Reproductive Health and Family Planning in Kenya
The Pathfinder International Experience

Kenya was one of the first African countries to recognize the importance of Family Planning (FP) as a core element in economic and social development. As early as 1957, the Pathfinder Fund assisted the Family Planning Committees of Mombasa and Nairobi to open FP clinics, which went on to become the Family Planning Association of Kenya in 1962 (now Family Health Options Kenya), affiliated with the International Planned Parenthood Federation.

Facing an annual population growth rate of 3 percent, the Government of Kenya (GoK) incorporated FP into the country’s overall development policy in 1965, and by the mid-1980s, the growth rate began to decline.\(^1\) Kenya’s Total Fertility Rate (TFR) declined from eight children per woman in the late 1970s, to 4.7 children by the end of the 1990s. But these dramatic declines in fertility rates have now stagnated, and even reversed in some instances.\(^2\) The 2003 Kenya Demographic and Health Survey (KDHS) found a TFR of 4.9 children per woman.

Correspondingly, the Contraceptive Prevalence Rate (CPR), which had grown by six percent in the early 1990s, has also stagnated at 39 percent among married women between 1998 and 2003.\(^3\) Contraceptive discontinuation rates increased from 33 percent of users in 1998 to 38 percent in 2003, linked to problems in contraceptive supply and weaknesses in quality of care and continued high levels of poverty.\(^4\) A 2003 study showed that unmet need for FP in Kenya has remained high, with 20 percent of births unwanted and 25 percent mistimed. Today, only 50 percent of the total potential demand for FP is being satisfied by use of modern methods.\(^5\)

1. Kenya Demographic and Health Survey 2003, July 2004
2. Ibid
3. Ibid
4. Ibid
At the same time, global HIV funding has increased enormously, while FP funds have either shrunk or remained at the same level. In 2004 the Resource Flows Project tracked FP and HIV/AIDS funding by government, donors, foundations, and multilateral organizations.\(^6\) Results of the survey show that international funding for FP activities had remained static amidst growing populations and greater need. While HIV/AIDS programs received just 9 percent of development assistance population funds in 1995, they received 43 percent in 2004. Conversely, FP programs, which accounted for 55 percent of population funds a decade ago, received only 23 percent of those resources at the time of the report, and subsequent reports confirm this continuing trend. Considering the important role that FP information and services can play in preventing, detecting, and treating Sexually Transmitted Infections (STIs), including HIV, continued efforts to strengthen FP programs are increasingly vital.

**Building on past successes**

For more than 50 years, Pathfinder International has built successful approaches to delivering quality Reproductive Health and Family Planning (RH/FP) services around the world. Present in Kenya since 1969, and with a country office since 1974, Pathfinder has provided training, technical assistance, and support to a vast array of government and nongovernment partners in the provision of quality RH/FP care and HIV/AIDS prevention, treatment, care, and support. Pathfinder strengthens the institutional and technical capacity of partner organizations by providing resources and technical assistance to develop their financial sustainability and technical expertise. In 1985, Pathfinder developed a comprehensive Community-Based Distribution (CBD) strategy for the GoK that included the establishment of District Population Officers to work with communities, which was subsequently adopted as the national program.\(^7\) Under the Family Planning Service Project (FPSP) in the 1990s, partners ranged from church networks and universities to public sector agencies, national NGO networks, and private practitioners. Innovative approaches employed under FPSP have included community-based, workplace, and marketplace service delivery initiatives.

Pathfinder has also developed and refined innovative programs in the delivery of postabortion care, youth-friendly services, and peer education programs in Kenya. In the 1990s, as HIV and AIDS began to surface as an urgent public health issue, existing partners and services were enhanced to integrate HIV with FP programming. By the year 2000, Pathfinder was rolling out the first large-scale Community and Home-Based Care (CBHC) program for people living with HIV in Kenya, spanning five provinces and fifty local implementing partners. By building on a foundation of former CBD agents and maintaining FP within the mix of CHBC services, Pathfinder has built a model for integrating and strengthening services at the community level.

Current programs address HIV and RH/FP in an integrated fashion, focusing on building a continuum of prevention, treatment, care, and support from community to facility levels. While the funding shift to HIV creates challenges, it also creates opportunities for efficient use of other resources. Pathfinder builds on its implementing partners’ community and clinic programs to refocus on RH/FP.

