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The Evolution of Community-Based Distribution of Family Planning in Kenya

Background

Family planning (FP) has been increasingly acknowledged for its health, economic and environmental benefits. However, about a quarter of married Kenyan women (mostly poor and residing in rural areas) would like to delay the next birth or stop childbearing altogether but are not using any form of contraception. Task-shifting specific services to trained volunteers (community health workers or CHWs) was initiated in Kenya in the early 1980s as a solution to the health workforce crisis and insufficient number of health facilities. The community-based distribution (CBD) program stalled in the late 1990s, affecting FP uptake, but was rejuvenated in the 2000s. The African Institute for Development Policy (AFIDEP) was awarded a small grant from the MEASURE Evaluation PRH project to evaluate these policy and program changes.

To read the full report, see:
www.measureevaluation.org/publications/wp-14-144

Findings

Kenya has a conducive policy and legal framework for implementing the CHW program with the community as the foundation of the national health system. CHWs supply clients with short-term FP methods—pills and condoms. Recently CHWs trained to administer injectable contraceptives were authorized to do so in marginalized areas only. Since April 2013 the governance structure of the CHW program has been modified and improved with the establishment of standards and tools to guide recruitment, training and allocation of CHWs; community advocacy and mobilization for the CHW program; and data from the community captured in the national health information system. A number of further improvements are underway, including revising the policy framework that guides implementation of the CHW program, developing implementation guidelines for service delivery, and establishing quality of care standards for training and supervision of CHWs.

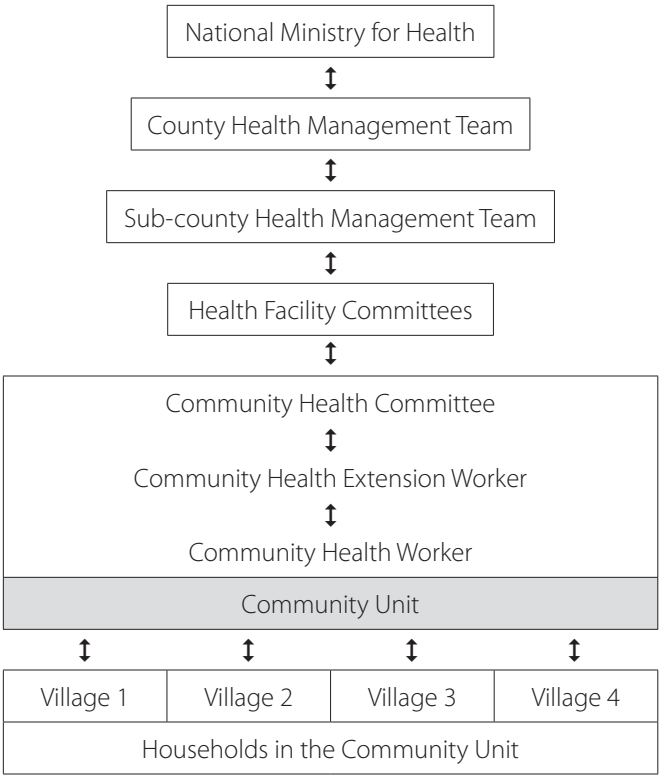
Notably, program implementation began after the release of the most recent Kenya Demographic and Health Survey in 2008/09, making it impossible to determine if there is an association between the CHW program and FP uptake in Kenya. However, a UNICEF/Ministry of Health (MoH) evaluation in 2010 found that the CHW program is successful in promoting and improving access and utilization of FP in Kenya. Despite this, some existing challenges put the sustainability of CBD of FP and the CHW program at risk, including:

- CHW training on FP is supplementary, not mandatory;
- too much reliance on external support for financial resources, resulting in poor retention of CHWs and sporadic payment-for-performance incentives;
- frequent FP commodity stock-outs due to inaccurate requisitions by CHWs;
- irregular monthly supervisory meetings of CHWs because of long distances to health facilities;
- delivery of community health services by various implementing partners in silos; and
- uncertainty if county governments will prioritize delivery of FP services and products.

Recommendations

The findings of this assessment highlight the need for the MoH to take decisive action to secure the sustainability of the program. Induction trainings on the policy framework and roles of county level leadership and administration would support harmonized and efficient delivery of community health services. Targeted evidence-based advocacy to relevant government officials that demonstrates the centrality of FP uptake to reducing maternal deaths and broader development benefits would help secure financial resource for the FP and CHW programs. The Community Health Strategy Unit should seek to gather supportive evidence including documenting service delivery gaps

Governance of Community Health Service Delivery



that are being filled by the CHW program and its cost-effectiveness/economic benefits in order to advocate for it. At the community level, the MoH should mobilize community participation in the CHW program as well as FP acceptability, targeting men and youth in particular. To ensure that quality of care standards for community service delivery are adhered to as well as to motivate and retain CHWs, the following should be enforced: financial remuneration consistent with CHWs' scope of work, mentoring and supportive supervision of CHWs, regular updating of the CHW training curriculum and job aids, refresher trainings of CHWs, and consistent availability of CHW supplies (commodity security). Finally, the MoH should participate in knowledge sharing forums to learn lessons and contextualize them for the improvement and sustainability of Kenya's CHW program.

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