COMMUNITY-BASED FAMILY PLANNING IN KENYA
Meeting New Challenges
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2005
**Community-Based Family Planning in Kenya**  
*Meeting New Challenges*

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Since 1969, Pathfinder International has supported government and NGO partners in Kenya in establishing and delivering quality family planning services. Opened in 1974, the country office has been in continuous operation for more than thirty years. Over the decades, partners in the health care sector – from the Ministry of Health to national and local NGOs, as well as communities – have come to depend on Pathfinder for continued guidance, training, and support in providing the best of reproductive health, family planning, and – today – HIV/AIDS prevention, care and support.

Pathfinder has pioneered several innovative strategies in Kenya. Ahead of other organizations, Pathfinder introduced client-centered approaches in postabortion and postpartum counseling; youth-friendly services; the integration of STI/HIV/AIDS interventions within maternal and child health (MCH) and family planning (FP) services; male motivation and involvement in reproductive health (RH); and alternative modes of service delivery such as worksite, outreach, mobile and Community Based Distribution (CBD) services.
Pathfinder International has built its successful approach to delivering quality family planning and reproductive health services worldwide over the course of almost 50 years. Having invested many years and resources at the local level in Kenya, Pathfinder and its partner implementing agencies have considerable credibility working within communities. Community-Based Distribution (CBD) of Family Planning (FP) methods, in particular, is one of the greatest successes resulting from this investment. Pathfinder helped Maendeleo Ya Wanawake Organization (MYWO) and the Family Planning Association of Kenya and Nairobi City Council, in collaboration with the Ministry of Health (MOH), to establish the first large-scale CBD efforts in the country. Pathfinder also joined forces with other organizations to develop the national CBD training curriculum, which has enjoyed wide use throughout Kenya.

A gap in donor funding for family planning between 2000 and 2003 caused diminished services in Kenya, but, by building on the capacity and ongoing efforts of Kenyan NGOs experienced in RH/FP, Pathfinder is now successfully reinvigorating the provision of community-based information and services for FP in selected districts of Rift Valley, Nyanza and Coast Provinces. Demand from within the community remains very strong.

At the same time, FP clients and other community members increasingly require improved access to HIV/AIDS testing, counseling, treatment, and care. People living with HIV/AIDS (PLWHA) and their families often have special FP needs, and again, Pathfinder has been at the forefront in recognizing these needs and developing innovative programs to meet them. In 1999, Pathfinder launched its Community-Based HIV/AIDS Prevention, Care and Support (COPHIA) program, building solid expertise in these fields, as well as prevention of mother to child transmission (PMTCT). Most significantly, Pathfinder led the way in integrating HIV/AIDS training with more traditional reproductive health training in the 1990s, recognizing the opportunities to reach a wider population through this synergistic approach.

The Community-Based Family Planning Project
In July 2003, with funding from a private source, Pathfinder undertook a three-year family planning project to reinvigorate FP services in selected districts of western Kenya and Mombasa. By increasing access to family planning services and information through community-based distribution and strong linkages to clinical services, Pathfinder seeks to reduce unwanted pregnancies and to enhance the capacities and sustainability of NGO partner activities. By building on past efforts that strengthened the technical and management capacity of three principal partner NGOs, and by expanding efforts to encompass workplaces, depot holders and social marketing, the project is widening its reach and establishing lasting solutions to some of the current problems surrounding access to FP services, especially in rural and poor urban areas.

**Pathfinder Kenya Guiding Principles**

- Increase availability, access to and use of quality reproductive health information and services.
- Reach underserved, high-risk, and disadvantaged groups.
- Address needs in an integrated fashion.
- Enhance managerial, financial and technical capacities, cost-effectiveness, self-reliance and sustainability of partner organizations.
- Focus on community.
Globally, international development assistance to population activities has changed considerably in the past decade, from a focus on family planning activities to a focus on HIV/AIDS. The increase in HIV/AIDS funding comes, at least in part, at the expense of family planning funding. The Resource Flows Project tracked family planning and HIV/AIDS funding by government donors, foundations and multilateral organizations between 1995 and 2004 (See Fig. 1). Results show that total international funding for family planning activities has remained static, even in the context of growing populations and greater need. At the same time, funding for HIV/AIDS increased significantly. While HIV/AIDS programs accounted for just 9% of development assistance population funds in 1995, they now account for 43%. During this same period, family planning programs, which accounted for 55% of population funds a decade ago, now receive just 23% of those resources².

While funding for all RH areas must increase to meet the 1994 International Conference on Population and Development (ICPD) targets, the relative decrease in family planning spending is already being felt in Kenya. The resource transition to HIV/AIDS programs is widely perceived to have reduced access to quality family planning services and contributed to contraceptive shortages. Complicated by a re-organization of FP logistics, program implementers are faced with frequent stockouts of contraceptives leading to unplanned pregnancies, unsafe abortions³, high rates of abortion-related complications, and the associated high cost burden to the health-care system. A dearth of Information, Education, and Communication (IEC) materials in family planning further affects quality of services.

In the public sector, the fee-for-service system creates barriers for the neediest clients and has failed to raise the quality of FP and other key services. Additionally, the Government of Kenya does not currently include contraceptives in the state budget. Although a proposed new health insurance scheme - the National Social Health Insurance Fund - could alleviate barriers presented by fees for services, the plan will likely be slow to materialize, as costs are prohibitively high and funding not readily available. While international donors have indicated a willingness to support the scheme, such discussions are in the early stages.

Figure 1: Expenditures on ICPD costed-population package categories (in US$), 1996-2004 (Figures for 2003 and 2004 are estimates).¹

³Figure adapted from UNFPA/UNAIDS/NIDI Resource Flows website (www.resourceflows.org)
²Ibid.
Kenya was one of the first countries in Africa to embrace family planning. Beginning in 1957, the Family Planning Committees of Mombasa and Nairobi operated FP clinics, receiving their first foreign financing from Pathfinder to hire an organizing secretary. In 1962, the Committees became the Family Planning Association of Kenya, an affiliate of the International Planned Parenthood Federation. The Government of Kenya’s recognition of the importance of family planning began early, following surveys that revealed an annual population growth rate of 3 percent. In 1966 family planning was incorporated into the country’s overall development policy. The National Family Planning Program was launched in 1967 and assigned to the Ministry of Health, tasked with providing information and services in all government hospitals and health centers throughout the country.

Declining mortality and high fertility rates pushed the growth rate to 3.8 percent per year by 1979, but by the mid-’80s, that trend began to decline. From eight children per woman in the late 1970s, the Total Fertility Rate (TFR) declined to 4.7 children by the end of the 1990s. From a population of 8.9 million in 1963, Kenya has reached its current size of 32.2 million.

