Kenya

Service Provision Assessment Survey 2004

HIV/AIDS Key Findings

This report summarizes the findings of the 2004 Kenya HIV Service Provision Assessment Survey (KHIV/AIDS SPA), carried out by the National Coordinating Agency for Population and Development (NCAPD), the Ministry of Health (MOH) and the Central Bureau of Statistics (CBS). ORC Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries to collect data on fertility, family planning and maternal and child health. The British Department for International Development (DfID) and the United Nations Children's Fund (UNICEF) also provided funding. The opinions expressed in this report are those of the authors and do not necessarily refelct the views of the donor organizations.

Additional information about the 2004 KHIV/AIDS SPA may be obtained from the National Coordinating Agency for Population and Development, the Chancery Building, 4th Floor, Valley Road, Nairobi, Kenya (Telephone: 254 20 711-600/1; Fax: 254 20 710281).

Additional information about the DHS project may be obtained from ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705, USA; (Telephone: 301-572-0200, Fax: 301-572-0999, Internet: www.measuredhs.com).

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The 2004 Kenya HIV Service Provision Assessment (KHIV/AIDS SPA)

Introduction

The 2004 Kenya HIV Service Provision Assessment Survey (KHIV/AIDS SPA) describes how the formal health sector in Kenya provides both basic and advanced level HIV/AIDS services. This survey is part of the larger Kenya SPA that also assessed services for maternal health, child health, family planning, and selected other communicable diseases.

The major objectives of the KHIV/AIDS SPA are to:

- Describe the preparedness of health facilities in Kenya to provide quality HIV/AIDS services;
- Identify gaps in support services, resources, and systems that may affect the facilities' ability to provide quality services;
- Collect baseline information on availability of HIV/AIDS services and capacity to maintain routine record-keeping systems.

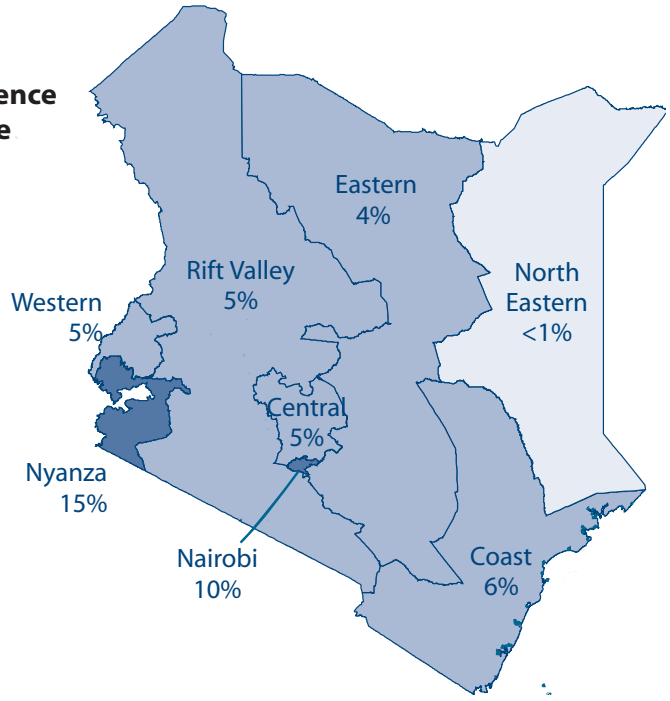
The KSPA surveyed a nationally representative sample of 440 facilities, including hospitals, health centres, maternities, dispensaries, clinics, and stand-alone VCT facilities. The sample also included facilities managed by the Government of Kenya, non governmental organizations (NGOs), private for-profit, and faith-based organizations (FBOs). The two national referral hospitals and all eight provincial general hospitals were purposely included. To ensure a large enough sample of sites offering HIV/AIDS services, the KSPA included a greater proportion of sites offering prevention of mother to child transmission (PMTCT) and voluntary counseling and testing (VCT) services. The data were weighted during analysis to represent the actual distribution of facilities in the country. Data were collected between September 2004 and January 2005.

HIV/AIDS in Kenya

The National AIDS Control Council estimates that 2.2 million Kenyans have been infected with HIV, and 1.5 million have already died from the disease[1]. According to the 2003 Kenya Demographic and Health Survey, the national prevalence of HIV infection among women age 15-49 and among men age 15-54 is 6.7 percent. The rate is higher among women (8.7 percent) than among men (4.6 percent) and higher in urban than in rural areas[2].

HIV Prevalence by Province

Kenya average: 6.7%



1- National AIDS and STI Control Programme, Ministry of Health, Kenya. *AIDS in Kenya, 7th ed*. Nairobi: NASCOP; 2005.

2- Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH and ORC Macro.

Availability of Health Care in Kenya

Health care services of any kind as well as HIV-related services are unevenly distributed throughout Kenya. Access to hospitals, maternities, and health centres varies from a high of 8 per 100,000 people in Nairobi and Coast provinces to a low of 2 per 100,000 in North Eastern Province. The proportion of these facilities that offer HIV-related services also varies. Not surprisingly, anti-retroviral therapy (ART) is most available in Nairobi. Other regions with high prevalence of HIV infection, particularly Nyanza, offer fewer HIV-related services.

