DSW Fast Facts

Sexual and Reproductive Health in the New Aid Environment in Kenya

August 2011

The international aid environment for sexual and reproductive health and rights (SRHR) has undergone drastic changes since the adoption of the Paris Declaration in 2005 and the Accra Agenda for Action in 2008. While partnerships between governments, donors, the private sector and civil society organisations are flagged as key principles of development cooperation at the international level, local SRHR civil society has not been able to participate sufficiently in new consultation processes, such as health donor coordination mechanisms or the formulation of national poverty reduction strategies. In order to address these challenges, CSOs in Africa and Asia can take stock of the local impact of the new aid architecture and adapt their advocacy with national governments and international donors accordingly. This series of country case studies builds upon DSW's extensive experience, capacity building workshops and advocacy missions in the field, undertaken in the context of DSW's "Euroleverage", "AHEAD for Reproductive Health", "Healthy Action" and "nEUwAID" projects.

Kenya National Context

Kenya's population which stood at 40.9 million in 2010 is set to reach 85.4 million by 2050[1]. Furthermore, 42% of the present population is under 15 years of age[2], spurring the need for immediate attention to bottlenecks particularly in the health sector. Among the crucial social and economic indicators linked to this are:

- Total Fertility Rate (TFR) approximately 5 (4.78) births per woman (a decrease of 42.7% since 1977/8 when TFR was 8.2 births)
- Contraceptive Prevalence Rate (CPR) 46% (any method) 39% (modern methods)
- Rate of teenage pregnancy (age 15-19) is 104 per 1000 births
- Maternal Mortality has almost decreased by 50% from 1000 to 560 per 100,000 births per year
- Births conducted by skilled birth attendants 42%[3]

Kenya remains relatively below the regional average of 620 maternal deaths per 100,000 live births. However, it lags considerably towards achieving the Millennium Development Goal (MDG) target of reducing maternal mortality to 147 per 100,000 live births. Despite its considerable decrease since 2005, attention to statistical disparities is advisable with regard to rural and urban areas which are not fully reflected in national statistics. For example, with regard to births attended by skilled health personnel in urban areas, the rate stands at 75% as opposed to the 37% in rural areas[4].

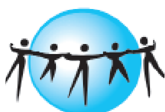
Policy Environment for SRHR

Kenya is a signatory to the Paris Declaration on Aid Effectiveness of 2005. The corresponding 2008 OECD Paris Declaration monitoring survey finds that governance issues require improvement in accordance with increasing aid flows to Kenya. An overall mixed review of progress shows low to moderate levels of achievement in the aid effectiveness indicators.

Kenya's 'Vision 2030'[5] is the long term development blueprint covering the period 2008 to 2030 by implementing successive five year strategies with the aim of launching Kenya into the ambit of an industrialised middle income country. Topics such as devolution to district and local level administration of health care; getting on track with reducing maternal and infant mortality as well as shifting from curative to preventable diseases by focusing on 'preventive, promotive and rehabilitative' health services are described in the second pillar ('investing in the people of Kenya) of 'Vision 2030'.

The National Health Sector Strategic Plan II (NHSSP II 2005-2010)[6] is guided by the aims set out in the section on health within the social pillar of Vision 2030. It has been extended till 2012 following delays brought on by the new constitution in 2010[7]. The NHSSP II is implementing a radical shift in approach from disease burden and service delivery to the provision of the so-entitled Kenya Essential Package for Health (KEPH)[8].

This rights-based approach marks a shift from a provision of basic to equitable healthcare services and promotes a healthy lifestyle bearing in mind the needs of six different life phases from pregnancy, delivery and newborn child to the elderly



DSW (Deutsche Stiftung Weltbevoelkerung) · EU Liaison Office · Place du Luxembourg, 2/3 · 1050 Brussels · Belgium
Tel: +32 2 504 9060 · Fax: +32 2 502 6752 · E-mail: info-eu@dsw-brussels.org · Internet: www.dsw-brussels.org

health. Six service delivery levels have also been identified:

- Level 1 are communities with health workers but no facilities;
- Levels 2-3 manage the dispensaries, health centres and maternity/nursing homes;
- Levels 4-6 foresee curative treatment through secondary and tertiary hospitals (sub district, district provincial and national/referral hospitals).

