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Sustaining Policy Change

Health Policy Initiative Helps Foster an Enabling Policy Environment for Reproductive Health in Kenya

Kenya

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The government of Kenya has long recognized the importance of family planning and reproductive health (FP/RH) in achieving the country's socioeconomic goals. Between the late 1970s and the late 1990s, Kenya made impressive progress in this area—reducing the total fertility rate (TFR) from eight children per woman in 1978 to five children per woman in 1999 and increasing the contraceptive prevalence rate (CPR) from 7 percent to 39 percent over the same time period. By 2003, however, both the fertility and contraceptive prevalence rates had stagnated.[1] Unmet need for family planning also remained high. In 2003, only half the total potential demand for FP was being satisfied by use of modern methods.[2]

One factor that contributed to the stagnation of FP indicators was the emergence of the HIV epidemic. The epidemic drew resources and attention away from FP/RH as Kenya worked to articulate and implement a strong national response to HIV. Recently, however, policymakers and health practitioners have increasingly recognized the importance of integrating HIV and RH services—both to improve health outcomes and to conserve scarce resources.

For more than 10 years, Task Order 1 of the USAID | Health Policy Initiative and its predecessor, the POLICY Project, have worked closely with government and civil society partners in Kenya to raise the profile of FP/RH issues and foster an enabling policy environment. The projects' efforts have led to the drafting and adoption of key policies and strategies, including the country's first National Reproductive Health Policy (2007), the costed Plan of Action for the Adolescent Reproductive Health and Development (ARH&D) Policy (2005), and, most recently, the National RH/HIV Integration Strategy (2009).

The Health Policy Initiative has also helped to put policies into practice—facilitating the establishment of multisectoral bodies to monitor and evaluate policy implementation, strengthening dissemination of policies, and building implementation capacity at the community level through RH networks.

Moreover, the projects have helped increase resources for FP/RH. The POLICY Project was instrumental in achieving the first budget line for FP/RH in the national budget. Building on this success, the Health Policy Initiative has used high-level advocacy and policy dialogue to more than double the amount allocated through that budget line—from Ksh. 200 million in 2005 to Ksh. 500 million in 2009.

The Health Policy Initiative has also focused national attention on the neglected RH needs and rights of people living with disabilities. The project has helped them gain access to high-level policy dialogue and supported their efforts to engage communities, service providers, and policymakers to improve understanding of the RH challenges faced by those living with disabilities.

[1] *Kenya Demographic and Health Survey* 2003, July 2004.

[2] *Trends and Determinants of Unmet Need for Family Planning in Kenya*, DHS Working Papers, 2008 No. 56, USAID.

Strengthening the Policy Framework

National Reproductive Health Policy

Until recently, Kenya did not have a national RH policy to provide a framework for the implementation of a comprehensive RH program. In 2004, the Ministry of Health (MOH)[3] and the RH-Interagency Consultative Committee (RH-ICC)—a multisectoral coordinating body based in the MOH's Division of Reproductive Health (DRH)—asked POLICY and, subsequently, the Health Policy Initiative to lead the process of crafting a national policy on reproductive health. POLICY began helping the MOH draft the National Reproductive Health Policy in 2004. The Health Policy Initiative later provided technical and financial assistance to finalize the policy and facilitated its adoption.

In October 2007, the MOH approved and adopted the country's first National Reproductive Health Policy. The newly constituted Ministry of Public Health and Sanitation (MOPHS) launched the policy in July 2008. With the theme "Enhancing the Reproductive Health Status for All Kenyans," the policy provides a framework for equitable, efficient, and effective delivery of high-quality RH services throughout the country and emphasizes reaching those in greatest need and most vulnerable. It aims to guide planning, standardization, implementation, and monitoring and evaluation of reproductive healthcare provided by various stakeholders. The new policy addresses key emerging issues, such as RH commodity security, the prevention of mother-to-child transmission of HIV, emergency obstetric care, gender-based violence, the RH needs of people living with disabilities, and RH/HIV integration.