Overview of HIV-Related Health Care Services in Kenya

	Hospitals, maternities and health centres per 100,000 people	Percent adults age 15-49 with HIV infection	Percent health care facilities offering counseling and testing services	Percent health care facilities offering anti-retroviral therapy (ART)
Nairobi	8.4	10	77	19
Central	4.6	5	36	4
Coast	8.3	6	40	10
Eastern	6.4	4	38	12
North Eastern	2.4	<1	13	2
Nyanza	6.0	15	19	5
Rift Valley	5.2	5	31	3
Western	4.2	5	43	5
TOTAL	**5.7**	**6.7**	**37**	**7**

VOLUNTARY COUNSELING AND TESTING (VCT)

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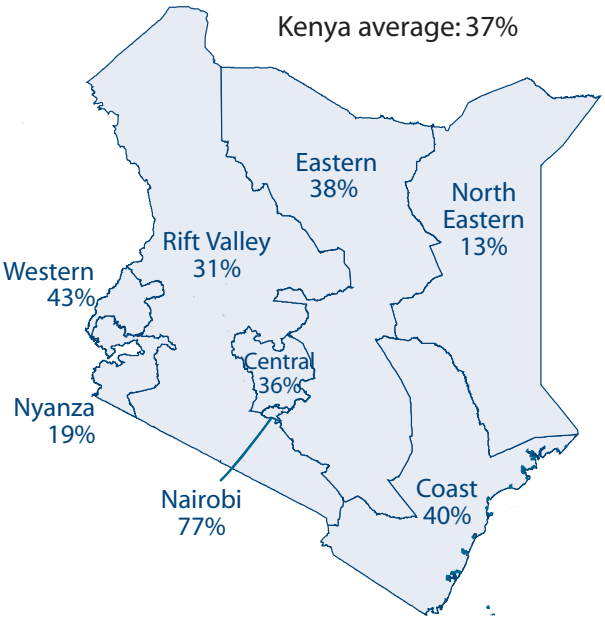
By the KSPA definition, a facility offers counseling and testing services if it: 1) provides pre and/or post test counseling on preventing HIV transmission and other aspects of the disease; 2) offers the test on site or at a collaborating institution; and 3) gives results of the HIV test to clients. By this definition 37 percent of all health care facilities and 92 percent of all hospitals in Kenya offer HIV counseling and testing services.

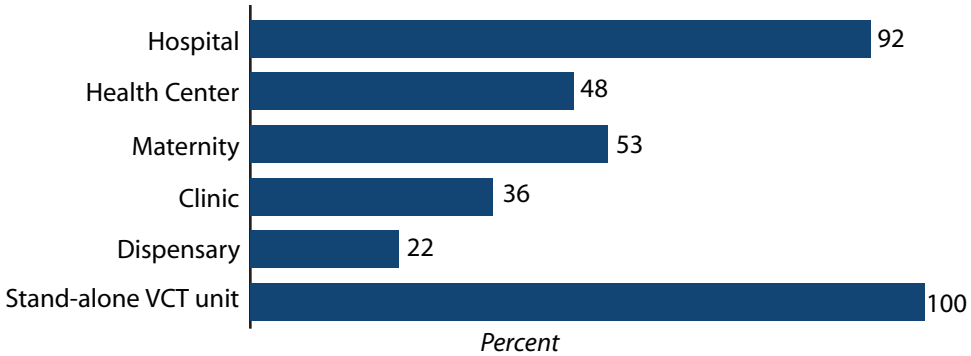
Counseling and testing varies widely by province from 77 percent of all facilities in Nairobi to 13 percent in North Eastern. Nyanza has counseling and testing services in only 19 percent of all facilities, although Nyanza has the highest prevalence of HIV in the country (15 percent).

Most facilities with counseling and testing provide privacy for clients (76 percent) and have a trained counselor on site (96 percent). Stand-alone VCT sites are well equipped with guidelines and record keeping systems. Other types of facilities, particularly maternities, are less likely to have guidelines on informed consent, confidentiality, and pre and post test counseling on site. Only 15 percent of maternities have these guidelines available for use by staff. About one-third of facilities do not have explicit documentation that clients received pre and post test counseling. It is possible, however, that clients at these facilities may have received pre and post test counseling since some providers may have assumed that counseling is automatically provided as part of the service and thus did not separately record the counseling.

Facilities with HIV Counseling and Testing System by Province



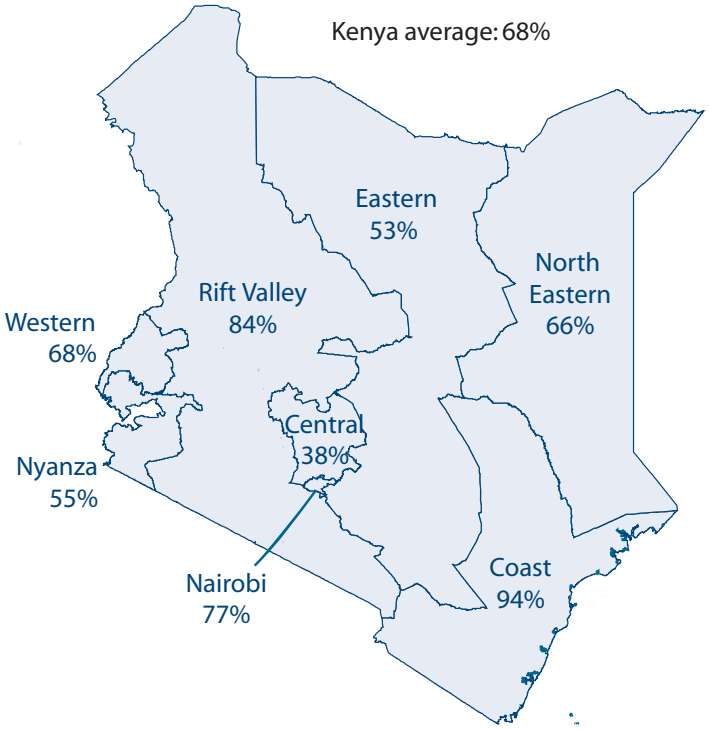
Availability of HIV Counseling and Testing (N=440) by Facility Type



