source: Krejcie & Morgan, 1970

APPENDIX V

LETTER OF AUTHORITY TO CONDUCT RESEARCH

UNIVERSITY OF NAIROBI
OPEN, DISTANCE & e-LEARNING CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING

Contacts: +254 (0) 773 215 991
+254 (0) 721 246 929
Your Ref:

P.O BOX 2461 – 40200
KISII - KENYA

Our Ref: UoN/ODeL/Ksi/1/4

May 9th, 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: AUTHORITY TO CONDUCT RESEARCH,MUMA WALTER AWINO REGISTRATION NUMBER L50/84939/2016

This is to inform you that the above namedis a masters student at the University of Nairobi, School of Open and Distance Learning. The student upon successful completion of his Research Proposalhas been granted permission to proceed to the field and collect data that will enable him to compile a report and present findings to the University.

The purpose of this letter, therefore, is to kindly request you to accord him necessary support thathe may seek from your office to enable him to undertake his research assignment. HisResearch topic is titled:**Determinants of Performance of Family Planning Projects Funded by USAID; A Case of APHIA PLUS, Homa Bay County-Kenya.**

Thank you in advance.

Dr. Moses M. otieno,
Coordinator,
South Rift Region.