In the past, there has often been a lack of awareness and understanding of new health policies—particularly at the community level. Weak dissemination of policies—particularly at the regional and community levels—has contributed to this lack of awareness. To lay the groundwork for effective implementation of the new RH policy, the Health Policy Initiative led the dissemination process for the policy. The project hosted dissemination meetings in Nyanza and Western provinces in November 2008. The meetings included RH coordinators from local and provincial governments and civil society. The meetings not only enabled the sharing of the content of the policy but also the collection of feedback from the district and regional levels to inform revision of the National Reproductive Health Strategy. The Health Policy Initiative collaborated with other partners to ensure that similar dissemination meetings were conducted in the six remaining regions.

National Reproductive Health Strategy

With a new RH policy in place, the National RH Strategy needed to be revised. While the policy lays out the broad principles and direction for the country's RH programs, the strategy provides a detailed framework for implementation of those programs. Revising the strategy was an important step in the implementation process. The Health Policy Initiative provided technical support for the revision process through the RH-ICC. The project was able to garner local feedback on the new strategy through the RH policy dissemination meetings. The final draft strategy was ratified at a national stakeholder workshop facilitated by the project in July 2009. It has been submitted to the DRH for final endorsement.

Adolescent Reproductive Health and Development (ARH&D) Policy

In Kenya, young people face numerous challenges that can negatively affect their reproductive health, such as early pregnancy and childbirth; high rates of HIV infection—especially among young women; high unemployment rates; and high levels of crime. To address the specialized RH needs of young people, the MOH and the National Coordinating Agency for Population and Development (NCAPD) formulated a national Adolescent Reproductive Health and Development (ARH&D) Policy in 2003. The policy was designed to ensure that RH services

[3] Under Kenya's new political powersharing agreement, there are now two ministries handling health issues—the Ministry of Public Health and Sanitation and the Ministry of Medical Services. As the work described in this brief took place both before and after this change, "the Ministry of Health" or "MOH" are used to refer to both ministries unless otherwise specified.

Key Achievements

- Budget line item for FP established (2005) and increased from Ksh. 200 million to Ksh. 500 million (2009)
- National Reproductive Health Strategy drafted (July 2009)
- National RH/HIV Integration Strategy approved (May 2009)
- National Reproductive Health Policy adopted (October 2007)
- ARH&D Technical Working Group formed to strengthen implementation of the ARH&D policy (September 2007)
- RH/HIV Integration Technical Working Group formed (2007)
- Advocacy capacity of RH networks—including NCAPD, WCC, and CAMM—strengthened
- Women living with disabilities included in high-level RH policy dialogue
- Parliamentarians engaged in FP advocacy

were available, accessible, acceptable, and affordable to young people.

While the ARH&D policy was officially adopted in 2003, the country lacked a well thought-out plan of action to implement the policy. At the request of NCAPD and the DRH, POLICY provided technical and financial support to prepare the National Plan of Action (2005–2015) to guide implementation of the ARH&D policy. Subsequently, the Health Policy Initiative helped mobilize resources for implementation by costing the Plan of Action. The project presented the costed Plan of Action to stakeholders in December 2006 and April 2007. As a result, in June 2007, the NCAPD received US$50,000 from UNFPA to support implementation of the ARH&D policy in three districts.

In addition to helping the government mobilize resources, the Health Policy Initiative also helped establish a multisectoral oversight body to monitor and evaluate implementation of the ARH&D policy. On September 19, 2007, the project and the NCAPD co-launched a multisectoral ARH&D Technical Working Group (TWG), which includes stakeholders and partners from key government ministries and departments, as well as national and international NGOs. The TWG provides an institutional framework for monitoring and evaluating implementation of the ARH&D policy—helping to ensure a more coordinated national response to young people's RH needs. Following formation of the TWG, the Health Policy Initiative has continued to provide technical and financial support to enhance its ability to effectively carry out its mandate.

Integrating RH and HIV Policies

There are many potential benefits to integrating RH and HIV programs, including

- More comprehensive and convenient care for clients;
- More people reached with services, including hard-to-reach groups;
- Prevention of unintended pregnancies and HIV transmission;
- Cost savings by avoiding the duplication of services and making more efficient use of staff time, existing facilities, and other resources;
- More informed decisions among clients regarding sexual and reproductive behavior;
- Enhanced prevention of mother-to-child transmission of HIV, contributing to reduced infant and child mortality; and
- Improved maternal health.

