



# KENYA



## Service Provision Assessment Survey 2004

Maternal & Child Health,  
Family Planning and STIs

# Kenya Service Provision Assessment Survey 2004

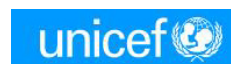
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Nairobi, Kenya**

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<sup>1</sup> See the 2004 Kenya HIV/AIDS SPA final report for the HIV/AIDS findings and the survey instruments (Muga et al., 2005).



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## Foreword

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The 2004 Kenya Service Assessment (KSPA) is a follow-up to the 1999 KSPA, conducted in conjunction with the 2003 Kenya Demographic and Health Survey (KDHS). The information from the KSPA gives an indication of our progress towards attaining the Millennium Development Goals (MDGs).

The KSPA was designed to provide national and sub-national information on the availability and quality of services from a representative sample of 440 health facilities. These facilities included hospitals, health centres, dispensaries, maternities, clinics and VCT centres. The managing authorities of these facilities included the government, NGOs, and private and faith-based organisations (FBOs). The facilities were stratified by province and by district.

The services of interest to the KSPA included child health, family planning, maternal health (antenatal and delivery care), STIs, TB, and HIV/AIDS. There was a deliberate over-sampling of the facilities offering VCT, ART and PMTCT services.

The survey included interviews with the service providers, observations of a sample of consultations between the health providers and clients seeking these services, and interviews with clients after they were served. The preliminary findings were first reviewed with the health service providers, programme managers, and policymakers in preparation for national dissemination of the study report.

Although most of the facilities were equipped to provide primary health care and had essential commodity supplies and drugs available, the survey identified major weaknesses that require immediate remedy if we are to improve the quality of health service delivery.

In the National Health Sector Strategic Plan (NHSSP), reproductive health has been identified as one of the priority packages that the Ministry of Health will address. This KSPA report is therefore an important tool in the nation's efforts to address reproductive health concerns. Areas of intervention that may make a difference have been proposed and are included as recommendations.

It is hoped that policy and programme managers will focus on the problems identified through the two KSPA and recent DHS surveys to ensure that implementation of activities in the proposed areas of intervention is done in a coordinated manner. To this end, we are urging all stakeholders to play an active role in trying to close the gaps in the provision of high quality reproductive and child health services to the Kenyan population.



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Of particular note and acknowledgement is the assistance offered in designing the survey instruments and in collecting, processing and analyzing the information. In this regard, we are truly grateful to the representatives from collaborating government ministries, universities, local and international NGOs, UNICEF, USAID, participants, and individuals.



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## Key Findings

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The 2004 Kenya Service Provision Assessment Survey (KSPA 2004) was conducted in a representative sample of 440 health facilities throughout Kenya. The survey covered all levels of facilities from dispensaries to hospitals and included government, private for-profit, non-governmental (NGO) and faith based organisation (FBO) managed facilities. The KSPA used interviews with health service providers and clients, as well as observations of provider-client consultations, to obtain information on the capacity of facilities to provide quality services and the existence of functioning systems to support quality services. The areas addressed were the overall facility infrastructure and resources, child health, family planning, maternal health services and services for specific infectious diseases (STIs, TB and HIV/AIDS). There was a special module on HIV/AIDS.

The objectives of the survey was to assess the strengths and weaknesses of the infrastructure and systems supporting these services, as well as to assess the adherence to standards in the delivery of curative care for sick children, family planning (family planning), antenatal care (ANC), and consultations for STIs.

The KSPA 2004 was undertaken jointly by the National Coordinating Agency for Population and Development (NCAPD), the Ministry of Health (MOH) and the Central Bureau of Statistics (CBS), with technical assistance from ORC Macro under the MEASURE DHS project. The United States Agency for International Development (USAID), the British Department for International Development (DfID) and the United Nations Children's Fund (UNICEF) provided financial support for the survey.

