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**HEALTH POLICY
INITIATIVE**

Policy and Operational Barriers to Family Planning and HIV Integration in Kenya

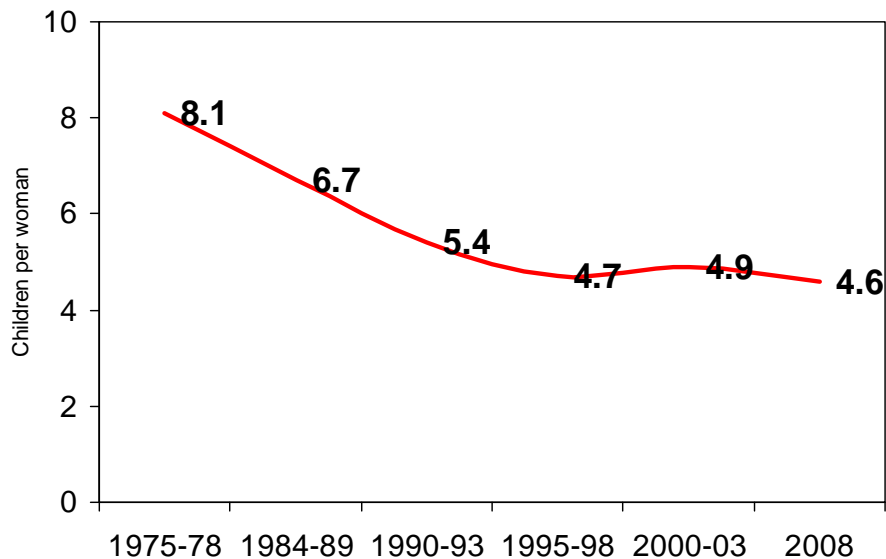
**Presented by
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International FP Conference
Kampala, Uganda

Reproductive Health in Kenya

Total Fertility Rate

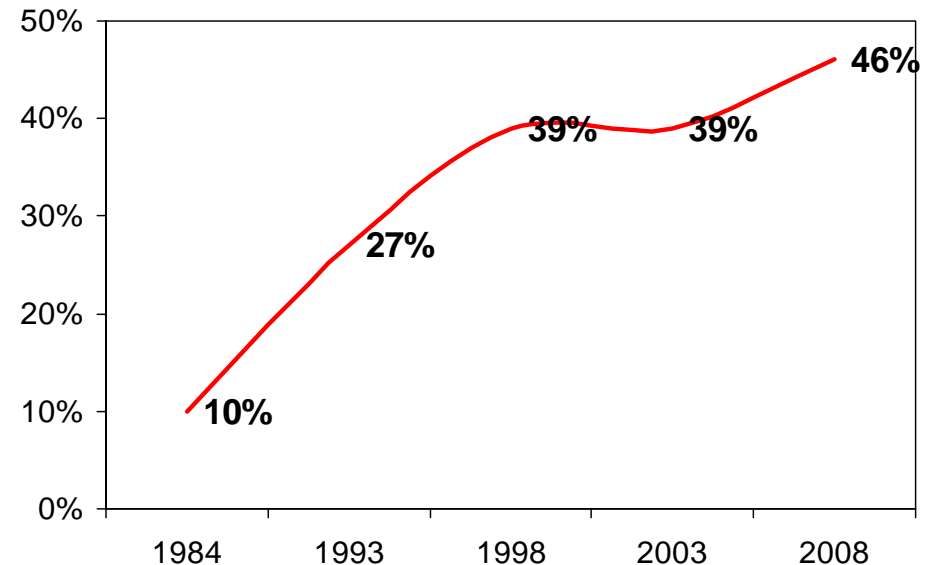


2008 KDHS:

TFR = 4.6 children per woman

CPR (any methods) = 46%

Contraceptive Prevalence Rate (Any Methods)



Source: KDHS

HIV Prevalence

- **HIV prevalence is 7.8% among adults ages 15-49**
 - 9.2% of women are HIV positive
 - 5.8% of men are HIV positive
- **60% of HIV-positive women have an unmet need for FP**
 - 61% in rural
 - 56% in urban
- **Women clients prefer integrated services**

What is Integration?