Implementation of the NHSSP II has been gradual due to the scale of plans; focus is therefore limited to a number of interventions. For example, one of the minimum KEPH interventions implemented during the first year was safe motherhood and reproductive health. National and international indicators for maternal health are included in the NHSSP II covering amongst others the percentage of pregnant women attending four Ante Natal Care visits to rise from 54% to 80%; Deliveries conducted by skilled health staff rising from 42% to 80% and increasing the distribution of family planning commodities from 10% to 60%. It should be noted however that these baseline figures and indicators are solely for service delivery levels 2,3 and 4, as very limited information has been compiled at the community level, where needs of the population are massive and which would therefore be crucial to provide a truly representative picture. Those few communities that have actually benefitted from community strategy interventions, however, have recorded remarkable improvement in general community health indicators.

The National Reproductive Health Policy (NRHP)[9], finally endorsed in 2007 after a lengthy process, is Kenya's first policy framework addressing Reproductive Health. This policy endorses Kenya's commitment to the achievement of all relevant international development goals and targets relating to SRHR as well as identifying priority actions aimed at reversing negative effects linked to poor reproductive health outcomes. The National Reproductive Health Strategy (2009-2015)[10] is a revision of its predecessor which ran from 1997-2010. The revised NRHS was developed to improve guidance and alignment for a 'multisectoral' implementation approach of the NRHP[11]. Chapter 2 in particular details the implementation strategies and key actions to achieve this objective. However, overall, the NRHP proved to be a rather unpopular policy on the ground as it has not been effectively disseminated and its implementation has been overshadowed by the NHSSP II.

The 'The National Roadmap for Accelerating the attainment of MDGs related to Maternal, Newborn Health in Kenya using High Impact Intervention' (HII), launched in 2010, is the latest government initiative for improving progress toward achieving Millennium Development Goals (MDGs) 4 and 5.

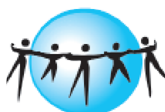
The Road Map is based on six pillars:

- Pre-conceptual care and family planning;
- Focused antenatal care;
- Essential obstetric care;
- Essential newborn care;
- Targeted post-partum care and
- Post-abortion care.

These pillars are based on the principle of equity and respect for reproductive rights with a focus on:

- Skilled attendants and ensuring an enabling environment to provide quality care;
- Supportive health systems that involve effective systems of referral;
- Management, procurement, training, supervision, and a health management information system;
- Community action, partnerships and male involvement[12].

Kenya has also launched the Reproductive Health Communication Strategy (2010-2012)[13], the Adolescent Reproductive Health and Development Policy[14], the National Contraceptive Commodities Security Strategy (2007-2012) and the Kenya National AIDS Strategic Plan (2009-2013)[15], the National Reproductive Health research agenda (2010), the National Family Planning Guidelines for Service providers (2010). This vast policy framework covering reproductive health from a variety of angles prompts a range of development stakeholders active in the health sector (see below: Donor Funding) to assert that in terms of policy, Kenya is sufficiently equipped to tackle and progress on the ICPD Plan of Action and MDG targets[16].



Sexual and Reproductive Health in the New Aid Environment in Kenya

Health Sector Funding

Kenya has committed to allocate 15% of its national budget to the health sector in accordance with the 2001 Abuja Declaration. Although marginal increases have been established, especially since 2005, Kenya falls considerably short of this target at 8.3%[17]. The implications of this shortfall mean that in Financial Year (FY) 2008/9, per capita spending only reached 13.40 USD (ca. 10 EUR), which clearly falls short of the World Health Organisation (WHO) recommendation to spend at least 34 USD (ca. 25 EUR) per capita.

More recently, the WHO estimated that a mere 4.3% of Gross Domestic Product (GDP) was spent on health in 2009 meaning that although financed expenditure on health has increased in absolute terms, the share of total Government spending has declined in real terms. This trend can be attributed to a rapid increase in development partner spending in this sector. Off-budget expenditures from development partners are estimated to account for 56% of all public sector health spending in FY2009/10[18]. Total off budget expenditure by development partners in the health sector came up to KSH 84 billion (ca. 650.537 million Euro), which was equivalent to 4% of Kenya's GDP in 2008/9[19].