Despite the potential advantages of RH/HIV integration, few countries have integrated RH and HIV policies and programs. In Kenya, until recently, integration efforts have been project-based, with little being done to address barriers to sustainable RH/HIV integration at the policy level or within government structures. In 2006, the Health Policy Initiative initiated discussions with the DRH and the National HIV/AIDS and STI Control Program

Using the RAPID Model to Support High-level Advocacy

The RAPID Model projects the social and economic consequences of high fertility and rapid population growth. It is a powerful tool for raising policymakers' awareness of the importance of fertility and population growth as factors in social and economic development.

In Kenya, the Health Policy Initiative applied the RAPID Model to support its efforts to reposition FP on the policy agenda through high-level advocacy. Application of the model had three goals:

1. Increase funding for family planning
2. Foster a multisectoral response
3. Encourage high-level commitment

To achieve these goals, the Kenya RAPID was tailored to the country's development strategy—"Vision 2030"—to show how slowed population growth can help achieve Kenya's development goals.

The Health Policy Initiative established a working group to guide the RAPID application and facilitate its use as an advocacy tool. The working group is hosted by NCAPD and includes the DRH, the Ministry of Youth, and Kenyatta and Naibori universities, as well as USAID, other cooperating agencies, and several other civil society partners.

Data collection has been completed, and the working group is finalizing the RAPID application and the accompanying advocacy presentation. The RAPID results will be unveiled on November 6, 2009, at a launch event for parliamentarians, other policymakers, and the press. A former parliamentarian is expected to present the RAPID results at the launch.

To ensure that advocacy efforts using RAPID are sustained, the Health Policy Initiative trained NCAPD staff in use of the tool. Following the November launch, the NCAPD will facilitate an ongoing series of advocacy activities with high-level policymakers to pursue the goals of increased commitment, increased resources, and a multisectoral response.

PHOTO CREDIT: HEALTH POLICY INITIATIVE/KENYA

Hon. Njoki Ndungu addresses fellow parliamentarians at a meeting on repositioning FP organized by the Health Policy Initiative.

(NASCOP) on the formation of a working group to consider ways to strengthen the integration of RH and HIV services.

In 2007, the Health Policy Initiative conducted a rapid assessment of the barriers to RH/HIV integration. Through interviews with policymakers, program managers, and service providers, the assessment identified numerous barriers, including the lack of service protocols and operational policy guidelines to support integration, inadequate government funding for RH/HIV integration, limited staffing levels in public health facilities, and the existence of parallel HIV and FP/RH supervision and logistics systems. The project disseminated findings to key RH stakeholders, including the MOH, development partners, health facilities, and USAID partners.

As a result of the project's study, the Integration Technical Working Group (ITWG) was formed in early 2007. The ITWG is a multisectoral group, co-chaired by NASCOP and the DRH. Comprising several government, NGO, and private sector organizations, the ITWG is responsible for establishing mechanisms to achieve the integration of RH and HIV services at both the policy and operational levels. The ITWG's objective is to facilitate the scale-up of RH/HIV service integration by ensuring that supportive policies and guidelines are in place, harmonizing planning, and preventing stockouts. The group is also expected to act as an advocate for integration—fostering the political commitment and resources necessary for success.

In February 2008, the ITWG formed a subcommittee to spearhead the preparation of an RH/HIV integration strategy. Through the subcommittee and the ITWG, the Health Policy Initiative provided technical and financial support for drafting of the National RH/HIV Integration Strategy. The goal of the strategy is to increase access to high-quality, affordable RH and HIV services. The strategy recognizes that RH and HIV services share similar characteristics, target populations, and desired outcomes, and that, therefore, clients seeking HIV services and RH services share common needs and concerns. Integrating services will enable healthcare providers to more efficiently and effectively meet those needs. At the same time, RH programs are good entry points for many HIV services and vice versa. Strong linkages will prevent missed opportunities in HIV prevention and RH and help ensure that the RH needs of all people, including people living with HIV (PLHIV) are met. The strategy was approved by the DRH and NASCOP in May 2009 and will soon be officially launched and disseminated.

