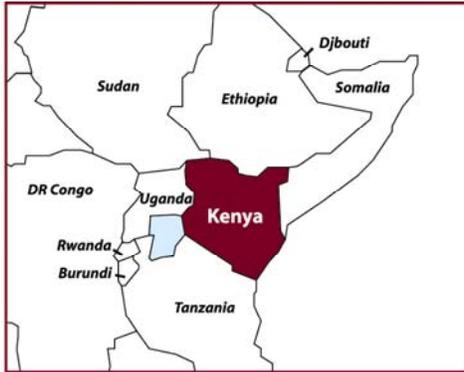


# Health and Family Planning Overview

## KENYA



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Population:	30.3 million (Central Bureau of Statistics, Kenya 2002)
Infant Mortality Rate:	74 (1995, KDHS 1998)
Under-Five Mortality Rate:	112 (1995, KDHS 1998)
DPT3 Coverage:	79.2%, children 12–23 mos. (KDHS 1998)
Nutrition:	22% underweight, children 0–59 mos. (KDHS 1998)
Total Fertility Rate:	4.7 (1996, KDHS 1998)
Maternal Mortality Ratio:	590 (1989–1998, KDHS 1998)
Contraceptive Prevalence Rate:	23.6%, all women, modern methods (KDHS 1998)
Adult HIV Prevalence:	13.5% (MOH 2001), 15% (UNAIDS 2001)
Current Living AIDS Orphans:	890,000 (UNAIDS 2001)
Demographic and Health Surveys:	1989, 1993, 1998, 1999 (Service Provision Assessment)
Multi-Indicator Cluster Surveys:	1995–96, 2001 Preliminary

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### Country Profile

Kenya has entered a period of political transition with President Daniel Arap Moi's promise to step down in 2002 to allow his successor to be chosen in a multiparty election. Kenya is suffering from weak economic growth, with a decline in almost all sectors of the economy. Gross domestic product (GDP) growth in 2000 was negative, at –0.4 percent. A number of unfavorable factors, including a severe drought, were to blame for the country's increased poverty and deteriorating social indicators. In the health sector, Kenya has found hope in the continuing decline of its high fertility rate, but the country still faces major challenges from worsening child mortality and immunization rates, re-emerging infectious diseases, and HIV/AIDS. Such challenges require new national and community-level interventions and the strengthening of ongoing efforts to improve the government's financial and health care management systems.

**HIV/AIDS in Kenya.** President Moi has declared HIV/AIDS to be a national disaster. With an adult HIV/AIDS prevalence of 15 percent, Kenya is among Africa's hardest hit countries. The epidemic is a major contributor to economic weakness – GDP in 2005 will be 14.5 percent less than it would have been without HIV/AIDS. Out of 2 million HIV-positive people, about 78,000 (4 percent) are children. The government is responding, and official support for HIV/AIDS prevention and care has strengthened in recent years. Kenya established its National AIDS Control Council in 2000. One element of the national strategy emphasizes prevention through increasing age at first sex, reducing the number of sex partners, and condom use. President Moi, previously reticent on AIDS, has made strong public statements and approved condom use for HIV/AIDS prevention. USAID recently helped develop the nation's first blood transfusion policy. A second national priority is to improve the health and quality of life of people living with HIV/AIDS.

### USAID Strategy

USAID/Kenya's five-year Integrated Strategic Plan 2001–2005 focuses on democracy and governance, economic development, population and health, and natural resources management. The Mission will continue to put considerable resources into HIV/AIDS, malaria, and infectious disease control and prevention, as well as into expanded family planning services. USAID is Kenya's leading population and health donor, providing technical, commodity, and financial assistance to Kenya's national programs in family planning, HIV/AIDS, and child survival.

**Strategic Objective:** Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services



## Intermediate Results:

- Improved enabling environment for the provision of health services
- Increased use of proven, effective interventions to decrease risk of transmission and mitigate the impact of HIV/AIDS
- Increased customer use of family planning, reproductive health, and child survival services

## Major Program Areas

**HIV/AIDS.** USAID/Kenya's program focuses on prevention and behavior change; research, policy and advocacy; community-based care; and intersectoral programs. USAID works with local groups to establish interpersonal counseling programs, communication campaigns, and community theater. Programs assist voluntary counseling and testing (VCT) and work with businesses to develop supportive policies and prevention and care programs for workers. Community projects include creating a supportive environment for behavior change through peer education targeting vulnerable women, workplaces, and schools. The condom social marketing program has increased sales to over 1 million per month. The program also advertises about HIV stigma reduction and the dangers of cross-generational sex and serial monogamy. Other prevention activities support research and interventions to prevent mother-to-child transmission and improvements in Kenya's blood transfusion system by helping to develop a national blood policy and establish regional transfusion centers. USAID supports policy and advocacy activities to overcome policy constraints that might slow the implementation of the national HIV/AIDS control program. The community-based care and support program improves the ability of local communities to identify their needs and to develop and carry out activities focused on home-based care and support.

**Health and Family Planning.** Family planning has been a national success. With assistance from USAID and others, the public and private sectors have developed a strong program that includes support systems for logistics and training; policies and guidelines; and facility improvement. Significant challenges remain, however, in both family planning and child survival. USAID's focus is on integrated delivery by the private sector in two provinces; improving national training, supervision, and logistics systems; and malaria and reproductive health research. Programs increase supply and demand for health services, improve women's agency, and encourage positive behavior change. Operations research and pilot implementation in Bungoma district have strengthened national strategies for integrated management of childhood illnesses and social marketing of insecticide-treated bed nets. USAID supports two new malaria policies for treatment of children and prevention in pregnancy. USAID also supports efforts to improve health care financing and has helped the government increase cost-sharing revenues and devolve authority and accountability to the district level. The next focus will be on financial management, equity, institutionalizing the health reform process, and privatizing health commodity procurement and distribution.

## Results

- 32 VCT centers opened and provided services to 9,000 clients. At least 40 more will open by the end of 2002.
- 4,400 caregivers were trained, and provided care to over 8,000 people with HIV/AIDS in their communities.
- Five blood transfusion centers were constructed and equipped.
- Sales of Trust condoms grew by 12 percent to over 1.2 million per month.
- TV and radio spots, and a radio soap opera, promote positive behavior change nationally.
- 125 private nurse-midwives were trained in post-abortion care, giving them valuable lifesaving skills.
- 48 public and private clinics in 10 districts were upgraded and their staff retrained. Ten clinics became "Centers of Excellence" as referral and training sites.
- 95,000 bed nets, each with an insecticide tablet, were sold through social marketing.

## Major Implementing Partners

USAID/Kenya's partners in implementing population, health, and nutrition activities include EngenderHealth, Population Services International, AMREF, Catholic Relief Services, Pathfinder International, Family Health International, the Futures Group International, the University of North Carolina, and John Snow, Inc.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP ([info@phnip.com](mailto:info@phnip.com)).