

Kenya

Service Provision Assessment Survey

2004

Family Planning Key Findings



This report summarizes the family planning findings of the 2004 Kenya Service Provision Assessment Survey (KSPA), carried out by the National Coordinating Agency for Population and Development (NACPD), 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 project, which assists developing countries 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 reflect the views of the donor or partner organizations.

Additional information about the 2004 KSPA 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 20 710-281); website: www.ncapd_ke.org

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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FAMILY PLANNING IN THE 2004 KENYA SERVICE PROVISION ASSESSMENT (KSPA)

Introduction

The 2004 Kenya Service Provision Assessment survey (KSPA) describes how the formal health sector in Kenya provides both basic and advanced level services for child health, maternal health, family planning, HIV/AIDS, and other communicable diseases.

The major objectives of the 2004 KSPA are to:

- determine the level of preparedness of health facilities for providing quality services;
- identify gaps in support services, resources, and processes used in providing quality services; and
- provide data on the capacity of health facilities to offer reproductive health, maternal and child health, and HIV/AIDS related services.

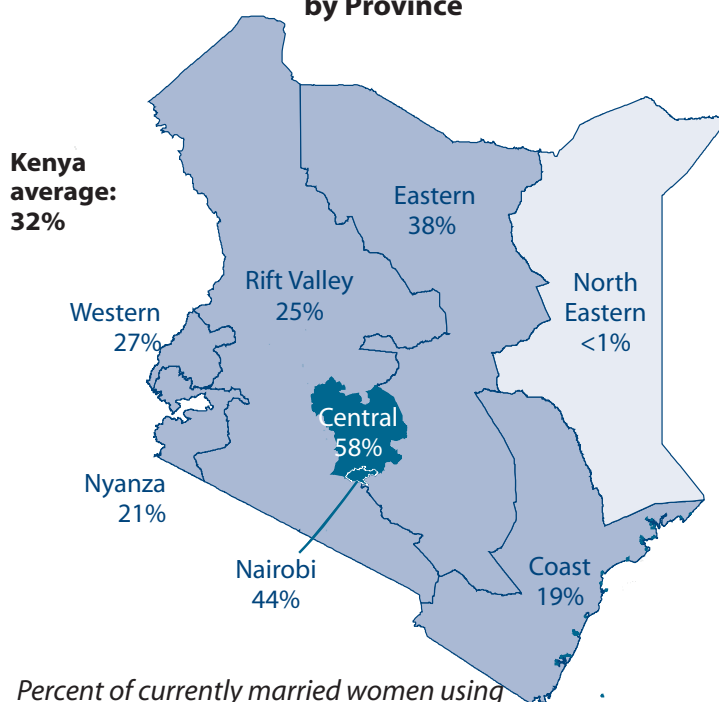
The KSPA involved a nationally representative sample of 440 facilities, including hospitals, health centres, maternities, clinics, and dispensaries. The sample included facilities managed by the Government of Kenya, non governmental organizations (NGOs), private for-profit groups, and faith-based organizations (FBO). The 2 national referral hospitals and all 8 provincial general hospitals were purposely included. The data were weighted during analysis to represent the actual distribution of facilities in the country. Trained interviewers collected the data between September 2004 and January 2005. The data collected from each facility reflect the situation in that facility on the day of the survey.

Background: Family Planning in Kenya

Family planning is widely accepted in Kenya. According to the most recent Demographic and Health Survey (KDHS) in 2003, more than one-third of married women (39 percent) use some form of family planning: 32 percent use a modern method, and 8 percent use a traditional method. Injectables are the most commonly used method, followed by the rhythm method and combined oral contraceptives.

Use of modern methods of contraception varies widely by province, ranging from less than one percent in North Eastern to 58 percent in Central. Nationwide, women with more education and women living in urban areas are more likely to use modern methods of contraception.

Use of Modern Methods of Family Planning by Province



Percent of currently married women using a modern method of family planning

Background: Source of Contraception

Just over half (53 percent) of all women get their contraceptives from government facilities. About one-fourth rely on private for-profit hospitals or clinics.

Percent distribution of modern method users by most recent source of contraception (2003 KDHS)

Source	Percent of Modern Method Users
Public Source	53.4
Government Hospital	20.1
Government Health Care	17.6
Government Dispensary	15.7
Private Medical	40.5
Mission, church hospital/clinic	6.3
FPAK health centre/clinic	3.3
Private hospital/clinic	24.2
Pharmacy/chemst	6.3
Nursing/maternity home	0.4
Other Private	4.6

The source of contraceptives is changing over time. The proportion of contraceptive users getting their methods from public facilities has declined from 68 percent in 1993 to 53 percent in 2003. Private facilities, including those managed by FBOs, for-profit groups, and NGOs, are providing methods for an expanding proportion of contraceptive users from 25 percent in 1993 to 45 percent in 2003. Private for-profit hospitals and clinics are now some of the largest suppliers of contraceptive methods.