Repositioning Family Planning

As in many countries, the advent of the HIV epidemic in Kenya shifted attention away from FP/RH needs and priorities. Both POLICY and the Health Policy Initiative have worked to strengthen leadership on FP/RH issues. They partnered with the DRH, NCAPD, the Kenya Parliamentary Network on Population and Development (KPNPD), and other RH networks to raise the profile of FP/RH on the national agenda through high-level advocacy.

The KPNPD is a caucus of members of Parliament (MPs) who work on advocacy and lobbying for FP/RH priorities. POLICY helped found KPNPD in 2004. Since that time, both POLICY and the Health Policy Initiative have provided ongoing financial and technical support to strengthen its capacity.

The NCAPD is a semi-autonomous government organization. Its autonomy enables it to act as an advocate for population issues within the government. Since its formation, NCAPD has worked in close partnership with parliamentarians—using them to champion vital policy and budget priorities in Parliament and build support for FP/RH in their constituencies. The projects' ongoing support has helped NCAPD hone its advocacy skills and engage more effectively.

In 2006, the Health Policy Initiative and NCAPD co-led discussions on creating an agenda, including a one-year advocacy plan, for the KPNPD to increase its visibility and effectiveness in FP repositioning efforts. Together, they also supported the establishment of a coordinating secretariat—situated at NCAPD—to generate data and package information for use in advocacy activities.

PHOTO CREDIT: REBECCA MBUYA-BROWN

Through Women Challenged to Challenge, Jane Kihungi and Josephine Sinyo champion the RH needs of women living with disabilities.

After the post-election violence and the political peace deal, the Health Policy Initiative helped NCAPD orient new parliamentarians and encourage MPs to participate in the KPNPD.

The Health Policy Initiative also supported two regional high-level meetings with parliamentarians—bringing together religious and political leaders, councilors, and representatives of government ministries. These meetings educated parliamentarians about the importance of FP/RH by providing them with data demonstrating the impact of FP on their provinces. The meetings also brought this message to constituents and helped build support among community leaders. Finally, the issues that came out in these meetings were used to inform the revision of the RH strategy.

As a result of POLICY's advocacy work, in 2005, a budget line for FP/RH was included in the national budget for the first time. This made it possible for advocates trained by the Health Policy Initiative to lobby for increased FP/RH funding. As a result of this sustained engagement, the amount allocated through this budget line rose from Ksh. 200 million in 2005 to Ksh. 500 million in 2009.

Bringing Women with Disabilities into the RH Policy Dialogue

According to a national survey conducted in 2008, 4.6 percent of Kenyans experience some form of disability—close to 2 million people. Despite the large number of people living with disabilities, health policies and programs have failed to address their specialized needs. The RH needs of women living with disabilities have been a particularly neglected area. Women living with disabilities face an array of challenges related to their reproductive health, including

- High levels of stigma and discrimination in the community and in health centers;
- Families that feel ashamed of disability and seek to keep disabled family members hidden at home;
- Widespread perceptions of people living with disabilities as asexual—as less than whole, without the capacity to have homes or families of their own;
- Lack of information—for a variety of reasons, including family members and health providers actively seeking to keep information about sexuality and RH from people living with disabilities, as well as physical communication barriers (such as those faced by the hearing or visually impaired);
- High rates of home delivery; and
- Sterilization performed without the knowledge or permission of the disabled woman.

Formed in 2000, Women Challenged to Challenge (WCC) is a network of women living with disabilities who came together because they felt that issues of disabled women were not being taken seriously. In response, they formed an independent network to raise issues related to gender and disability.

By 2007, WCC had grown—with regional chapters around the country. The Health Policy

Initiative trained WCC members in advocacy and awarded the network a small grant to support awareness raising, demand creation, and advocacy on the RH needs of women living with disabilities.

WCC used the grant to launch an advocacy project in two regions—Western and Central—to create awareness about the RH needs and rights of women and girls living with disabilities among policymakers, service providers, community members, and people living with disabilities themselves.

WCC conducted community-level workshops in which women and girls could share their experiences. The workshops served several purposes—first, to gather information on the barriers preventing women with disabilities from accessing RH services; second, to raise awareness among communities and providers of the RH needs of women with disabilities; and finally, to educate women living with disabilities and their families about available health services and their right to access those services.