HIV Care and Support Services (CSS)

Just over two-thirds (68 percent) of all facilities provide any kind of care and support services (CSS) for people with HIV infection and AIDS. These services include treatment of sexually transmitted infections, tuberculosis, and other opportunistic infections (OI), palliative care, psychosocial support, and links to community-based care programs.

Facilities Offering Care and Support Services for HIV/AIDS Clients by Province



TUBERCULOSIS

Tuberculosis (TB) is a leading cause of death among people infected with HIV. TB diagnostic and treatment services are available in about 44 percent of all facilities nationwide and in 54 percent of all facilities providing HIV care and support services. TB services are most available in hospitals.

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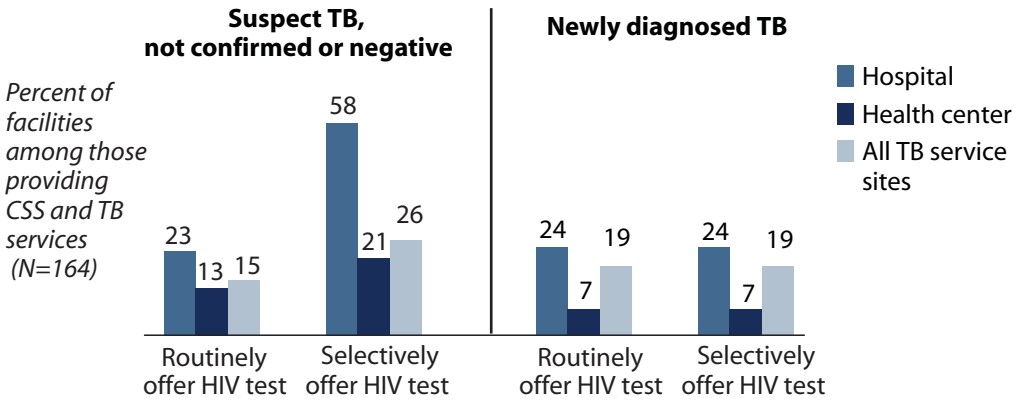
Almost all facilities offering TB treatment have all first-line TB medicines in stock. Facilities participating in the national directly observed treatment short course (DOTS) program are slightly more likely to have all medications. TB treatment protocols are not widely available, however. Just over 40 percent of all facilities treating TB have TB treatment protocols at all sites in the facility where the service is offered.

Despite the well known relationship between TB and HIV, most facilities providing TB treatment do not routinely offer HIV tests to clients suspected of or diagnosed with TB. This represents a missed opportunity to counsel clients at high risk of HIV about prevention and treatment.

