

VOICES FROM THE GLOBAL SOUTH

Highlights of an interview by Christian Connections for International Health (CCIH)

GOOD PAST PROGRAMS ARE NOW DECLINING

*Dr. Samuel Mwenda, Executive Director
Christian Health Association of Kenya (CHAK)*

CCIH: Have family planning emphases and services declined in Kenya?

Dr. Mwenda: Yes, from the time in 1999 that HIV was declared a national emergency. Family planning was very significantly affected. It is no longer offered in the communities. Family planning is no longer a priority intervention for improving maternal and family health.

CCIH: Have US government policies affected family planning in Kenya?

Dr. Mwenda: Yes. We used to do community-based distribution of contraceptives and substantial support for capacity building on family planning methods. Also the international funders now fund HIV, malaria, and TB. We need a change of policies on a global scale. We need investment in reproductive health in general. Our Kenyan government tries, but they can't do it alone.

CCIH: What more would CHAK like to do?

Dr. Mwenda: Help our member health facilities to address reproductive health needs and to improve the quality of their services. We have many requests for updates (not necessarily basic training) on reproductive health. Good materials are available from WHO and others, but they require full 2-3 week training courses away from the job. Such courses are VERY expensive and not really needed in Kenya. Instead of long courses, we need:

- Supplies – it's no good to teach people, then be unable to meet the demand
- Technical assistance and supervision
- Salary support subsidies
- Monitoring & evaluation
- Community mobilization (A KEY NEED) – Kenyans no longer get FP messages through the media. We need such publicity, but the messages must be backed up with services and commodities!

CCIH: What are the obstacles to doing what CHAK would like to do?

Dr. Mwenda: Funding. CHAK member health facilities receive contraceptives and supplies from the Ministry of Health, which receives them from overseas donors. But those donors do not support logistics, health workers, or training. And even the commodities they send are often in short supply. We also need capacity building and incentives for Community Health Workers and retention strategies. We can do so much more if we have the resources.

The full CCIH survey report is available at www.ccih.org/Working_Groups/FP-RH_Survey_index.htm