Discrepancies between projected and actual budget allocations continue to ensue. According to NHSSP II forecasts, 41% of spending would go to health facilities (levels 1-3) whereas levels 4-6 on average would obtain 59% for the years 2005-2010. However, according to the 2010 Road Map for Attainment of Maternal and Newborn Health, a decisive favouring of secondary and tertiary care facilities (see levels 5 and 6), absorbs up to 70% of health expenditure. The Public Expenditure Review (2010)[20] has also deducted an informal trend of on-budget allocations being made to curative services and off-budget resources being directed toward preventive services[21]. In 2006/07, curative services (levels 4-6) accounted for 52% of the recurrent expenditure, while a mere 5% was allocated to preventive and promotive care services. Indicative planning for FY 2009/10 shows a reversal where 42% would be committed to preventive health services in relation to 28% for curative services. Such allocations would be more in line with pillar two of 'Vision 2030' if so implemented. An attempt has been made to bridge the funding gap by supporting health centres and dispensaries through the Health Sector Service Fund (HSSF). However, the amount was reduced in the current financial year.

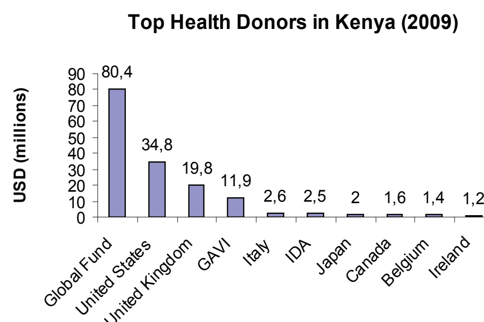
Limited national increases for reproductive health have been made starting at KSH 12,781 million (98,4667 EUR) in FY 2005/6 reaching KSH 23,671 million (182,365 EUR) by FY 2009/10. Total spending on reproductive health for the 2005-2010 period is estimated to be KSH 90,758 million[22] (699,215 EUR). An irregular spending pattern is seen for Family planning, maternal and child health, with dramatic increases and falls[23]. Sexually transmitted infections have received notably low funding with a peak in FY 2005/6 reaching KSH 6.3 million (48,536 EUR) and a complete halt of funding the following year[24].

Development partners active in the health sector in Kenya are[25]:

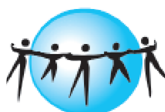
- African Development Bank (AfDB)
- Danish International Development Agency (DANIDA)
- UK Department for International Development (DfID)
- European Union (EU)
- France
- German Development Cooperation (GIZ)
- International Finance Cooperation
- Japan International Cooperation Agency (JICA)
- World Health Organisation (WHO), UNAIDS, UN Population Fund (UNFPA), UN Children's Fund (UNICEF), World Bank (WB), World Food Programme (WFP)
- US Agency for International Development (USAID)
- Global Fund to fight Aids, Tuberculosis and Malaria (GFATM)

Figure I displays the top donors to the health sector in 2009

Top Health Donors in Kenya (2009)



Source: OECD CRS



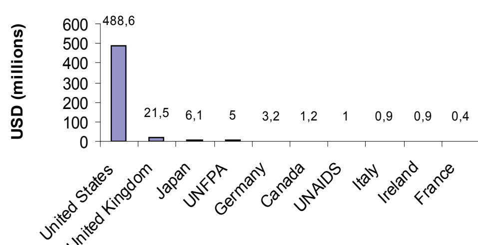
DSW (Deutsche Stiftung Weltbevoelkerung) · EU Liaison Office · Place du Luxembourg, 2/3 · 1050 Brussels · Belgium
Tel: +32 2 504 9060 · Fax: +32 2 502 6752 · E-mail: info-eu@dsw-brussels.org · Internet: www.dsw-brussels.org

Sexual and Reproductive Health in the New Aid Environment in Kenya

The biggest donors to health in Kenya are the Global Fund, the United States (US) and the United Kingdom (UK). The Global Fund to fight AIDS, Tuberculosis and Malaria supports initiatives to prevent and treat the three infectious diseases in Kenya and contributes to corresponding health policies. USAID has one of the largest health programs as well as selecting Kenya as one of eight countries in their Global Health Initiative (GHI). US funding to Kenya is off budget. USAID's four priority areas in Kenya's health sector are HIV/AIDS, family health, health sector systems strengthening, and malaria.