Despite these dramatic declines in fertility rates, downward trends have now slowed and possibly reversed. The 2003 Kenya Demographic and Health Survey (KDHS) found a TFR of 4.9 children per woman; other studies suggest a similar stalling or reversal of the trend. Correspondingly, the contraceptive prevalence rate (CPR), which had grown by six percent in the early 1990s, increased only slightly between 1998 and 2003, from 39 to 41 percent of married women. Counting northern districts, which were included for the first time in the 2003 KDHS, this figure diminishes to 39%.

Many factors contribute to this unusual development. Contraceptive discontinuation rates have risen from 33 percent of users in 1998 to 38 percent in 2003, a phenomenon that may be tied to trends in method mix, problems in contraceptive supply or remaining weaknesses in quality of care. High levels of poverty also limit the ability of people with the greatest need to access family planning services, especially in rural areas. While the causes of recent trends must be understood to appropriately address the weaknesses of family planning programs, the persistent high level of unmet need for FP mandates continuing efforts to make quality services more accessible.

Kenya’s Changing Demographics

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### Kenya Demographic and Health Survey Findings

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<th>2003</th>
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<tr>
<td>TFR</td>
<td>4.7</td>
<td>4.8*</td>
</tr>
<tr>
<td>CPR</td>
<td>39%</td>
<td>41%*</td>
</tr>
<tr>
<td>IMR</td>
<td>73</td>
<td>77**</td>
</tr>
<tr>
<td>&lt;5 Mortality</td>
<td>110</td>
<td>115**</td>
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<tr>
<td>HIV Prevalence</td>
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<td>6.7%</td>
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<td>Unmet need for FP</td>
<td>24%</td>
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* Excluding northern areas for comparability with 1998 data
** Due to large sampling error for mortality rates, it cannot be definitively concluded that these rates have increased.

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4Introduced in 1984, repealed in 1993 and reinstated in 2001, the U.S.’s Mexico City Policy prohibits foreign organizations receiving U.S. FP assistance to use their own, non-U.S. funds to perform or actively promote abortion as a method of family planning. (Note: The Helms Amendment, in place since 1973, already prohibits the use of U.S. funds for abortion under the Foreign Assistance Act.)

Building on Strong Partnerships

Drawing on strong partner relationships forged between Pathfinder and local Kenyan organizations in the 1980s and ‘90s, Pathfinder chose three implementing partner organizations (IPOs) to revitalize their family planning programs, beginning in 2003.

These partners include:

The Christian Community Services (CCS), an arm of the Anglican Church of Kenya (ACK) is active in numerous dioceses throughout the country, and serves as a non-profit church organization providing a comprehensive set of community development programs in underserved areas. Pathfinder has worked with the CCS/ACK Diocese of Eldoret in Rift Valley Province since 1994.

Maendeleo Ya Wanawake Organisation - Siaya (MYWO) is one of Pathfinder’s oldest implementing partners in Kenya. A national grassroots development and social organization formed in 1952, it has a membership of approximately two million women and has worked over the years on a wide range of initiatives, including health, girls’ education, the environment, and income generation. It has enjoyed donor support from numerous governments, multilateral institutions, private foundations and international NGOs.

Mkomani Clinic Society (MCS) is a private, charitable organization founded in 1990 by community leaders in Mombasa to make basic medical services available in poor, underserved neighborhoods. In addition to comprehensive RH services integrated with Maternal and Child Health (MCH), MCS clinics provide curative services in its two sites, Bomu and Mkomani.

Throughout the 1980s and ’90s, Pathfinder supported these three organizations for periods ranging from 5 to 11 years, primarily with funding from USAID. Pathfinder helped them all build solid, functional networks of community-based distribution for family planning, which was later broadened to address HIV/AIDS and other RH issues. At the same time, Pathfinder assistance was crucial to the development of management systems that ensured the greater viability of these partners. The first phase of assistance ended with the closing of Pathfinder’s USAID-funded global cooperative agreement, the Family Planning Services Project (FPSP), in 2000.

Despite a gap in funding of almost three years, Pathfinder was eager to build on the foundation that already existed. Collaboration with these implementing partners was resumed, given their demonstrated high performance in the past and ability to gear up their provider networks. They all have maintained at least a minimal level of operations during the gap in funding periods and exhibit fundamental elements of sustainability, bringing in experienced staff to ensure a quick start-up and strong management. Indeed, the existence of established Community Health Worker (CHW) networks, combined with organizational elements that ensure efficient program management, allowed the project to achieve not only a quick start-up, but also acceptance among community and government structures and significant impact in its first year of operation.

Through ACK, MYWO and MCS, Pathfinder has succeeded in reviving community-based, and to a lesser extent, clinic-based family planning services in three districts. Geographically and culturally, these partners and the populations they represent, totaling about 923,660 people, are diverse. ACK and MYWO are both located in Western Kenya, with the former in the Rift Valley Province and the latter located in Nyanza. Both cover small urban and larger rural populations. MCS is headquartered in Mombasa City, and plans are being laid to extend selected Mkomani activities to Kwale, Malindi and Kilifi Districts.

At project start-up, the three partner organizations all had trained networks of CHWs that had continued to function, and they were all able to either provide some level of clinical services or effectively link through referrals to the necessary services in their areas. The new project allows partner

This woman is courageously going public about her HIV status. With the support of Pathfinder partners, men and women are able to talk about life with HIV/AIDS and reduce stigma, which creates social barriers to comprehensive HIV/AIDS care and support.

6Services at the original site, the Mkomani Clinic, have been stopped since 2000, pending resolution of a dispute regarding the land on which the clinic was built. The issue was recently resolved in Mkomani’s favor.

7Maendeleo prefers “Community-Based Reproductive Health Worker”, while ACK and Mkomani refer to their outreach workers as “Community Health Workers”. For purposes of discussing all three programs, the most widely known term, “CHW”, is used in this document.
Bringing Health Care Delivery into the Community
Pathfinder's implementing partner organizations in the current project focus on the preparation and support of Community Health Workers to conduct home visits. Because CHWs are from the underserved rural and peri-urban areas that they serve and are respected in their communities, community-based distribution overcomes economic, physical and social barriers to access.

Clients are given RH/FP information and contraceptives - such as pills and condoms - according to their health history and preferences, as well as referrals for clinical methods. The CHWs often accompany clients to the clinic for FP or other services, to ensure effective referral follow-up and counseling.

The Mkomani Clinic Society offers direct clinical services at Bomu Medical Centre, a state-of-the-art health facility located in the urban slum of Changamwe. Home visits are reinforced by IEC events and outreach activities that are often conducted by groups of CHWs in public meetings, markets, workplaces, schools and polytechnic institutes. Mass media (TV and radio) is also used to reach potential FP clients. Complementing these basic elements of the program are depot holders, who sell contraceptives at a small price from their homes, kiosks/market stalls or in worksites.

