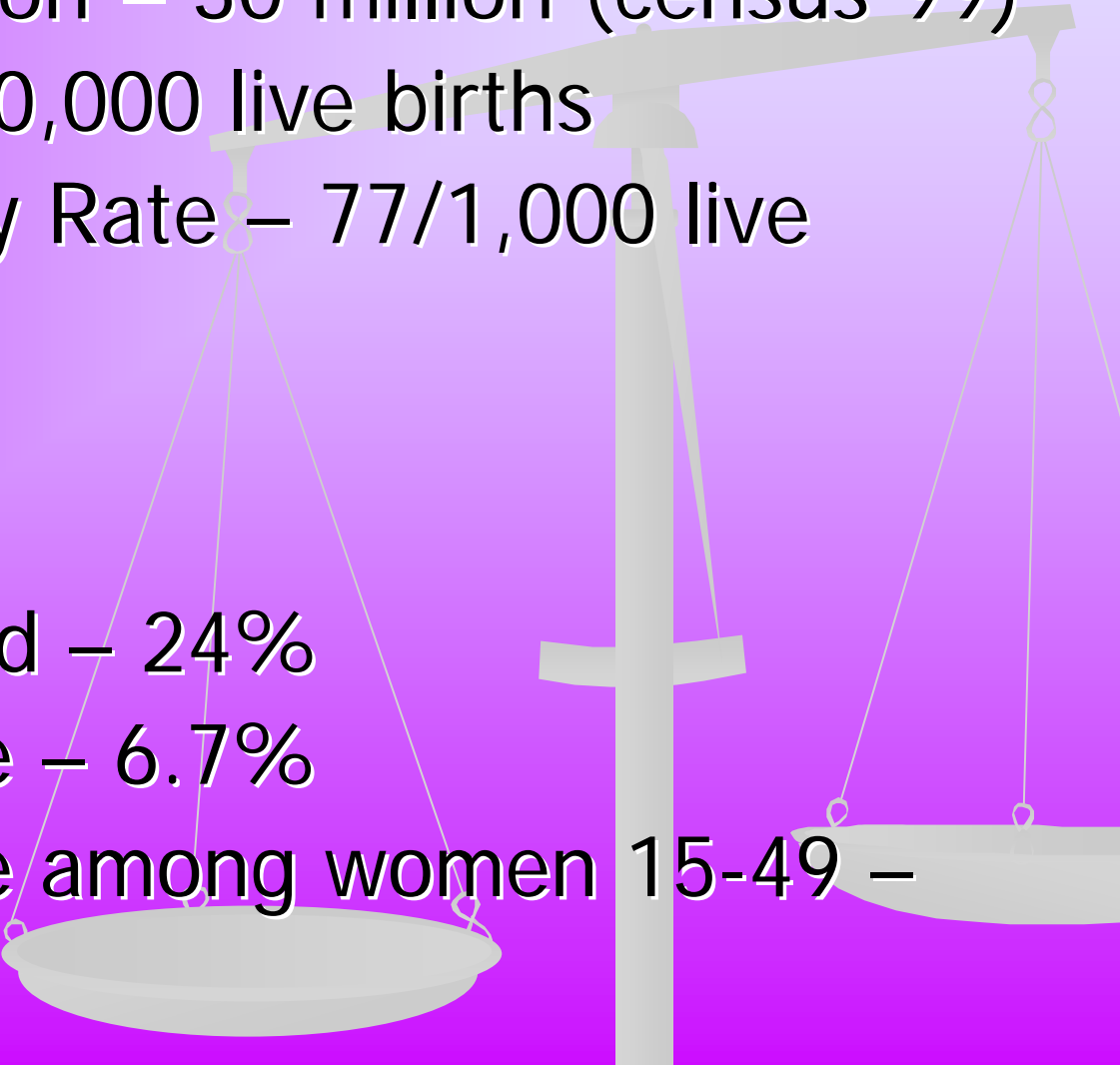


**LINKING SEXUAL
REPRODUCTIVE HEALTH AND
HIV/AIDS SERVICES**

KENYA EXPERIENCE

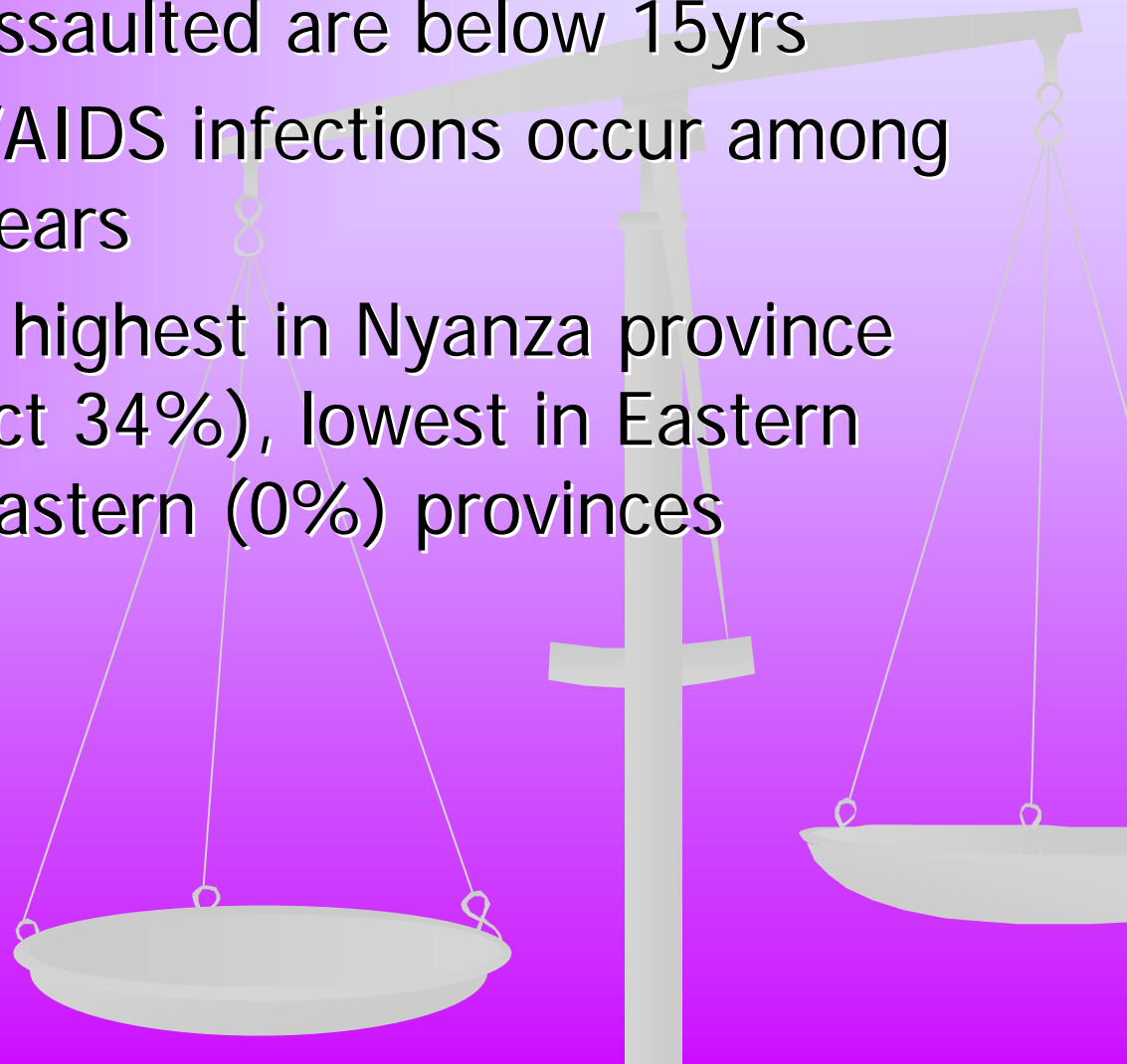
**MINISTRY OF HEALTH -
KENYA**

Demographic information

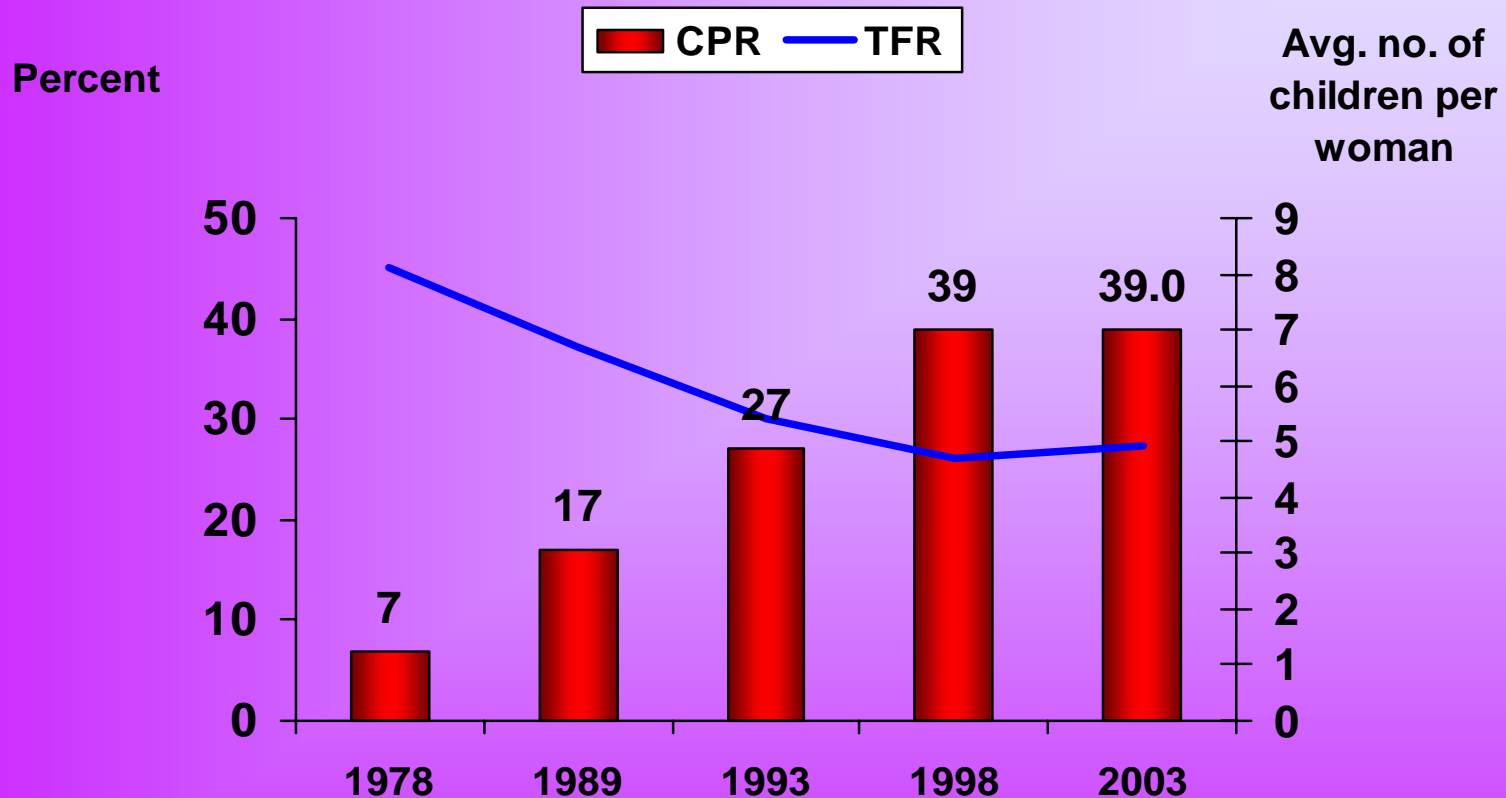
- Kenya Population – 30 million (census 99)
 - MMR – 414/100,000 live births
 - Infant Mortality Rate – 77/1,000 live births
 - CPR – 39%
 - TFR – 4.9
 - FP- unmet need – 24%
 - HIV prevalence – 6.7%
 - HIV prevalence among women 15-49 – 8.7%
- 