“Any two services can be considered integrated when they are offered at the same facility during the same operating hours, and the provider of one service actively encourages clients to consider using the other service during that visit...

...integrated services may or may not be offered in the same physical location within the facility and may or may not be offered by the same service provider. Where services are not offered in the same facility, strong referral systems are needed to ensure high quality services.”

-Foreit et al, 2002



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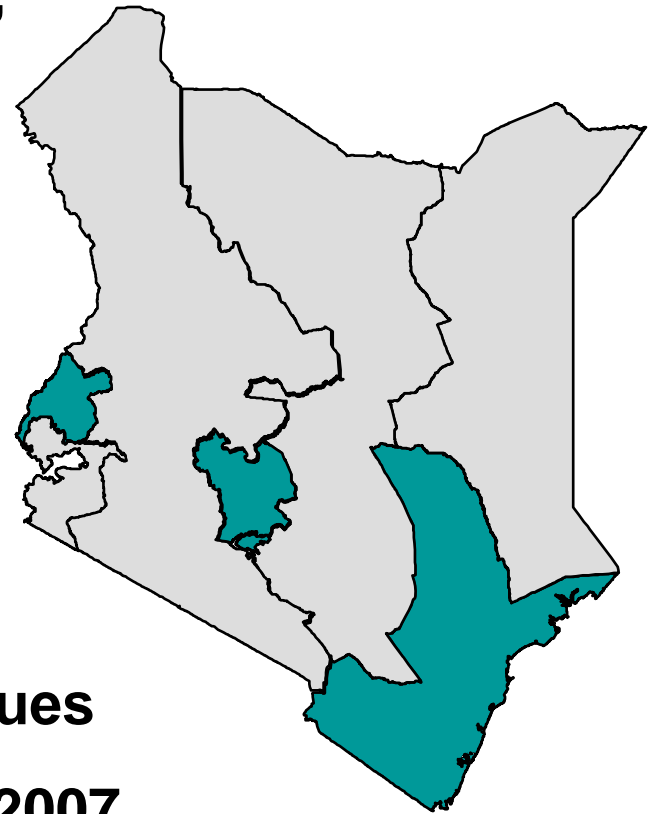
Integration in Kenya: *The Rapid Assessment*

Objectives of the Study

- Identify and document policy and operational barriers to the integration of RH/HIV services
- Identify the achievements of existing RH/HIV integration efforts in Kenya

Methodology

- **4 provinces selected: Central, Coast, Nairobi, Western**
- **Purposive sampling to select respondents:**
 - National policymakers (15)
 - Program managers (33)
 - Service providers (51)
- **Interview guides developed around themes of policy and operational issues**
- **Data collection done in April – June 2007**
- **Data analyzed with Nu*Dist**



Study Findings - Benefits to Clients

- Greater access to services
- Improved quality of services
- More convenience and less time needed
- More privacy
- Empowerment to make informed choices



Women wait for RH services at a district hospital. Photo by Eric Ajwang.

Benefits to Service Providers

- Comprehensive service delivery
- More efficient time management
- Standardized training materials
- Training of trainers conducted for all provinces

