MINISTRY OF PUBLIC HEALTH & SANITATION
MINISTRY OF MEDICAL SERVICES

Reproductive Health Communication Strategy

2010–2012

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Sexual & Reproductive Health
BCC	Behaviour Change Communication
CBOs	Community-Based Organizations
CORPs	Community Owned Resource Persons
CPR	Contraceptive Prevalence Rate
DHMTs	District Health Management Team
DRH	Division of Reproductive Health
DHP	Division of Health Promotions
FBOs	Faith-Based Organizations
FP	Family Planning
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IEC	Information Education Communication
RHICC	Reproductive Health Inter-Agency Coordination Committee
IMCI	Integrated Management of Childhood Illnesses
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic & Health Survey
LAPMS	Long Acting & Permanent Methods
MOPHS	Ministry of Public Health Sanitation
MOMS	Ministry of Medical Services
MDGs	Millennium Development Goals
NGOs	Non Governmental Organizations
NHSSP	National Health Sector Strategic Plan
NRHS	National Reproductive Health Strategic Plan
PMTCT	Prevention of Mother To Child Transmission
RH	Reproductive Health
RHS	Reproductive Health Strategy
RHT&S	Reproductive Health Training & Supervision
RTIs	Reproductive Tract Infections
SC	Strategic Communication
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
TWG	Technical Work Groups
YFS	Youth Friendly Services

Foreword

Strategic communication is increasingly being recognized as an essential element of any successful health, social or development programme. When properly implemented, communication results in sustained change in policy, social norms and behaviours. Communication is also essential in overcoming barriers to access to services or generating demand for such services. Within the context of reproductive health, communication has been seen as an important input into tackling sexual and reproductive health issues including deteriorating indicators, unmet need for reproductive health, poor utilization of available services as well as weak dissemination of existing policies and guidelines on reproductive health to the lower levels.

This Reproductive Health Communication Strategy seeks to increase the proportion of national level policy makers knowledgeable on the socio-economic significance of reproductive health and devoting sufficient resources to meet the reproductive health needs of Kenyans. The Strategy also seeks to increase awareness and the level of knowledge in the community about reproductive issues affecting them and available services with a view to increase the proportion of individuals within the reproductive age bracket utilizing available reproductive health services.

The Communication Strategy provides a framework that aligns communication with the goals and vision of the National Reproductive Health Policy. It aims to provide strategic direction and to guide actions on those components within the scope of reproductive health in Kenya that can be influenced by communication at the policy, programmatic and social level. It also defines priority audiences and issues, formulates strategic direction and actions and determines the best way to invest resources.

The development of this Communication Strategy was a collaborative effort of the Ministry of Public Health and Sanitation, through the Division of Reproductive Health, and various partners and stakeholders. The German Development Cooperation through GTZ provided technical and financial support to the development of the Strategy. The development of the Strategy was facilitated by Apex Communications Ltd. We wish to take this opportunity to thank all those who contributed to the process and hope that the implementation of the Strategy will contribute towards the realisation of reproductive health goals of Kenya.

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We also wish to thank the Reproductive Health Communication Technical Working Group, which represents various partner institutions, for providing invaluable inputs to the consultative fora. We further wish to acknowledge the contributions of the taskforce constituted by the Reproductive Health Communication Technical Working Group to work with the consultant throughout the Strategy development process. The Taskforce members included representatives from World Health Organization, United States Agency for International Development, C-Change Project of the Academy for Educational Development, Population Services International, Capacity Project, GTZ/ Options, the Department of Health Promotion and the Division of Reproductive Health. Other institutions represented at key technical working group and stakeholders' forums include German Development Bank (KfW), Health NGOs Network (HENNET), Christian Health Association of Kenya (CHAK), Family Health International, Population Council, Pathfinder International, African Medical Research Foundation, Planned Parenthood Federation of America, Marie Stopes Kenya, Social Welfare Development Programme (SOWED), National AIDS Control Council (NACC), National Campaign Against Drug Abuse Authority (NACADA), Reproductive Health Coordinators from all provinces, Provincial Directors of Medical Services, Provincial Directors of Public Health Services, Provincial and District Public Health Officers, Provincial and District Health Education Officers, Ministry of Youth Affairs and Sports, Ministry of Gender, Children and Social Development and the Ministry of Medical Services.

Appreciation is also extended to Apex Communications Ltd. for facilitating the development of this Strategy.

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Executive Summary

The Reproductive Health Communication Strategy provides the broad framework within which communication should serve as a strategic input into the implementation of The National Reproductive Health Strategy 2010 - 2015. The latter Strategy provides the tactical approaches to guide the implementation of the National Reproductive Health Policy of 2007 towards enhancing the reproductive health status of all Kenyans by reversing the negative trends in various reproductive health indicators and striving to achieve the internationally set targets.

This Communication Strategy identifies the key issues to be addressed to support the achievement of priority RH objectives and strategies identified both within NRHS and also articulated by stakeholders at various forums. Like the draft NRHS 2010 - 2015, it adopts a state of the art, evidence based and participatory approach in planning and implementation of communication interventions. Its period of implementation is however only aligned to the first three years of NRHS.

The development of this Strategy is informed by a rapid situation analysis conducted in April 2009. The situation analysis included review of relevant documents on reproductive health, interviews with key persons at decision making levels and a consultative meeting with a group of implementing partners. The Strategy development process also received inputs from relevant personnel from provincial and district stakeholder forums in the Ministry of Public Health and Sanitation and the Ministry of Medical Services

The key findings of the situational analysis are that:

1. The unmet needs for reproductive health remain high across all priority components of reproductive health as presented in the national reproductive health policy;

2. While several policies and guidelines for reproductive health are in place, the dissemination to lower levels is weak;

3. The public sector is increasingly focusing on demand creation for reproductive health services;

4. There is increasing recognition that communication is an important input for achievement of programme goals and objectives;

5. Despite the existence of documented best practices or promising approaches in reproductive health communication in the country, a number of communication programmes were not strategic in approach;

6. Coordination across sectors and among partners working in RH requires strengthening;

7. Most RH related communication programmes are donor funded and hence not sustainable;

8. Partner funding for reproductive health related interventions is low compared with the inputs for HIV/AIDS;

9. Of significance is the inadequate health communication technical capacity in the health sector.

The vision and goals of the Reproductive Health Communication Strategy is to achieve the national reproductive health goals as articulated in the national policy that is to enhance the reproductive health status of all Kenyans by increasing equitable access to reproductive health services, improving quality, efficiency and effectiveness of service delivery at all levels and improving responsiveness to clients.

The Communication Strategy seeks to realize a number of objectives at various levels; policy, institutional and programmatic. The objectives are to:-

1. Increase the proportion of national level policy makers knowledgeable on the socio economic consequences of reproductive health and devoting more resources to the prevention, control and utilization of reproductive health services;
2. Increase the proportion of organizations collaborating and sharing resources in the planning and implementation of strategic communication programmes at the national and regional level;

3. Strengthen the capacity of DRH and linked divisions to plan and coordinate communication as a core component to support its programme goals at the national, regional and community level;

4. Increase awareness and the level of knowledge in the community about RH issues affecting them and available health solutions;

5. Increase the proportion of local level champions supporting community utilization of RH services;

6. Increase the proportion of individuals utilizing available reproductive health services under key thematic areas;

7. Increase the uptake of preventive, control and treatment services among vulnerable populations at the national, regional and community level.

It will employ the following strategies towards realizing the outlined objectives:

1. Policy advocacy to reposition reproductive health as a national problem and mobilize resources and build institutional commitment to meet RH challenges.

2. Capacity strengthening of communication amongst decision makers and programme implementers to integrate communication as a core strategic reproductive health input to meet reproductive health goals.

3. Targeted evidence based strategic communication campaigns on all key reproductive health themes designed using best practice principles to improve knowledge, create demand and utilization of available services.

4. Media relations and media advocacy to raise the profile of reproductive health challenges nationally and to improve the quantity and quality of RH information disseminated to the public through the mass media to create demand and improve access to services.

5. Coordinate communication interventions amongst RH players for coherence and synergy.

6. Document and disseminate best practices in reproductive health communication to share experiences and increase evidence based programming in communication.

The Strategy will be implemented in three distinct but complementary domains namely the policy, institutional and programmatic domains. A phased-in approach will be adopted in implementation of the strategy over a three year period. The coordination of planning and implementation of the Strategy at national, provincial and district levels will be the responsibility of the RH Communication Technical Working groups. It is expected that the communication activities will be integrated into the overall planning frameworks at all these levels. Other implementation arrangements recommended by this Strategy include the assignment of a communication expert to oversee its implementation and monitoring, development of a branded platform for launching reproductive health related communication activities, production and dissemination of communication materials and the establishment of a core team of experts to oversee the development and implementation of a crisis communication plan. The Division of Reproductive Health will be responsible for the overall monitoring of this Strategy. The Division and partners will therefore define a mechanism for collecting data and reporting on key output indicators. A monitoring and evaluation expert will be contracted to undertake an outcome and impact assessment.

Purpose and Character of the Communication Strategy

Strategic communication is now recognized as an essential element of any successful health, social or development programme. When implemented in a planned and coordinated manner and within a wide range of interventions, strategic communication can result into sustained change in which an organization adopts new policy direction or an individual or a community adopts new behaviours and social norms. It can also overcome barriers to access to services or generate demand for such services.

This Strategy provides a framework that aligns communication with the goals and vision of the National Reproductive Health Policy. This is in turn expected to contribute to the achievement of the broader health sector objectives outlined in the Medium term Plan for Kenya and the Ministry of Public Health and Sanitation and Ministry of Medical Services Strategic plans, all for the period 2008 to 2012. The strategies of the two ministries outline the contribution of the health sector in the realization of Kenya's Vision 2030.

The Strategy is national in scope, hence a framework strategy as distinct from strategy at the level of project/ theme or campaign level interventions. Its purpose is to provide strategic direction and to guide actions on those components within the landscape of reproductive health in Kenya that can be influenced by communication at the policy, programmatic and social level. It seeks to focus communication on those "strategic" aspects that can provide the highest pay off from a macro point.

It also defines priority audiences and issues, formulates strategic direction and actions and determines the best way to invest resources on those aspects within the scope of reproductive health that can be influenced by communication as a strategic input.

There is no attempt to develop detailed implementation plans or messages particular to each of the reproductive health thematic areas because it would be futile from both a conceptual and practical point to develop detailed implementation plans at a programmatic level outside the context of implementing an individual programme. The reason for this is that at the project or campaign level, communication intervention is effective only if it is implemented within an integrated package of interventions designed to achieve a desired outcome such as getting more mothers to give birth in a health facility. It needs to be grounded on realities of the problem being addressed and linked to other components of the intervention taking place concurrently.