Demography cont.

- 56% of sexually assaulted are below 15yrs
- 50% of new HIV/AIDS infections occur among the youth 15-24 years
- Regional disparity highest in Nyanza province (14%, Suba District 34%), lowest in Eastern (4%) and North Eastern (0%) provinces



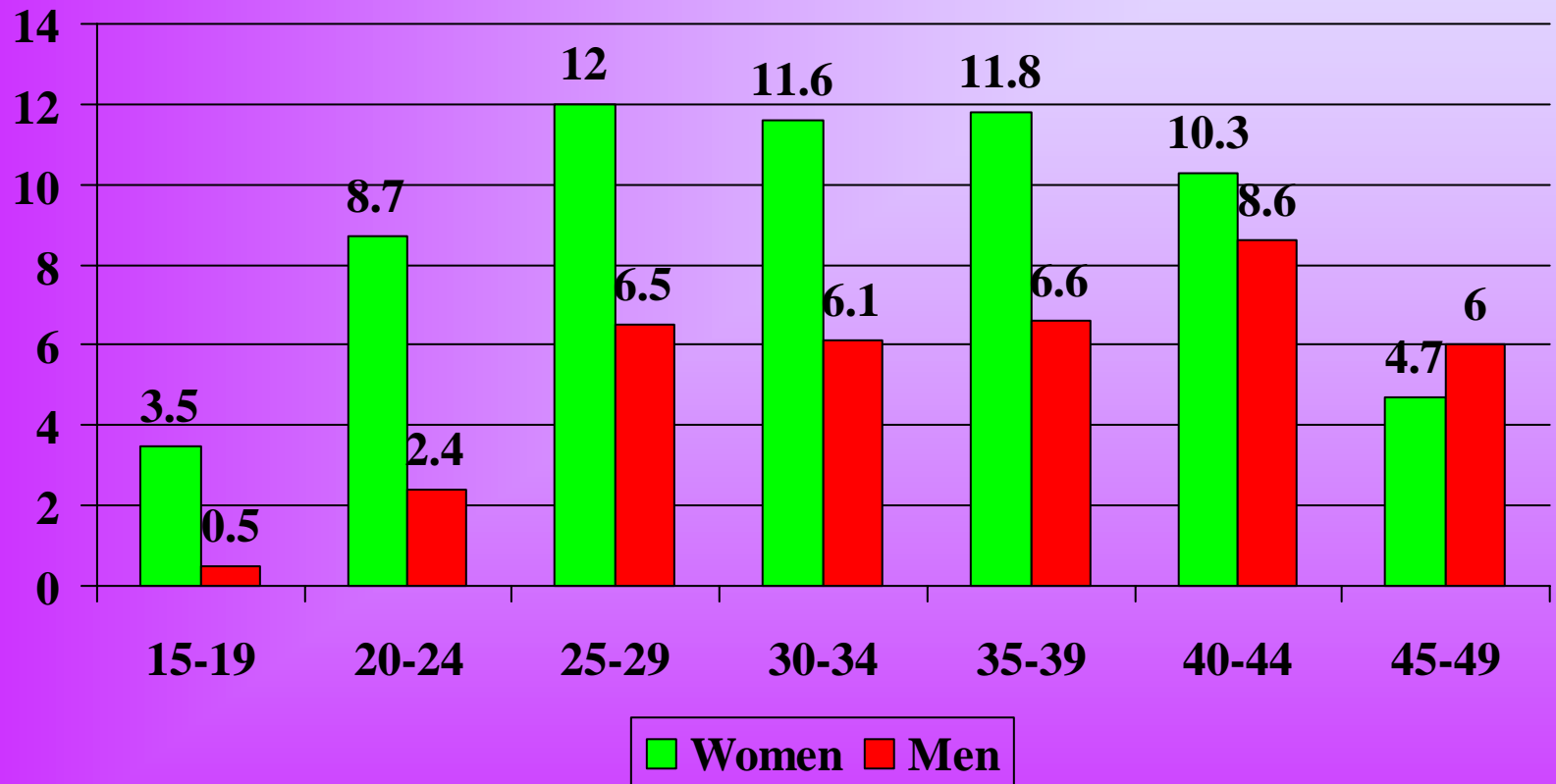
CPR and TFR in Kenya for currently married women: 1978-2003