### Facility-Level Infrastructure, Resources and Systems

- Over half of all facilities offer the full package of services. The service most widely available are curative care for sick children, growth monitoring, child immunisation and adult STI services. Antenatal care and family planning services are slightly less available. Facility-based delivery services are available in just a third of all facilities, available in over 90 percent of hospitals. Almost all facilities had at least one qualified provider available. 24-hour emergency services are available in 57 and 59 percent of hospitals and maternities, respectively.
- Regular electricity or back-up generator is available in about half of facilities, mostly in hospitals and VCT facilities. Regular year-round water is available in only a quarter of facilities, however, client comfort amenities (client latrine, protected waiting area, basic level of cleanliness) are available in about 9 in 10 facilities.
- Routine Management committee meetings are held at least once every 6 months in about two-thirds of facilities, however, documentation of such meetings are missing in most facilities. Routine Management board meetings are held in less than half of facilities. Quality Assurance (QA) activities are not routinely carried out in most facilities and documentation of QA activities are missing as well in most facilities that report QA activities.
- Almost 9 in 10 facilities have routine external supervision at least once every 6 months, mostly government and NGO-managed facilities and about three-fourths of facilities provide routine in-service training to their staff.
- Only a small percentage of facilities had all items for infection control in service delivery areas with soap and disinfecting solutions the items usually missing, thus contributing to overall weak-



ness. Waste disposal is also inadequate in most facilities, particularly in health centres, dispensaries and in government facilities.

- Approximately three-fourths of facilities storing vaccines have adequate systems for monitoring vaccine storage temperature however 22 percent of facilities did not have refrigerator temperature in recommended range of 0°-8°C on the day of the survey. Among facilities storing contraceptive methods, 92 percent had adequate storage conditions, where items are stored in dry location, off the ground and protected from water, sun pests and rodents.
- Guidelines/protocols and visual aids are missing in most service areas and are not observed being used by providers in most facilities. The exception is the availability of visual aids in family planning service delivery areas. Guidelines for disinfection and sterilisation are missing in most service areas where items are sterilised or disinfected
- Community participation in management meetings and client feedback is rare, with less than half of government facilities having community participation in some management meetings.

### **Child Health Services**

- More than three-fourths of facilities offer the child health services of curative care, immunisation, and growth monitoring, with curative care being the most frequently offered child health service. Child immunisation is lowest in facilities in Nairobi province and private for-profit facilities are the least likely to offer immunisation services.
- Among facilities offering immunisation services and storing vaccines, 85 percent had all basic EPI vaccines available, and almost all those facilities that only offer immunisation services (but do not store vaccines) had adequate supplies of syringes and needles, and cold box with ice packs. Three-fourths had all assessed items for infection control (soap, water and sharps box) in the immunisation area with soap most often missing.
- Treatment guidelines of any kind (including IMCI treatment guidelines) are available in only 22 percent of facilities offering curative care for sick children. IMCI counselling cards for providers and IMCI mother cards are each available in only 5 percent of facilities. Similarly, visual aids for client education are lacking, available in less than 30 percent of facilities. Only 9 percent of interviewed child health providers had received any in-service training related to IMCI in the past 12 months.
- All first-line medicines are available in 83 percent of facilities however pre-referral medicines are less available, found in only a quarter of facilities offering outpatient care for sick children. Fansidar (SP) is more available as a first-line antimalarial medicine compared to amodiaquine.

### **Family Planning Services**

- Three-fourths of facilities offer some modern method of family planning. The combined oral pill, progestin-only injection and the male condom are the most widely offered methods in Kenya, available in almost 9 in 10 facilities. The majority of facilities offering these methods had them available on the day of the survey. Nine in 10 facilities offering family planning methods offer them 5 or more days per week.

- Infrastructure and resources considered important for family planning counselling (privacy, individual client cards, written family planning guidelines and family planning-related visual aids) are all available in just 1 in 5 facilities, with family planning guidelines most lacking. Visual aids, though widely available in family planning service sites, are rarely used by providers during family planning counselling sessions, observed being used during only 14 percent of family planning consultations.
- All items for infection control (hand-washing supplies, latex gloves, disinfecting solution and sharps box) are available in family planning service areas of 4 in 10 facilities. The items most lacking are disinfecting solution and soap. Less than 10 percent of facilities offering family planning have all items for client pelvic examination.
- In-service training received by family planning service providers is uncommon, with less than a third having received any such training in the past 3 years.