As an input to reproductive health, strategic communication is likely to work if it is facilitative and will not compensate for inadequate health care or access to health services. Nor can it produce sustained change in complex health behaviours without support of a larger programme for change including components addressing capacity, health care services, technology and changes in regulations and policy. It is for this reason that this Strategy proposes coordinated action at the policy, programmatic, social and individual/community level to overcome the challenges facing reproductive health in Kenya.

An implementation plan is included to support the operationalization of the Strategy.

Guiding Principles of the Communication Strategy

The following principles should underpin the planning, implementation and monitoring of the RH Communication Strategy:-.

1) **Results oriented** - The effectiveness of a communication effort should be ultimately determined by the health outcomes. Increased knowledge, approval and adoption of healthy behaviour should be verified by research;

2) **Evidence based** – Communication planning should utilize accurate data and theory to inform and guide the activities;

3) **Client centred** – Audiences should be involved with a view to determine what their health needs are and participate in the process of shaping messages to address those needs;

4) **Participation** – Client involvement should be throughout the communication process including programme design, implementation and evaluation;

5) **Benefit oriented** – The client must perceive the benefit of adopting the targeted behaviour;

6) **Service linked** – The health promotion efforts should be directed towards promotion of specific services to ensure self efficacy of the target and the community enhancing empowerment;

7) **Multi-channelled** – Multiple channels that are complimentary should be used with a view to enhance effectiveness of communication and reach the target audiences;

8) **Technical quality** – The communication and related processes should aim to be effective through high quality messaging and products;

9) **Advocacy related** – Strategic communication should be advocacy-related, targeting the individual and policy level to influence behaviour change;

10) **Expanded to scale** – Communication is effective when its success at programme level can be expanded to other levels;

11) **Programmatically sustainable-** Effective communication programmes at all levels should aspire to be sustainable

12) **Cost effective** - Communication resources should be focused towards the most effective channels

1. Background Information: Situation Analysis

The development of this Strategy is informed by a rapid situation analysis conducted in April 2009. The methodology adopted for gathering relevant information included review of documents on reproductive health, interviews with key persons at decision making level, a consultative meeting with a group of implementing partners and the engagement of district and provincial teams. A summary of key findings of the situational analysis is in Annex 1.

1.1 Reproductive Health Issues and Trends

Significant progress has been made through the efforts to improve the Reproductive Health (RH) status of Kenyans in the last 30 years. These include the existence of improved facilities with trained personnel that offer integrated reproductive health services and the ongoing strengthening of training to ensure quality.

Major challenges however remain relating to deteriorating indicators; the high unmet need and poor utilization of RH services. These, coupled with the national commitment to achieve Millennium Development Goals (2001) targets especially for MDG 4 (Reduce child mortality) and MDG 5 (Improve maternal health) by 2015, necessitate the need for fundamental changes in the area of sexual and reproductive health.

Key reproductive health issues that have relevance to communication as a strategic input include the following:-

1. A Reversal of Key RH Indicators

Key RH indicators that include total fertility rate and contraceptive prevalence rate among married women registered negative trends and stagnation respectively from 1995 to 2003. However, the recently launched preliminary KDHS 2008 documents a significant increase in the contraceptive rate and a decline in the total fertility rate.

2. Priority Areas for RH[1]

Priority areas outlined in the National Reproductive Health Policy based on the magnitude and significance of the problem are: maternal and newborn health, family planning, adolescent/youth sexual and reproductive health and gender issues including sexual and reproductive rights. Other priority areas are: HIV/AIDS, reproductive tract infections, infertility, cancers of reproductive organs and RH for the elderly.

In order to make beneficial use of synergies, it is necessary that priority areas, strategies, programmes and services in the field of reproductive health are interlinked more closely with one another.

- **Maternal Health:** Maternal mortality of 414 per 100,000 live births in 2003 remains high relative to the MDG 5 target of reducing the MMR to 147 per 100,000 live births by 2015.

- **Infant and Child Mortality**: The mortality of children under age 5 years increased from about 90 per 1,000 live births in 1990 to 110 per 1,000 live births in 1998 and 114 in 2003 whereas Infant Mortality Rate increased from about 60 per 1,000 live births to 74 and 79 per 1,000 live births in the same period. This has adversely impacted progress made earlier in reduction of infant and child morbidity and mortality as a result of improvements in immunization. Preliminary finding from KDHS 2008, however reported a significant decline in the infant and child mortality to 52 deaths per 1,000 live births and 74 deaths per 1,000 live births respectively.

- **Family Planning:** The unmet need for family planning remains (over 24%) high despite the recent increases in the contraceptive prevalence rates. The major challenge is not only how to tackle the increased unmet need but also addressing persistent contraceptive stock-out. Only 63% of the total demand for family planning is currently satisfied, with 60% in rural areas and 74% in urban areas. KDHS 2008 preliminary report also shows a significant rise in the contraceptive prevalence rate of 46%.

- **Adolescent Fertility and HIV Infection:** Adolescent fertility in Kenya is high. The KDHS-2003 reported that the proportion of women aged 15-19 that had begun childbearing rose from 21% in 1998 to 23% in

1 The following research is based on the data available in April 2009 which was the KDHS-2003 data. Find the new KDHS-2008 data as an annex.

2003. Among the population aged 15-24, women are 4 times more likely to be infected by HIV/AIDS compared to men (6.1 % compared to 1.5 %).

1.2 Other Factors Hindering Progress in Reproductive Health

- High HIV prevalence;
- Gender-based violence issues particularly, sexual violence and intimate partner violence;
- Persistent harmful cultural practices including female genital mutilation and early/forced marriages ;
- Poor health seeking behaviour for Reproductive Tract Infections (RTIs);
- Rising incidences of cancer of the reproductive organs;
- Increasing cases of infertility;
- Lack of focus on reproductive health needs of the elderly;
- A relatively low level of social and economic development.

1.3 The Policy Environment

There are well defined national health policies and an overall health sector reform agenda which are expected to positively influence reproductive health. Different policies, guidelines, standards and strategies have been developed and adopted with the majority of the developed policies having a legislative back up.

These provide the background for sector activities in the field of Reproductive Health (RH) and Adolescent Sexual and Reproductive Health (ASRH), whose overall goal is to improve the well-being and quality of health of the Kenyan population. They aim to address RH concerns and promote and protect reproductive rights. The policy environment focuses on improving health care delivery services and systems through reforms. There is evidence that policies and RH programmes are beginning to prioritize IEC/BCC needs. However, majority of the policies/ guidelines lack a well articulated communication component to guide investment in communication to effectively support reproductive health goals.

1.4 Programmatic Environment and the Status of Communication

Communication is recognized as an essential input into programmes. The role of the Ministry of Public Health and Sanitation is mainly to create demand for RH services and encourage programmes that sensitize and mobilize communities to achieve reproductive health goals and objectives. These interventions therefore form an integral part of the Community Strategy currently under implementation by the health sector. Over 20 different players collaborate with the Ministry to implement the National Reproductive Health Strategy and many of these provide advocacy and critical RH services as a priority. Despite the existing communication interventions, there is inadequate inter- and intra-sectoral coordination between government agencies and NGOs/ key partners for a coordinated and technically sound communication strategy implementation. Strategies are often formulated at the central level and dispersed to the field without field level input.

Gaps are also evident in many aspects of Behaviour Change Communication (BCC) planning and implementation, an indication that many interventions are not strategic in approach. The donor dependent nature of many communication programmes components also affects both their content and sustainability.

1.5 SWOT Analysis

The situation analysis identified the strengths, weaknesses, opportunities and threats that will affect the success of the Communication Strategy as follows:

- **Strengths** are the existing resources or capabilities within the reproductive health sector that the Strategy will build on. These include the existence of up to date strong and supportive policies and legislation, evidence of successes by DRH and stakeholders in advocating for additional resources for reproductive health, increasing investment in public health and increased commitment to providing integrated reproductive health services.
- **Opportunities** are positive factors external to the programme that will favourably affect its success. In this context, such factors include the recent policy shift among key partners on areas of interest especially in reproductive health, the high unmet demand for family planning and other reproductive health services, and evidence of documented best practices or promising approaches that have the potential for impact.
- **Weaknesses** comprise the internal negative forces that will hinder the success of programmes. These include limited capacity, weak coordination mechanisms at all levels and the focus of most programmes on providing information which is usually not delivered in a strategic manner.
- **Threats** are the external factors or situations that will also adversely affect the programme's success. Some of these factors include the recent global economic crisis, poor appreciation of the contribution of communication to programme success, high donor dependency and high levels of poverty.

The objective of the Communication Strategy is to maximize on the strengths and opportunities and minimize or avoid the effects of weaknesses and threats to the programmes. *(See annexes for the detailed SWOT analysis framework)*

1.6 Priority Audience Segments

Two distinct audience segments (primary and secondary audience) emerge from the situation analysis. They are at the policy, institutional and programmatic level.

Priority Audience	**Sub-segments**	**Rationale / Key Motivations**
Primary audiences		
Communities and individuals	• Women of reproductive age • The elderly • Parents and guardians • Pre-adolescents • Adolescents and youth • Men • Care givers of children under five. • Populations in difficult circumstances • People with disabilities	• These are clients and beneficiaries of RH services.
Secondary audiences		
Policy makers at the national and international level	• Government ministers and top decision makers in the two health ministries, ministries of finance, planning; information & communication, sports and youth affairs, gender; education and the Office of the President • Members of parliament • Parliamentary Committee on Health • Development partner organizations at the national and international level	• They play a critical role in allocating resources and formulating policies

Priority Audience	Sub-segments	Rationale / Key Motivations
Stakeholders: Operational and implementing partners	• Relevant departments in primary ministries –Ministry of Medical Services and Ministry of Public Health and Sanitation • Secondary ministries—Agriculture, Education, Labour • Other ministries - Local Government; Home Affairs, Gender, Children and Social Development; Sports and Youth Affairs. • Private sector • Professional bodies in health and related areas: Kenya Medical Association, Kenya Clinical Officers Association, Kenya Nurses Association, Kenya Obstetrics and Gynaecological Society • Development partners and their agents at the national, regional and community level • Medical and health training & research institutions • NGOs and civil society bodies working in reproductive health • FBOs operating at national, regional, community level, edutainer, theatre	• These organizations provide services, resources and/or serve as a channel of communication to users of reproductive health services • Their buy-in is crucial to help operationalize the strategy
Stakeholders: Health Workers	• Doctors, nurses, Community Health Workers, Community Health Extension Workers	• They are an integral intermediary in promoting the use of RH services both on the demand side and supply side.
Stakeholders: Media Gatekeepers	• Editors, media executives and programme directors	• Media gatekeepers will be valuable partners in disseminating information on reproductive health issues and helping reframe the debate within the context of national goals.