While supporting program implementation, Pathfinder provides technical assistance to build the sustainability of partner programs, focusing on financial, technical, programmatic and community capacity. Mechanisms initiated in previous phases of support that improve sustainability are being reinforced, including cost-recovery systems and linkages to income generating activities. Pathfinder also works with partners to improve planning activities, staff development/continuing education systems, record-keeping systems, internal monitoring and evaluation procedures, application of supervision tools, and other critical project management skills, such as proposal development and fundraising.

CHW Selection and Training
All three organizations have emphasized the retraining and reactivation of existing groups of community health workers. Both reactivated and new CHWs tend to be established leaders or volunteers. Priority was given to those CHWs who had demonstrated ability in working effectively and building good relations within their community. Many were recommended by local health facilities and were already involved in community activities.

Refresher RH/FP training was provided for CHWs and their supervisors covering the role and functions of a CHW and family planning methods and counseling, with a particular focus on the special needs of young clients. Training includes information on STIs, HIV/AIDS, primary health care, and family life education. It also prepares CHWs to manage supplies, keep records and produce reports.

Due to the strong demand to address issues related to HIV/AIDS, courses were also provided to CHWs by Pathfinder’s COPHIA Project in areas of project overlap - Eldoret and Mombasa - and by the Kenyan NGO Gladben in Siaya. The COPHIA training provided basic facts on HIV/AIDS prevention and care and prepared CHWs to be agents for reducing stigma and discrimination against PLWHA.

Community Health Workers receive extensive training, which is reinforced periodically with refresher classes.

The Basic Pathfinder International Program
organizations to once again formalize their CHW reporting and supervision networks, provide refresher training and transportation subsidies, increase access to contraceptives, and to solidify earlier initiatives aimed at making the networks sustainable and reaching underserved groups such as men and adolescents. By reactivating the networks at a time when demand for HIV/AIDS services is high, the possibilities for creating synergies between FP and HIV/AIDS programs are numerous. Furthermore, the project allows for a new, more holistic approach.
and bags to carry supplies. Equally important, the project provides Behavior Change Communication (BCC) and IEC materials. In this area, the project and its partners have felt the effects of reduced focus on FP, as fewer and fewer educational materials are available on RH/FP, while those addressing HIV/AIDS have multiplied.

CHWs of all three organizations have encountered a high demand for STI/HIV/AIDS prevention, care, and support services. Because CHWs are particularly well-known in the community, they are considered resources for all health care needs. Therefore, training in all areas has become essential. Likewise, Pathfinder is training its COPHIA CHWs in family planning. Where COPHIA workers overlap with those from the FP project, they often join forces at public events, as well as cross-referring clients where needed and possible.

The Work of the CHW

CHWs conduct home visits in their own communities and cover a specific catchment area, supervised by staff from the implementing organization. They often pair up to address barazas, give talks in clinics and develop activities with women’s groups, village health committees, churches, mosques, and self-help groups. They explain the benefits of RH/FP to ensure that clients are fully informed of the advantages and disadvantages of each method, distribute non-prescription contraceptives, and make referrals for long-term methods and other services. While family planning information is central to the outreach work of the CHWs, they are able to promote other preventive health measures, including immunization, environmental health, and HIV prevention.

Pathfinder provides CHWs with a transportation allowance and relevant supplies that include basic working materials, such as diaries in which to record activities, uniforms for easy identification by the community, and visibility and the trust they have built - many over years of community work - CHWs are often asked to help facilitate other activities, such as water and income-generating projects, and/or to collaborate with other agencies working in the communities. Some CHWs report that their involvement in a wide array of activities enhances their effectiveness in the area of CBD for FP, as their clients see a number of benefits in being associated with these activities.

Reaching Men and Youth

All partners have introduced workplace services as one approach to increasing male involvement in RH. In some cases, especially in the largely rural Siaya where workplaces typically employ few people (e.g., bars, kiosks, fishing, pottery, sand harvesting, auto repair, carpentry, tailoring, and photography), activities may be limited to information, education, and counseling. Where workforces are larger, employee depot holders may be established on-site. In addition to FP information and services, CHW Stephen Kemei was already an active church volunteer in his village of Lelmolok in Kesses Division when he joined ACK in 2003. He expects his work in FP will make families healthier and happier by enabling them to focus on work and economic advancement. He also enjoys being able to promote actions to prevent malaria and other illnesses. He notes that men in his community were not initially supportive of his involvement in FP, but that their attitudes are shifting as they see the benefits of a wider set of community development activities that he has initiated.
STI/ HIV/AIDS prevention is emphasized, counseling may be offered, and linkages are made with company-sponsored clinical health services or benefits. Mkomani has additionally placed a special emphasis on reaching men at hotels.

Public meetings are an ideal venue for reaching men, as CHWs in some areas report that men account for approximately three-quarters of the people attending such events. CHWs and their supervisors coordinate with community leaders to introduce RH/FP and STI/HIV/AIDS information and prevention messages into special and regularly scheduled events.

Many IEC activities are directed to youth, since this group needs not only family planning services, but is especially vulnerable to HIV infection. A number of CHWs are young (early 20s) mothers themselves, and in the case of MYWO, a concerted effort was made to recruit a substantial number of young CHWs, in order to more effectively reach this important target group. Mkomani provides youth friendly services at its Bomu Clinic, in addition to running a Teacher’s Training College program that provides future teachers with training on adolescent sexual and reproductive health (ASRH) and peer education.

**Depot Holders**
All three implementing partners support a network of depot holders, some of whom are CHWs, while others are small business owners or employees at sites of workplace interventions. Commonly, the depot holders are provided with supplies by the implementing NGO and retain a percentage of the fees from sales. Depot holders remain a particularly important route to reaching men. An established system of depot holders reaches a wider client base and demonstrates growing program stability.

**Clinical Service Provision and Referral**
The referrals provided for clinical FP methods or other services, including STI treatment, VCT and PMTCT, often link clients to public or private facilities. The latter include NGO clinics such as those of FPAK and Marie Stopes, or small private providers at the community level. In all cases, CHWs visit referral clinics on a regular basis to check on referrals in which the client was not personally accompanied to the clinic. They may be invited to attend seminars or talks given by health center staff, as well as to give talks to FP clients. When necessary, providers also give guidance to CHWs on medical issues.

**Providing Supervision**
Each NGO employs a small cadre of CHW supervisors, most of whom started as CHWs themselves. Each supervisor oversees from 10 to 20 CHWs, accompanying them on home visits or in groups during public events and facilitating monthly oversight meetings, in which progress is reviewed, reports are compiled, plans are developed and refresher training is provided as needed. The Project Coordinator or Director for each NGO often joins the supervision meetings and visits, in addition to conducting periodic, direct supervision of CHWs. Additionally, the Coordinator/Director conducts monthly or bi-monthly meetings with all CHW Supervisors, again, for reporting, planning and continuous refresher training.