HIV Testing Practices for TB Clients

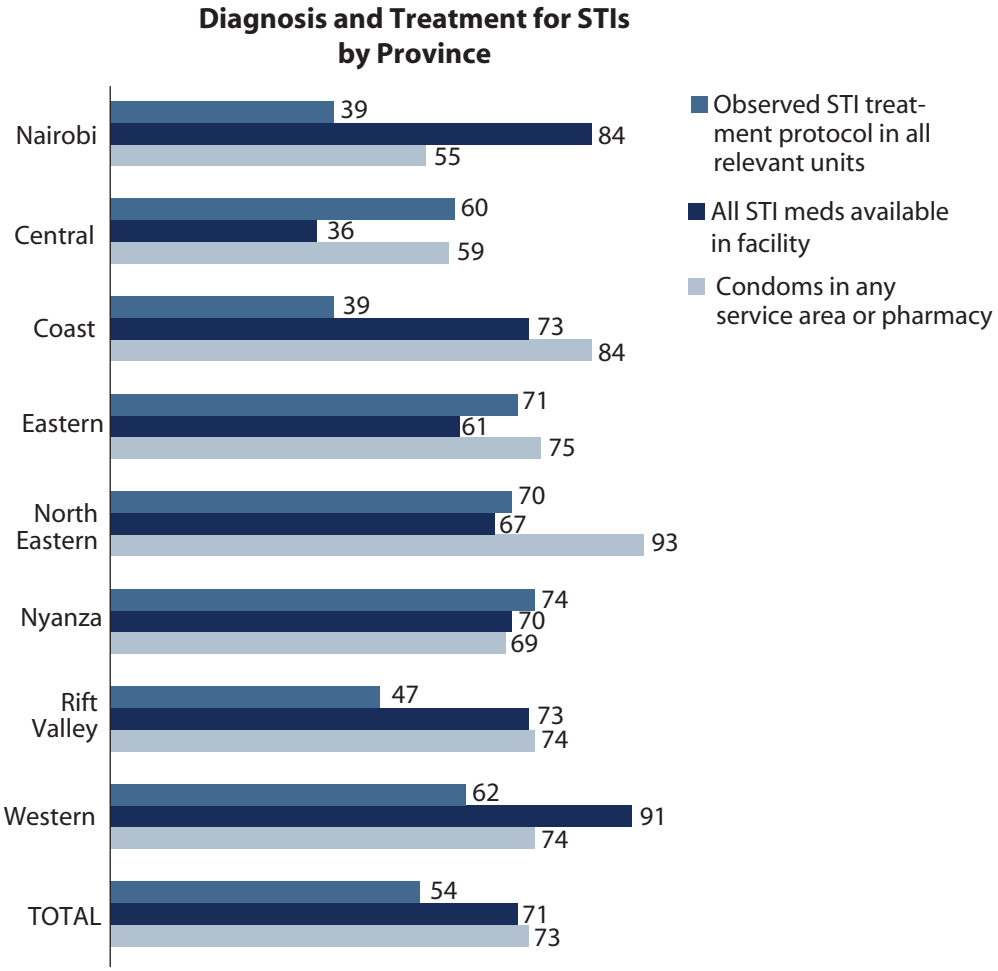


Sexually Transmitted Infections (STIs)

STI services are widely available in all facilities providing HIV care and support except for stand-alone VCT sites. Medicines for treating the most common STIs are present in about 70 percent of all facilities, including 95 percent of hospitals. Condoms are available either in facility treatment sites or pharmacies in 73 percent of facilities.

The KSPA data raise several areas of concern about STI treatment in facilities providing care and support services for HIV/AIDS clients:

- Only half of these facilities have STI treatment protocols at all sites providing STI treatment.
- In Central Province only 36 percent of STI services in facilities offering CSS have STI medicines.
- Among facilities offering STI treatment that are managed by faith-based organizations, only 34 percent have condoms on site.
- Most facilities do not routinely offer HIV testing to clients with STIs. Just over one-half of hospitals (56 percent), 37 percent of health centers and 28 percent of maternities routinely offer HIV tests to STI clients in at least one service site. As with TB, this is a missed opportunity to help clients and their families access HIV prevention and treatment services.



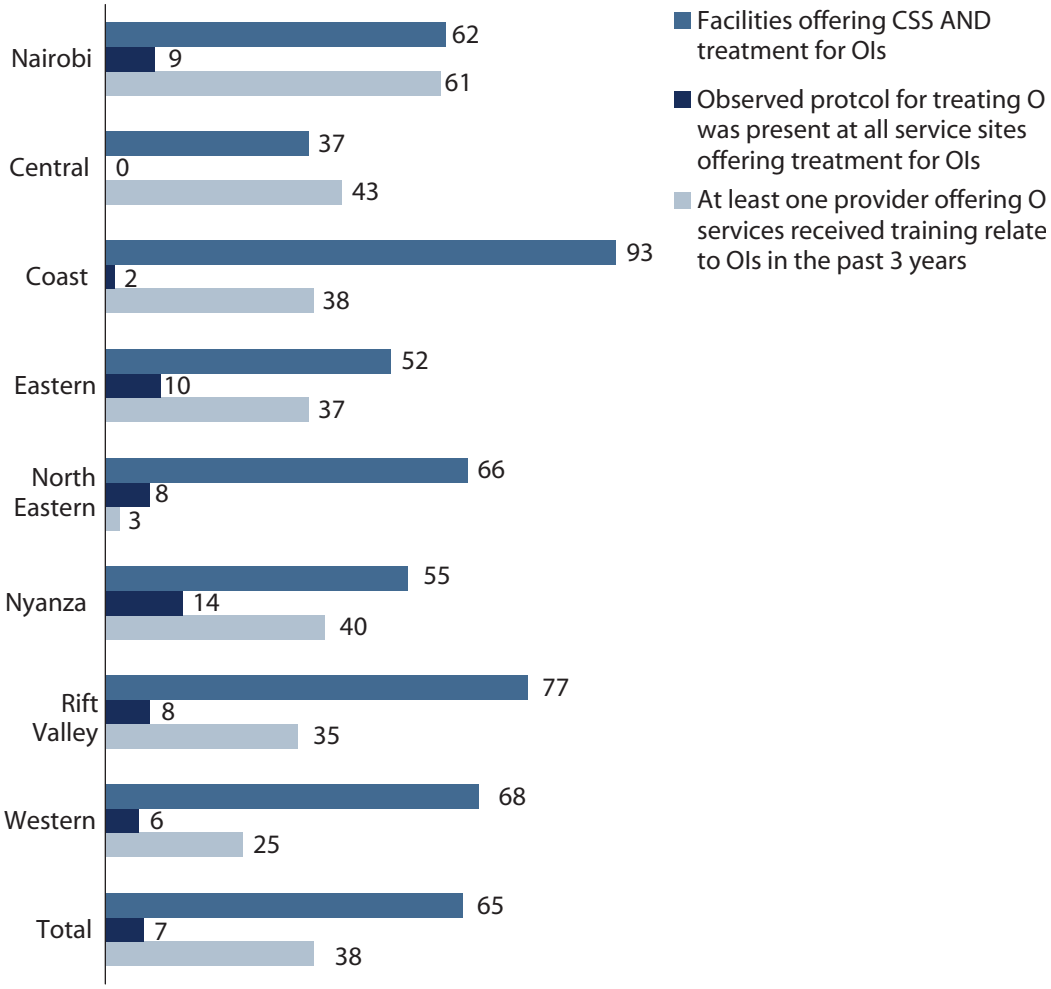
Percent of facilities offering CSS and STI services (N=285)