1.7 Significance of the Context to the Communication Strategy

The Communication Strategy will:

1. Build on the history of the success of FP in the past to raise and sustain political and financial commitment to reproductive health;

2. Reposition reproductive health as an urgent health challenge facing Kenya by demonstrating how the deteriorating indicators are a threat to the achievements of national goals such as Vision 2030;

3. Build appreciation amongst decision makers and capacity amongst programme implementers to use communication as a strategic input to drive RH programme goals;

4. Coordinate communication interventions of different organizations working in reproductive health to create coherence and build synergy across their work;

5. Create a strategic and coordinated approach to communication with a clear framework of implementation and demand for the appropriate use of services;

6. Utilize evidence-based strategic communication interventions to increase the proportion of regular users of reproductive health services by promoting services to segments in various stages of adoption of services and who have access to these services;

7. Foster participatory strategic communication planning, management and evaluation capacity at the national, regional and community level by integrating RH aligned communication within the community strategy;

8. Track overall performance and impact of RH strategy and BCC activities by establishing clear measurable indicators and benchmarks, documenting successful communication within the landscape of reproductive health programmes and sharing lessons to improve communication initiatives at all levels.

2. The Communication Strategy

2.1 Vision and Goal

The overall vision and goal of this Strategy is to support the Division of Reproductive Health and its partners to achieve the national reproductive health goals as articulated in the National Reproductive Health policy, which is to enhance the reproductive health status of Kenyans by:

- Increasing equitable access to reproductive health services;
- Improving quality, efficiency and effectiveness of service delivery at all levels; and
- Improving responsiveness to client needs.

2.2 Strategic Objectives

Below are the strategic objectives at the policy, institutional and programmatic leves.

Policy

- Increase the proportion of national level policy makers knowledgeable on the socio economic consequences of reproductive health and devoting more resources to the prevention, control and utilization of reproductive health services.

Institutional

- Increase the proportion of organizations collaborating and sharing resources in the planning and implementation of strategic communication programmes at the national and regional level;
- Strengthen the capacity of DRH and linked divisions to plan and coordinate communication as a core component to support its programme goals at the national, regional and community level.

Programmatic

- Increase awareness and the level of knowledge in the community about RH issues affecting them and available health solutions;
- Increase the proportion of local level champions supporting community utilization of RH services;
- Increase the proportion of individuals utilizing available reproductive health services under key thematic areas;
- Increase the uptake of preventive, control and treatment services among vulnerable populations at the national, regional and community level.

3. Thematic Areas of Strategic Intervention

The key reproductive health themes will be addressed through strategic communication campaigns. Design of these campaigns will be evidence and needs based. During implementation, the cross-cutting issues on sexual and reproductive health (SRH), rights and HIV/AIDS linkages will be taken into consideration. A matrix which highlights linkages between SRH, rights and HIV is shown under Annex- 6 of this document.

Thematic Area 1: Maternal and Neonatal Health

Audience	Issues and Evidence	Communication Methodologies
• Women of reproductive age (WRA) • Youth and adolescents of reproductive age • Men • Families • Populations in difficult circumstances	**Promote utilization of skilled attendants during delivery** The levels of maternal and neonatal mortality remain high and yet 58% of all deliveries are done in the absence of skilled health care workers. Maternal mortality ratio declines with increase in the proportion of deliveries with a skilled attendant. **Increase awareness of the importance of seeking prompt health care for complications of delivery (emergency obstetric care services) and unsafe abortion** Majority of the maternal and peri-natal deaths can be prevented if women received timely and appropriate care. A significantly low number of health facilities are well equipped to provide post abortion care services and information	• Health education behaviour change communication

Thematic Area 2: Family Planning

Audience	Issues and Evidence	Communication methodologies
• Women of reproductive age • Adolescents and youth • Men • Policy makers • Change agents at programme level (NGOs, FBOs) • Service providers (facilities) • Communities	**Promote the utilization of FP services and contraceptive choice** There is a large unmet need for services compounded by a growing young population. Special groups that should be targeted for increased uptake include persons of low socio-economic status and PLWHAs1. Securing adequate, reliable supplies of essential contraceptives is important. **Promote the use of LAPMs** LAPMS have been proven to have greater efficacy and cost effectiveness than short acting methods of contraception although recent trends show movement towards short acting methods of contraception through provider and other biases.	• Policy advocacy for policy makers, change agents and service providers • Behaviour change communication

Thematic Area 3: Adolescents and Youth

Audience	Issues and Evidence	Communication methodologies
• Policy makers • Civil Society • Teachers • Parents • Pre-adolescents • Adolescents • Youth • Opinion leaders • Communities • Services providers • Relevant Ministries e.g. Ministry of Youth & Sports	**Provide adequate information and ensure universal access to reproductive health services by youth**. Currently there is inadequate access to services by adolescents and youths and only 12% of health facilities provide youth-friendly services (Kenya Service Provision Assessment Survey-2004). • **Integrate other special needs of adolescents and youth into RH programmes** Present focus of RH programmes leaves out a substantial group of adolescents and youth in need- out of school, the very young adolescent (10-14 years), adolescent in marriage, and adolescent living in the streets.	• Advocacy • Behaviour change communication • Social marketing • Health education • Social change and human rights based communication

Thematic Area 4: HIV / AIDS

Audience	Issues and Evidence	Communication methodologies
• Women of reproductive age • Adolescents and youth • Men • Communities • Policy makers • Civil society / Service providers • Mass media	**Promote counseling and testing of community** 4 of 5 Kenyans do not know their HIV status2 limiting reproductive health care for those infected and nearly 1 in every 10 pregnant women are infected with HIV3 **Advocate and mobilize resources to support integrated RH/ HIV services** There is high unmet need for most RH services including FP among HIV+ clients visiting voluntary counseling and testing centers. **Increase community awareness of availability and importance of utilizing RH services** Only 58% of pregnant women testing HIV positive received –anti retroviral prophylaxis 4 **Advocate and mobilize resources to support People Living With HIV/AIDS** There is evidence that beside clinical care, psychological and home-based care is of utmost importance in improving the health of HIV infected people. **Link HIV/AIDS with SRH issues** HIV/AIDS has a number of cross-cutting issues which are of importance to all reproductive health areas.	• Behaviour change communication • Health education • Advocacy • Health promotion

Thematic Area 5: Reproductive Tract Infections (including STI Prevention and Management)

Audience	Issues and Evidence	Communication methodologies
• Men • Women of reproductive age • Adolescents • Youth • Communities • Mass media • Civil society/ Service providers	**Promote prevention and early treatment of RTIs** RTIs contribute to poor RH outcomes and amplify HIV. 35% of 15 -64 year olds have genital herpes (HSV – 2).5 Effective treatment of RTIs is a key prevention strategy both for HIV and for complications of RTIs. Screening is advocated for early detection and treatment. **Advocate for access to RTI services.** RTI services are inadequate, lacking in 33% of FP clinics and in 47% of antenatal clinics. 6	• Behaviour change communication • Advocacy

Thematic Area 6: Infertility

Audience	Issues and Evidence	Communication methodologies
• Men • Women of reproductive age • Youth • Mass media • Civil societies/Service providers	**Increase awareness of causes of infertility** Communities have poor knowledge of infertility. The condition is shrouded in misconception and myth.7 **Reduce stigma associated with sexual dysfunction** Myths, mis-conceptions and associated stigma prevent affected persons from seeking health care.	• Health education • Behaviour change communication

Thematic Area 7: Cancers of the Reproductive Organs

Audience	Issues and Evidence	Communication methodologies
• Women • Men • Pre adolescents • Adolescents and Youth • Elderly • Caregivers • Community • Civil society/ services providers • Mass media • Parents and guardians • Policy makers • Opinion leaders	**Promote awareness of cancers and the significance of seeking health services** Cervical and breast cancers which are the leading malignant diseases among women in Kenya present opportunities for early detection. The mean duration of symptoms is over 8 months but close to 90% of the cases are seen in advanced disease stage. Low awareness and uptake of vaccine for prevention of Human Papilloma Virus. Cancers of the prostate and testis are also common in men 8	• Health education • Behaviour change communication

Thematic Area 8: Reproductive Health for the Elderly

Audience	Issues and Evidence	Communication methodologies
• The elderly • Community caregiver • Mass media • Policy Makers • Opinion leaders • Civil society/ services providers	**Promoting improved RH status for the elderly** The decline in societal support structures and the increasing population of elderly persons are making the elderly more vulnerable to poverty and limiting access to health care including reproductive health services.	• Health education • Advocacy

Thematic Area 9: Gender Issues, Sexual and Reproductive Rights

Audience	Issues and Evidence	Communication Methodologies
• Communities • Men • Women • Pre-adolescents • Adolescents • Youth • Opinion leaders • Health care workers • Mass media • Policy makers • Civil Society • Teachers	**Promote gender equity and equality in decision making in matters of sexual and reproductive health.** Currently women are not involved in decisions on their reproductive health and rights. **Create awareness of sexual and reproductive health needs and rights.** Sexual and reproductive rights are based on universally recognized rights to bodily integrity, non-discrimination and the highest attainable standard of health. The realization of sexual and reproductive rights and health is not only an issue of the individual health; it has implication for social processes and for sustainable development. An environment that allows and promotes equal access to information and services for women, men and young people is crucial. **Promote male involvement in RH programmes** Lack of male involvement in reproductive health programmes has been cited as an important barrier to implementation of reproductive health interventions. **Create awareness for prevention of gender based violence and care for survivors** 43 percent of women aged 15-49 years have experienced some form of gender based violence including female genital mutilation in their lifetime. Societal perceptions of sexual violence and stigma pose challenges to its reduction.	• Social mobilization • Participatory development communication • Advocacy • Behaviour change communication • Counselling • Health education • Social change and human rights based communication • Dissemination of research findings through media • High publicity of SGBV issue during international cerebrations e.g. International Women's Day, 16 days of activism against gender based violence

4. Message Themes and Communication Channels

Below are the key message themes for communication to be directed to each group of stakeholders and programmatic audience groups and methods for delivering the messages to the respective audience segments.