**Contraceptive Supply**
Contraceptive supply for CHWs is managed by the implementing partner NGOs, who obtain their stock via the local stores in district hospitals. During shortages, they may seek supplies in neighboring districts. Other public sector and NGO health centers and hospitals in project areas also donate contraceptives directly to CHWs when their stock allows. In Uasin Gishu District, FPAK plans its contraceptive supply flow with an allotment for ACK forming part of its distribution plan. In Siaya, MYWO has established close cooperation with the district hospital, such that Maendeleo’s program is also routinely factored into overall contraceptive supply needs.

In the case of Mkomani, its Bomu Clinic orders all commodities through the Central Medical Stores managed by the MOH.

COPHIA Youth drama groups attract huge audiences with their educational skits about HIV/AIDS, gender, and reproductive health issues.
A C H I E V E M E N T S  
J U L Y  2 0 0 3 — D E C E M B E R  2 0 0 4

The quick start-up of the current grant, made possible by partner organizations already in operation, translated into significant achievements during the first year of implementation, as shown in the table below.

Although the project did not establish goals for HIV/AIDS activities, the inevitable involvement of CHWs in home-based care and referral for VCT, PMTCT and other services has shown dramatic impact. As of the end of September 2004, ACK and MYWO reported that 1,501 caregivers were trained, 1,428 PLWHA were provided with home based care, 825 clients were referred for PMTCT, and an additional 2,289 for VCT. MCS does not maintain records regarding numbers of caregivers trained or PLWHA provided with HBC, as their outreach workers have thus far emphasized the identification and referral only of clients in need of VCT and HBC. However, MCS does provide data for referrals related to maternal health (4,559 to date) and child health (8,916). MCS and ACK additionally report that they have provided a total of 1,366 referrals for STI diagnosis and treatment.

While achievements in terms of numbers reached were impressive and ultimately reflect the true impact of the project, other achievements of a more qualitative nature are also a good barometer of the project’s success to date.

Achievements July 2003 - December 2004

Active Community Health Workers and Depot Holders:

220 CHWs were recruited or reactivated, given RH/FP refresher training and helped to set up distribution systems for accessing contraceptive supplies and behavior change materials.

137 CHWs received training from Pathfinder in home-based care for people living with HIV/AIDS.

80 CHWs received training from Pathfinder’s PMTCT project in how to identify, refer, and follow up with women requiring PMTCT services.

200 depot holders serve worksites and offer FP services to clients through kiosks and market stalls in rural communities.

Service Delivery:

114,342 new FP users have been supplied with methods, and 7,701 clients have been referred.

5,837,917 condoms were distributed.

Pill cycles distributed provided 46,308 couple-years protection.

17,055 clients received referral and services for MCH services.

160,432 persons were reached through home visits with FP information and services.

Public Education and BCC:

315 local administrative, religious and opinion leaders were reached through Leaders’ Sensitization Meetings.

343,000 persons attended project-facilitated public meetings in which messages were given on the benefits of FP.

164,198 youth were reached with RH messages.

1509 film and video shows were conducted in community and clinic settings for 17,100 persons.

Community mobilization efforts often attract the commitment of youth and adolescents, who become effective peer educators.
**Stronger CHW Networks**

In addition to reactivated CHWs, new ones were identified and trained in ways that built upon previous efforts and incorporated key community members for greater impact:

- Five CHWs trained by ACK are priests in the Anglican faith. With a background in counseling and activities geared towards family and community development, as well as holding the trust of community members, these special CHWs will facilitate added backing from the community.

- In areas around Eldoret and Siaya, a number of new CHWs were recruited who had been trained under a project supported by GTZ but were no longer active. In this way, ACK and MYWO are building not only upon past Pathfinder support, but on the support of other agencies in the region as well.

- MYWO is successfully working with ten young CHWs to expand their work beyond traditional home visits and IEC events to the formation of youth clubs.

**Beyond Family Planning**

The high demand for comprehensive reproductive health services - especially those addressing HIV/AIDS - necessitates the integration of HIV/AIDS into a wider RH framework. While the project remains focused on FP, Pathfinder and its implementing partners have found cost-effective ways to train CHWs that include basic knowledge of HIV/AIDS issues and enable them to function effectively in their environment. Youth involvement and the incorporation of other RH issues help to create a comprehensive response to community needs.

- Pathfinder’s COPHIA program covered all or part of the costs for providing home-based care training to CHWs in Eldoret and Mombasa, as did Pathfinder’s PMTCT project in Eldoret. ACK CHWs refer pregnant mothers for PMTCT services, which are being provided in most government health facilities in the Eldoret area. Of 207 clients referred in the most recent quarter, 70 were found to be HIV-positive. CHWs also try to link these women with support groups.

- CHWs provide some HBC services and train caregivers for PLWHA. Some clients prefer to receive these services from the familiar CHW who has been working in the area for a number of years, as opposed to new ones who are exclusively dedicated to community and home based care. ACK and COPHIA CHWs continue to cross-refer clients to each other in areas where both programs operate.

- MYWO CHWs received training developed by another organization on community aspects of postabortion care services, learning how to identify women in need of PAC services, refer them, and raise community awareness that will reduce risks and stigma related to abortion.

- Mkomani youth clubs and MYWO youth groups encourage both FP and VCT as appropriate for the young people who are reached through their activities.

- Mkomani has integrated STI/HIV/AIDS with MCH/RH/FP services, an initiative that began under previous Pathfinder funding mechanisms.

**Making an Impact**

Project activities are already having an impact in both concrete and incidental ways, and partners are making efforts to extend their reach and duration.

- The Clinical Officer in charge of a private health facility in Kesses, Uasin Gishu, notes that demand for family planning is on the rise. While he previously saw between 10 and 30 clients per week, he now regularly receives 30 or more.

- A CHW from MYWO notes that she has developed good relationships with the schools in her area. Headmasters invite her to be involved in school committees, and she counsels schoolchildren on RH/HIV, especially telling girls about the benefits of staying in school. There has been a noted decrease in the dropout rate due to pregnancy in her area.

Birth control pills are available for a nominal fee. This woman may have to walk a great distance to visit the clinic regularly for her pills.
The peer education program has successfully expanded to involve peer educators in RH education activities for students in nearby schools and community-based organizations. An unexpected impact on the peer educators has been significant. A survey of peer counselors from both schools revealed that many have assumed leadership roles and participated in community development activities since graduation. The beneficial impact of large numbers of informed and active community leaders will be immeasurable.

With the support of USAID, Pathfinder launched an innovative program to decrease unplanned pregnancies and the prevalence of STIs and HIV among students at Kenyatta University in Nairobi in 1988 and Egerton University in Njoro in 1990. As of 2005, nearly 400 students have been through the program.