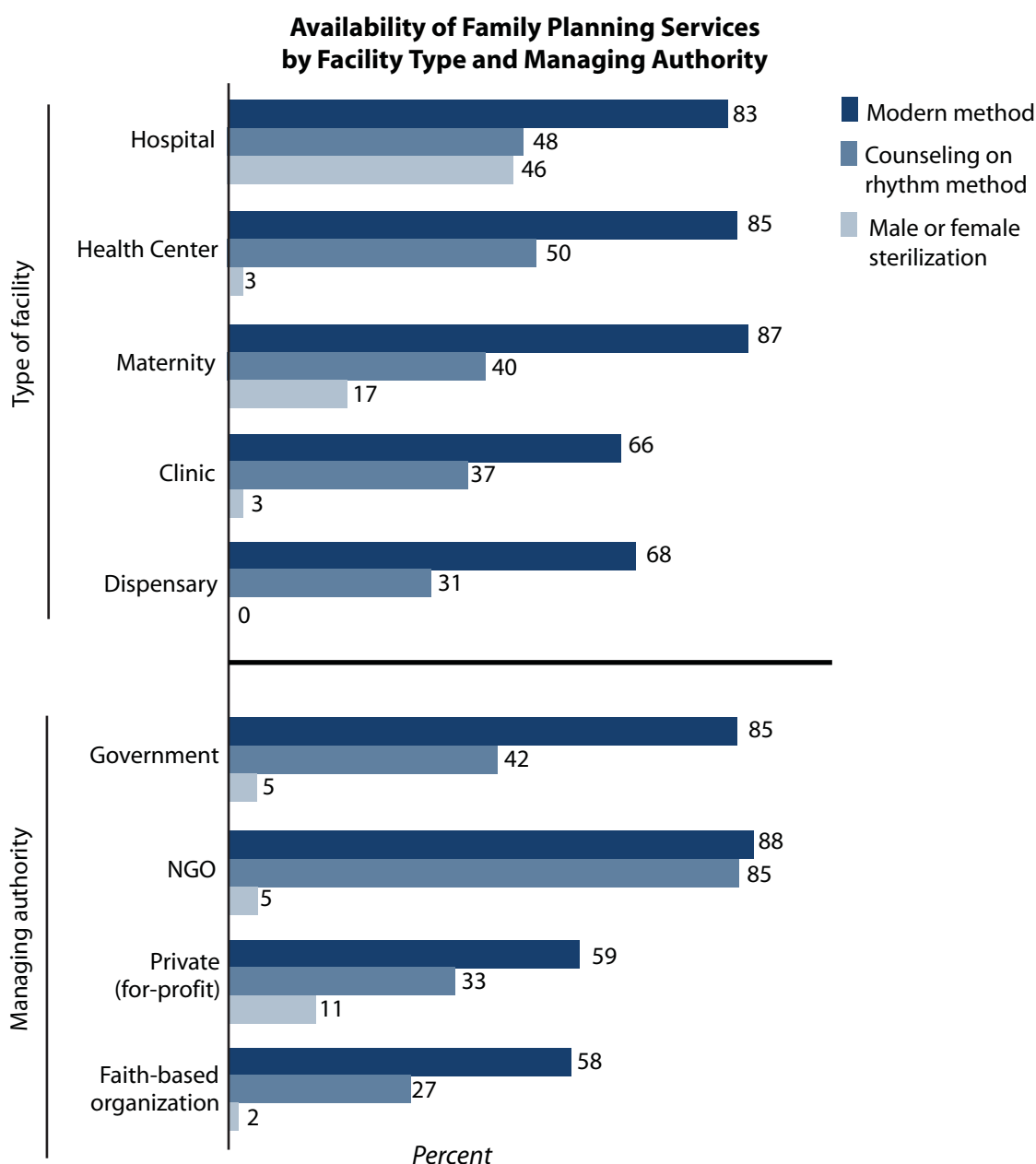
Nationwide, neither fertility nor family planning use has changed markedly in the last 5 years. Women have 5 children, on average. Among all women, family planning use is the same in 2003 as in 1998. The contraceptive method mix has changed, however, with more women relying on injectables and fewer women using pills, IUDs, and sterilization. Unplanned pregnancies are still common. According to the 2003 KDHS, 45 percent of most recent births were not planned; 20 percent of these births were not wanted at all, and 25 percent were wanted later.



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2004 KSPA RESULTS: AVAILABILITY OF FAMILY PLANNING SERVICES IN KENYA

Modern family planning services are available in 75 percent of all health care facilities. In most facilities services are available 5 days per week. Over 80 percent of hospitals, health centres, and maternities offer family planning services compared to about two-thirds of clinics and dispensaries. More than 8 in 10 government and NGO facilities offer family planning compared to 59 percent of private for-profit facilities and 58 percent of faith-based organizations.