Stakeholder/Audience Segment	Key Message Theme	Tools and channels
Policy makers at the national and international level	• Health indicators relating to RH • Need for more investment in reproductive health	• Briefing materials • One on one presentations • Position papers • High level visits • Fact sheets • Piggy-back on meetings of development organizations who focus on RH • Networks and forums on RH
Operational and implementing partners	• Benefits of collaboration for reproductive health • Progress, and challenges in the implementation of RH initiatives	• Networks and forums on RH • DHMT meetings/forums • TWG at the national level • Technical teams at both national and district levels • Reorientation training • Guides, brochures, posters
Communities	• RH issues affecting community • RH services available and points of delivery • Importance of seeking RH services	• Public meetings • Local dialogues • Local networks and forums • IEC materials
Media Gatekeepers	• Update on indicators on reproductive health, including progress and challenges • Interventions required to improve RH indicators. • The role of the media in enhancing uptake of RH services	• Workshops and editorial briefings • Media kits • Media award scheme

5. Implementation Strategy

This Strategy will be implemented through three distinct but complimentary approaches that have profound influence on three important domains - policy, institutional and programmatic. This Strategy, therefore, seeks to:-

1. Deliver in a coordinated and planned manner—advocacy to raise and sustain political and financial commitment to reproductive health;
2. Stimulate dialogue about behavioural and social change; and
3. Build and sustain institutional and multi-sectoral support towards the achievement of the RH national goals through social mobilization.

Below are the specific strategies:-

1. Policy advocacy to reposition reproductive health as a national problem and mobilize resources and build institutional commitment to meet RH challenges;

2. Capacity strengthening on communication amongst decision makers and programme implementers to integrate communication as a core reproductive health input to meet reproductive health goals;

3. Targeted evidence based strategic communication campaigns on all key reproductive health themes designed using best practice principles to improve knowledge, create demand and ensure utilization of available services;

4. Media relations and media advocacy to raise the profile of reproductive health challenges nationally and to improve the quantity and quality of RH information disseminated to the public through the mass media to create demand and improve access to services;

5. Coordinate communication interventions amongst RH players for coherence and synergy;

6. Document and disseminate best practices in reproductive health communication to share experiences and increase evidence based programming in communication.

5.1 Implementation Matrix

The implementation matrix summarizes the key aspects of each specific strategy. It integrates all aspects of the Communication Strategy indicating the logical link between activity, expected output/outcome indicators, timing, resource requirements and partners.

Strategy 1: Policy advocacy to reposition reproductive health as a national problem and mobilize resources and build institutional commitment to meet RH challenges.

Activity	Indicators	Timing	Resource Requirements	Partners
• Establish alliances, partnerships and networks focusing on RH	• Alliances, partnership and networks focusing on RH established	Starting Y1, Q1, Y2 Q1, Y3 Q1	• Technical assistance to design and implement policy advocacy initiatives • Technical input in producing policy level materials and establishing effective networks • Writing, design, development and printing costs • Logistics, travel and meeting costs	• Other departments in MOPHS and MOMS • Other relevant Ministries • Development partners • Consulting firms • Parliamentarians • Civil Society • NGOs, • FBOs • CBOs
• Review ongoing advocacy work by partners	• Ongoing advocacy work by partners reviewed			
• Identify priority issues/ areas requiring increased budgetary allocations	• Priority issues on RH requiring increased budgetary allocation identified			
• Develop an advocacy plan integrated and aligned to existing national plans	• Advocacy plans aligned to national plans developed			
• Develop advocacy materials on the cost implications of reversing key RH indicators and an annual state of RH report	• Advocacy kits and materials developed and presented to key government officials			
• Sensitize policy makers on RH issues	• Number of functional alliances/ partnership/ networks established. • Number of policy makers sensitized on RH issues			
• Advocate for increase in budget for RH issues	• Proportion of increase in budget for RH priority areas/issues			
• Disseminate RH reports	• Number of RH status Reports on thematic priorities disseminated to key stakeholders			

Strategy 2: Capacity strengthening of communication amongst decision makers and programme implementers to integrate communication as a core strategic reproductive health input to meet reproductive health goals.

Activity	Indicators	Timing	Resource Requirements	Partners
• Assess communication capacity needs among key decision makers and programme implementers and design in-house programmes	• Capacity needs identified and programmes developed based on the needs.	Starting Y1,Q1 to Y3,Q4	• Trainers • Materials development • Course development	• MOPHS & MOMS • Other departments • Development partners • Consulting trainers/training firms • NGOs/FBOs/ • CBOs
• Develop a series of in-house communication training programmes delivered in modules to help DRH and its programme implementers add on communication as a strategic input in their work.	• Communication strategies integrated into programme design and implementation • Number of training programmes adopted by partners			
• Determine technical and financial needs for planning and operationalization of communication plans	• Technical and financial needs for planning and operationalization of communication determined			
• Develop plans, training materials/ tools, approach guides for capacity building based on needs	• Training materials, tools, plans and approach guides for capacity developed			
• Implement capacity building plans and undertake monitoring and evaluation	• Number of people trained in communication, including CHWs			

Strategy 3: Targeted evidence based strategic communication campaigns on all key reproductive health themes designed using best practice principles to improve knowledge, change attitude and practice.

Activity	Indicators	Timing	Resource Requirements	Partners
• TWG coordinate development of communication campaigns on priority areas using best practice planning tools	• Communication plans developed by DRH on RH areas	Starting Y1, Q1 to Y3, Q4	• Materials • Technical assistance • Research and implementation plans • Logistical and coordination costs • Mass media related costs • Material production, meeting and facilitation costs • Campaign costs	• DRH • DHP • TWG members • Other departments • Development partners • Community leaders
• Develop evidence based programmes supported by behavioural research	• Research results incorporated in planning • At least two campaigns on priority RH areas implemented every year			
• Develop and implement dissemination plan	• Dissemination plan developed and implemented			
• Develop and operationalize Monitoring & Evaluation framework for communication activities	• Monitoring & Evaluation framework for communication developed and implemented			

Strategy 4: Media relations and media advocacy to raise the profile of reproductive health challenges nationally and to improve the quantity and quality of RH information disseminated to the public through the mass media to create demand and improve access to services.

Activity	Indicators	Timing	Resource Requirements	Partners
• Develop media briefing kits	• Media kits developed	Starting Y1,Q1; Y2,Q1; Y3,Q1	• Information and educational materials • Media kits • Media awards entry guidelines on accurate and analytical coverage of RH through media houses • Sensitization workshops, radio & Television discussion programmes and editorial briefings on analytical writing and accurate media coverage • Television/ Radio programmes and activities, Media call-in programmes to disseminate accurate information	• Media organizations • Editors of national and regional bodies • Media owners association • Traditional Media • Development partners • Professional media associations • Key Departments and Divisions in the MOMS and MOPHS • School of Journalism, University of Nairobi
• Develop a media award scheme to motivate and mobilize the media as a partner to cover RH issues more effectively	• Media award scheme developed • Number of awards targeting media personalities covering RH issues			
• Sensitize media sectors on key SRH issues	• Number of media sensitisation forums • Number and length of coverage of RH issues by the media • Number of training workshops and editorial briefings			
• Advocate for RH champion/ambassador within media sector	• Number of champions supporting the RH agenda			
• Create and manage a regular forum for the media and RH sector with a view to provide leadership on how to solve RH problems facing Kenya	• Annual event to award champions on RH issues			

Strategy 5: Coordinate communication interventions amongst RH players for coherence and synergy.

Activity	Indicators	Timing	Resource Requirements	Partners
• Identify partners at each level	• Number of partners identified at each level	Starting Y1,Q1 to, Y3,Q4	• Information for DRH database • Funding for national and regional level meetings • Information and education materials	• Key
• Establish technical teams that provide guidance on strategy implementation at district, provincial and national levels.	• Framework for coordination of communication messages established • Consensus building enhanced at both the national level and regional level on RH Issues			
• TWG establishes guidelines and develops tools for implementing RH communication programmes	• Tools and guidelines for operationalization of communication strategy established			
• Dissemination of guidelines by the IEC/ BCC TWG meeting (national level)	• Number of meetings held to disseminate the guidelines • Number of programmes that apply guidelines in implementing communication activities			

Strategy 6: Document and disseminate best practices in reproductive health communication to share experiences and increase evidence based programming in communication.

Activity	Indicators	Timing	Resource Requirements	Partners
• Provide technical support to programmes to document experiences	• Number of programmes documenting communication experiences	Starting Y1, Q1 onwards	• Technical assistance on writing skills/	• Other departments • Development partners • Consulting firms
• Develop/adapt guidelines for documentation of best practices in RH	• Number of guidelines developed and disseminated			
• Document best practices in RH	• Proportion of programmes adapting work plans to integrate best practice principles • Number of programmes that revise plans to integrate evidence based research			
• Develop IEC materials and carry out dissemination workshops	• Number of toolkits and materials developed and disseminated			
• Hold regional/national level workshops	• Number of regional/ national workshops held			
• Establish a network for dissemination of best practices	• A network on dissemination of best practices established			

5.2 Implementation Approach

A phased-in approach will be adopted in implementing this strategy over a period of three years. Community mobilization activities will be initiated in areas where interventions are already up and running and will be expanded to new areas as services become available. Activities will be implemented at three inter-linked levels: national, regional and local. Implementation will be coordinated through the RH Technical Working Groups to leverage resources and to maintain coherence of communication activities among implementing institutions at the three levels. Below are general recommendations on key Strategy implementation areas:

Assign a communication specialist to manage the implementation of this Strategy: Implementation of this Strategy will require focused efforts and it is recommended that the DRH assigns a communication specialist to specifically manage its implementation. DRH, with its collaborating partners, will work out modalities of this function.

Communication will be delivered from a branded platform: A theme, logo and slogan to provide a branded platform for all communication materials will be developed at the beginning of the implementation of this Strategy. This will enhance coherence of messages and create synergy across different communication activities.

Development and implementation of communication materials: All materials produced will require pre-testing among intended audiences prior to implementation. The Reproductive Health Inter-Agency Coordinating Committee will participate in the development of all creative materials to ensure their technical accuracy and appropriateness.

Design and implementation of communication interventions on thematic areas will be guided by a strategic planning framework.

Dissemination of information materials: Materials will be disseminated through a demand-driven network to ensure that the materials are distributed efficiently and used effectively at community level.

Crisis communication planning: Communication campaigns will provide for crisis communication planning to prepare for setbacks or unanticipated circumstances that may occur and negatively affect the campaign. Key underlying principles in planning will be consideration for those affected and cooperation with the media. The crisis communication plan will ensure that crisis interventions are immediate and issue focused. A core team of senior managers with the capacity to respond during a crisis will be identified and prepared for any crises.