Source: KDHS 1978-2003

Strong Gender Dimensions

HIVPR among women and men 15-49 Years



Source : KDHS 2003

Access to HIV/AIDS services

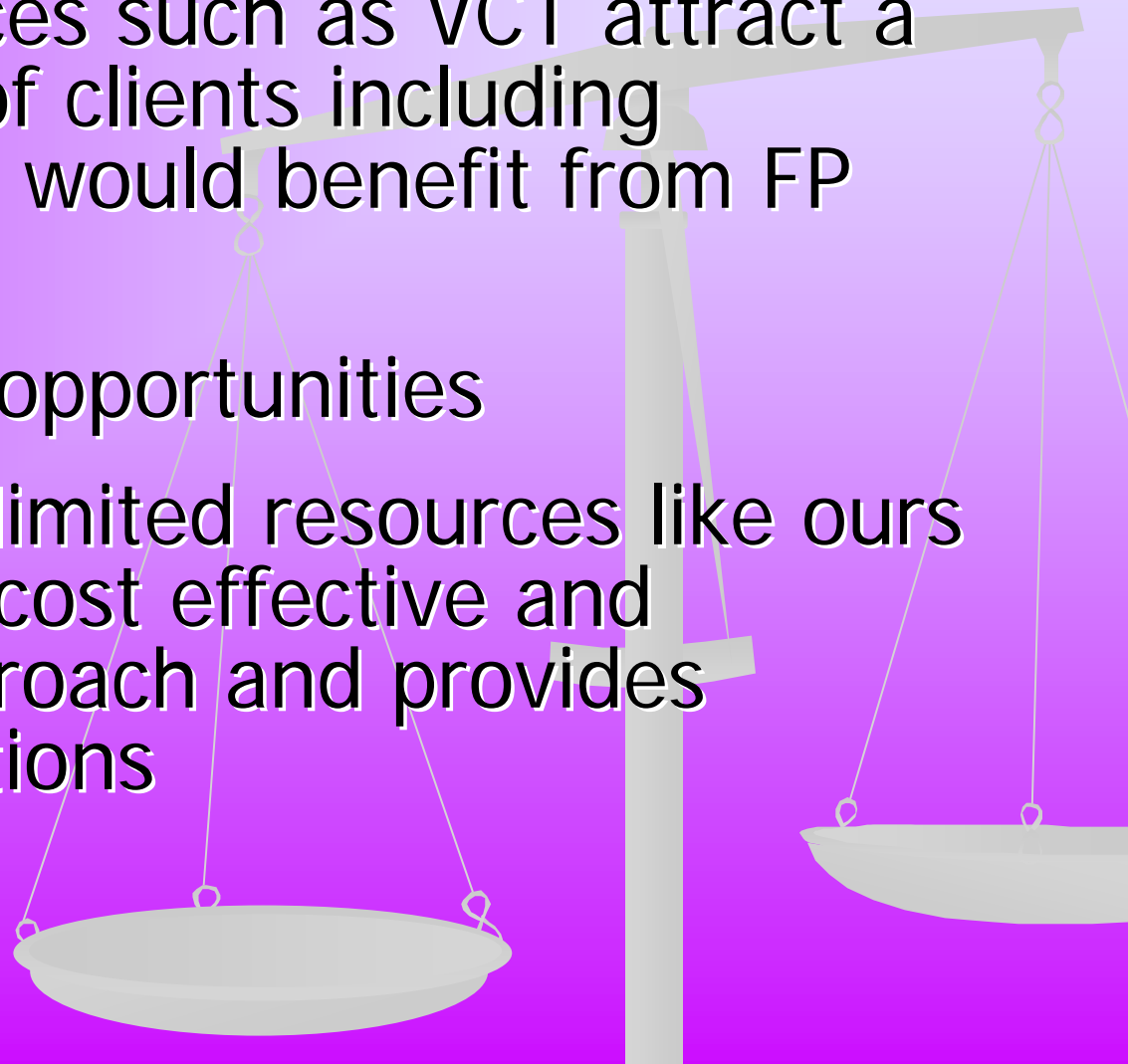
- *Access to HIV testing* has improved with the rapid expansion of VCT sites, currently 600
- *Access to ART, About 70,000 HIV Positive clients currently on ARVS against the 200,000 eligible*
- Currently 1500 PMTCT Sites
- HBC Care services, mainly through CBOs in different parts of the country

Rationale for Integrating RH and HIV/AIDS Services

- ❖ HIV/AIDS and FP services
 - ❖ target the same population of sexually active individuals
 - ❖ common route of entry (sex): pregnancy & HIV
 - ❖ have many similar desired outcomes
- ❖ Rapid increase of resources for VCT/PMTCT programs in country due to global focus
- ❖ Good quality FP services have great potential for reducing MTCT of HIV/AIDS