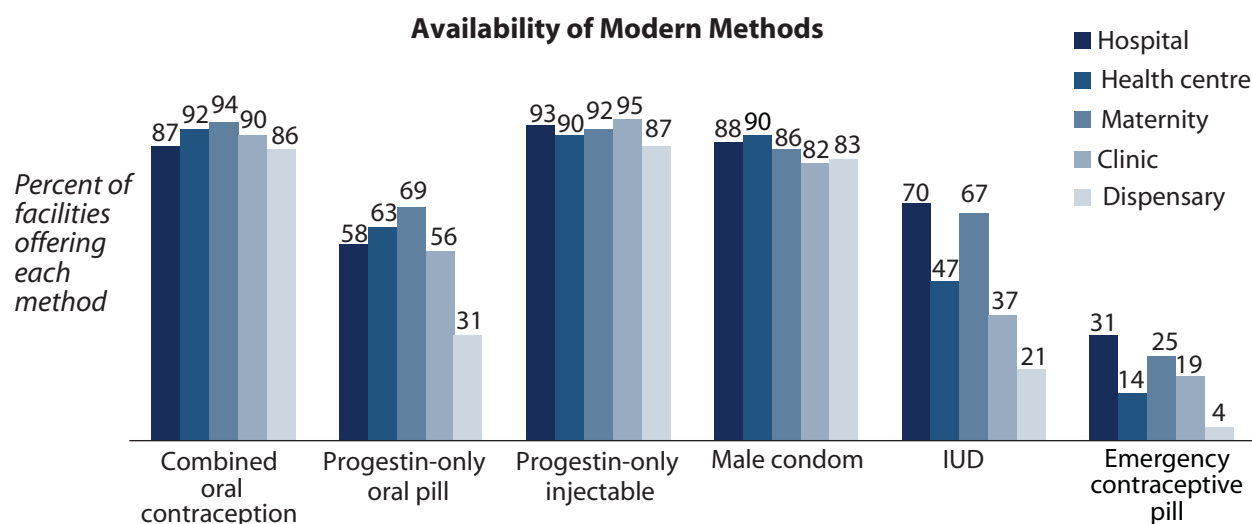
About 85 percent of the facilities providing family planning services kept records on the number of consultations. Nationwide, in the 12 months before the survey, half of these facilities had 50 or more family planning consultations per month. Facilities in Nairobi, Eastern, and Western provinces saw the most clients; facilities in North Eastern and Rift Valley saw the least.

METHOD AVAILABILITY

Family planning services that offer many different contraceptive methods are best able to meet the needs of their clients. Nationwide, just over 70 percent of facilities providing any family planning services offer at least 4 different reversible family planning methods. Over 85 percent of facilities offer 3 methods—combined oral contraceptives, injectables, and the male condom. Almost all of these facilities had the three methods in stock on the day of the survey.

Long-term and permanent methods are far less available, however. Only 36 percent of facilities, mostly hospitals and maternities, offer the IUD. Real access to IUDs is even lower, however, since only 50 percent of facilities offering IUDs have the method and all the equipment (e.g. speculum, tenaculum, forceps, etc.) needed for insertion. Thirteen percent of facilities provide implants; however only about one-third of these facilities actually had implants available on the day of the survey. Throughout Kenya, only 6 percent of facilities providing family planning offer female sterilization, and only 2 percent offer male sterilization (vasectomy). Sterilization is available most often in hospitals.

Emergency contraception is not a family planning method but instead is used just after unprotected intercourse to prevent unplanned pregnancy. Only 11 percent of facilities report that they offer emergency contraception. The progestin only pill, which also can be used as emergency contraception, is available in less than half of the facilities.