The UK spent approximately GBP 64.2 million (ca. 72.8 million EUR) in Kenya in FY 2009/2010, 43% of which went to the health sector with plans to spend an average of GBP 128 million (ca. 145.2 million EUR) per year in Kenya until 2015[26]. The UK makes limited use of Government systems to distribute aid due to a direct fraud experience with the Ministry of Finance, but will review their aid delivery instruments post 2012 elections[27].

Top Population Policy/Programmes and Reproductive Health Donors in Kenya (2009)



Source: OECD CRS

As seen above, the United States, United Kingdom and Japan are the top donors to population/policy programmes in 2009. In 2010, USAID announced that its funding for Family Planning and Reproductive Health activities in Kenya would rise to USD 29 million (ca. 20.3 million EUR), a marked increase of over USD 18 million (ca. 12.6 million EUR) from 2007. USAID provides support for the commodity supply chain, advocacy, policy and financial management technical assistance, capacity building in research, and national monitoring surveys amongst others[28].

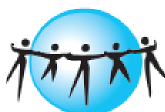
Improving maternal and reproductive health is one of the top priorities for the UK DfID in Kenya. According to the DfID Kenya Operational Plan 2011-2015[29], reproductive health and family planning are set to benefit from approximately GBP 2 million (ca. 2.2 million EUR) per annum in the first two years and GBP 1 million (ca. 1.1 million EUR) per annum thereafter. New joint NGO and Government of Kenya family planning programmes focusing on community level delivery are also envisaged as well as GBP 35 million (ca. 39.7 million EUR) toward a Maternal Health Programme in the Western, Nyanza and North Eastern (NE) Provinces[30].

In its Country Assistance Program for Kenya the Japanese Ministry of Foreign Affairs clearly states that the country "is in particular need of population education and improved family planning and maternal and child health care services in order to control the population growth rate which is impending the country's sustained economic development."[31] Furthermore, the Japan International Cooperation agency's (JICA) Health Program support in Kenya targets two main areas - HIV Prevention and Health System Strengthening for Improvement of Primary Health Services.

Donor Coordination

Government reorganization following the new constitution has led to a variety of changes in government bodies and ministries. With regard to the health sector, Kenya has established two 'entities' which together operate the functions of the Ministry of Health, namely the Ministry of Public Health and Sanitation (MOPHS) and the Ministry of Medical Services (MOMS)[32]. The department of family health in the MOPHS has the mandate for Reproductive Health. This mandate is however limited to levels 1-3 (community, dispensary and health center) of service delivery whereas the MOMS has the mandate over levels 4-6 (hospitals). Coordination between both entities in this case is vital considering that many reproductive health (RH) interventions require hospital level facilities. In order to facilitate coordination, a number of Technical Working Groups (TWGs) and reproductive health coordinators assume the role of implementation monitoring and supervisory agencies used by the Division of Reproductive Health (DRH) of the MOPHS[33].

Bearing in mind the unconventional structure of the health sector in Kenya, donors have a variety of networks and structures with which to coordinate their action:



- Development Partners in Health Kenya (DPHK)
- The Joint Interagency Coordinating Committee (JICC)
- Health Sector Coordinating Committee (HSCC)
- Interagency Coordinating Committees (ICC)
- District Health Stakeholder Committee (DHSF)

The JICC is composed of representatives from the Government of Kenya (GoK) as well as major stakeholders including the private sector. One of its main responsibilities is to coordinate resource mobilization and allocation. The JICC heads the national health sector coordination structure. The HSCC and its respective steering committee report to the JICC and meet on a quarterly basis. It formally coordinates all operational and strategic actions in the health sector. Membership includes the Permanent Secretary and heads of department from the MOPHS, Directors from both MOPHS and MOMS as well as Development and implementing partners. Finally, there are two types of ICCs, which customarily meet on a monthly basis and report back to the HSCC Steering Committee. ICCs can take the form of Support system ICCs which provide fora for coordination of human resources for health (HRH), infrastructure, procurement and financing amongst others. Service delivery ICCs provide forums for coordinating investments for maternal health, malaria, HIV and community strategies amongst others[34].