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\(^6\) UNFPA/UNAIDS/NIDI Resource Flows website (www.resourceflows.org)

\(^7\) Courageous Pioneers, Pathfinder International, 2007
The diversity of Pathfinder’s experience and approaches to RH/FP programming is demonstrated in a few examples of successful interventions:

Community-Based Distribution (CBD) of FP Methods:

Beginning in 1980, Pathfinder helped numerous partners, including Maendeleo ya Wanawake Organization (MYWO), the Family Planning Association of Kenya (FPAK), Nairobi City Council, Anglican Church of Kenya (ACK), and the MOH to initiate and roll out the first large-scale CBD efforts in the country. Leading this effort and building on its grassroots network, MYWO emphasized IEC and built the largest CBD network in the country. In 1991, Pathfinder also worked closely with the government to develop the first national CBD training curriculum. Between 1993 and 2000 alone, CHWs affiliated with MYWO served more than 710,000 new FP users and reached more than 10 million people through IEC activities.

Under MYWO, new initiatives included fee-for-service care and distribution of pills and injectables through depot holders. Pathfinder supported the development of a strategic plan that was crucial to restructuring the project for sustainability. A revolving fund for CBDs to develop income-generating activities was also introduced, while training in financial management and strategic planning was provided for project management and key board members.

The Mkomani Clinic Society (MCS) was founded in 1980 to make basic health services accessible to low-income families living in urban slums of Mombasa. Beyond basic curative services, MCS provides antenatal care, child welfare, and FP services. At the community level, MCS trains CHWs to establish contact with women and men with limited access to FP, and this network of coverage has made MCS the leading source of FP services among Mombasa NGOs.

Beginning in 1992 with USAID funding, and from 2003 to 2004 with private support, Pathfinder supported MCS by training physicians, nurses, midwives, CHWs and supervisors in the integration of FP/RH with STI/HIV/AIDS programs, contraceptive technology, and management of emergency contraception. With FPSP support between 1994 and 1999, the MCS project reached 591,129 people through group meetings and home visits, recruiting 69,782 new FP users, and serving 217,109 FP revisit clients. Pathfinder provided technical assistance in financial and program management, as well as essential equipment and supplies to enable the clinic and its programs to expand sustainably. MCS remains a Pathfinder institutional capacity-building best practice and national model for provision of sustainable facility-linked CBD of RH/FP services.
In addition to providing much-needed services at this busy national referral hospital, the HRC successfully advocated for the acceptance and wider provision of PAC services, eventually contributing to policy changes at the national level.

Adolescent Sexual and Reproductive Health and Postabortion Care:

Beginning in 1990, with funding from USAID, Pathfinder assisted Kenyatta National Hospital (KNH) to establish and manage an adolescent High Risk Clinic (HRC) in collaboration with the Department of Obstetrics and Gynecology of the University of Nairobi. The HRC focused on expanding Postabortion Care (PAC) to include quality counseling, FP, and referrals for STIs and HIV/AIDS. The clinic continues to provide RH and contraceptive information, counseling, and services to young women and men, while educating their partners and spouses on the hazards of unprotected sex and unsafe abortion.

In addition to providing much-needed services at this busy national referral hospital, the HRC successfully advocated for the acceptance and wider provision of PAC services, eventually contributing to policy changes at the national level. Now called the Adolescent Counseling/Youth Clinic, it has expanded services to include Voluntary Counseling and Testing (VCT), and today the clinic is run independently by KNH. The model has been adopted by other hospitals in the country and replicated by several NGOs. Significantly, the HRC inspired the establishment of the Nairobi Women’s Hospital in 2001, which today serves as a centre of excellence in providing RH/FP and pioneering gender-based violence services.

Urban Reproductive Health Initiative (URHI II)

Supported by USAID’s Regional Economic Development Support Office (REDSO/ESA) and in partnership with the SEATS project, Pathfinder managed the second phase of URHI (1999-2000), which sought to improve the quality of RH/FP services in urban settings. The initiative provided high-risk urban groups, such as youth, men, sex workers, and slum dwellers, with information on condoms, dual method use, and HIV/STI prevention. The first phase of the initiative focused on improving infrastructure and quality of care in facilities serving the hard-to-reach, while the second phase focused more on urban CBD services.

Condom distribution—the main service delivery component—used a multipronged approach comprising CBD agents, peer motivators, referral sites, and condom dispensers. More than three and a half million condoms were distributed over a 12-month period. Secondly, Information, Education and Communication (IEC) materials were developed and distributed through youth centers, youth and women’s clubs, schools, and community meetings. The project also supported community initiatives in managing healthcare at the grassroots level, effectively forming a link between beneficiaries and implementers. The URHI provided valuable lessons in the development of participatory community approaches in the urban setting, as well as best practices for mobile services, reaching youth and coalition building to solve local community problems.