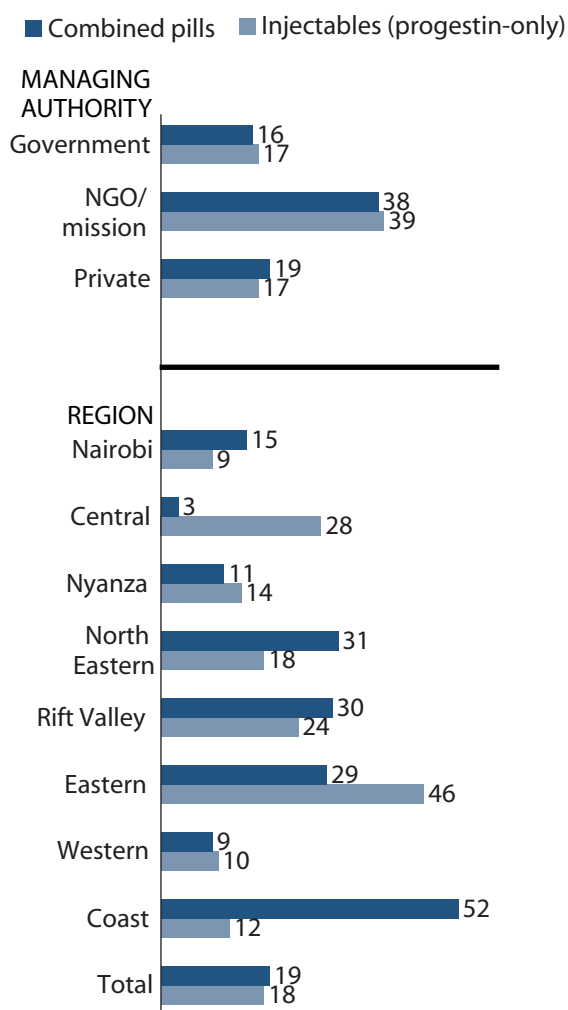


Stockouts

While most facilities had methods in stock when they were interviewed for the KSPA, stockouts are not uncommon. About one in five facilities (19 percent) providing combined oral contraceptives and 18 percent of facilities providing progestin only injectables reported a stockout some time in the 6 months before the survey. Stockouts were much more common with implants (75 percent), IUDs (37 percent), and emergency contraceptives (69 percent).

For the most popular methods, oral contraceptives and progestin-only injectables, stockouts were more common among NGO and FBO facilities than among private and government facilities. Just over half (52 percent) of facilities in Coast Province reported a stockout of oral contraceptives in the prior 6 months compared with about 30 percent in North Eastern, Rift Valley, and Eastern provinces. Facilities in Eastern (46 percent) and Rift Valley 24 percent) provinces were more likely to have stockouts of injectables than facilities in other provinces.

Pill and Injectable Stockouts by Managing Authority and Region



Percent of facilities with stockouts



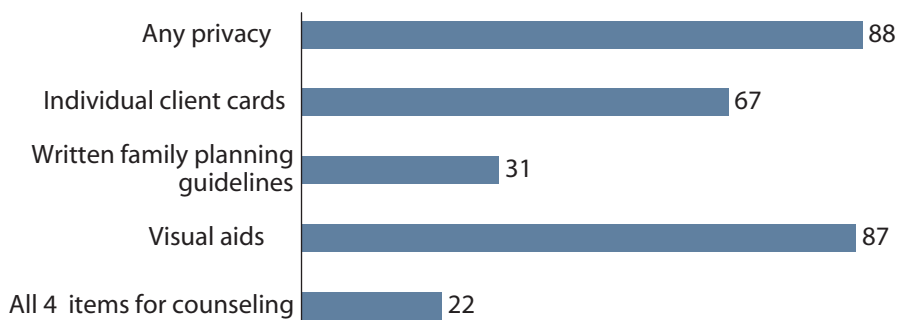
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COMPONENTS SUPPORTING QUALITY FAMILY PLANNING SERVICES

High quality family planning services minimize discontinuation and contraceptive failures and help attract new users. According to the 2004 KSPA, Kenya has a mixed record on supporting quality family planning services. On the plus side, almost 90 percent of all facilities providing family planning have privacy for client counseling. In addition, over two-thirds of facilities have individual client cards and visual aids for counseling. Surprisingly, however, only 31 percent have family planning guidelines on site.

There are wide variations among regions in terms of basic resources for family planning services with Central and North Eastern provinces having the fewest components for supporting quality services and Nairobi and Coast provinces having the most. There is less variation by managing authority, however. Just over one-fourth of FBO facilities that offer family planning have all the components to support quality family planning counseling compared with 22 percent of government facilities and 19 percent of private for-profit facilities.