Treatment of Opportunistic Infections

Almost all facilities offering care and support services (CSS) also provide treatment for opportunistic infections (OIs) and have medications available. At least 90 percent of facilities have medication for treating bacterial pneumonia, and other bacterial infections, topical fungal infections, basic pain management, and vitamin supplementation. Only 51 percent of hospitals have medication and supplies for managing chronic diarrhea, although close to 90 percent have oral rehydration salts (ORS) in stock.

The quality of OI treatment is open to question. Very few facilities have OI treatment guidelines in all service sites, and over 40 percent of all hospitals offering OI treatment do not have a provider on site who has received relevant training in the past three years. Availability of trained providers varies widely among the provinces. In Nairobi, just over 60 percent of facilities offering CSS have a trained provider on staff compared with 40 percent in Nyanza and only 25 percent in Western Province.

Treatment for Opportunistic Infections by Province



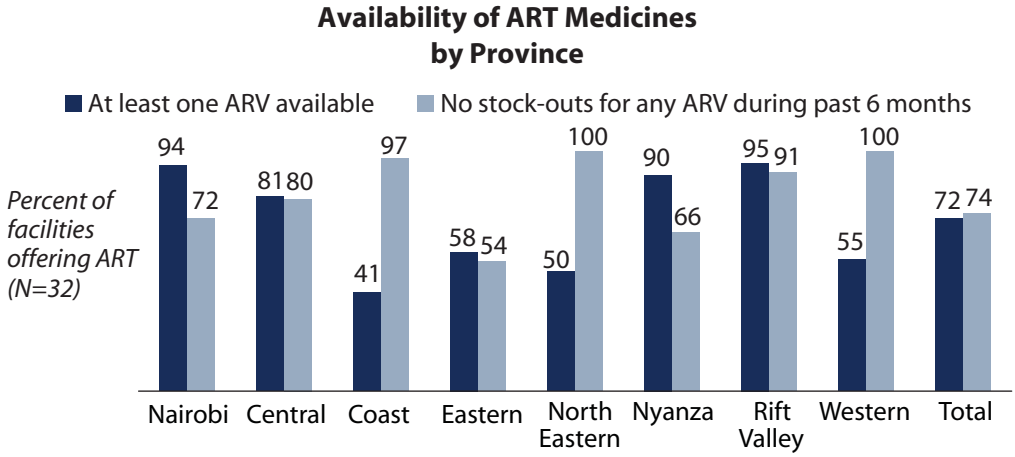
Percent of facilities offering CSS (N=440)

Antiretrorival Therapy (ART)

Availability of ART

ART is becoming more available in Kenya. Currently, just over half (52 percent) of all hospitals and 12 percent of health centers provide ART. ART is most available at private for-profit and NGO managed facilities. ART services are available at 19 percent of facilities in Nairobi, followed by 12 percent of facilities in Eastern and 10 percent of facilities in Coast Province. On average, facilities have been providing ART for 21 months. Half of the facilities have been providing ART for less than 17 months.

Kenya HIV/AIDS SPA data suggest that the availability of ARVs has not kept pace with the expansion of services. About one fourth (26 percent) of facilities providing ART have had a stock-out of an antiretroviral medicine in the last six months, for example, and only about half (53 percent) have up-to-date pharmacy stock cards for ARVs. Inconsistent use of ART can contribute to drug resistant forms of the virus.



Some facilities offering ART are missing treatment guidelines, recently trained providers, and routine record keeping. Only 35 percent of private for-profit facilities have ART treatment guidelines and protocols at every ART service site in the facility compared to over 90 percent of NGO and FBO managed facilities and 61 percent of government facilities. Other types of guidelines are far less available. Less than half of all facilities and less than 10 percent of private for-profit service sites have guidelines for the care of adults and children living with HIV/AIDS and treatment of opportunistic infections. Private for-profit facilities are least likely to have any treatment guidelines available.

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Training in ART

Nationwide, at least one provider in just under half of facilities offering ART has been trained in ART services and in adherence counseling. Training for ART providers varies among provinces and among managing authorities. Private for-profit facilities, which are least likely to have treatment guidelines on site, are also least likely to have providers recently trained in ART and adherence counseling and least likely to provide personal supervision. This raises serious concerns about the quality of ART provided in private facilities.