Integrated Reproductive Health and Peer Counseling in Kenyan Universities

Beginning in 1988 with USAID funding, and later with private support, Pathfinder supported RH and peer counseling at Kenyatta University (KU) in Nairobi and later
(1990-2004) at Egerton University in Njoro and, since 2006, at Jomo Kenyatta University of Agriculture and Technology. To reduce the prevalence of STIs and HIV, as well as unintended pregnancies, students receive RH/FP guidance and counseling through peer-based IEC activities. Off-campus activities also target in- and out-of-school youth.

With increased awareness and use of contraceptives, the rate of unwanted pregnancies at KU campuses dropped by 50 percent between 1992 and 1998, and the number of students seeking treatment for STIs declined by 22 percent at KU and by 50 percent at Egerton. This program has strengthened the universities' capacities to respond to their students’ changing RH/FP needs. Pathfinder is currently encouraging the KU administration to fully fund mainstreaming the peer educator program, including staff time. The Universities of Dar in Tanzania (1997) and Makerere in Uganda (2007) initiated similar programs based on close observation of the Kenyan projects. Recognizing that these programs contribute to developing leadership skills, the program currently provides short career internships that place peer educators with APHIC II NC partners, where they gain hands-on experience in community outreach.

Community-Based HIV/AIDS Prevention, Care and Support Project (COPHIA)

Funded by USAID (2000-2006) and leveraged by UNDP (2004-2006), the COPHIA project built the capacity of 50 local partners and communities in five provinces to provide comprehensive home-based care and support to People Living With HIV (PLWH), their caregivers, and families. In addition to training caregivers in the provision of HBC services and linking clients to a wide range of health services, psychosocial support, legal protection, and income-generating activities, the COPHIA CHWs distributed condoms and raised awareness about RH/FP, addressing HIV prevention and tackling stigma and discrimination against PLWH. Many COPHIA CHWs were former CBD agents who continued to provide FP methods directly. Nurses from referral health facilities served as clinical supervisors of CHWs and ensured close community-facility linkages for FP and other health services.

Community-Based Family Planning in Kenya Project

In July 2003, with funding from a private source, Pathfinder undertook a three-year project to reinvigorate FP services in selected districts of Western Kenya and Mombasa. By increasing access to FP services and information through CBD and strong linkages to clinical services, the project sought to reduce unwanted pregnancies. By building on past efforts that strengthened the technical and management capacity of three NGO partners, Pathfinder revived FP as a priority within these organizations and their catchment areas. The project built on COPHIA partnerships as well as Pathfinder’s Prevention of Mother to Child Transmission Project in one of the three areas, to ensure strong linkages between the FP activities, CBHC and PMTCT. Pathfinder was pleased to discover that the three partner agencies had continued their CBD despite cessation of financial support — evidence that capacity building efforts under previous projects had had a positive impact.
Current FP-related Initiatives

The AIDS, Population, and Health Integrated Assistance Projects — APHIA II (Nairobi, Central and North Eastern Provinces)

Under the integrated APHIA II projects, Pathfinder currently supports 23 health facilities with FP services in Nairobi, and 138 in Central Province, with more planned for North Eastern Province. These sites range from stand-alone VCT services to dispensaries, health centers, and hospitals offering a broad health package of HIV prevention and comprehensive HIV and TB treatment and care.

Since their initiation in 2006 and 2007, the APHIA II projects have trained health care workers in contraceptive technology updates, integrating FP into VCT and into PMTCT, in long-acting and permanent methods, PAC, youth-friendly services, and cervical cancer screening. Special focus has been given to improving the quality of counseling and FP service provision, providing essential equipment and integrating FP into HIV services, and on training. Community-based activities support CBD and condom distribution, as well as prevention among those who are HIV-positive. Youth-focused activities address HIV prevention and RH education and linkages to services.

Prevention of Mother-to-child Transmission (PMTCT) services

In 2002, with funding from the Centers for Disease Control, Pathfinder launched its PMTCT project in Kenya, drawing on its established expertise in integrating HIV/AIDS and RH/FP services. The program has significantly expanded coverage and quality of PMTCT services in the country, covering 14 districts in Nairobi, Central, and Eastern Provinces. Pathfinder has consistently provided leadership in PMTCT programs in Kenya, with almost universal public sector facility coverage in program districts.

In Kenya, almost 50 percent of all pregnancies are either unwanted or unplanned. Because HIV prevalence among women of reproductive age stands at 9.2 percent, ensuring access to and use of effective RH/FP methods does not only prevent unplanned pregnancies, but is also a core part of the country’s HIV prevention strategy. Consequently, Pathfinder strengthens FP services within the PMTCT context, providing in-service training and on the job support to service providers in the use of FP methods for both HIV-positive and HIV-negative women.