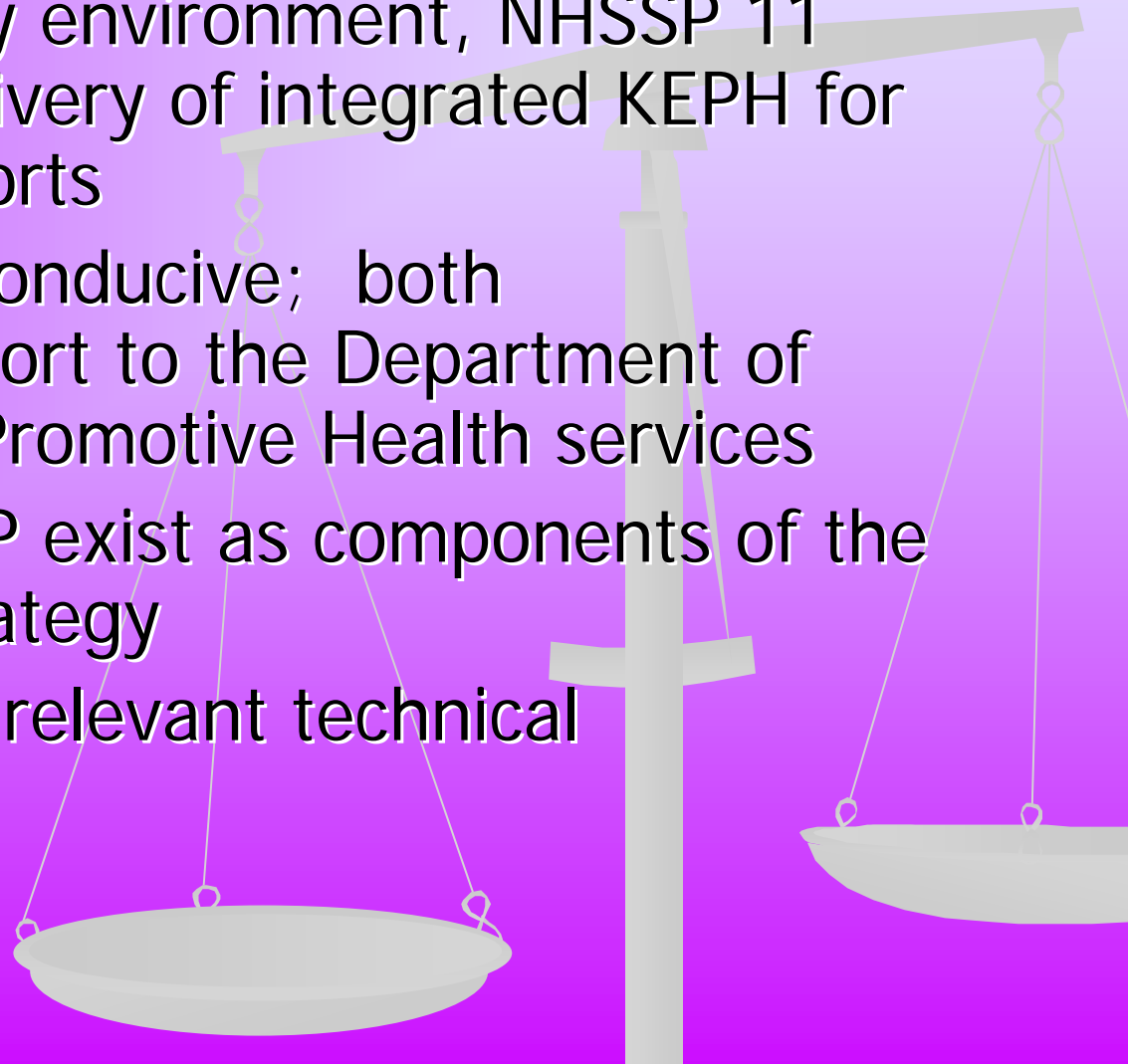
Rationale Cont.

- ❖ HIV/AIDS services such as VCT attract a broader range of clients including men/youth who would benefit from FP services
- ❖ Reduce missed opportunities
- In a context of limited resources like ours integration is a cost effective and sustainable approach and provides SYNERGY of actions