Availability of quality and comprehensive reproductive health services: Efforts must be made to ensure that services being promoted are available at relevant outlets to avoid loss of client confidence in the campaigns and related promotion activities.

6. Monitoring and Evaluation Framework

Monitoring and evaluation (M&E) will be essential in objectively establishing progress towards the achievement of the objectives of this Communication Strategy and in tracking the performance of the programme. The key aspects of the M&E framework for this programme include:

- Monitoring of the programme activities as they happen.
- Assessing the outcomes and impact of the programme at regular intervals.

Monitoring of the programme performance

Monitoring of the performance of this programme will involve tracking and assessing the specific outputs of the communication activities. A mechanism for collecting data and reporting on the specific output indicators for each programme activity should be developed and implemented. Monitoring should be done at project and DRH level.

Assessing the outcomes and impact of the communication programme

- The overall outcome indicators will form the basis for assessing the interim and long-term impact of the communication programme. This level of assessment should be conducted by independent research organizations. The key methodology for assessing communication indicators will be to assess changes in knowledge, attitudes, behaviours and practices.
- A monitoring and evaluation (M&E) specialist should be contracted to carry out this level of impact assessment. The scope of work for the M&E specialist would include:
    - Reviewing and finalizing the outcome indicators;
    - Designing a comprehensive M&E plan and methodology relevant to the outcome indicators;
    - Designing a comprehensive strategy for assessing the impact of the Communication Strategy among all stakeholders;
    - Conducting outcome and impact assessment surveys at specified and agreed timeframes;
    - Analyzing the data, preparing reports and disseminating the survey findings to key stakeholders;
    - Giving recommendations for programme improvement.
- The M&E specialist will work closely with the DRH, Department of Health Promotion, MOPHS and MOMS and other stakeholders in implementing the above tasks.

Knowledge Management

It is important that key information, lessons learned and tacit knowledge gained in the process of developing and implementing the Communication Strategy are recorded in a systematic way and shared with partner organizations so that their value is not lost.

Initially, the role of the Knowledge Management component for communication activities within the sector will be to:

- Prepare and present quarterly reports on communication activities to the most senior management committee within DRH. This should help ensure that the leadership remains abreast of Strategy implementation and provide direction on future efforts.
- Information and experience could be shared through:
    - Technical Working Group (and any other RH communication groups that are formed);
    - Regular reports released to the media for dissemination to the public.

7. Three Year Strategy Implementation Plan

Component	Budget Items	Time Frame											
		Y 1				Y2				Y3			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Policy advocacy to reposition reproductive health as a national problem and mobilize resources and build institutional commitment to meet RH challenges.	Hold workshop to identify priority issues/ areas for increased funding												
	Develop and implement a communication plan for advocacy												
	Compile and disseminate annual RH status report												
Capacity strengthening of communication amongst decision makers and programme implementers to integrate communication as a core strategic input to meet reproductive health goals.	Determine technical and financial needs for planning and operationalization of communication plans												
	Develop plans, training materials tools for capacity building based on needs												
	Mobilize resources and conduct trainings/ orientation												
	Deploy communication experts												
Targeted evidence based strategic communication campaigns on all the key reproductive health themes designed using best practice principles to improve knowledge, create demand and utilization of available services.	TWG coordinate development of communication plans by prioritizing RH areas												
	Develop evidence based programmes supported by behaviour based research												
	Develop M & E frameworks for communication activities												
	Develop, disseminate and implement plan												
Media relations and advocacy to raise the profile of reproductive health challenges nationally and to improve the quantity and quality of RH information disseminated to the public to create demand and improve access to services.	Develop a media briefing kit												
	Develop and implement a Media Award scheme												
	Sensitize media sectors on key RH issues												
	Advocate for RH champion/ambassador within media sector and build capacity												
	Hold quarterly contact forums for the media and health sector												
	Advocate for incorporation of RH issues in regular programmes												
Coordinate communication interventions amongst RH players for coherence and synergy.	Identify partners at each level												
	Establish technical teams that provide guidance on strategy implementation at district and national levels												
	TWG develops guidelines for implementing RH communication programmes												
	Dissemination of guidelines by the IEC/ BCC TWG meeting (national level).												
Document and disseminate best practices in reproductive health communication with a view to share experiences and increase evidence based programming in communication	Provide technical support to programmes to document experiences												
	Develop/adapt guidelines for documenting evidence based case studies and best practices in RH												
	Document evidence based case studies and best practices												
	Develop IEC materials and carry out dissemination workshops												
	Hold national level workshop												
	Establish a network for dissemination of best practices												

8. Financial Resource Requirements

8.1 Overall Budget

Availability of adequate financial resources and efficiency in utilisation are key in determining to what extent this strategy will be implemented and whether the stated goals and objectives will be achieved. It is estimated that total funds required for implementation of this strategy over the three year period is **555,600,000.00[2]million kshs**. The funds will be mobilized from the public sector budgets and development partners including the private sector.

8.2 Indicative Budget for Implementation over One Year Period

Component	Budget items	Total Cost (KShs)
Policy advocacy to reposition reproductive health as a national problem and mobilize resources and build institutional commitment to meet RH challenges	Meetings/workshops for decision makers	3,000,000
	Material development, production and dissemination	5,000,000
	Orientation for team briefing communicators at HQ	2,000,000
	Development and implementation of the communication plan	3,000,000
	Compile and disseminate annual RH status report	2,000,000
	SUB-TOTAL	**15,000,000**
Capacity strengthening on communication amongst decision makers and programme implementers to integrate communication as a core strategic input to meet reproductive health goals	Technical assistance for communication plans development	1,000,000
	Training/ Orientation Workshops	2,000,000
	Capacity Building for RH Institutions	2,000,000
	Deploy communication experts	2,000,000
	Oversight on Communication Strategy Implementation	3,000,000
	SUB-TOTAL	**10,000,000**
Targeted evidence based strategic communication campaigns on all the key reproductive health themes designed using best practice principles to improve knowledge, create demand and utilization of available services.	Design, implementation and monitoring of two national level populations based strategic campaigns on one of the RH priority areas.	100,000,000
	SUB-TOTAL	**100, 000,000**
Media relations and advocacy to raise the profile of reproductive health challenges nationally and to improve the quantity and quality of RH information disseminated to the public to create demand and improve access to services.	Sensitization workshops and editorial briefings	1,000,000
	Develop and implement a Media Award scheme	15,000,000
	Develop media briefing kits	1,000,000
	Information and educational materials	1,000,000
	TV/Radio programmes and activities	2,000,000
	SUB-TOTAL	**20,000,000**
Coordinate communication interventions amongst RH players for coherence and synergy.	Workshop and meetings	1,000,000
	Dissemination of guidelines IEC/BCC TWG meeting (national level)	3,000,000
	Establish technical teams that provide guidance on strategy implementation at district and national levels.	1,000,000
	SUB-TOTAL	**5,000,000**
Document and disseminate best practices in reproductive health communication to share experiences and increase evidence based programming in communication	Provide technical support to programmes to document experiences	2,000,000
	Develop evidence based case studies on best practices	1,000,000
	Develop IEC materials and carry out dissemination workshops	5,000,000
	Hold national level workshop	2,000,000
	SUB-TOTAL	**10,000,000**
	GRAND TOTAL	**160,000,000**

2 *These estimates are based on a 15% increment for year two and year three*

Annexes

Annex 1. Situation Analysis

Information to guide the development of this communication strategy was generated through review of documents on reproductive health, interviews with key persons at decision making level and through a consultative meeting with a group of implementing partners. A complete situation analysis report is available from the Division of Reproductive Health.

Background Information

Over 30 years of continuous effort to improve the Reproductive Health (RH) status of Kenyans has seen the country realize significant strides to tackle the challenges of sexual and reproductive health.

In its commitment to international agenda and specifically the plans of action of the Cairo International Conference on Population and Development 1994 and 2006 Maputo Conferences, the Government has over the last decade developed a policy framework to guide the attainment of sexual and reproductive health for all. A series of policies, guidelines, standards and strategies have consequently been developed and adopted with the majority embedded in legislation.

These efforts implemented with strategic partners, earlier realized a progression of gains: a decline in maternal mortality to 414 per 100,000 in 2003 from the previous 690 per 100,000 in 1998, a drop in total fertility rate (TFR) from an all time high of 6.7 in 1989 to 4.8 in 2003 and a reduction in child morbidity and mortality arising from expanded immunization efforts. Reports indicate that over three-quarters of facilities in Kenya provide the full range of reproductive and child health services.

Two converging trends, however, place the country on the brink of a sexual reproductive health care disaster. A youthful population - 40% of Kenya's 37.4 million people are below 15 years, places tremendous demands on the health care system even as it churns out thousands more women into the reproductive age bracket annually.

The HIV epidemic in turn, is linked to the rise in mortality of children under age 5 from 90 per 1000 in 1990 to 114 per 1000 in 2003, wiping out previous improvements in infant and child mortality. These, coupled with the Millennium Development Goals (2001) (MDGs) target of achieving the health-related goals, in particular that of MDG 4 (Reduce child mortality) and MDG 5 (Improve maternal health) by 2015, necessitate fundamental changes in the area of sexual and reproductive health. It is vital that the advances made in policy development and adoption should of necessity translate into implementation to halt the declining trends.

Communication is a vital tool for effective implementation of the Country's RH policies. In a setting beset with numerous challenges ranging from social and cultural factors to system and implementation challenges, effective communication is critical to facilitate shifts in attitudes, beliefs, perceptions and behaviour which ultimately bring about social change.

The development of a framework strategy to guide national communication practice in the area of reproductive health is considered critical to support the implementation of the National Reproductive Health Strategy 2009 – 2015. It shall support the advocacy effort, facilitate the dissemination of policy objectives and interventions, coordinate the efforts of sector players and provide a platform for participation and mobilization of communities into positive action in tackling the RH priority areas.

It will provide a systematic approach to engagement in a sector where there are various components and a multitude of actors and numerous issues to be tackled. This necessitates an organized and logical way to engage with the issues and stakeholders while at the same time providing mechanisms to check the efficiency and effectiveness of these activities.

RH issues and trends

Over the last 30 years, significant efforts have been made to improve the Reproductive Health (RH) status of Kenyans. Some facilities which have trained personnel now offer integrated reproductive health services and training is being strengthened to ensure quality. Though progress has been made, major challenges remain related to deteriorating indicators, unmet need and poor utilization of services. Below is a summary of the key issues that have some relevance to communication as a strategic input.