The highly successful university-based program centers on peer education, using one-on-one counseling and events organized by peer educators, complemented by student-friendly RH services in university clinics.

The impact of the program has been significant. An impact assessment conducted in 2002 and a 2002 comparative assessment with two other similar universities without Pathfinder-supported peer education programs yielded the following results:

**Impact Assessment** conducted 10 years after the project began - percentage of all female students:

- 1987 – 8.4% experienced unwanted pregnancies
- 2000 – 1.9% experienced unwanted pregnancies

**Comparative assessment** conducted 12 years after the project began - Percentage of sexually active students:

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<tr>
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<th>Project Universities</th>
<th>Non-project Universities</th>
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<tbody>
<tr>
<td>Using contraception</td>
<td>59%</td>
<td>41%</td>
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<tr>
<td>Unplanned pregnancies among married students (from time of enrollment)</td>
<td>12%</td>
<td>40%</td>
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<tr>
<td>Incidence of STIs (reported)</td>
<td>19% (Kenyatta U.)</td>
<td>30% (Moi U.)</td>
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</table>

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**ACK** negotiated an agreement with local media to air TV and radio spots with RH/FP messages at reduced rates. This effort promises to have an impact well beyond the reach of the project’s relatively modest budget.

**Mkomani** initiated adolescent sexual and reproductive health training at two teacher’s colleges in Mombasa, through which Pathfinder supported the development of a training curriculum. The program was extended and expanded with support from Canadian International Development Agency (CIDA), demonstrating Mkomani’s ability to leverage small funds into a broader reaching program.

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CHWs, especially those active for a number of years, report that attitudes towards both FP and HIV/AIDS patients are changing. One supervisor recounts how her personal success with tubal ligation helped put an end to the myth that TL leaves women fragile and unable to undertake hard physical labor.

The vast majority of CHWs report that stigma surrounding HIV/AIDS is reduced and that condom use has become much more acceptable.

The CHWs themselves feel empowered. The benefits that they have reaped from personally practicing FP include improved communication in the home and “time off” from childbearing, which allows them to improve their economic situations and start small scale businesses. They have become role models in the community, people seek their advice, and men have become more supportive. In general, many feel that they have helped to elevate the status of women by gaining credibility and recognition in the community.

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The Anglican Church (ACK) of Eldoret in the Rift Valley Province currently implements development projects in seven districts ranging from small-scale credit activities to vocational training, water and sanitation, and the establishment of community-based organizations and civic education. Issues of HIV/AIDS are integrated throughout all projects. The Pathfinder-supported family planning project is currently limited by funding to one district, Uasin Gishu, which encompasses Eldoret town and the surrounding rural areas.

With a growing population that includes migrants from various parts of the country and from Sudan, as well as being a stopping point on the highway between Mombasa and Uganda and home to a number of industries, Eldoret not only has high demand for FP services, but it also has special needs in HIV/AIDS prevention, care and support. The current HIV prevalence in the district is 12.1%, according to the District Development Plan (2002-2008).10

Throughout the 1990s, Pathfinder provided technical assistance and training to ACK/Eldoret staff in program and financial management, resource mobilization, community mobilization, management information systems, monitoring and evaluation and supervision. HIV/AIDS counseling, STI management, and integration of services were also introduced. Several factories with a largely male workforce stimulated the introduction of male involvement projects. The first phase of Pathfinder support ended in 2000, with the closure of it’s supporting grant.

Upon start-up in 2003, ACK was able to move quickly, due to past experience and the fact that four of the five current supervisors were trained under past projects, as were approximately half of the current CHWs. Activities continued on a smaller scale during the period without external funding because systems were in place, CHWs possessed a strong spirit of volunteerism, and FP fit in as one component in a wider set of activities supported by ACK. Past experience facilitated a smooth scaling up of activities, including ongoing cost-recovery mechanisms, broken referral linkages and knowledge of how to assist both old and new depot holders in local industries.

CHWs in Eldoret have revived their IEC activities in communities and workplaces and provide FP counseling, referral, and CBD of contraceptive pills and condoms. They initiate limited training of caregivers for home-based care of PLWHA, as well as referring antenatal women for HIV testing and PMTCT as appropriate. By mid-2005, Pathfinder’s COPHIA program in Eldoret will have trained 100 Anglican Church CHWs in prevention, care, and support, and their PMTCT project will have provided 60 CHWs with training in how to identify, refer, and follow up with PMTCT clients.

Because Pathfinder’s COPHIA project is providing ongoing HIV/AIDS and PMTCT services in Eldoret, the launching of the new FP project provided a unique opportunity to develop linkages and complementary activities. For example, CHWs from both programs are linked to clinical supervisors and able to provide comprehensive support and follow-up to PLWHA, while also...
establishing linkages to income-generating activities. CHWs from the two programs now conduct joint IEC activities at barazas, and where possible, refer clients to one another. Additional linkages to VCT and PMTCT are facilitated in some parts of Uasin Gishu District by the presence of AMPATH-supported clinics.

ACK extends its reach to men through worksite outreach and events. Depot holders are available in the flower and textile industries in the town, as well as in main trading centers – another ideal site for reaching men.

ACK has also formed a partnership with Sayare, a faith-based media group that runs TV and radio stations based in Eldoret, covering the western region of the country and reaching as far as Nairobi. They have covered project activities such as training events, and in Year 2 of the project will offer more focused coverage of RH/FP issues through regular talk shows and documentaries. This work is greatly facilitated by a special agreement for lower than commercial rates for the slots.

NAOMI — FROM PERSONAL TO COMMUNITY TRANSFORMATION

Naomi Kosgei was only 19 with a baby, working a small plot of land with her husband, Isaac, when she was recruited as a CHW by the Anglican Church of Kenya in her village of Soit in Kesses Division, Uasin Gishu District.

That was in 1994. Today, Naomi and Isaac count their lives as successful – as farmers, they have produced enough excess food to sell part of their crops and buy a house with a large garden.

And they attribute this success to Naomi’s training and exposure to family planning just as they were starting their own family. Now with two healthy children, ages 13 and 10, they are grateful for the “time off” from childbearing that has allowed them to work the farm together.

Naomi and Isaac have changed personally as well. Her community work and Isaac’s support of her independence have made them both role models for change. Naomi believes she has been able to dispel rumors and myths about family planning, as well as negative attitudes in the community about PLWHAs. She led the development of a proposal to the National AIDS Control Council for care and support of orphans and then organized a support group to implement the project. She now seeks additional training in home-based care, as she would like to establish a health center in her community.

Isaac was initially pressed by other men to have more children. But as his peers see their land heavily subdivided for their large families, Isaac has become a role model for economic independence and progress with the help of family planning.
During the interim phase without funding, most CHWs continued their CBD activities at a reduced, but viable, level.