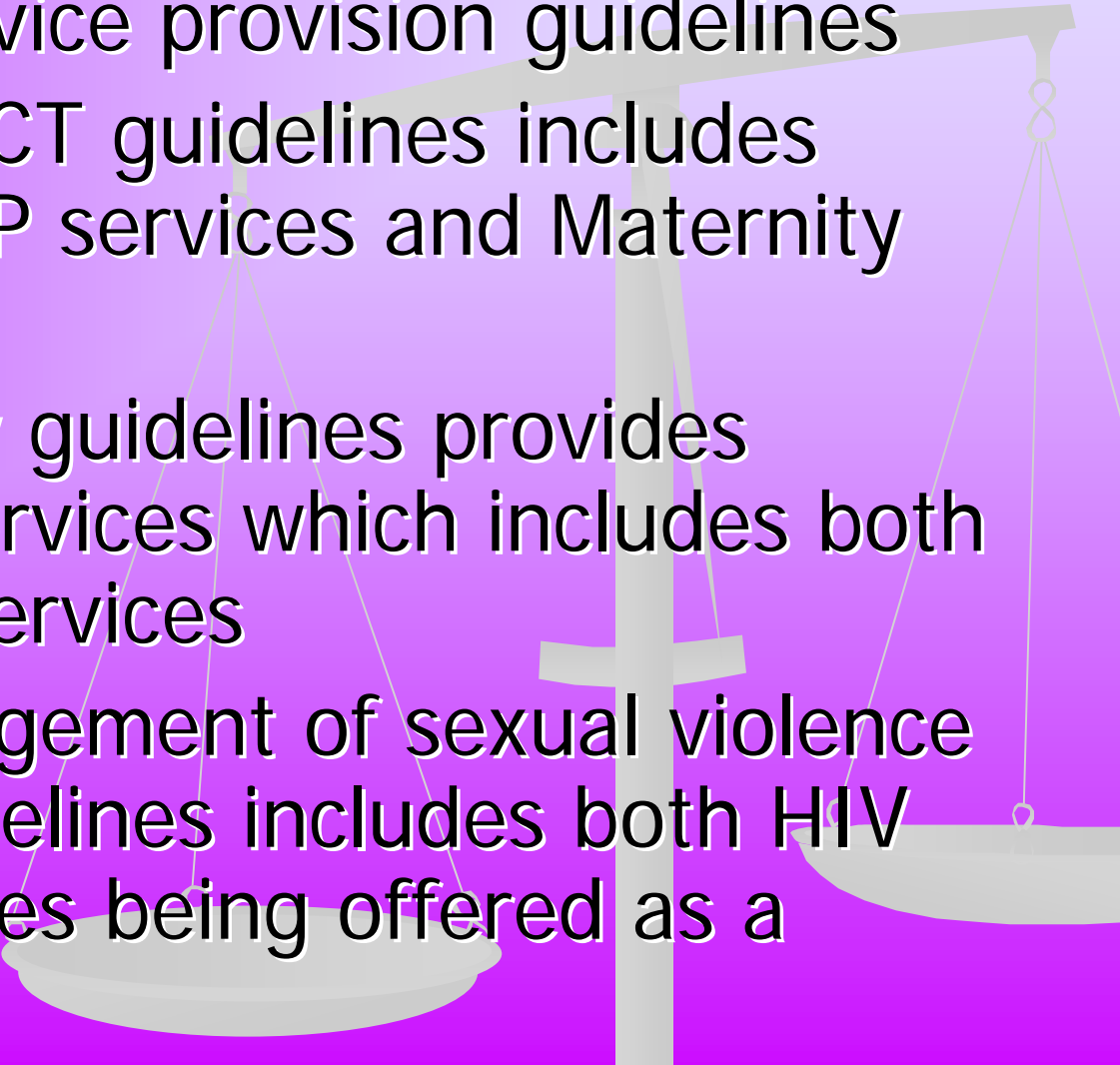


Enabling factors for Integration

- Supportive policy environment, NHSSP 11 emphasis on delivery of integrated KEPH for all life-cycle cohorts
- MOH structure conducive; both programmes report to the Department of Preventive and Promotive Health services
- HIV/AIDS and FP exist as components of the country's RH strategy
- Existence of the relevant technical committees



Enabling Factors cont.

- Existence of service provision guidelines
 - VCT and PMTCT guidelines includes provision of FP services and Maternity care services
 - Youth friendly guidelines provides intergrated services which includes both HIV and RH services
 - Medical management of sexual violence survivors guidelines includes both HIV and RH services being offered as a package
- 

Opportunities for RH in the era of HIV/AIDS

- Resources for HIV/AIDS programs have been on the increase over the last few years
- Majority of those targeted by HIV/AIDS programs are people with RH needs
- Expansion of HIV/AIDS programs, especially VCT and PMTCT provides an opportunity for linkage with RH Services
- Linking RH to VCT services is a good strategy for increasing access to RH services for young, sexually active men and women.