Items to Support Quality Counseling for Family Planning



Percent of facilities offering family planning services

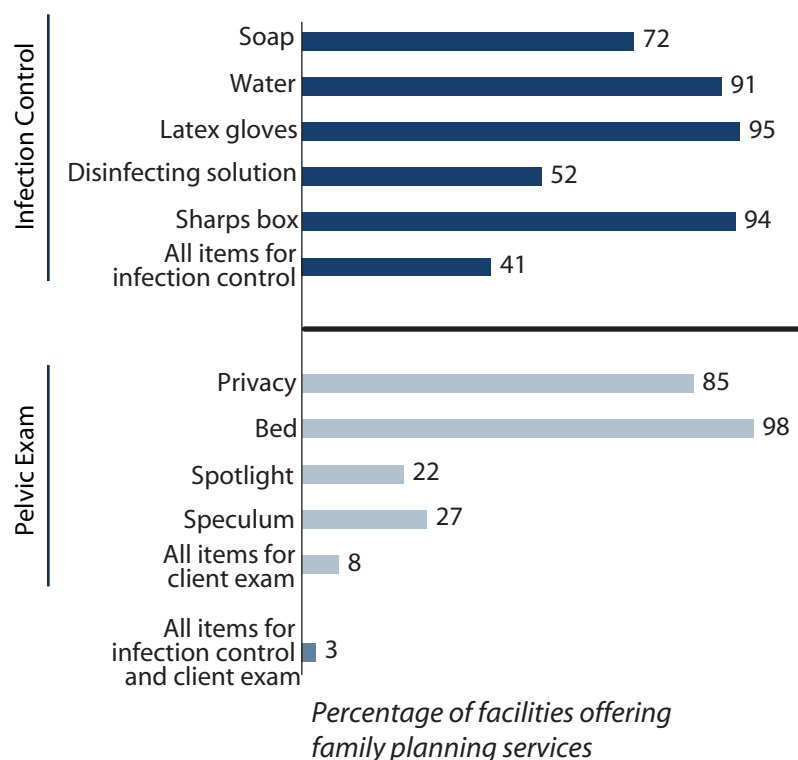


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Infection Control

Infection control needs improvement in all Kenyan health services including family planning. Infection control is less important during provision of oral contraceptives, condoms, and other methods that pose no risk of viral or bacterial infection to the client. There are very few facilities, however, that offer only these methods. Just over 40 percent of all facilities offering family planning had all items for infection control including soap, running water, latex gloves, disinfecting solution, and sharps box. About half of facilities (48 percent) did not have disinfecting solution and over one-fourth (28 percent) did not have soap. NGO facilities are the least likely to have all items for infection control with only 5 percent of all these facilities fully equipped compared with 47 percent of government facilities.

Conditions for Quality Examination of Family Planning Clients



Many facilities also do not have the basic equipment for a pelvic examination. For example, only 27 percent of facilities have a speculum in stock.

Sterilization and Disinfection

Equipment for sterilization or high level disinfection of equipment is even less available. Only 16 percent of all facilities have everything needed to carry out high level disinfection and even fewer, to sterilize equipment. Not surprisingly, hospitals are the best equipped and dispensaries the least. There is also a wide variation among regions. Almost half of Nairobi facilities have dry heat or autoclaves compared with 24 percent of Rift Valley facilities, 23 percent of Coast facilities, and 6 percent or fewer in Eastern, North Eastern, and Nyanza facilities.

STI Services

The Kenya *Family Planning Guidelines for Service Providers* states that providers should “play a leading role in risk assessment, screening, diagnosis, and treatment of sexually transmitted infections (STIs).” According to the KSPA, 66 percent of family planning facilities routinely diagnose and treat STIs. Over 90 percent of these family planning facilities have medications on hand for treating chlamydia, trichomonas, and syphilis. Less than one-fourth have medications for treating other common STIs, gonorrhea and candidiasis, however. Most of these facilities, 61 percent, have STI treatment guidelines on site. It is interesting to note that family planning facilities are much more likely to have STI treatment guidelines than family planning guidelines.

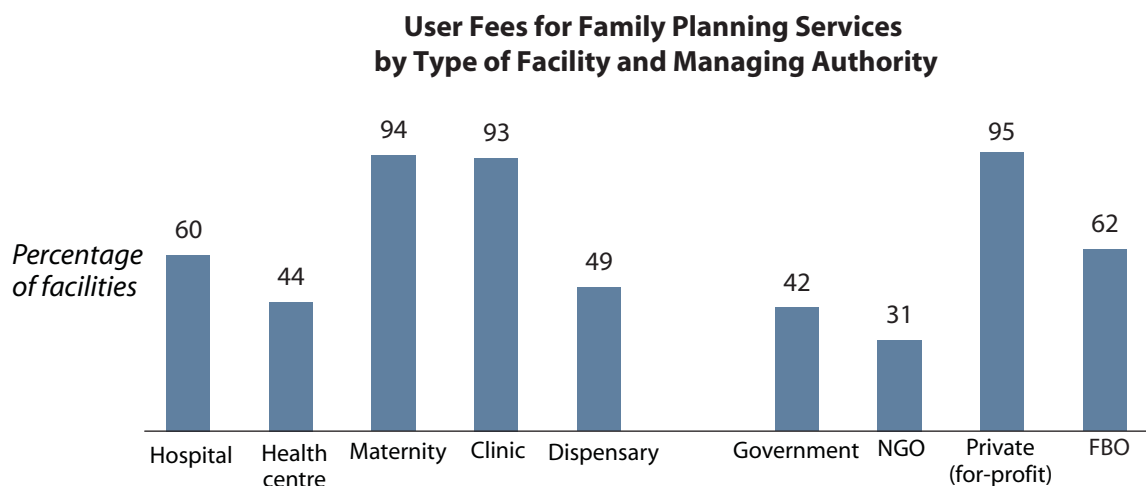
MANAGEMENT PRACTICES

The 2004 KSPA asked family planning services about several aspects of management: up-to-date client registers, user fees, and routine staff training and supervision. Results varied widely by facility type and province.

