

Country context Kenya



Right: Meggy Onyango, Medical lab technologist at FHOK Family Care & Medical Centre.

ADAM PATTERSON | PANOS

Kenya's population will more than double over the next 35 years. According to the UN, Kenya will be home to 47 million people in 2015; 66 million in 2030; and 97 million in 2050.



In numbers



SOURCE: IPPF VISION 2020 DATA TRACKER 2013

To address this challenge, it will be critical for the government to invest in reproductive health services and empower girls, as well as keep them in school. While infrastructure is often the focus of investment, without ensuring adequate supplies and staff, the needs of the population will not be met.

Kenya is already making good progress. Government policy on reproductive health has been positive and proactive for a long time.

The 2010 Constitution guarantees the rights of an individual to the highest attainable standards of health, including reproductive health, family planning information, services and supplies.

Kenya also has a number of policies and strategies that seek to promote access to family planning services, including the National Reproductive Health Policy 2007, to be implemented through the National Reproductive Health Strategy 2009–2015.

The Kenyan national government budget for family planning increased from US\$6 million in 2011 to US\$8 million in 2012/2013. Budget allocation for family planning commodities grew from US\$2.5 million for 2005/2006 to US\$6.6 million for 2012/2013. This leaves Kenya an estimated funding gap of 60%.

Availability and accessibility of contraceptives in Kenya is mainly hindered by insufficient funding, weak distribution systems, lack of reliable monitoring and data collection mechanisms, and cultural and knowledge barriers.

To achieve its medium and long-term development goals for health, poverty reduction, gender equality and environmental sustainability, Kenya, like many other countries, must regard family planning as a critical component of its overall economic development policy.

JOINING VOICES

Delivering family planning in Kenya



Beatrice Akoth with her eldest daughter Elizabeth

ADAM PATTERSON | PANOS

Lifting the burden

41-year-old Beatrice Akoth lives with her nine children in a two-roomed mud house on the outskirts of Kisumu town. Most people in Kisumu are poor and unemployed.

'If I had known about family planning I think I would just have had three. It has been very hard bringing up these children,' Beatrice says.

With nine children, and an unemployed husband, it was becoming increasingly impossible for her to feed, clothe, educate or even house her big family.

'I did not know who to turn to. But one day, out of the blue, I overheard a group of women chatting about family planning', Beatrice recalls.

She had heard all the old wives tales about the side effects of family planning: infertility, abortion, cancer. These myths are deeply rooted in the local culture.

This time Beatrice decided to find out about family planning for herself.

She visited the Family Care Medical Centre – run by Family Health Options Kenya – in Kisumu town the next day and, after counselling, left with a contraceptive implant.

What she didn't know is that her eldest daughter Elizabeth had also visited the Medical Centre.

'I had watched the suffering our family was going through; lack of food, medical care, school fees, poor housing. My mother was suffering a lot and my heart too was hurting a lot' says Elizabeth.



www.fhok



www.ippfar.org



www.ippf.org

'...why make a bad situation worse?'

Elizabeth Akoth

'My eight siblings and I share a single-room in a mud house built in a swampy area where we have learnt to live with frogs and snakes during the wet season. It's really, really bad. So, why make a bad situation worse? I might meet a man and one thing could accidentally lead to another, so I went to find out about family planning services without informing my mother,' she says.

She decided on a contraceptive injection. She says now she feels that it has given her a chance to plan her future.

With contraception under control, Elizabeth's main concern now is to raise enough money to finance her education.

'I want to train as a caterer. That way I will be able to increase my family's income.'

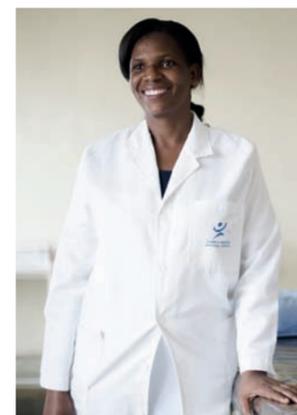
'I would never, ever wish my children or my friends' children to go through what my siblings and I have gone through. We have been through hell, but thanks to FHOK, the Family Care Medical Centre and my mother's support, our burden is now much lighter' Elizabeth says.

Right: Beatrice Akoth
Below: Elizabeth Akoth
Bottom: Beatrice's sons on their way to sell maize in Kusumu
ADAM PATTERSON | PANOS



Family Health Options Kenya (FHOK) is a Kenyan-registered non-governmental organisation (NGO) which has been a leading service provider of sexual and reproductive health services in the country for about five decades.

Family Health Options Kenya



FHOK, a member association of IPPF, operates 14 medical centres throughout the country, including the Kisumu Family Care Medical Centre.

FHOK has been forced to scale down some of its operations over the last few years due to financial constraints.

'The unmet family planning needs of Kenyans remain high at 28%', says Dr Richard Murage, the FHOK director of clinical services.

Dr Murage says for every four women who want to get family planning in Kenya, one cannot access the service.

'Without increased funding we will be forced to downsize even further', he says.

Despite these challenges Kisumu Family Care Medical Centre remains vibrant. Clinician Dinah Odoyo says her team is the leading provider of sustainable, innovative and comprehensive sexual and reproductive health services to the residents of Kisumu.

One of Dinah's most intricate tasks has been to dispel myths and misconceptions about family planning that are ingrained in the culture of the local Luo people.

'We have to convince the people that family planning does not cause infertility; that it does not make a man impotent; that it is not abortion; that it does not lead to delivery of abnormal children; that it does not lead women to sex work. This has been an uphill task', says Dinah.

In order to accelerate access to family planning services, Dinah and her team in Kisumu have recently rolled out an outreach programme which means taking services to the people, especially women, who are unable to travel to the Centre.

'We send family planning champions to the community. They educate women on their reproductive rights, right there in their homes. The results have been very encouraging with more and more women accessing family planning services'.

Apart from dispelling the myths and misconceptions about family planning, Dinah and her team at FHOK have succeeded in educating women on how family planning increases education and economic opportunities for them, leading to healthier families and communities.

'The focus of our message is that family planning is a vital component of national and international health and development'.



Top and above: Janet Okumu, Pharmaceutical Technologist at FHOK Family Care & Medical Centre.
Left: FHOK Family planning clinician, Dinah Odoyo

ADAM PATTERSON | PANOS

'We have to convince people that family planning does not cause infertility ... does not make a man impotent ... is not abortion ... does not lead to delivery of abnormal children ...'

Dinah Odoyo