PRIORITY AREAS FOR INTERGRATION

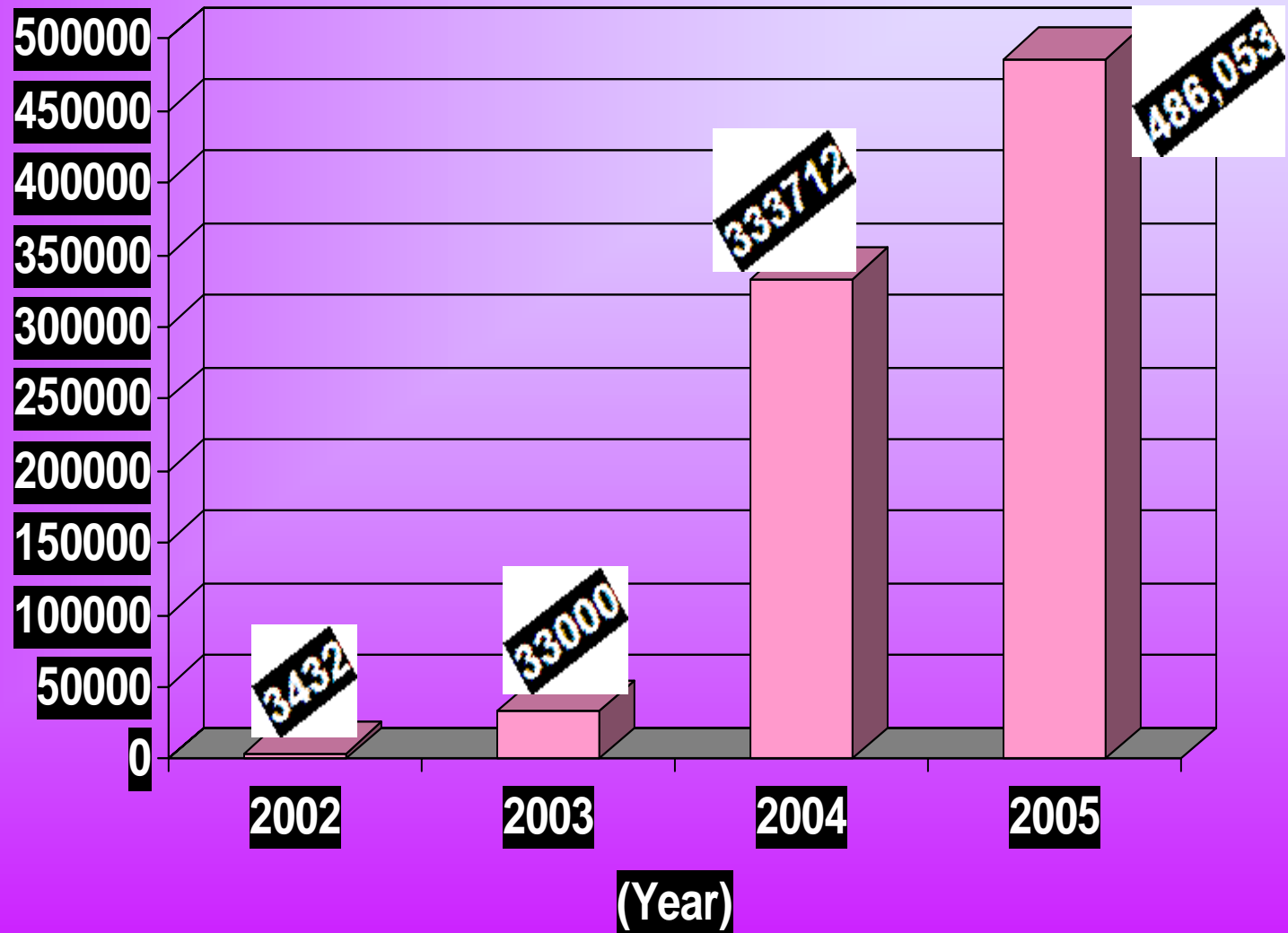
- Safemotherhood
- ASRH
- Family Planning
- Post Rape care



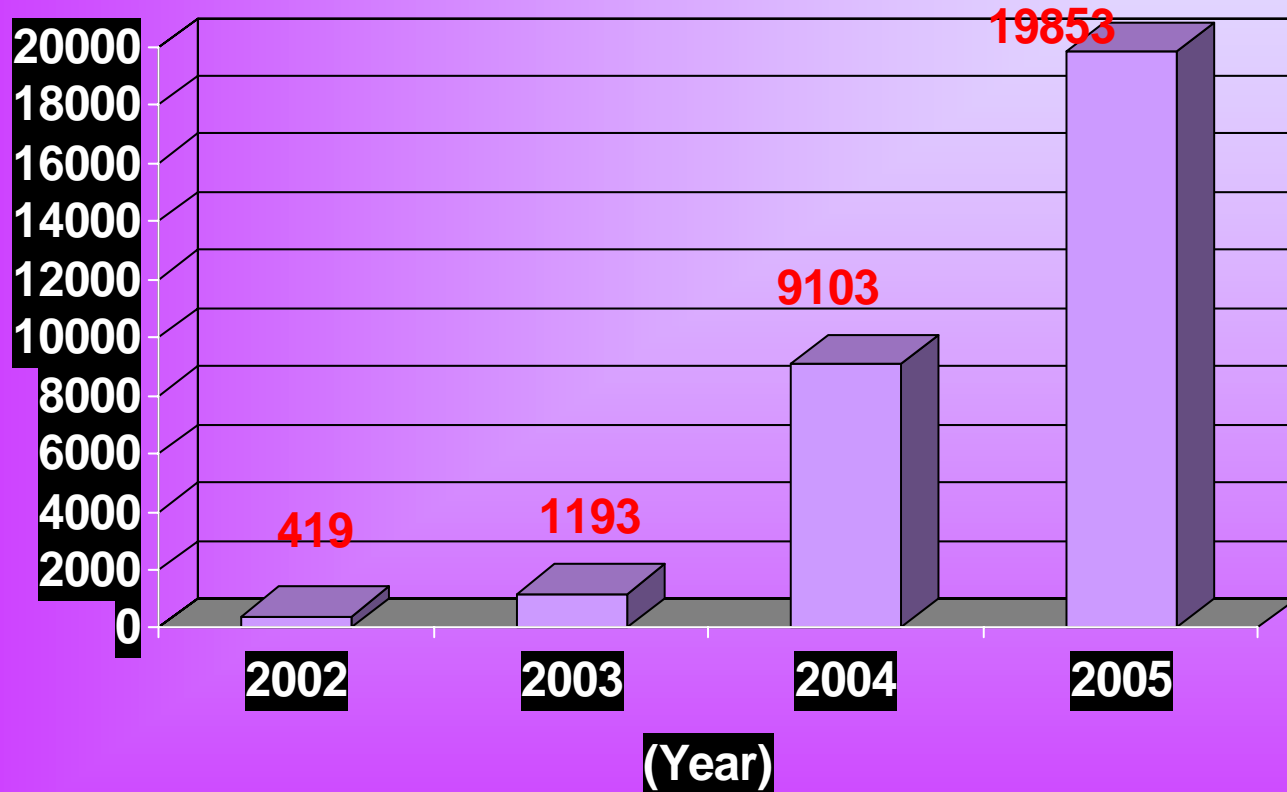
PROGRESS SO FAR

- FP/VCT integration- 62 sites in 8 provinces providing services
 - CT/FP- being carried out in 2 pilot districts
 - youth friendly centres-20 comprehensive centers
 - Post rape care centres- 7 comprehensive sites
 - PMTCT routine ANC service in 1500 SDPs
- 