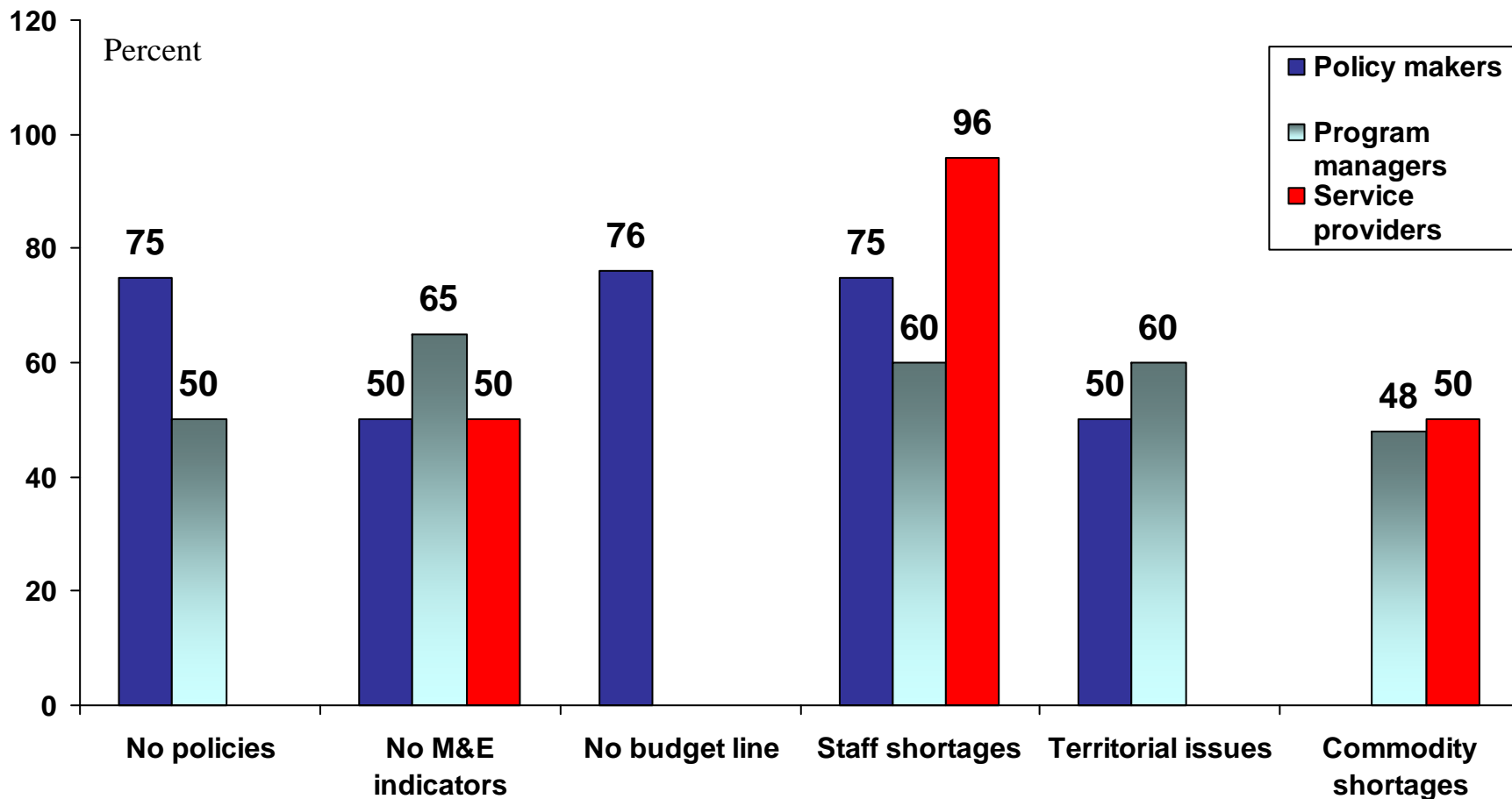
Policy Barriers

- Despite clear benefits to the clients and service providers as a result of RH/HIV service integration, policy and operational barriers exist preventing effective integration
 - Lack of a national policy and guidelines to address operational issues
 - A weak Integration Working Group without authority
 - No budget to support the process

Operational Barriers

- Different reporting formats and absence of clear M&E indicators
- Inadequate funding
- Staff shortages
- Inadequate infrastructure for effective integration
- Existence of parallel HIV and RH supervision and logistics structures and systems
- Irregular supplies of HIV and RH commodities