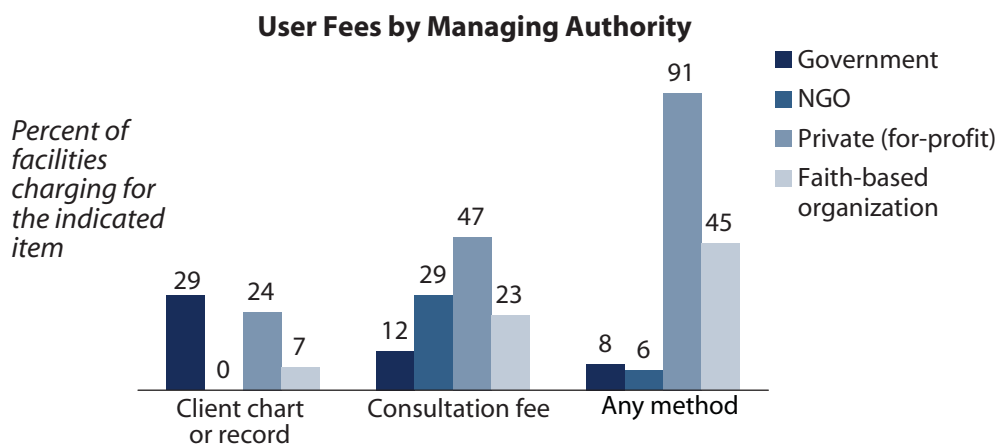
Just over three-quarters (76 percent) of facilities offering family planning have up-to-date client registers, essential for management information systems. Registers are available most often in government facilities and least often in private for-profit facilities (38 percent) and FBOs (52 percent).

User Fees

According to Kenya government policy, family planning services in government facilities should be free. However, government facilities can and do charge a registration fee for the client card, while private facilities usually charge a consultation fee. There should be no charge for any government-supplied contraceptive method provided either in public or private family planning facilities. The KSPA found that 51 percent of family planning facilities charge some type of user fee for family planning services. Not surprisingly, 95 percent of private for-profit facilities charge user fees compared to 42 percent of government facilities and 62 percent of facilities managed by FBOs.



Overall 23 percent of family planning facilities charge fees for maintaining the client record; 19 percent charge for the family planning consultation, and 24 percent charge for the contraceptive method itself. Only 8 percent of government facilities charge a fee for the contraceptive method compared with 45 percent of FBOs and 91 percent of private for-profit facilities. There is a wide provincial variation in user fees as well with 44 percent of facilities in Nyanza charging for the contraceptive method compared with only 11 percent in North Eastern, 18 percent in Eastern, and 19 percent in Rift Valley.



How much do clients pay? The KSPA conducted exit interviews with 344 clients leaving family planning facilities. Almost two-thirds (65 percent) of these clients paid some type of user fee during the family planning visit. Half of the clients paid Kenya Shillings 25 or more. Clients attending private facilities paid considerably more than clients at government, NGO, and FBO facilities.

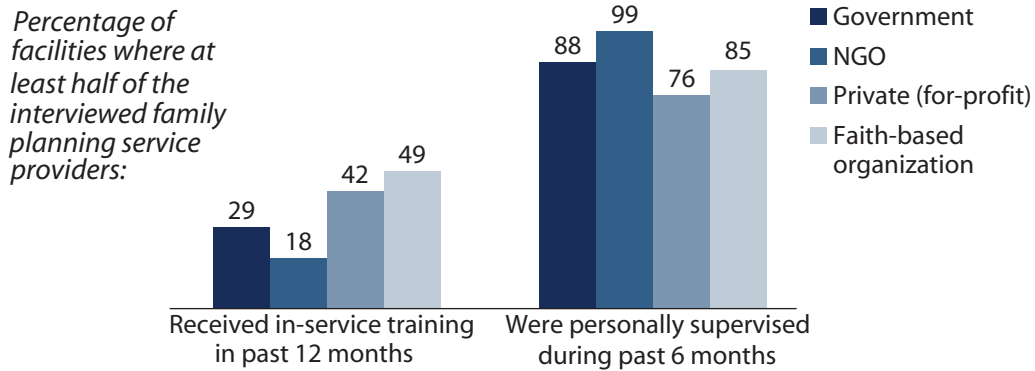


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TRAINING OF PROVIDERS

The KSPA describes a family planning facility as having routine supervision if at least half of the interviewed providers were personally supervised in the 6 months before the survey. According to this definition, 87 percent of family planning facilities provide routine supervision. The family planning providers who were supervised reported that their supervisors universally checked records, observed their work, discussed problems, provided feedback, and gave verbal praise. The supervisors rarely delivered supplies or gave written praise during their visits.