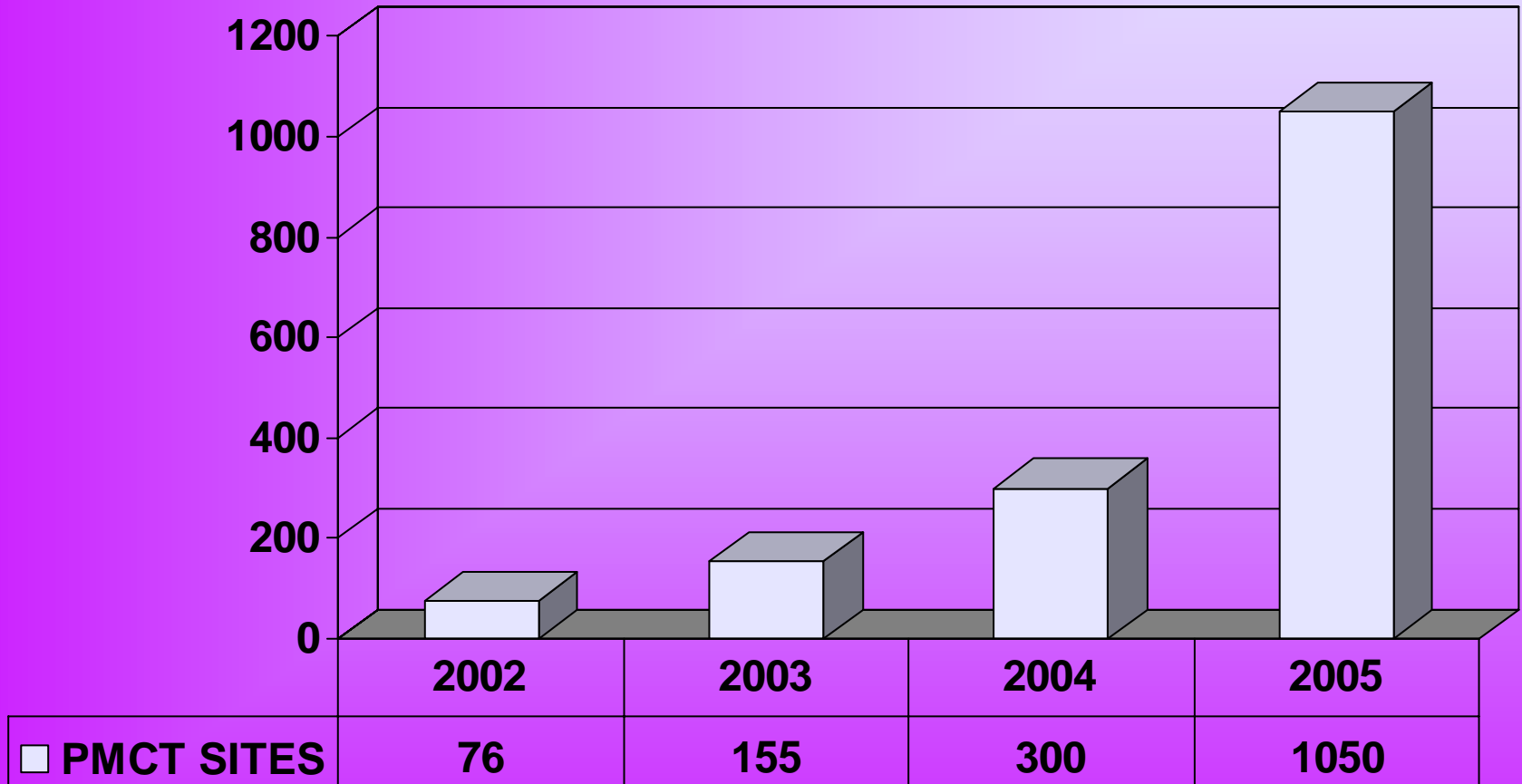
Uptake of Counseling and Testing in Pregnant Women



NVP Uptake



PMCT sites from 2002-2005



Programmatic Challenges of integration

- Inadequate resources
- Acceptability and ownership by service providers
- Weak Health systems
- Deep-rooted vertical projects mentality among managers

Challenges of service provision

- Infection prevention practices
- Appropriate infrastructure
- Lack of appropriate knowledge by both providers and clients
- Negative attitudes amongst providers
- Shortage of staff

WAY FORWARD

- PMTCT delivered as routine ANC service
- Scaling up FP/VCT integrated sites
- Finalize piloting CT/FP for scale up
- Strengthening both RH and HIV/AIDS services through ensuring commodities security, MOH has availed budget for RH commodities, HIV commodities currently from Global Fund
- Increase demand for RH and HIV/AIDS services through implementation of the newly- launched MOH community strategy