



Kenya National RH HIV Integration Strategy

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Session Outline

- 1. Background**
- 2. Definition**
- 3. Justification**
- 4. RH-HIV integration Strategy**
 - Objectives, Main features, Process followed, etc**
- 6. Lessons Learnt (Achievements and Challenges)**

Kenya – Background



- Pop. 40 Million (2009 Est.)
- CPR 46% (KDHS 2008/09)
- TFR 4.6 (KDHS 2008/09)
- FP unmet needs 24% (KDHS 2003)
- HIV prev.15-64yrs is 7.1% (KAIS07)
- HIV prevalence among 15-64:
women=8.4%; Men5.4% (KAIS07)
- HIV prevalence among pregnant
women (9.6%, KAIS 2007)
- Unmet need for FP among HIV
infected -50% (KAIS 2007)

Justification for RH –HIV Integration

- Government policies supportive of integration (NHSSP 2005-2010, KNASP 2005-2009, RH Policy 2007)
- Clients seeking RH&HIV services share common needs:
 - high unmet need for both HIV & RH
 - same age range & are sexually active
 - are at risk of HIV infection/could be infected
 - need to access contraceptives

RH/HIV & AIDS integration: What is it?

Reorganization and reorientation of health systems to ensure delivery of HIV&AIDS services within the same SRH services or delivery of SRH services within HIV&AIDS services, during the same hours; and where providers encourage clients/patients of one service to take up the other within the facility or community based setting or through a facilitated referral

RH-HIV Strategy: Overall Goal

To increase access to attainment of comprehensive, quality, effective, efficient, affordable and sustainable RH and HIV & AIDS services

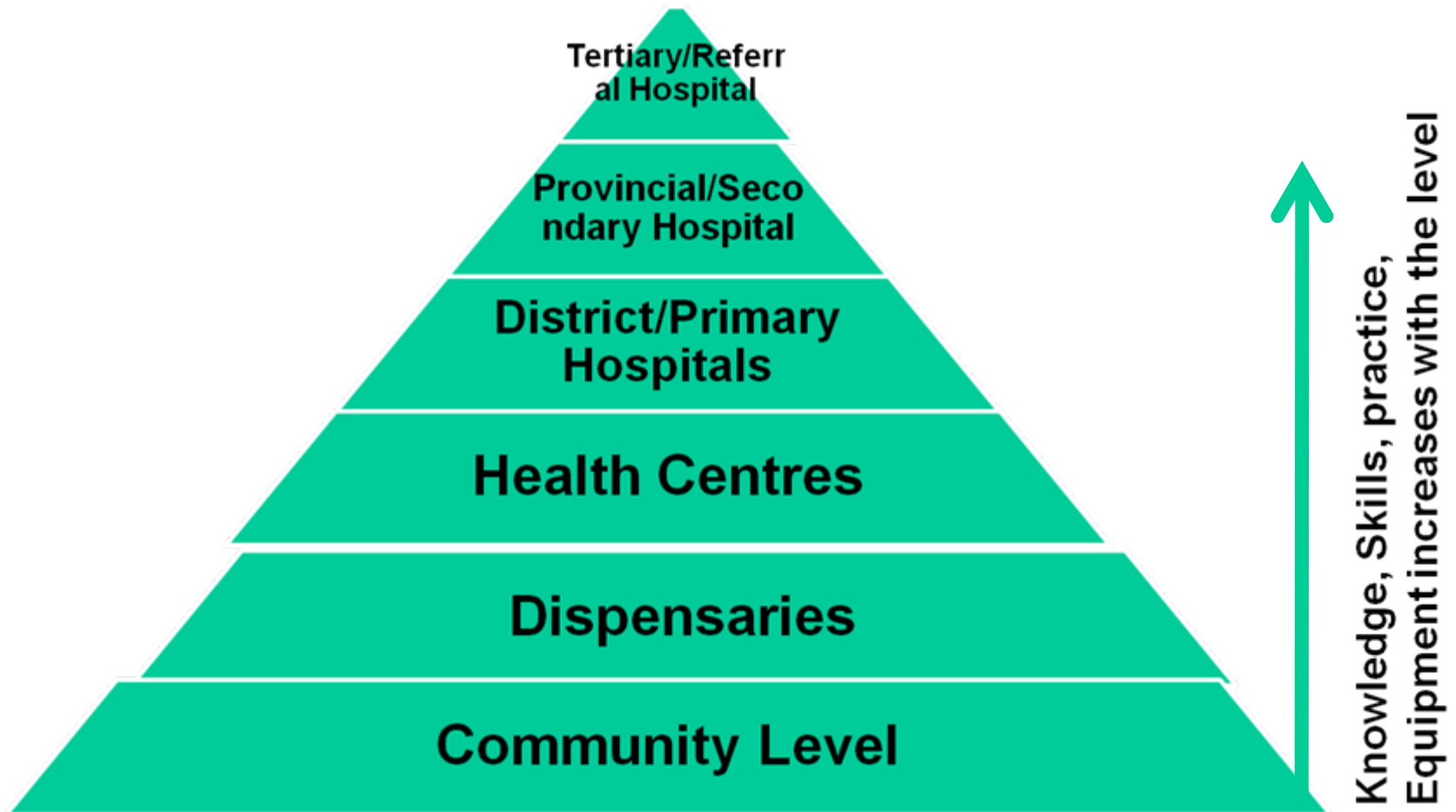
Specific Objectives of the Strategy

- To strengthen the policy environment
- To ensure adequate resources are allocated, availed and utilized for RH and HIV services
- To strengthen the capacity to provide integrated services
- To strengthen supply chain management systems
- Increase demand for RH HIV quality services
- Establish an efficient M&E for delivery of Integrated Services

The Process

- Benefitted from various studies , rapid assessments and the FP/HIV strategy
- Experience from the various integration models : FP/VCT, CT/FP,FP/ART,STI,ART
- Developed selected RH/HIV Integration indicators
- Stakeholders Consultative meetings
- Final document ready –in press

What is the “Road Map”



Enabling Factors for Integration

- Supportive policy environment,
- Service provision guidelines- FP,FP VCT, PMTCT, VCT, ART, HBC, Adolescent RH.
- Existence of Broad Based RH/HIV Integration Committee
- Evidence based decision Making
- Willingness of facilities to try out new models

Anticipated CHALLENGES-when operationalising the strategy

- Scope of services (how comprehensive?)
- Segmented Trainings VS Integrated trainings
- Lack of Integrated Reporting Tools. What indicators?
- Sustainability of initiated efforts-resources, other priorities, felt need?
- Commodities- Shortage, distribution
- Sustained advocacy

Lessons Learnt

- Broad based RH HIV Integration committee crucial
- Stakeholders-Need for Team work and commitment
- Advocacy/buy in process should be a continuous process
- Ministry of Health ownership/involvement moves agenda
- Monitoring and evaluation necessary
- Need for constant documentation

Way forward ?

- Launch/dissemination-country wide
- Mobilize for more funds to scale up integration activities

Acknowledgements

- Ministry of Health (NASCOOP AND DRH)
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- JHPIEGO
- Health Policy Initiative (HPI)
- Management Sciences for Health
- Population Council
- KEMRI UCSF