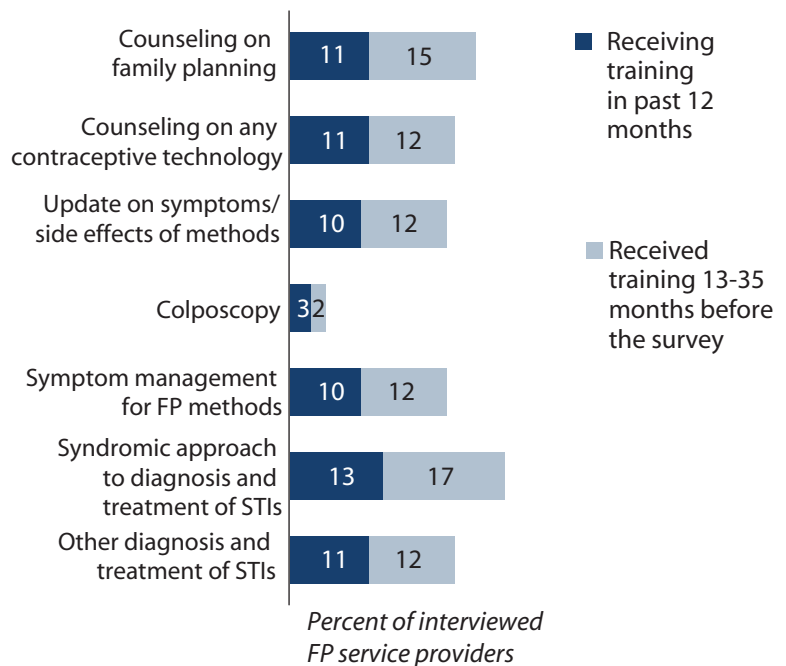
Training and Supervision by Managing Authority



In contrast to supervision, only 34 percent of family planning facilities provided routine staff training, defined by KSPA as structured in-service training for at least half of the family planning providers in the facility in the 12 months prior to the survey. This definition does not include on-the-job training. Private and FBO facilities are more likely to provide routine training for their staff than government and NGO facilities.

The KSPA interviewed 853 family planning providers. Among these providers, 25 percent had received in-service training during the 12 months before the KSPA. About one in four (24 percent) reported that their most recent in-service training was in the 13 to 35 months before the KSPA. The training covered a range of topics including family planning counseling, update on contraceptive methods, and diagnosis and treatment of STIs.

In-Service Training Received by Interviewed Family Planning Service Providers



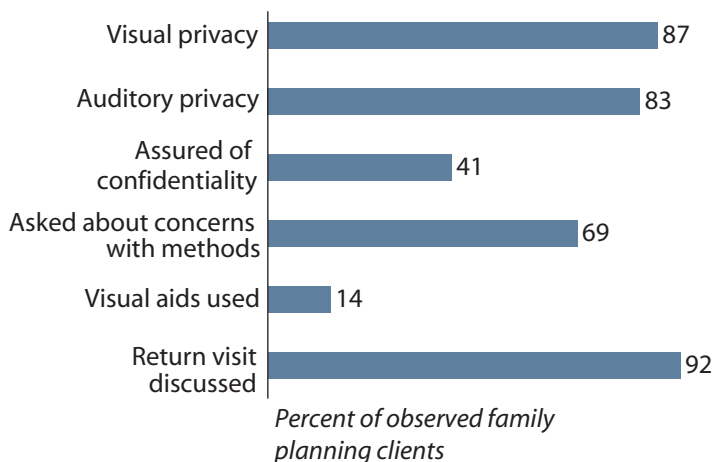
OBSERVATION OF CLIENT VISITS

The KSPA observed family planning consultations to assess how closely providers adhere to internationally recognized standards for quality service provision. Trained interviewers observed 537 clients of family planning services; 29 percent of these clients were visiting the family planning facility for the first time, and 69 percent of the clients came to the clinic for a resupply of their current method or for a routine check. Almost all of the clients left the facility with a family planning method. Almost 8 in 10 clients received the progestin-only injectable.

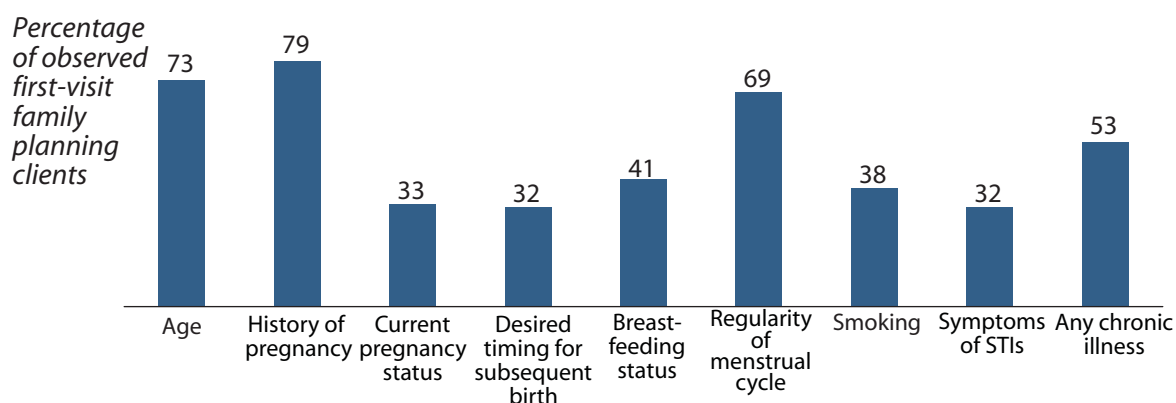
Over 80 percent of the family planning consultations took place under appropriately private conditions. Just under 70 percent of providers asked clients if they had any concerns about their methods, a fairly large percentage considering that many of the clients were repeat visitors to the facilities. Almost all providers (92 percent) talked with clients about returning for a follow-up visit. It is interesting to note that visual aids were used in only 14 percent of the consultations although these aids are available in 87 percent of family planning facilities.