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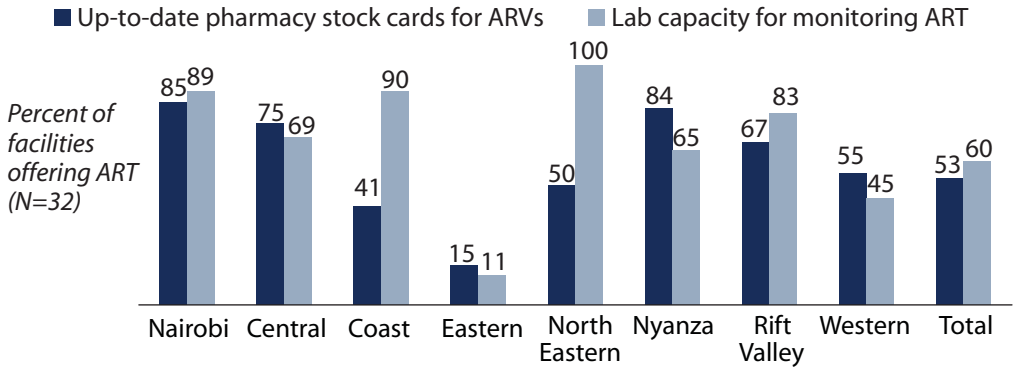
Almost 80 percent of facilities providing ART maintain up-to-date service statistics on current clients. Over 60 percent of facilities also have individual client records or charts for ART clients and maintain a record system for client appointments. NGO and faith-based managed facilties tend to have stronger systems for monitoring ART clients than government facilities.

Government facilities are least likely to have CD4 or other tests for monitoring clients. Just over 20 percent of government facilities have CD4 tests compared with over 80 percent of facilities managed by NGOs, FBOs, and private-for profit agencies.

Pharmacy and Lab Capacity for ART by Province



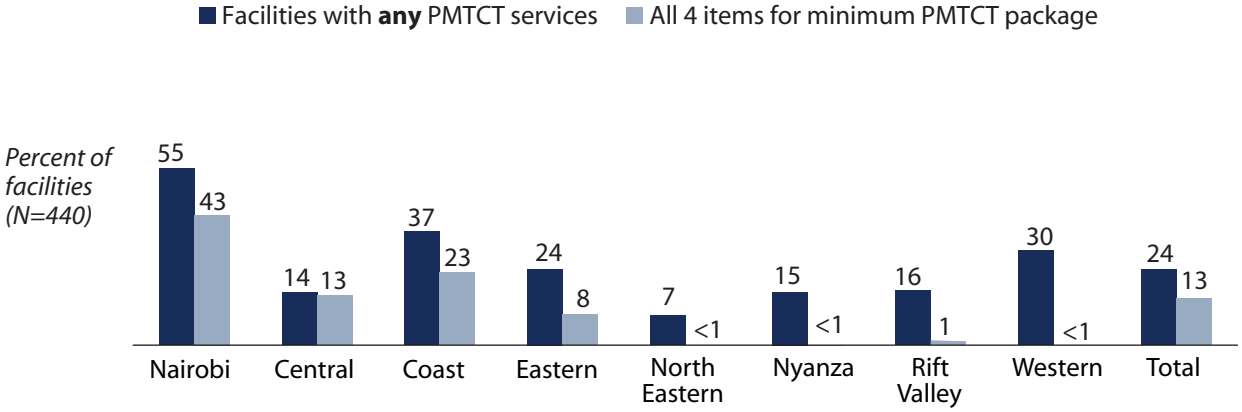
Preventing Mother to Child Transmission (PMTCT) of HIV

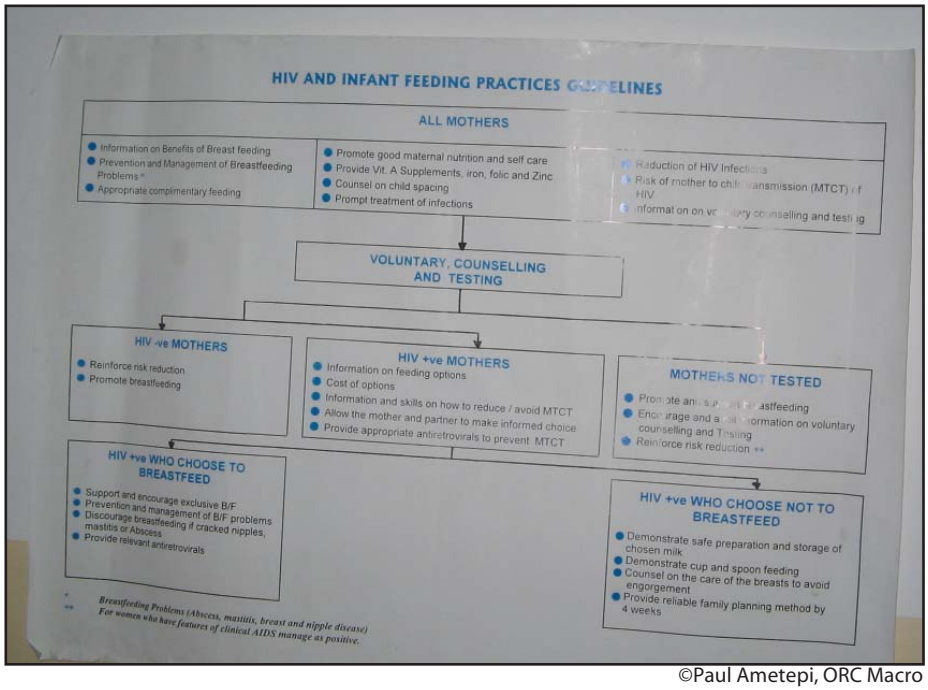
The basic package of PMTCT services includes four components: 1) HIV testing and counseling, 2) PMTCT counseling on infant feeding, 3) counseling on family planning, and4) antiretroviral prophylaxis to prevent transmission. Overall, 24 percent of all facilities and only 31 percent of facilities *providing antenatal care* offer any of the four components of PMTCT. Only 13 percent of all facilities offer the complete basic PMTCT package. Even fewer (3 percent) offer PMTCT+, the basic package plus ART for mothers and other family members as well as children. Hospitals are most likely to offer PMTCT, followed by health centers and maternities.