A Reversal of Key RH Indicators despite Steady Gains in the 70s and 80s

- Despite the achievements, the country Kenya faces a high population growth rate. Although the total fertility rate (TFR) fell significantly from 6.7 in 1989 it increased from 4.7 in 1998 to 4.8 in 2003, a seemingly small but significant setback.
- Contraceptive Prevalence Rate (CPR) among married women for all methods rose from 27 to 39% between 1989 and 1998 but has since stalled for over a decade at 39%.
- Inadequate reproductive health care services, despite the recent improvements.

Priority Areas for RH

The *National Reproductive Health Policy* has prioritized the following components of RH based on both magnitude and significance of the problem: maternal and newborn health; family planning; adolescent/youth sexual and reproductive health; and gender issues, including sexual and reproductive rights. Other priority components of RH addressed in the policy are: HIV/AIDS, reproductive tract infections, infertility, cancers of reproductive organs and RH for the elderly people with challenges.

a) Maternal health

- Maternal mortality of 414 per 100,000 live births in 2003 is far too high if the country is to achieve the MDG 5 target of reducing the Maternal Mortality Ratio to 147 per 100,000 live births by 2015.
- Number of women dying annually remains high at approximately 14,700 women of reproductive age due to pregnancy-related complications; while between 294,000 and 441,000 suffer from disabilities caused by complications during pregnancy and childbirth.
- Only 42% of women have a skilled attendant present at delivery against the target of increasing professionally attended deliveries to 90 percent by 2010.
- Only 15% of the health facilities are able to provide Basic Obstetric Care, while for emergencies a mere 9% of the facilities are equipped to provide Comprehensive Essential Obstetric Care. This is against the WHO requirement that for every 500,000 people, there should be at least four Basic Emergency Obstetric Care facilities and one Comprehensive Emergency Obstetric Care facility

Rising infant and child mortality

The mortality of children under age 5 increased from about 90 per 1000 in 1990 to 110 per 1000 in 1998 and 114 in 2003 whereas Infant Mortality Rate increased from about 60 per 1000 to 74 and 79 in the same period. This has adversely impacted progress made earlier in reduction of infant and child morbidity and mortality as a result of improvements in immunization.

Stagnant Contraceptive Use Against a backdrop of Unmet Need

The contraceptive prevalence rate has remained stagnant at 39% (32% modern methods) in the last decade. The major challenge is not only how to tackle the increased unmet need but also addressing persistent contraceptive stock-out. Only 63% of the total demand for family planning is currently satisfied, with 60% in rural areas and 74% in urban areas.

The FP goal, as stipulated in Kenya's *National Reproductive Health Strategy* aspires to "make available quality and sustainable FP services to all who need them in order to reduce the unmet needs for family planning."

High Adolescent Fertility and HIV Infection

Adolescent fertility in Kenya is high. The KDHS-2003 reported that the proportion of women aged 15-19 that had begun childbearing rose from 21% in 1998 to 23% in 2003. Among the population aged 15-24, women are 4 times more likely to be infected by HIV &AIDS compared to men (6.1 % compared to 1.5 %).

Other Factors Hindering Progress in RH

- ***Challenges of gender issues, sexual and reproductive rights:*** The main challenges are indicated as: lack of empowerment for women to exercise decision on their own reproductive health and rights and that of their children; gender-specific harmful cultural practices including early or child marriages and Female Genital Cutting (FGC); and gender based violence including rape. In addition, lack of male involvement in reproductive health program has been an important barrier to implementation of reproductive health interventions.

- ***High HIV prevalence:*** Nearly 1 of 10 pregnant women in Kenya is infected with HIV (9.6 percent) up from 7.3 percent in 2003 (KAIS 2007). KSPA 2004 reports that of pregnant sero-positive women, only 58% received ARV prophylaxis. Almost half of the women who are HIV positive have unmet need for family planning services attributed to low level of awareness of HIV status among those infected. 83 per cent of total HIV infected persons do not know their HIV status.

- ***Poor health seeking behaviour for Reproductive tract infections (RTIs):*** RTIs particularly those that are sexually transmitted (STIs) contribute to poor RH outcomes. Of the 35 percent of people aged 15-64 infected with genital herpes virus (HSV-2), women have higher infection rates; 42 versus 26 percent for men. (KAIS 2007). Delayed seeking of treatment is also a challenge. KDHS 2003 showed that among women reporting previous infections 32%, had not sought advice or treatment compared with only 11% of the men despite effective treatment of RTIs being a key prevention strategy both for HIV and for complications of RTIs. Other challenges are those of inadequate facilities.

- ***Rising incidence of cancer of the reproductive organs:*** About 1524 annual deaths are attributed to the nearly 3000 cervical cancer cases that occur each year in Kenya according to the International Agency for Research on Cancer (IARC). 90% of the cases are seen in advanced disease stage implying delayed seeking of health care. Less than 1% of women have been screened in the previous 5 years (MOH/DRH, 2005).

- ***Increasing cases of infertility:*** Infertility cases comprise approximately 30% of all gynaecological consultations at Level 5 and 6 hospitals according to a DRH commissioned survey.. RTIs are the leading contributors to infertility in both women and men. Alongside the supply side challenges of inadequate facilities, knowledge and skills to address this problem, communities have poor knowledge shrouded in myth and misconceptions.

- ***Reproductive Health of the Elderly:*** The estimate of the proportion of elderly people, aged 60 and over was 4 percent in 1999 and projected to increase to slightly over 5% by the year 2015. They are faced with challenges of poverty and lack access to health care services including RH. Women, who constitute majority of the elderly population are sometimes victims of violence and discrimination. Chronic illnesses, cancer and degenerative diseases, and complications of menopause and andropause are some of the RH problems of elderly persons. Non targeted services as well as paucity of data on RH needs and indicators to guide programming and monitoring services for elderly persons, are key challenges for addressing RH needs of the elderly.

- ***A relatively low level of social and economic development.*** Poor economic growth has resulted in more than half the population living below the poverty line. This compounds the *high unmet need for reproductive health services.*

Policy environment

1. There are well defined national health policies and a reform agenda on RH. Different policies, guidelines, standards and strategies have been developed and adopted with the majority of the developed policies having a legislative back up. These include: the National Health Sector Strategic Plan (NHSSP II) (2005-2010), the National Reproductive Health Policy of 2007, the Adolescent Reproductive Health and Development Policy with the related Plan of action 2005-2015, the Economic Recovery Strategy for Wealth and Employment Creation 2003-2007 and health sector documents such as the National Reproductive Health Strategic Plan (NRHSSP II), the HIV / AIDS Strategic Plan 2001 – 2005, the Division of Reproductive Health Business Plan 2006/07 and 2008/2009, the RH/FP Policy Guidelines and Standards
2. These policies and guidelines provide the background for sector activities in the field of Reproductive Health (RH) and Adolescent Sexual and Reproductive Health (ASRH), whose overall goal is to improve the well-being and quality of health of the Kenyan population, and of adolescents in particular. They aim at addressing Reproductive Health concerns, and promote and protect reproductive rights.

3. Majority of the policies/guidelines in place focus on improving health care delivery services, systems and reform. The Division of Reproductive Health (DRH) for instance leads in policy reform and legal reform to remove barriers to RH initiatives, making RH issues central to the formulation of policies, resource allocation and in the planning and monitoring of RH programs.
4. Majority of the policies in place exclusively target maternal/child health, youth/adolescents, disability and gender issues.
5. There is evidence that policies and RH programs are beginning to prioritize IEC/BCC needs. However, majority of the policies/guidelines lack a well articulated communication component to guide investment in communication to effectively support reproductive health goals
6. There are weaknesses noted in the dissemination of national policies to support their operationalization.

Programmatic environment and the status of Communication

1. Communication is recognized as an important input in various programs which use different terms to describe the approaches in use – information, education, and communication (IEC), behaviour change communication (BCC) and others.
2. The role of Ministry of Health officials is mainly to create demand for RH services, encourage program that sensitize and mobilize communities in order to achieve reproductive health goals and objectives.
3. The ministry collaborates with over 20 different players to implement the National Reproductive Health Strategy. Many of these provide advocacy and critical RH services as a priority.
4. Through government and donor support, several of the RH programs have received recognition as "promising," while others such as the AMKENI project have been documented as 'best practice." These projects/programs have managed to build advocacy, social mobilization and behaviour change communication (BCC) approaches into their overall strategies.
5. Many of the existing RH stakeholders strive to make available key RH services and commodities through policy dialogue and implementation. In particular, targeting subsidized services to women most in need, removing operational barriers to service access, building the capacity of providers /advocates/champions to participate in the implementation and policy process.
6. A number of existing RH programs have well defined indicators to measure the success or failure of the program objectives, timely formative/baseline, monitoring, and appropriate impact research studies.
7. There is inadequate inter-and intra-sectoral coordination between government agencies and NGOs/ key partners for a coordinated and technically sound communication strategy implementation. Strategies are often formulated at the central level and dispersed to the field without field level input.
8. Quite a number of communication interventions are not strategic in approach. Gaps are evident in all aspects of BCC planning and implementation including material development, audience segmentation, pre-testing, revision, training, research, documentation and dissemination.
9. Communication programs components are often donor dependent affecting their sustainability.

Systems and Implementation

1. More than 60% of country-level health care needs are provided by the government through its public hospitals, clinics and community-based health programs. Donor agencies, Faith-based Organizations (FBOs) and Non-governmental Organization (NGOs) complement its RH efforts.
2. Integration and standardization of training of RH service providers. For example, the development of the *National Reproductive Health Curriculum (2004)* harmonized and standardized the various curricula hitherto used in RH pre-service and in-service training, the integration of FP into the basic nurse-training (KRCHN) curriculum, and the integrated decentralized RH Training and Supervision (RHT&S) system introduced by the MOH in 2003.
3. Government has outlined strategies to improve utilization of facilities including incentives to motivate health worker performance on the supply side and public awareness of client rights on the demand side. The competence of service providers is to be addressed through training and performance management initiatives.
4. Existence of COPRS, extensive volunteer networks, community advocacy and support networks adds to strengthening long-term human resources for health (HRH) planning and management.
5. There is a high unmet need for quality RH affecting the ability of programs to meet the needs of Kenyans.
6. Donor investments in RH are relatively low in comparison to contributions to HIV/AIDS care. Despite government efforts, the overall low resource allocation may be contributing to poor RH indicators such as maternal mortality.