Division of labour among development partners is mapped out in the DPHK Matrix for Health Sector Coordination sheet[35]. Both priority areas and country policies defined at Headquarter and field level are detailed in this matrix. Although the Sector Wide Aproach (SWAp) was adopted for the health sector in 2005, at present, only one SWAp initiative between the Danish Development Cooperation Agency (DANIDA) and the World Bank is operational. These have pooled their funds for a programme which provides direct cash transfers to health facilities, delivery and procurement services[36].

SRHR Civil Society

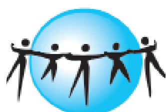
The following are some of the organizations working in SRHR advocacy in Kenya:

- Planned Parenthood Federation of America (PPFA)
- International Centre for Reproductive Health (ICRH)
- Centre for the Study of Adolescents
- African Population and Health Research Consortium (APHRC)
- Johns Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO),
- National Coordination Agency for Population and Development (NCAPD),
- Family Health Options Kenya (FHOK)
- Kenya Urban Reproductive Health Initiative (KURHI) implemented by NCAPD, JHPIEGO & FHOK
- Nyanza Reproductive Health Alliance
- Kenya Population and Health Research consortium (KPHRC)
- DSW Kenya

This list excludes government institutions such as USAID and the German International Cooperation (GIZ) as well as UN bodies such as UNFPA, UN Women. DSW has stood out among all partners as the champion in youth reproductive health advocacy especially in the Nairobi area, Nyanza, Coast and Rift Valley province.

SRH advocacy platforms and networks

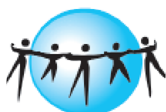
- Health NGOs Network (HENNET)
- Reproductive Health and Rights Alliance (RHRA)
- East African Reproductive Health Network (EARHN)
- Kenya AIDS NGOs Consortium (KANCO)
- Health Budget Advocacy Network
- Network for Adolescents and Youth of Africa (NAYA) Kenya



- The African Women's Development and Communication Network (FEMNET)

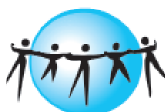
The National Coordinating Agency for Population and Development (NCAPD) is a semi-autonomous government agency that spearheads advocacy for Reproductive Health with its principal mandate being to formulate and supervise execution of population policies and research. However, RH advocacy has become central to their work since using family planning as a strategic intervention for population management.

The resource mobilization mandate of the Division of Reproductive Health in the MOPHS is said to take advocacy with policy makers and community members very seriously as evidenced in the Annual Operation Plans (AOP)[37]. A few years ago, government suspicion of advocacy as a development intervention impeded collaboration between governmental agencies, ministries and CSOs. However, increasing awareness of the importance of advocacy for preventive healthcare with community members, uptake of RH services and commodities and resource mobilization has spurred closer cooperation between the government and CSOs at district level. District officials are therefore also more aware of the need to lobby at national level for an increase in RH allocations to the grassroots. CSOs on the other hand are very instrumental in financing advocacy activities in lower level administrative structures. DSW works with the government in RH advocacy for funding, supplies and information.