Those attending the workshops noted that healthcare providers often assume disabled women who are pregnant must have experienced sexual violence. This assumption comes from a stigmatizing attitude—they cannot imagine that a woman living with a disability could have a healthy relationship. At the same time, many women and girls living with disabilities are at higher risk of experiencing sexual violence—because they are often physically and economically dependent on caretakers and because of beliefs and attitudes that fuel violence. For example, some men believe that having sexual relations with a woman living with a disability will cure HIV. Others may seek out women living with disabilities as sex partners because they believe they will be free of HIV.

Following the workshops, WCC documented existing laws, policies, and international commitments related to the RH of people living with disabilities. In April 2009, in partnership with the MOH, Ministry of Gender, Ministry of Home Affairs, and National Council on Persons with Disability, WCC disseminated the findings from the policy review and the workshops to local leaders, community members, and community-based organizations in the Central and Western regions.

As a result of WCC's outreach activities, eight disability support groups with 353 members have been formed in the Western and Central provinces to champion the rights and RH needs of women and girls living with disabilities. In addition, shortly after the workshop in Central Province, the Provincial RH Coordinator organized a medical camp in Nyeri to address the RH needs of people living with disabilities. At least three RH service providers at the Central Provincial Hospital also enrolled for evening classes to learn sign language to enable them to provide better services to hearing-impaired clients.

> "That entry point into government, we would not have achieved it without the project on our side. They have given us a face."
>
> —Josephine Sinyo
> Women Challenged to Challenge

In addition to supporting WCC's activities at grassroots level, the Health Policy Initiative also built the organization's advocacy skills and helped it gain access to policy dialogue at the national level. WCC representatives were involved in the working group that drafted the RH strategy—the first time that people living with disabilities had been involved in the policymaking process at such a high level.

Building Local Capacity

The new RH policy recognizes the need to redefine the roles of traditional birth attendants (TBAs) from conducting deliveries to promoting safe pregnancy and delivery through conducting health education on antenatal care, early identification and referral of pregnancy-related complications, postnatal care, and birth registration. Under the new policy, TBAs are not authorized to deliver babies. Rather, they are meant to monitor their patients, give them information, and bring them to a health center to deliver with asistance from a professional

PHOTO CREDIT: HEALTH POLICY INITIATIVE/KENYA

TBAs in Ukwala Division participate in a Coalition Against the Mismanagement of Mothers reorientation training.

midwife. This shift requires a reorientation of TBAs.

To support implementation of the RH policy, the Health Policy Initiative provided a small grant to a local network of midwives—the Coalition Against the Mismanagement of Mothers (CAMM)—to pilot a community education and TBA reorientation program in Siaya District in Nyanza Region.

Siaya has one of the highest maternal mortality rates in the country. CAMM began with a small group of midwives from Siaya attending a safe motherhood training at the provincial hospital. While attending the training, they saw women being brought from their district to deliver who were in very bad shape. They saw that the complications they were experiencing could have been easily prevented. So they came together to promote safe motherhood in their communities.

Through the small grant from the Health Policy Initiative, CAMM has been able to work with TBAs in three divisions in the district to promote maternal and neonatal health through training, sensitization, and dialogue with TBAs, opinion leaders, and the community-level Provincial Administration. As a result of CAMM's work, referrals to deliver at the Siaya district hospital increased by 800 percent—from only 28 in 2007 to 259 in 2008.

The Way Forward

USAID-funded policy assistance through the POLICY Project and the Health Policy Initiative has helped to foster an enabling policy environment for FP/RH in Kenya. With support from the project, the DRH, NASCOP, and other government ministries have drafted new policies and strategies to foster equitable, affordable access to FP services and have taken up the challenge of integrating RH and HIV services. The NCAPD, the KPNPD, and other RH networks have raised the profile of FP on the national agenda and increased resources for FP in the national budget. CAMM has mobilized communities in support of implementation of the new RH policies—increasing uptake of maternal health services and reorienting TBAs to their new roles and responsibilities. And thanks to the project's collaboration with WCC, women with disabilities have gained access to national policy dialogues that once excluded them. The projects' decade of work in FP/RH has helped build the skills of talented, passionate champions in both government and civil society who will continue to fight for RH priorities far into the future.

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