7. Inadequate budgetary allocations for communication initiatives hamper the overall impact of RH communication services.
8. There is a lack of standards/guidelines on communication, a database on all RH actors and weak coordination resulting in duplication of efforts.
9. There is inadequate health communication capacity in the sub-sector. Few skilled communication practitioners with the capacity to integrate communication as a core component in reproductive health programmes.
10. There is little or no evaluation conducted to assess the effectiveness of current programs. The absence of mechanisms for evaluating communication at both national and provincial level hinders corrective measures.
11. Poor documentation of program inputs and implementation experiences affect the ability to implement evidence-based communication interventions.
12. Efforts to ensure sustainability of IEC/BCC interventions need to be put in place.

SWOT Analysis[3]

The framework below analyses the strengths, weaknesses, opportunities and threats that will affect the success of the communication strategy. **Strengths** are the existing resources or capabilities within the reproductive health sector that the strategy will build on. **Opportunities** are positive factors external to the program that will favourably affect its success. **Weaknesses** comprise the internal negative forces that will hinder the success of the program while **threats** are the external factors or situations that will also adversely affect the program success. The objective of the communication strategy is to maximize on the strengths and opportunities and minimize or avoid the effects of weaknesses and threats to the program. Below is the SWOT framework:

Strengths	Weaknesses
• Supportive legal/policy framework in place around issues related to RH. These RH policies, guidelines and plans are a positive foundation on which to build strategic communication Programs. • Strong institutional structure with DRH and partners: presence of the National RH Taskforce and committees and their ability to coordinate efforts among Government ministries, donor agencies, and NGOs • Success in recent policy advocacy efforts which resulted in inclusion of a budget line item on RH • Investments towards improvement of services: structures, technical expertise and support to provide different guides that target specific groups like the youth, women (e.g. service provider, CORPs) • Services are demand–driven: uptake of curative and preventive health services • Integration of RH and HIV services gaining ground • Knowledge on contraceptive methods almost universal	• Several policies and guidelines on RH in existence but their dissemination has been limited -frequently unknown, ignored, not fully operational. Poor internal structures for dissemination and coordination among government agencies and partners. ▪ Communication on many RH programs focus on providing information (e.g. pamphlets and brochures), and are not aligned to strategic aspects of RH that can drive program outcomes. ▪ Within government establishments, communication activities minimal and ad-hoc (i.e. often not well articulated in the project design) and at times not a deliberate effort to bring about change. • Few personnel trained in health communication or versed with cross cutting issues such as gender and human rights. • Socio-cultural constraints, gender issues, and other predisposing/push factors such as lack of knowledge/ ignorance, poverty, pose in use of services
Opportunities	**Threats**
• Stated government commitment to RH: the history of good collaboration between Government and NGOs provide a strong foundation for the success of RH programs. • Lifting of the Gag-rule: RH/FP messages can be disseminated openly, which could provide tremendous potential for reaching people /position communication. • Unmet need for RH • There exists a pool of RH champions including opinion leaders that have publicly supported RH communication e.g. Male circumcision campaigns while communities are receptive to issues that they care about. • The inter-guidance Coordination Committee (IGCC) by DRH in place: joint planning/dissemination and integrated campaigns. • The recent launching of a commodity strategy a positive effort in ensuring RH/FP commodity security. • There are documented cases of successful communication program that can provide evidence based lessons for improving/scaling up communication activities.	• Global financial threats: deteriorating economic situation will likely negatively impact the country to provide RH/FP services and ability to continue and/or sustain health communication efforts. • Strong lobby groups that can derail existing efforts: e.g. widespread rumours and myths on RH issues and lobby groups can frame messages/efforts in different ways. • Poor appreciation of how communication can be applied in programs: communication often gets low budget /not factored when budgeting (both human and financial). programs have limited IEC/BCC experts • Programs too dependent on donor funds, always ad-hoc, thus sustainability rarely assured. • Priority on HIV/AIDS at expense of RH: RH becoming a second priority, RH communication not prioritized.

3 Strengths, weaknesses, opportunities and threats in relation to the health communication programme at the DHP and DRH

Annex 2. Communication Concepts and Approaches

The Communication approaches or methodologies used in this strategy are those that are applied in the field of health. They range from those targeting individuals to those concerned with broad social and environmental factors for change and can be summarized as:

- Behaviour change communication
- Social marketing
- Health education
- Health promotion
- Policy advocacy
- Participatory development communication
- Social change and human rights based communication
- Social mobilization
- Enabling health communications environments

Behaviour Change Communication

Behaviour change communication (BCC) involves the development of tailored messages and approaches to develop, promote and sustain individual, community and societal behaviour change. Cognizance is given to cultural diversity and audience reception and a multi channel approach is employed. BCC can improve and promote dialogue at community and national level on a range of health issues.

Social Marketing

Social marketing draws on the principles of commercial marketing to bring about behaviour and social change. It is based on the premise that individuals and organizations are willing to exchange resources for perceived benefits, and that commercial techniques can promote healthy behaviour and ideas. The basic components of social marketing include: creating an enticing product, minimizing price, and promoting the product in appropriate ways, through appropriate channels and in appropriate places. Trust Condoms have been promoted by PSI using this approach.

Health Education

Health education is designed to improve health literacy, including improving knowledge, and developing life skills conducive to individual and community health. One form of health education known as "edutainment" combines entertainment and education to disseminate information. This can take the form of soap operas, songs, cartoons, comics, theatre and other forms, which carry messages that lead to healthy behaviour. This approach can reach huge numbers and has a rapid impact. *Makutano Junction* a local TV programme uses this approach to disseminate health information.

Health Promotion

Health promotion enables people to increase their control over, and improve their health. It is an approach that involves the population as a whole in the context of their everyday lives, rather than focusing on people at risk of specific diseases, and one that is directed towards action on the determinants or causes of health and well-being. Interventions may be topic-focused (for example, sexual health promotion) or arena-focused (for example school-based health education). Health promotion can include policy advocacy, health education and a range of other communication approaches.

Policy Advocacy

Policy advocacy is a strategy to influence policy makers through persuasive communication when they make laws and regulations, distribute resources, and make other decisions that affect peoples' lives. The principal aims of advocacy are to create policies, reform policies, and ensure policies are implemented. There are a variety of advocacy strategies, such as discussing problems directly with policy makers, delivering messages through the media, or strengthening the ability of local organizations to advocate.

Participatory Development Communication

This focuses on facilitating exchange between peers to address health issues. It has a strong capacity-building and empowering component, since the participants are responsible for informing and sensitizing their peers. Communication is the means by which the individuals within a larger group or organization coalesce around an issue. They agree that there is a problem; agree on the major causes of the problem; agree to pull their resources together in addressing these causes; and agree on the major lessons learnt in the process.

Social Mobilization

Social mobilization is another example of a participatory method emphasizing political coalition-building and community action. Wide community participation is necessary for members to gain ownership, so that innovations are not seen as externally imposed. Social mobilization is closely interlinked with advocacy. It strengthens advocacy efforts and relates them to social movements and social marketing activities.

There is considerable overlap between these approaches and they are best used in combination. Those aiming to develop a communication programme may want to start with the basics – the behaviour that causes risk – using approaches such as behaviour change and health education. Complementing these more clinically orientated approaches are those based on social change and participation, which empower communities to make changes for themselves. Such approaches help to create deeper-rooted change, and can avoid the entrenchment of a range of dynamics that could be unsustainable and even create dependency.

Annex 3. Communication Channels and Tools

Communication channels can be defined as modes of transmission that facilitate exchange between the sender of the message and the recipient. Some of the broad categories of channels that may be utilized in health communication campaigns are:

Interpersonal communication: This includes one to one communication such as would happen between peer to another.

Community based channels: These reach a group of people within a distinct area for instance a village, neighbourhood or a group based on common interests or with common characteristics

Forms of community communication are:

- Community based media such as local newspapers, local radio stations and posters.
- Community based activities such as community theatre, public barazas and meetings.
- Community mobilization a participatory process of communities identifying and taking action on shared concerns.

Mass Media Channels: These reach a large audience within a short period of time and include:

- Television
- Radio
- Newspapers
- Magazines
- Outdoor/Transit Advertising
- Direct Mail
- The Internet

Digital channels: Technological advances have seen the rapid transformation into media which are predicated upon the use of digital computers, for instance the Internet and other forms of interactive media. Examples of these media would include cell phones, digital television and the internet. Digital media have introduced new ways of communicating that diminish geographic distance, allow for a huge increase in the volume of communication, provide the possibility of increasing the speed of communication and provide opportunities for interactive communication.

Digital channels have the advantages of dissemination, prompting adaptation of the message in line with changes in the audience and promoting interaction. Although still not largely utilized in Kenya's rural villages, the advent of digital villages will see communities gaining access to these media for greater use.

Evaluate the Best Strategic Approach for the Channel Mix

The decision on the appropriate channel mix will depend on a number of factors. Channel selection is determined not just by audience preference but also on the intersection between the campaign goals and the channel characteristics. It is for instance recognized that mass media are effective for creating awareness whilst interpersonal channels are superior for promoting behaviour change.

Other considerations are:

- Reach (number of people the communication effort wants to target). Quick reach of a wide audience can be attained through use of mass media where the audience has media access.
- Frequency (the number of times the message or content is to be aired or publicized). Some messages require many exposures and may thus place limitations on use of certain media owing to cost

A multi channel campaign combining television, radio, community events and even interpersonal communication (IPC) provides the means to build both reach and frequency at the same time.

Annex 4. Key Elements for Designing, Implementing and Evaluating Communication

Successful and effective communication interventions involve more than the production of messages and materials. They are oriented by communication planning frameworks and use evidence-informed strategies to shape messages, and determine the channels that deliver them to the intended audiences.

Although no two programmes will evolve in exactly the same way, effective communication programmes that consistently deliver results follow a systematic approach to design and implement behavioural change communication programmes. These key elements are articulated below.

Start with Analysis. Just as it is the first step in any effective action, analysis is the first step to effective communication. Use analysis to build a strong foundation of knowledge on the problem, the audiences, the programmes and policies and the key players.

Use a Systematic Approach for Strategic Design—use a planning framework that will serve as a road map to orientate the design of your programme to reach agreed upon objectives.
Key elements that need to be included are:

- Objectives designed with specific results in mind.
- Outline of main communication activities and approaches framed from the audience perspective.
- A budget that is cost effective and adequate to complete the communication cycle.
- An implementation plan for key activities that includes roles and responsibilities of partners and allies.
- A plan for measuring the expected changes in the audiences using multiple data sources.

Message and Materials Development, Pre-testing and Production
Message development combines both art and science. Messages must be guided by facts generated from the analysis and must have the emotional power to influence people. They need to cater for the heart and the head. Involve both health and communication professionals and pre-test and retest with intended audiences for relevance to the problem and for cultural appropriateness.