Under the present project, Pathfinder supports MYWO’s work in Siaya District in Nyanza Province. Of the ten districts previously supported by Pathfinder, Siaya was selected in part due to the reliability and past high performance of staff, many of whom were still with the organization as of the start up of the new project. It is a poor rural area, with an HIV prevalence of 22% and one of the lowest contraceptive prevalence rates in Kenya (only 21% of currently married women in Nyanza use modern contraceptive methods versus the national average of 39%) \(^{12}\).

As with ACK, elements of HIV/AIDS integration were introduced early, as were depot holder sites, and linkages to income-generating activities. Referrals to public and private health services have also been an integral part of the program.

Pathfinder provided continuous training and technical assistance to MYWO staff in governance, strategic planning, monitoring and evaluation, financial management, and how to management of training programs. In 2000, with USAID funding, Pathfinder facilitated a major 5-year strategic planning exercise culminating in Maendeleo’s Strategic Plan, which maps out building resource development skills, expansion and program development, institutional strengthening, and improving advocacy, community involvement, and outreach.

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**Maendeleo Ya Wanawake Organisation – (MYWO)**

MYWO is a national community-based organization. Under previous support, Pathfinder worked with them in ten districts. Beginning in 1979, Pathfinder supported MYWO to solidify its work in reproductive health and family planning. Building on its strength as a grassroots network, MYWO employed a community-based approach, emphasizing IEC and CBD. In Siaya, the site of the current intervention, MYWO was the first organization to institute CBD. Between 1993 and 2000 alone, they established the largest CBD network in the country\(^{11}\). Their CHWs served more than 650,000 new family planning users and reached more than 17 million people through information and education activities.

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**REVOLVING LOAN FUND**

In 1998, Pathfinder provided a seed grant of Kshs. 100,000 ($1,300 US) to launch a revolving loan fund aimed at promoting income-generating projects for the CHWs. While CHWs used to retain 80% of the income from selling contraceptives to their clients, the new system requires all of this money to be placed in the revolving loan fund. Though fees for a cycle of pills are only Kshs 5, and Kshs 30 for Depo-Provera, the income is sufficient to provide loans of Kshs 20,000 – 40,000 to groups of five CHWs on a rotating basis. Loan repayment has been good, and the presence of these funds made it possible for the CHWs to continue during the funding gap. New income-generating activities include basket making, food kiosks, and tailoring.

\(^{11}\)Districts included: Kirinyaga, Machakos, Kakamega, Muranga, Embu, Kitui, Nandi, South Nyanza, Siaya and Bungoma.

\(^{12}\)KDHS, 2003.
With a staff of 73 CHWs, seven supervisors and a Project Coordinator, the current family planning project covers five of the seven administrative divisions of Siaya, with a population of approximately 304,200 persons. Fifty-five of the current CHWs continued from the previous project, and all supervisors were either past supervisors or CHWs - the highest retention rate of all partner organizations.

MYWO places special emphasis on FP in workplaces and on reaching youth. With no large-scale industries in Siaya, the workplace initiative reaches small businesses such as bars, tailor shops, vendors in the informal sector, kiosks where movies are shown and local institutions, such as police stations.

To increase their impact on youth, MYWO recruited seven young women and three young men as CHWs and Youth Coordinators, who participated in a forum on RH issues affecting youth. These young CHWs, some single and some married, and most in their early 20s, conduct house visits to clients of all ages and participate in wider IEC activities. In addition, they have formed 16 youth groups, which develop theater pieces and songs as a part of IEC efforts. The groups organize livelihood activities - primarily for out-of-school youth - on such topics as farming projects and helping members to start boda-boda (bicycle taxi) services. During Year 2, MYWO plans to conduct additional training for young CHWs in self-esteem and life skills.

Listening to the baby.
The Mkomani Clinic Society (MCS) is a private, charitable organization founded in 1990 by Mombasa community leaders to make affordable basic medical services available in poor, underserved neighborhoods. They serve a poor, urban population of diverse cultures, religions (predominantly Muslim, Christian and Animist), and needs.

While the contraceptive prevalence rate for urban areas is higher than that of rural areas in Kenya, MCS serves a large part of Coast Province, which has a relatively low 24% CPR for current use of any method by married women aged 15-49 years, when compared with the national average of 39%13.

Pathfinder’s early support for MCS mirrored that provided to other implementing partners, with an additional emphasis on clinical services. Training and technical assistance in financial and program management, management information systems and supervision were augmented by training for physicians, nurses, midwives and supervisors in key aspects of service delivery, including quality of care, integration of RH/FP with STI/HIV/AIDS programs, infection prevention, contraceptive technology and management of emergency contraception. Equipment was also provided and a fee-for-service system instituted. In addition to reaching almost 70,000 new FP users, Mkomani recorded significant accomplishments in serving youth (10,842 were counseled), providing antenatal care (40,410 clients) and postnatal care (30,234 clients), as well as treating STI cases (12,600 clients).

With its diverse sources of funding, Mkomani was able to build a new full-service medical facility, the Bomu Medical Center, where they offer comprehensive RH services, including provision of injectable contraceptives, pills, IUDs and voluntary surgical contraception, as well as testing for cervical cancer, treatment of STIs, and post-abortion care. Since May of 2004, services have included the provision of antiretroviral treatment to AIDS patients. The FP services extend to male and female voluntary surgical contraception, Norplant and STI tests, treatment, and referral. Mkomani also adopted an outreach approach and continues to manage an urban CBD program with depot holders and a network of CHW’s.

Mkomani’s 47 CHWs are backed up by four supervisors, and an additional ten CHWs are due to be trained in Year 2 of the project. Most activities are centered in Mombasa District, but the team expects to provide mobile services in Kwale, Malindi and Kilifi, where the program was active under the previous Pathfinder-supported project. Requests are frequent for tubal ligation services, which were provided via mobile services in 1996 and 1997. Depending on the eventual demand, MCS may either renew the mobile services or facilitate the provision of TL at its Bomu clinic, with follow up visits on-site.

Mkomani has made particular efforts to reach youth. Through youth friendly services (including VCT) at Bomu, a youth club associated with the clinic, and a teacher training program in adolescent reproductive health, MCS is approaching youth from different angles:

- The Bomu Medical Centre devotes separate space in the clinic for attention to young clients;
- One of the Centre’s VCT counselors is also assigned to counseling for youth;
- A group of young people in the “Youth Post-Test Club” accompany CHWs in their outreach activities, conducting theater pieces on RH and HIV prevention themes and carrying out peer education;
- With funding from Pathfinder and the Swedish International Development Agency (SIDA), 30 teachers-in-training at two teaching colleges in Mombasa were trained in ASRH in Year 1 and 30 more will be trained in Year 2. The initiative has been particularly successful in the Islamic Primary Teachers College.