### **Maternal Health Services**

- Antenatal care (ANC) services are offered in four out of five facilities in Kenya, however, ANC, postnatal care (PNC) and tetanus toxoid vaccine services are available in only a third of all facilities.
- Three-fourths of facilities offering ANC services have service providers who can diagnose and treat STIs, however just a quarter of these facilities have at least one medicine to treat each of the four major STIs (trichomoniasis, chlamydia, syphilis and gonorrhoea). Medicine for treating gonorrhoea is most often lacking.
- Only 36 percent of interviewed ANC clients reported being counselled on warning/danger signs during pregnancy and 51 percent were counselled on delivery plans.
- Two in five facilities offer normal delivery services, and 39 percent of facilities offering delivery services have blank partographs. Only 13 percent have medicines for managing serious delivery complications, and 56 percent have newborn respiratory support (infant sized Ambu bag).
- Only six percent of interviewed providers of normal delivery services were able to mention all four signs/symptoms of postpartum haemorrhage (PPH) and 12 percent were able to mention all four expected interventions.

### **STI, TB and HIV/AIDS Services**

- STI services are available in approximately 9 in 10 facilities and are well integrated into ANC and family planning services. The primary location of STI services is the general outpatient department (OPD), with specialized STI service sites being rare. STI services are available five or more days a week in almost all facilities offering the services. However, only about one-fourth of facilities have at least one medicine available for treating each of the four major STIs, and medicines for treating gonorrhoea and candidiasis are the most lacking.
- About one-third of facilities offering STI services have all items to support quality STI counselling. STI guidelines are usually available; however, visual aids and condoms are commonly miss-

ing. They are available in the STI service sites of only 52 and 60 percent of facilities, respectively.

- The majority of facilities use the syndromic approach to diagnose and treat STIs. Discussions of any kind about condoms or HIV/AIDS were held during 70 percent of all STI client consultations and approximately 60 percent were counselled on risks of HIV/AIDS. Though condoms were offered to 21 percent of all STI clients, only 17 percent were counselled on its proper use.
- About one-third of facilities have all items for infection control at STI service sites, with disinfecting solution and soap the items most often missing
- Less than half of facilities offer any TB services, with 27 percent using the Directly Observed Treatment Short-Course (DOTS) strategy. Approximately two-thirds of those offering TB services have all first-line medicines, but only one-fourth have both first- and second-line medicines.
- While a third of all facilities have an HIV testing system only about one-fourth provide any PMTCT services. Antiretroviral therapy (ART) and post-exposure prophylaxis (PEP) are among the least offered HIV/AIDS services.

## Abbreviations

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AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ARI	Acute respiratory infection
ART	Antiretroviral treatment
ARV	Antiretroviral
BCG	Bacille de Calmette et Guérin
BEOC	Basic essential obstetric care
CBS	Central Bureau of Statistics
CEOC	Comprehensive essential obstetric care
DfID	Department for International Development
DHS	Demographic and Health Surveys
DOTS	Directly Observed Treatment, Short-course
DPT	Diphtheria, pertussis, and tetanus
EmOC	Emergency obstetric care
EPI	Expanded Programme on Immunisation
FHR	Foetal heart rate
FP	Family planning
HIV	Human immunodeficiency virus
HLD	High-level disinfection
IM	Intramuscular
IMCI	Integrated Management of Childhood Illnesses
IUD	Intrauterine device
IV	Intravenous
KSPA	Kenya Service Provision Assessment
MOH	Ministry of Health
MTCT	Mother-to-child transmission
NCAPD	National Coordinating Agency for Population and Development
NGO	Non-governmental organisation
OPV	Oral polio vaccine
ORC	Opinion Research Corporation
ORS	Oral rehydration salts
PEP	Post-exposure prophylaxis
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PNC	Postnatal care
QA	Quality assurance
RPR	Rapid plasma reagin
RTI	Reproductive tract infection
SC	Curative care for sick children
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendant
TT	Tetanus toxoid
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
VDRL	Venereal disease research laboratory
WHO	World Health Organisation