Manage, Implement and Monitor for Results
Apply the principles of good management to assign clear responsibilities and manage for results linked to overall RH programmatic objectives. Track outputs[4] through monitoring to ensure that all activities take place as planned; mobilize key partners, allies and communities to implement the plan. Combine mass media, interpersonal communication, social mobilization and policy advocacy to build the needed cumulative effects. Link key audience segments to services that are available to create the necessary demand.

Evaluate for Outcomes[5]
Identify indicators to track during the implementation of the programme at both output and outcome levels. Plan and evaluation to demonstrate changes in knowledge, attitudes or behaviours. Share evaluation results with development partners, collaborating agencies and experts.

Plan for Continuity
Significant sustained changes in attitudes, behaviour and social norms require time and repeated effort. Treat communication as an ongoing process rather than a one-time effort or a set of products by learning from your experiences, adapting to changes taking place and by scaling up successful communication interventions.

4 Outputs are delivered services or the results of a series of activities.

5 Outcomes explain why the activities or project is important to its beneficiaries (target group). Outcomes should explain the wider benefits. Activities or projects will contribute to outcomes, but not achieve it alone; other inputs or initiatives will also contribute and have to be considered in the planning process.

Annex 5. SRH, Rights and HIV / AIDS Linkages

The importance of linking sexual and reproductive health issues (SRH) with HIV and rights is widely recognized. There is consensus amongst the international community that the Millennium Development Goals will not be achieved without ensuring universal access to SRH, rights and HIV prevention, treatment, care and support. A matrix which highlights linkages between SRH, rights and HIV is shown below.

Linkages between SRH programmes, HIV and rights related activities lead to a number of important public health, socio-economic and individual benefits like:

- improved access to and uptake of key SRH and HIV services;
- reduction in HIV, gender, social class, ethnicity and age related stigma and discrimination;
- improved coverage of underserved / vulnerable / key populations;
- improved quality of care;
- decreased duplication of efforts and competition for resources;
- better understanding and protection of individual rights;
- enhanced programme effectiveness and efficiency;
- better utilization of scarce human resources for health.

The matrix below provides an overview of inter-linkages between reproductive health relevant thematic areas

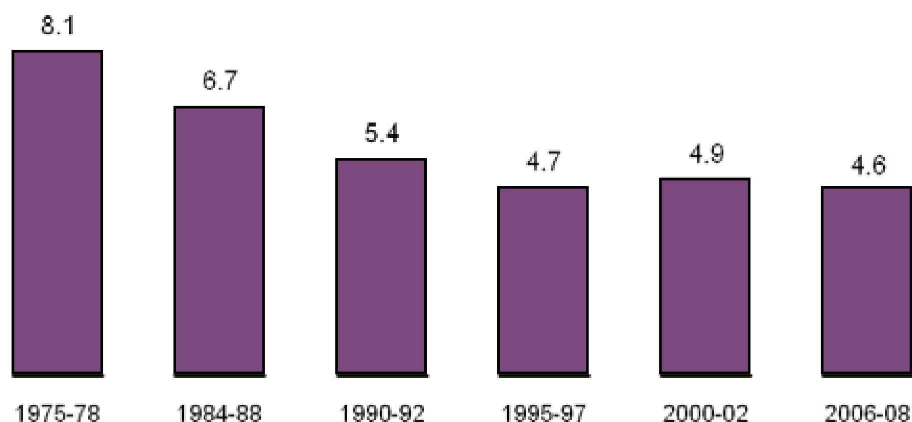
	HIV prevention education & condoms	HIV counselling & testing	PMTCT	Clinical + Home-based care for PLWHA	Psychological care for PLWHA	Human Rights
Maternal + Newborn Health	X	X	X	X	X	X
Family Planning	X	X	X	X	X	X
Adolescents + Youth	X	X	X	X	X	X
GBV prevention and management	X	X	X	X	X	X
Reproductive Tract Infections	X	X	X	X	X	X
Infertility	X	X	X	X	X	X
Cancers of Reproductive Health Organs	X	X	X	X	X	X

Annex 6: Preliminary Report of Kenya Demographic and Health Survey, 2008

The preliminary report of KDHS of 2008 shows some changes in the mortality and fertility trends as highlighted in the tables below:-

a. Fertility trends in Kenya

Figure 1 Trends in Total Fertility Rate, Kenya, 1975-2008 *

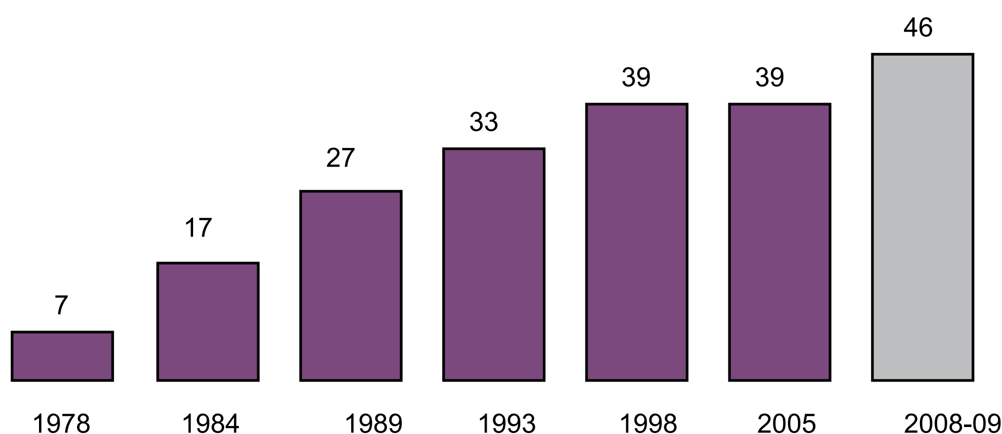


* The first four surveys excluded North Eastern Province and several northern districts in Eastern and Rift Valley Provinces, while the data for 2000-02 and 2006-08 include thie entire country.

Figure 1 shows the decline in the TFR from a high of 8.1 births per woman in the 1975-78, to 6.7 births in the 1984-88, 5.4 in 1990-92 and 4.7 in 1995-97, followed by a rise to 4.9 in 2000-02 and a decline to 4.6 for 2006-08.

b. Contraceptive prevalence rates

Figure 4 Trends in Contraceptive Use, Kenya
(percentage of currently married women using any method)



* Data from the first five sources omit several northern distircts, while the 2003 and 2008-09 KDHS surveys represent the entire country

The survey data show a sizeable increase in contraceptive use, from 39 percent of married women in 2003 using any method to 46 percent in 2008-09.

c. Maternal Health

Figure 5 Trends in Maternal Care Indicators, Kenya

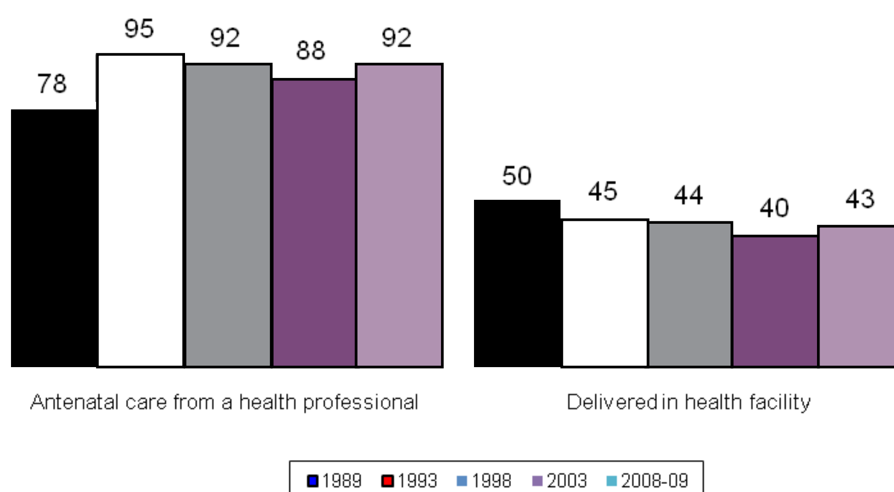


Figure 5 shows the trends in key maternity care indicators between the 1989 and 2008-09 KDHS surveys. The proportion of mothers reporting they received antenatal care from a health professional has increased slightly between 2003 (88 percent) and 2008-09 (92 percent). The percentage of births occurring in health facilities has also increased slightly from 40 percent in 2003 to 43 percent in 2008-09.

d. Infant and childhood Mortality trends

Table 1 Trends in early childhood mortality rates

Infant and under-five mortality rates, Kenya, 1994-2007

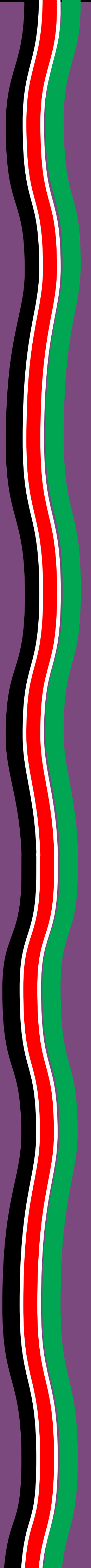
Survey year	Approximate calendar period	Infant mortality ($_1q_0$)	Under-five mortality ($_5q_0$)
1998	1993-1997	74	112
2003	1998 - 2002	77	115
2008-09	2003 -2007	52	74

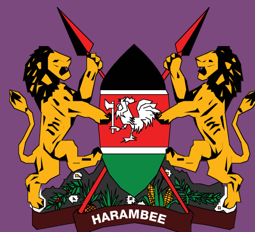
Note: Data for the 1998 survey exclude several northern districts

The rates observed in this survey on childhood mortality indicators show a remarkable decline in levels of childhood deaths compared to the rates observed in the 2003 and 1998 KDHS surveys (Table 6). For example, the infant mortality rate decreased to 52 deaths per 1,000 live births in 2008-09 from 77 in 2003. Similarly, the under-five-mortality rate decreased to 74 deaths per 1,000 live births in 2008-09 from 115 in 2003. The trend implies that the continuing deterioration in the quality of life amongst the Kenyan population that had been witnessed in the earlier surveys has started a reversal. The improvement in child survival is corroborated by increases in child vaccination coverage and in ownership and use of mosquito bed nets (see later sections), both of which have been shown to reduce child mortality.

(Footnotes)

1 Draft Reproductive Health Strategy 2009 -2015
2 KAIS 2007
3 Ibid
4 Ibid
5 KAIS 2007
6 Ibid
7 Draft Reproductive Health Strategy 2009 - 2015
8 Ibid
9 KDHS 200





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