The entire supervisory staff and the program coordinator of MCS have all continued from the original 1990s program. High quality of care, the continuity of programs and the good reputation of continuing CHWs retained clientele from previous project districts.

Given MCS’s urban and peri-urban environment, workplace-based approaches are an important part of their program. A number of industries, including hotels and port services, are key sites for IEC activities, which include awareness-raising meetings and condom demonstrations. Depot holders have been established in some sites as well. As a port city, with significant numbers of truck drivers, commercial sex workers, and other workers passing through, HIV prevention is an important focus of the outreach work. CHWs also access bars, lodges and other gathering places to complement the worksite activities.

Mkomani Clinic Staff.
Continued Focus on Integration
Having revitalized their community-based work around family planning, staff from all three partner organizations have found it impossible to offer family planning information and services without also offering information on and linkages to services for HIV/AIDS, whether this be for ART, VCT, PMTCT services, or palliative care for PLWHA. Although some information had already been incorporated into refresher training for CHWs, more extensive training and actions are necessary to meet the strong demand.

The need to address HIV/AIDS brings with it a number of complications. Pathfinder’s COPHIA project, which focuses on HIV/AIDS services, is present in both Uasin Gishu District around the Eldoret area and in Mombasa. Despite efforts to coordinate the work of all CHWs to maximize their impact and develop cross referral networks, clients seeking assistance with HIV/AIDS in some communities (especially in Uasin Gishu, where ACK CHWs have operated for many years), resisted referral to “new” CHWs with whom they did not have an established relationship. For reasons of confidentiality, these clients preferred to discuss their needs with the ACK CHW only.

In response, Pathfinder facilitated a 2-day meeting between ACK and COPHIA CHWs to clarify roles, responsibilities and mechanisms of collaboration. The meeting improved communication and cooperation between CHWs, who continue to cross refer clients where possible. However, in some cases, ACK CHWs find it necessary to directly provide home-based care, train caregivers and/or follow up with PMTCT clients on their own, despite the fact that this is not the main thrust of their work, and that they are not equipped with kits or other resources to fully implement such activities. ACK’s CHWs have also formed six support groups for 105 individuals infected and affected by HIV/AIDS. In Siaya, where COPHIA is not present, MYWO CHWs perform these same tasks.

In Mombasa, Mkomani’s Bomu Clinic currently provides VCT and preventive therapy for opportunistic infections, as well as ART and PMTCT services. Its CHWs link clients needing these services to the clinic, demonstrating that new programs are clearly building on past experience. At the same time, clients requiring HBC are referred to CHWs linked to Pathfinder’s COPHIA Project, which is also active in Coast Province.

In short, despite some of the difficulties presented by separate FP and HIV/AIDS funding channels and program mandates, the rationale for integrated actions is strong, and there is ample opportunity for existing structures and programs to serve as a foundation for integrated efforts. Kenya’s established FP infrastructure presents an opportunity to expand prevention, treatment and care elements of HIV/AIDS programs. Community-based distribution agents for FP can simultaneously provide HIV prevention and care information and referral to VCT services. Viewed from the other end, FP counseling and services are critical components of the continuum of care and support for VCT clients, regardless of their serostatus. HIV-positive clients have special FP needs, and all clients can benefit from practicing adequate birth spacing. FP information can also be integrated into community services related to HBC. In addition to the PLWHA, their caregivers, who are frequently adolescent females, may benefit from FP information, as indeed may individuals engaged in orphan care. While most HBC agents do receive some training or orientation in FP, strengthening this component of their work is a cost-effective and practical way to reach additional clients, who may currently be underserved.

In the short term, integration efforts will require creativity and increased coordination between all projects and donors in each region. In the longer term, donors must recognize the need to address RH issues in
a more comprehensive way at both the community and clinic levels, especially where HIV prevalence is high.

Ensuring Priority for FP Programs and Contraceptive Supply

CHWs in all areas report that the demand for FP services outstrips their ability to supply them. Some ACK CHWs, especially those in major towns, cover up to 400 households, instead of the norm of 200. All partner organizations are also eager to expand the geographic reach of their community-based FP programs, and all three have the institutional capacity to do so. Their only barrier is financial.

Even with expanded funding, the continuing problem of contraceptive shortages and stock-outs must be resolved for family planning programs to re-establish their former strength. At both clinic and community levels, quality has suffered with decreasing choices available to potential and continuing family planning users. ACK reports that referrals for alternate methods are increasing, due to shortages of preferred methods. This is especially the case for pills and implants.

When faced with a stock-out of their preferred method, most clients will switch to one of the available ones; however, some clients will not wish to use another method, either due to cost issues or concerns over confidentiality. Travel to a distant public facility or purchasing from a local pharmacist or private facility may create economic barriers for many clients as well. Many communities lack public transport. CHWs have gone as far as using their own money to buy a cycle of pills for a client from a pharmacist with stock. Many others resort to splitting up packages with three cycles of pills, providing one cycle each to three clients with the hope that they will be able to obtain additional supplies before the pills are gone.

A Family Planning Client Reflects on CBD in Her Community

Julia Kuto is 28 years old. When she became a family planning client of ACK CHW Naomi Kosgei, she had had three children in quick succession. They were so closely spaced that her caregiving duties became very burdensome. “It was like having triplets!”, she says. Unable to remove herself from childcare, she felt that she was neglecting her house and farmwork.

Her husband sympathized, and adopting family planning eventually allowed her a respite from heavy childcare duties and allowed her to take on the other tasks that were vital to her family’s wellbeing. With the children aged 8, 7 and 6, the family is now relatively comfortable. Julia has shifted away from the pill, her first method provided by Naomi, and now travels the relatively great distance to Eldoret or Burnt Forest for family planning services, though she notes that not all women are able to travel as she does.

Julia and other women in her village are experiencing more and more difficulty in obtaining contraceptives. She worries that many women will have to forego FP if they cannot afford to pay for the method in a private clinic or cannot access the more distant public sector services. “You can’t teach someone about sugar when there is no sugar.”
While the issues of government supply chains are worked out, NGOs are searching for alternative solutions. Pathfinder is currently backing up ACK in its attempts to negotiate contraceptive procurement from a social marketing program, whereby ACK will purchase a small supply of contraceptives from Population Services International through the Pathfinder-supported program. CHWs will re-sell them at a slightly higher price to generate a small income for the CHW and recuperate a portion of the cost for future procurement, although full cost recovery will not be possible. This arrangement is currently under development with MYWO and Mkomani.

Funding for family planning in general has been a challenge since the advent of the HIV/AIDS epidemic. While funding reductions show up as contraceptive shortages and diminished resource levels for service delivery, they are also apparent in smaller, but still important ways. For example, Pathfinder and its partners in Kenya have faced difficulties in obtaining new and up-to-date IEC materials for FP. With limited funds, the program has had to rely on photocopying old materials. ACK has managed to negotiate special rates for TV and radio spots with a channel that is engaged in public service messages. This approach will be particularly important in reaching young people, as well as communities where the program does not have the resources to extend CHW services. However, to reach all clients, written materials must be available as well.