Refocusing on FP

Kenya faces several serious gaps in assisting women to achieve the desired timing and number of pregnancies. While strong FP programs can significantly contribute to the prevention, detection, and treatment of STIs, including HIV, FP requires new attention, both as a stand alone program and as part of ongoing integrated programs.

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8 Kenya AIDS Indicator Survey 2007 (Preliminary Report)
The causes of recent reverses in fertility trends need to be better understood to make FP programs more effective, and the high level of unmet need for FP demands consistent efforts to make quality services more accessible. The current high levels of funding for HIV/AIDS must also be applied/refocused to improve overall service quality, including RH/FP services. By itself, however, this strategy will not fully address the prevailing limitations.

Pathfinder is adopting several approaches to revive FP activities in Kenya:

- **Policy** – In recent years, the GoK has shown an increased commitment to allocating resources for RH to the MOH’s Department of Reproductive Health, and in 2007, a more comprehensive national RH policy was launched. However, these resources are inadequate to meet the current demand for comprehensive RH/FP services in the country. Pathfinder and like-minded NGOs can combine efforts to lobby health authorities and parliamentarians to increase RH/FP funding. A notable initiative towards meeting this goal is the National Coordinating Agency for Population and Development, which is working with key partners, particularly the Parliamentarians Network on Repositioning FP as a national priority. This network includes a number of Members of Parliament who are RH advocates and former beneficiaries and partners of Pathfinder’s RH/FP programs.

- **Supply of contraceptives** – Funding for FP in general has been a challenge since the advent of the HIV/AIDS epidemic. Combined with challenges in efficient logistics management, public sector facilities still experience occasional stock-outs of specific contraceptives, with negative impacts on method choice and discontinuation rates. Long-acting methods, such as IUDs and Norplant, and permanent methods (voluntary surgical contraception for men and women) must be consistently available, and service providers must have the skills to deliver these methods. While these challenges exceed the ability of individual NGOs to influence them, networking and advocacy led by the MOH in collaboration with NGOs could help to move the dialogue forward.

- **Training** – FP technology is continuously changing. Unfortunately, the majority of clinical staff in the country’s health sector are often unaware of new developments and cannot offer a full range of services to clients. In addition, there is a high turnover of MOH staff as health care workers move out of public service to other sectors or countries, or take extended breaks for further study. Still, regular trainings are critical for existing clinical staff.

- **Male involvement** – The full involvement and participation of men in FP has largely been lacking. Men still view FP solely as a woman’s responsibility. Consequently, they need to be informed and educated on their roles in effective FP, and the options available to them. Approaches should have a heavy community- and worksite-focus to reach men where they can most easily access information and services. Small changes to service delivery can be explored in order to make health facilities more male- and couple-friendly.
Focus on youth and adolescents – According to a joint report by the MOH, Kenya Medical Association, Federation of Women Lawyers in Kenya, and IPAS, 16 percent of all reported abortion cases in Kenya involve girls aged 14-19 years of age. The 2003 study reveals that 300,000 abortions are performed in the country each year — which translates to about 800 abortions and seven related deaths daily. PAC interventions are urgently needed for this most at-risk segment of the population. Through its APHIA II projects, Pathfinder is scaling up training and technical assistance focused on PAC, including youth-friendly PAC.

Integration of HIV/FP – With significant funding currently available for HIV and AIDS programming, many opportunities exist to reintroduce FP through channels in the service delivery network. Existing HIV/AIDS prevention, treatment, care, and support structures offer venues, services, and staff that can be strengthened to build FP into each service delivery point. Activities that strengthen physical infrastructure, supervision, quality of care and availability of human resources, can all benefit RH/FP services when properly integrated.

Conclusion

Although Kenya has been long held as one of Africa’s FP successes, both in the use of contraceptives and other RH services, there is still substantial unmet need. With the Government’s stated commitment to free health services for poor Kenyans yet to bear full fruit, meeting this need demands significant NGO and private sector involvement. Moreover, the demand for HIV/AIDS information and services calls for maximizing resources and expertise by integrating efforts at both community and clinic level.

Ultimately, Pathfinder’s decades of experience in supporting successful RH/FP services — including the current integration under the APHIA II programs — will contribute to strengthening RH/FP services again in Kenya. Pathfinder has proven that deep community involvement, leading to local leadership, ownership, and direction can make for permanent progress.