PMTCT services vary widely throughout Kenya. Less than one percent of facilities in North Eastern, Western and Nyanza offer the complete basic PMTCT package compared to 43 percent of all facilities in Nairobi. Lack of PMTCT services is particularly problematic in Nyanza where 18 percent of reproductive age women are infected with HIV.

Among all the facilities offering any PMTCT services, 50 percent kept statistics on the pregnant women who were provided the complete ARV course for PMTCT.

Availability of PMTCT by Province





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Youth-Friendly Services

Youth-friendly services are not widely available in Kenya. Only about 5 percent of all facilities say they have services especially tailored for young people. The KSPA defined youth friendly services to include the following components: policies or guidelines for working with young people, specially trained staff, a separate room or location in the facility specifically for youth, discounted or free services for youth, and educational materials targeted to youth.

Among facilities that offer any HIV testing, 12 percent offer any components of youth-friendly services with VCT or PMTCT services. Maternities and stand-alone VCT facilities are more likely to have youth-friendly services than other types of facilities. Youth-friendly services are most available in Rift Valley and Coast provinces. None of the facilities interviewed in Central Province reported providing youth friendly services.

Post-Exposure Prophylaxis

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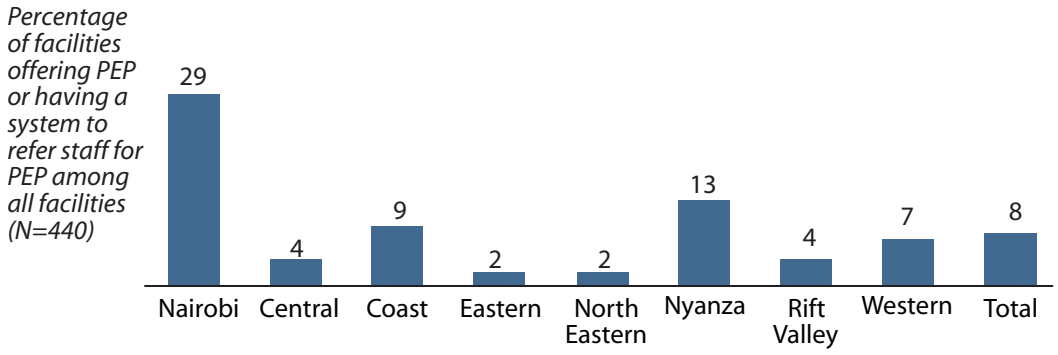
Post-exposure prophylaxis (PEP) is immediate treatment with antiretrovirals for health care providers and others who may have been accidentally exposed to HIV. Health care providers can be infected on the job if they do not always use latex gloves or if they are exposed to patients' blood via a needle stick. PEP is an essential practice to protect health care workers and the clients they serve.

Nationwide, only 8 percent of all facilities provide PEP for their staff. There is considerable provincial variation in the availability of PEP, ranging from 2 percent of facilities in Eastern and North Eastern provinces to 29 percent of facilities in Nairobi. It is cause for concern that only half of all hospitals and 12 percent of health centers and maternities surveyed provide PEP for their staff. Among the facilities that do offer PEP, less than one percent has PEP treatment guidelines and less than one in four has records for staff receiving PEP and a system for monitoring compliance with the PEP regimen.

Availability of Post Exposure Prophylaxis (PEP)



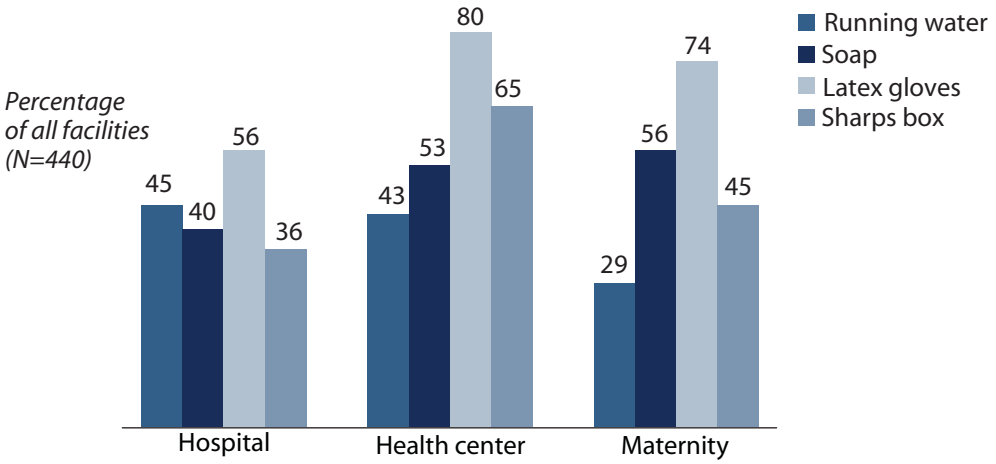
Preventing Infection in Health Care Facilities

Few health care facilities in Kenya follow all standard infection control procedures. Strict adherence to infection control is essential to protect both patients and providers. Moreover, clients with HIV are at very high risk of other infections in health care settings since their immune systems are suppressed.