**A Continuing Role for Community-Based Distribution**

In hard-to-reach areas, or where people cannot afford the cost of transportation to a clinic, CBD is vital in ensuring an effective national FP program. Also, experience has shown that clients who are able to access clinical services are often more likely to do so when they are accompanied by a CHW; they feel more confident of receiving proper counseling by the CHW him/herself.

Where programs are well-established, CHWs can be particularly effective. Longevity and continuity earn the respect and trust of communities, and CHWs are able and motivated to respond to a wide set of health needs, especially when the NGO with which they are affiliated implements a variety of community development activities. Their ability to be effective presents an ideal opportunity for ready donors and programs, as their impact can be significant when they are adequately funded.

The CHWs themselves are generally most effective when they have been chosen by their community, when they come into the work with a history of volunteer service or leadership, and when they are working and/or married, respected members of the community. Young CHWs have a special role to play in reaching out to youth, while mature men and women in their reproductive years are effective agents able to reach persons of all ages and serve as examples when they themselves plan their own families. Where both male and female CHWs are active, they are able to call upon each other to reach clients that may be inaccessible to one or the other.

Faith-based groups often have networks of community volunteers who are instilled with a mentality of community service. This characteristic can be a sustaining element during periods of low funding, as evidenced in the case of ACK. Non-faith-based groups that offer their members additional benefits of association can have a similar effect on continuity of programming, as in the case of Maendeleo/Siaya.

In the current context of funding and contraceptive shortages, support for CBD conducted via national and local NGOs may have the added benefit of allowing for alternative solutions to these problems. For example, where NGOs can partner with social marketing programs, reliance on public sector channels can be reduced.

The value of integrated FP and HIV/AIDS training and service delivery has been unquestionably demonstrated. Given Pathfinder’s long history and extensive connections in Kenya, current programs are functioning at an extremely high level. That said, funding and contraceptive shortages undercut the reliability of the overall programs at the regional and national level. Having trained and equipped dedicated CHWs, and having built up a growing set of expectations, we need to continue to ensure their success. Their success is the final proof that the program works.
Although Kenya has been touted as one of Africa’s family planning successes, with a relatively high contraceptive prevalence rate of 39% and a long history of making services available, there is still significant unmet need for family planning services. Poor access to family planning services is a major constraint to contraceptive use in large parts of the country, particularly in Coast, Nyanza and Rift Valley provinces, the sites of Pathfinder’s ongoing efforts to support FP programs in Kenya.

Delays and setbacks are endemic in the implementation of a new contraceptive logistics system and new decentralization policies. Attempts to reform the government package of free health services will most certainly encounter obstacles. In this context, the unmet need for FP is difficult, if not impossible to address, without significant NGO and private sector involvement. The situation is made still more complex by strong community demands for HIV/AIDS information and services, which calls for maximizing resources and expertise by integrating efforts at both the community and clinic level.

The Christian Community Services of the Anglican Church of Kenya, Maendeleo Ya Wanawake Organisation and Mkomani Clinic Society are well-equipped to take up these challenges and have, in fact, already done so. By maintaining vital networks of community-based FP services and developing new services to meet new demands, they play an indispensable role in providing the reproductive health services needed by Kenyans in both rural and underserved urban areas. Continued support to these organizations and others like them will therefore do much to respond to the country’s current FP needs and constraints.

Without question, Pathfinder’s decades of experience delivering FP and RH health care services – more recently expanded to include HIV/AIDS services – has proven effective. Experience confirms that a focus on deep community involvement, leading to local leadership, ownership and direction, makes permanent progress possible. Pathfinder will continue to adapt its programs to grassroots realities and respond to the challenges posed by its partners and the communities they represent.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACK</td>
<td>Anglican Church of Kenya (in Rift Valley Province)</td>
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<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<td>BCC</td>
<td>Behavior Change Communications</td>
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<td>CBD</td>
<td>Community-Based Distribution</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CCS</td>
<td>Christian Community Services (of the Anglican Church of Kenya)</td>
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<td>CDC</td>
<td>Centers for Disease Control</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>COPHIA</td>
<td>Community-Based HIV/AIDS Prevention, Care and Support Project (Pathfinder)</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>CYP</td>
<td>Couple-Years of Protection</td>
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<td>FPAK</td>
<td>Family Planning Association of Kenya</td>
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<td>Family Planning Services Project (USAID-Pathfinder global Cooperative Agreement, 1992-2000)</td>
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<td>HBC</td>
<td>Home-Based Care</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IGA</td>
<td>Income-Generating Activities</td>
</tr>
<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
</tr>
<tr>
<td>LIP</td>
<td>Local Implementing Partner</td>
</tr>
<tr>
<td>MCS</td>
<td>Mkomani Clinic Society (in Mombasa)</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information Systems</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MYWO</td>
<td>MaendeleoYaWanawake Organisation (LIP in Siaya, Nyanza Province)</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
</tr>
<tr>
<td>NCC</td>
<td>Nairobi City Council</td>
</tr>
<tr>
<td>PAC</td>
<td>Postabortion care</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission of HIV/AIDS</td>
</tr>
<tr>
<td>RH/FP</td>
<td>Reproductive Health/Family Planning</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Association</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
</tbody>
</table>
Pathfinder International would like to thank Linda Casey for her careful research, organization, writing and oversight of this report. Thanks also to Pathfinder Kenya staff Pamela Onduso and David Omuodo for their valuable insights and help with writing and editing and to Jennifer Wilder for her editorial review. Charles Thube, Gilbert Magiri, Peter Kagwe, and Julius Ochieng’ – also of the Kenya staff – were extremely helpful with their suggestions and knowledgeable contributions.

Just as Pathfinder’s work is a reflection of the excellence of our implementing partners, so too is the documentation of that work. Great assistance and guidance in this report was afforded by members of the ACK Eldoret Christian Community Services staff: Jackson Sambu, Everlyn Jerotich, and Simeon Rutto. From the MYWO Siaya staff, invaluable assistance came from Louise Sewe and Anne Oluoch, as from Mrs. Hayati Anjarwalla of the Mkomani Clinic Society staff. Special thanks and recognition must go to the dedicated Community Health Workers and their community supporters who really make this possible.

Finally, special thanks to members of the Pathfinder staff at Headquarters for their guidance and leadership, especially from Caroline Crosbie, Cathy Solter and Jodi Ansel. We wish to offer special thanks Dr. Richard Muga, director of the National Coordinating Agency for Population and Development, for his ongoing support and advice.

PHOTO CREDITS

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