Barriers to RH/HIV integration

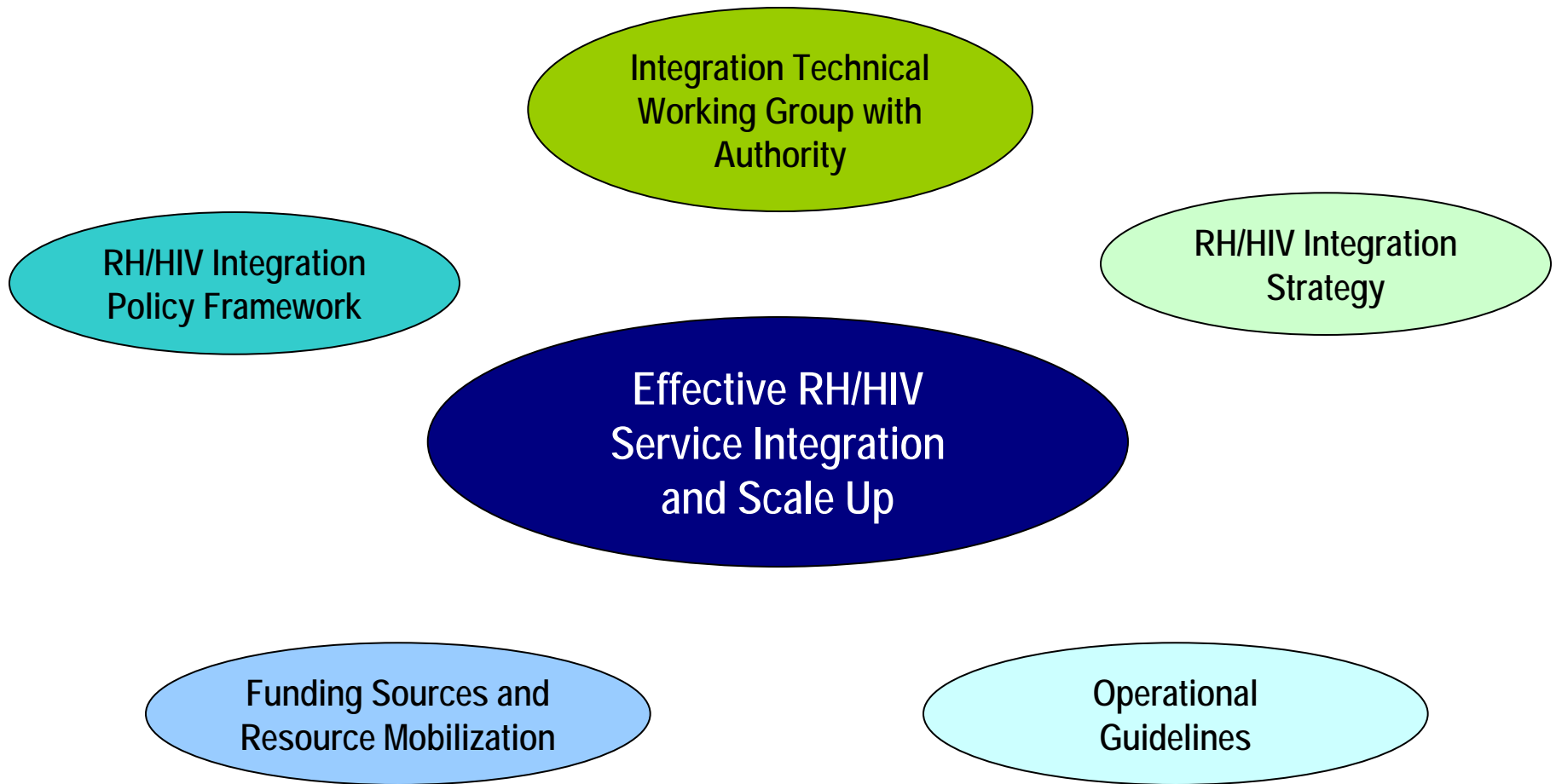


Source: Study data, *USAID / Health Policy Initiative 2007*

Conclusions

- Integration is feasible and supported by Kenyan public health system
- Integration adds value to service delivery, promotes efficiency, empowers clients, and increases service uptake
- Policy and operational barriers must be addressed for effective integration
- Assessing policy implementation from a barriers approach allows implementers to identify what works and what does not

Recommendations



Looking Ahead

- **Development of a National RH/HIV Integration Strategy is currently underway**
 - Recognizes that RH and HIV services have similar characteristics, target populations, and desired outcomes
 - Aims to increase access to comprehensive, high quality, effective, efficient/sustainable RH/HIV services
 - Aims to improve coordination and collaboration among agencies and organizations offering RH and HIV services



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Acknowledgments:

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Thank you!

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