Endnotes*

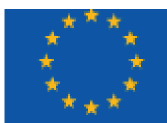
1. UNFPA State of World Population 2010 < http://www.unfpa.org/swp/2010/web/en/pdf/EN_SOWP10.pdf >, UNFPA State of World Population 2005 < http://www.unfpa.org/swp/2005/english/indicators/index.htm >
2. Public Expenditure Review 2010 <http://www.monitoring.go.ke/index.php?option=com_docman&task=cat_view&gid=12&Itemid=8>
3. UNFPA State of World Population 2010 < http://www.unfpa.org/swp/2010/web/en/pdf/EN_SOWP10.pdf >, UNFPA State of World Population 2005 < http://www.unfpa.org/swp/2005/english/indicators/index.htm >
4. WHO Health Country Profile Kenya <http://www.who.int/gho/countries/ken.pdf>, Adolescent Reproductive Health and Development Policy <http://www.k4health.org/system%252Ffiles%252FKenya%2BAdolescent%2BReproductive%2BHealth%2Band%2BDevelopment%2BPolicy.pdf>
5. Vision 2030 < http://www.vision2030.go.ke/index.php/front/social>
6. NHSSP II < http://www.nacc.or.ke/attachments/article/102/NHSSP%20II-2010.pdf>
7. Eurongos 'Expanding the support-base for SRHR and the attainment of MDG 5'<http://www.eurongos.org/Default.aspx?ID=27292&M=News&PID=160301&NewsID=3306>
8. NHSSP II < http://www.nacc.or.ke/attachments/article/102/NHSSP%20II-2010.pdf>
9. GIZ < http://www.gtzkenyahealth.com/blog3/?p=1271>
10. GIZ < http://www.gtzkenyahealth.com/blog3/?p=3828>
11. National Reproductive Health Strategy <http://www.hennet.or.ke/downloads/RH%20Strategy%202009-2015.pdf>
12. Ibid.
13. Reproductive Health Communication Strategy Implementation Guide <http://c-changeprogram.org/sites/default/files/Kenya-Implementation-Guidelines2010-2012.pdf>
14. Adolescent Reproductive Health and Development Policy < http://www.k4health.org/es/system/files/Kenya%20Adolescent%20Reproductive%20Health%20and%20Development%20Policy.pdf>
15. Kenya National AIDS Strategic Plan <http://www.nacc.or.ke/nacc%20downloads/knasp_iii_supporting_docs.pdf>
16. Eurongos 'Expanding the support-base for SRHR and the attainment of MDG 5' <http://www.eurongos.org/Default.aspx?ID=27292&M=News&PID=160301&NewsID=3306>
17. Public Expenditure Review 2004 <http://www.monitoring.go.ke/index.php?option=com_docman&task=cat_view&gid=12&Itemid=8>
18. Public Expenditure Review 2010 < http://www.monitoring.go.ke/index.php?option=com_docman&task=cat_view&gid=12&Itemid=8>
19. Ibid.
20. Ibid.
21. Ibid.
22. NHSSP II <http://www.nacc.or.ke/attachments/article/102/NHSSP%20II-2010.pdf>
23. Public Expenditure Review 2010 < http://www.monitoring.go.ke/index.php?option=com_docman&task=cat_view&gid=12&Itemid=8>
24. Ibid.
25. Eurongos 'Expanding the support-base for SRHR and the attainment of MDG 5' <http://www.eurongos.org/Default.aspx?ID=27292&M=News&PID=160301&NewsID=3306>
26. DfID Kenya < http://www.dfid.gov.uk/Documents/publications1/op/kenya-2011.pdf>
27. Ibid.
28. USAID Kenya < http://kenya.usaid.gov/node/11>



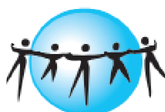
DSW (Deutsche Stiftung Weltbevoelkerung) · EU Liaison Office · Place du Luxembourg, 2/3 · 1050 Brussels · Belgium
Tel: +32 2 504 9060 · Fax: +32 2 502 6752 · E-mail: info-eu@dsw-brussels.org · Internet: www.dsw-brussels.org

29. DfID Kenya Operational Plan 2011-2015 < http://www.dfid.gov.uk/Documents/publications1/op/kenya-2011.pdf>
30. Ibid.
31. Ministry of Foreign affairs of Japan < http://www.mofa.go.jp/mofaj/gaiko/oda/seisaku/enjyo/pdfs/e_kenya.pdf>
32. National Reproductive Health Strategy <http://www.hennet.or.ke/downloads/RH%20Strategy%202009-2015.pdf>
33. Ibid.
34. GIZ Health Sector Programme in Kenya < http://www.gtzkenyahealth.com/blog3/?p=5894#more-5894>
35. Eurongos 'Expanding the support-base for SRHR and the attainment of MDG 5' <http://www.eurongos.org/Default.aspx?ID=27292&M=News&PID=160301&NewsID=3306>
36. Ibid.
37. Annual Operational Plan 6 July 2010-June 2010 < http://arrowkenya.org/docs/Kenyan_National_Health_Strategic_Plan_2010-2011.pdf>

* All documents retrieved on 25 August 2011



This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of the German Foundation for World Population (DSW)and can in no way be taken to reflect the views of the European Union.



DSW (Deutsche Stiftung Weltbevoelkerung) · EU Liaison Office · Place du Luxembourg, 2/3 · 1050 Brussels · Belgium
Tel: +32 2 504 9060 · Fax: +32 2 502 6752 · E-mail: info-eu@dsw-brussels.org · Internet: www.dsw-brussels.org