Just under half of all facilities in Kenya have running water in all service sites. Other basic infection control items like soap and latex gloves are more widely available except for chlorine disinfecting solution. However, almost half of all hospitals do not have latex gloves in all service sites. Thus doctors and nurses working in hospitals are at risk of HIV and other infections. Increasing the supply of latex gloves is clearly a priority.

Only about 20 percent of facilities have guidelines for infection prevention in any service sites. Of even greater concern is that only 14 percent of all hospitals and only 5 percent of all facilities have a safe disposal system for hazardous waste, putting communities around health care facilities at risk of infection.

Availability of Infection Control Items



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Conclusions and Recommendations

The Government of Kenya developed the first national 5-year strategic plan for AIDS control in 1987. Since then local, national, and international resources have focused on preventing further transmission of infection and on providing care and support for individuals and families affected by HIV and AIDS. The 2004 Kenya Service Provision Assessment (KSPA) survey was undertaken to measure the availability and capacity of these services to meet the Kenya's needs.

The data presented in this report were collected in late 2004. They represent the most recent assessment of Kenya's health care services including facilities managed by the government, non-governmental and faith-based organizations, and for-profit agencies. The KSPA and this report do not reflect developments in HIV services since 2005.

The KSPA presents a very mixed picture of HIV services in Kenya. On one hand, Kenya has made enormous strides in developing HIV services including VCT, PMTCT, treatment of related infections, and ART. On the other hand, accessibility to services varies widely among the provinces, and many aspects of service delivery need significant improvement. Conclusions and policy recommendations from these findings are listed below:

- Access to HIV services needs to be made more widely available, especially in provinces with high HIV prevalence. More than one in seven adults age 15-49 in Nyanza is infected with HIV, for example, yet only 19 percent of health care facilities in Nyanza provide HIV counseling and testing, and only 55 percent provide care and support services for people with HIV infection.
- Only 15 percent of all health care facilities have all items needed to follow infection control practices in all service sites. Inadequate infection control places clients and providers at risk. Policies need to be instituted immediately to establish infection control committees and other procedures at the facility, district, provincial and national level to ensure that patients and providers are safe in health care settings.
- Health care providers are not routinely offering HIV testing to clients diagnosed with either TB or STIs, diseases known to be linked with HIV infection. HIV testing for clients at high risk of HIV infection should be an established practice in every health care setting to protect the client and his/her family.
- The KSPA shows major gaps in training, mentoring, and supervising health care providers, standard approaches to ensuring quality of services. Clearly more staff needs to be trained, and supervision needs to be improved. Before embarking on these long term and expensive approaches, the Government of Kenya should attend to simpler and cheaper activities that contribute to improved care--developing treatment guidelines in formats that providers can easily use and making these products available in every health care facility. Good treatment guidelines form the basis of training and reinforce skills after training. There is no substitute for straight forward directions and no excuse for not equipping health care providers with essential tools.
- Health care providers are the front line of defense against HIV. Their safety must be a priority for the Ministry of Health and the government of Kenya. To ensure that they are not infected on the job, post-exposure prophylaxis (PEP) systems must be put into place, starting first in hospitals where most patients with HIV are seen and in maternities where the risk of exposure is high. Some, perhaps many, health care providers may not want to receive PEP treatment at their own facilities lest their confidentiality be violated. To ensure that all providers have access to PEP, health care facilities should provide guidelines and referral services so providers have the option of getting treatment in another facility.
- Many parties--faith-based organizations, NGOs, private business, and the public sector--contribute to the health care system in Kenya. Interventions to improve the

health care system must involve staff and facilities from all managing authorities so that quality and standards are consistent nationwide. Steps must be taken immediately to address the lack of training and treatment guidelines in private for-profit facilities. Closer collaboration among privately owned and publicly owned health care facilities benefits everyone.

- Making health care facilities more accessible for young people is a recognized intervention for preventing unwanted pregnancy and HIV infection. In Kenya 60 percent of young men and almost half of young women are sexually active by age 18. Almost one in four women is pregnant or already a mother by age 19. There is no question that youth-friendly facilities are urgently needed, yet only 12 percent of facilities nationwide offer such services. With the new national Adolescent Reproductive Health and Development Policy, the government of Kenya has made a commitment to meeting the health needs of young people. It needs to back up this commitment by expanding health services for youth.
- Women infected with HIV can pass the virus to their children during pregnancy, childbirth, and later, during breastfeeding. A fairly simple regimen of drugs can prevent the HIV transmission during pregnancy and childbirth. In 2004, about 13 percent of all facilities in Kenya provided this regimen plus HIV testing and counseling. However, PMTCT programs alone are not sufficient. To be truly effective PMTCT programs need to provide mothers with antiretroviral therapy so they can also remain healthy enough to care for their children. Linkages with other programs like ART, nutrition, home based care, and comprehensive care centres should be encouraged. PMTCT+ should also be an entry point for maternal treatment and early infant diagnosis and treatment. According to the KSPA, only 3 percent of facilities in Kenya provide PMTCT+ services, that is, ongoing antiretroviral therapy to mothers. The government of Kenya and other providers of health care services need to focus on expanding PMTCT+ services to break the cycle of mother to child transmission and orphanhood.