Observations of consultations with first-time family planning clients indicate some major gaps in counseling. For example, only about one-third of providers talked with clients about their current pregnancy status, when and if they want another child, and about symptoms of STIs. These findings also suggest that providers are not doing a careful screening of first-time clients or using the visit as an opportunity to provide preventive HIV and STI counseling.

Observed Conditions and Content for Family Planning Counseling



Observed Elements of Client History for First-Visit Family Planning Clients



CONCLUSIONS AND RECOMMENDATIONS

Family planning is an essential component of women's health services. In Kenya contraceptive prevalence had steadily increased until 1998 and then stalled. According to the 2003 KDHS family planning use among sexually active women has not changed since 1998. Other major issues facing family planning in Kenya today are the high rate of unplanned pregnancy and the large unmet demand for family planning. The KSPA is a critical source of information to help policymakers and other family planning stakeholders respond to these challenges.

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, private for-profit agencies, and FBOs and NGOs. They do not reflect any changes that have occurred since January of 2005.

Conclusions and recommendations are listed below:

1. The KSPA findings suggest that family planning is almost as available as other primary health care services such as antenatal care, child growth monitoring, and immunization. Three-fourths of health care facilities nationwide provide some family planning services. In addition, most of these facilities offer at least 3 reversible modern contraceptive methods. While not universally available, family planning is offered in the majority of facilities. Thus it is hard to blame lack of services for the plateau in contraceptive prevalence in Kenya.
2. A mix of several kinds of contraceptive methods including long-term and permanent methods is the best way to meet needs of family planning clients during the different phases of their reproductive lives. While most family planning facilities supply pills and injectables, far fewer provide IUDs, implants, and male and female sterilization. This is a major cause for concern, particularly for older women who want to stop having children. Long-term methods eliminate the expense and bother of repeat visits to family planning clinics. Stakeholders in reproductive health should promote programmes that support long term methods.
3. The KSPA shows over all about half or more of family planning clients pay some type of user fees. It is not clear if cost is a barrier to expanding contraceptive use. Only one percent of women interviewed in the 2003 KDHS cited cost as a reason for discontinuing contraction, for example. Cost may affect women's choices of specific methods, however.
4. Less than 15 percent of facilities report having emergency contraception although far more have progestin only pills and oral contraceptives, both of which can be used for emergency contraception. These findings suggest that providers may not be well informed about emergency contraception. They also may not be informing women about this option. Given that almost half of pregnancies in Kenya are unplanned, facilities need to do more to provide and promote emergency contraception.
5. The absence of family planning guidelines in facilities is a major cause for concern. In 2005 the Division of Reproductive Health published the third and revised version of *Family Planning Guidelines for Service Providers*. This document is an essential resource for family planning providers, yet it is not widely available. Only 31 percent of family planning facilities had any type of guidelines on site. It is hard to find an excuse for this state of affairs, especially since STI treatment guidelines are available in 61 percent of family planning facilities. The absence of guidelines is a threat to the quality of family planning service provision. The government and key stakeholders in reproductive health need to disseminate reproductive health guidelines as widely as possible.
6. The KSPA data indicate that routine in-service training is not the norm in family planning facilities. Only about one-third of facilities had provided training for at

least half of the interviewed providers in the 12 months before the survey, and only one in four providers interviewed during the survey had received in service training during the same time period. Observation of providers working with new family planning clients also suggests that providers are not following standard practices for some reason. The KSPA did not assess the frequency of on-the-job training, however, so it is possible that the findings do not present the whole picture. In any case, the issue of staff training and staff skills needs to be addressed immediately to improve the quality of services nationwide.

7. Kenyan women are increasingly going to FBO, NGO, and private for-profit facilities for their contraceptive methods and services. Efforts are needed to ensure that these facilities maintain high standards, meet women's needs, and also keep good patient records and information systems. Stock outs of contraceptives are most common in FBOs; very few private facilities maintain up-to-date client registers; and NGO managed facilities have a very poor record on supplies for infection control. These problems undermine family planning program nationwide.

