



ICEC Worldwide Case Studies: Kenya

Collaboration Is the Key to Success

As a result of collaboration between the Consortium, the Kenyan Ministry of Health, and the private sector, Postinor-2 is now widely available in Kenya.

When the International Consortium for Emergency Contraception set out to introduce Postinor-2 in Kenya, the country appeared well-suited to the introduction of emergency contraception. A Kenya EC Consortium, which included local and international NGOs, the Ministry of Health, the University of Nairobi and the local Postinor-2 distributor, used the Consortium's nine-step framework for introducing emergency contraception.

When the project began in 1996, the Ministry of Health and public leaders expressed concern about the lack of research on emergency contraception in Kenya and other African countries. Some were also apprehensive about the potential for community backlash and controversy, as contraception historically has been sensationalized by the Kenyan media. A baseline assessment of attitudes and knowledge of emergency contraception among policy makers, public- and private-sector providers, family planning clients, and university students demonstrated that less than 50 percent of service providers and only 10 percent of clients knew about emergency contraception.

Local Consortium partners met with Ministry of Health officials and the Poisons and Pharmacy Board of Kenya to discuss at length the information about worldwide experience with emergency contraception and the advantages and disadvantages of promoting emergency contraception. These face-to-face discussions, combined with the Consortium's authoritative information packet, were pivotal in obtaining Ministry of Health approval and support for the introduction project, which in turn facilitated the approval process for Postinor-2.

In Kenya, since Postinor had been registered and distributed in the private sector since 1992, the registration of Postinor-2 could be obtained through an amendment process. This process was accelerated by a letter of support from Kenya's Director of Medical Services in the Ministry of Health. In April 1997, Postinor-2 was approved.

Due to concerns of potential controversy, the Consortium took a low-key approach to Postinor-2 introduction, making the newly packaged Postinor-2 product available through a limited number of family planning clinics in the Nairobi area, including two university health centers and several FPAK clinics. After an initial surge in emergency contraceptive pill provision, activity tapered off.

Experience with the initial low-profile introductory approach indicated that an expanded distribution through both public- and private-sector outlets was appropriate. Globe Pharmacy, the Gedeon Richter distributor, began to actively promote the method through 375 pharmacies. Consortium partners also sought to ensure that service providers were trained to offer emergency contraception appropriately and effectively. Pathfinder and PATH provided initial training to 39 service providers from 15 sites, with "on-the-job" training provided to an additional 200 providers. Eighteen half-day on-site training courses were later used to train 200 additional staff members. The training was supported by English and Swahili materials developed by PATH for clients and service providers.

After one year on the market, 3,500 packets of Postinor-2 were being sold each month through 27 clinics and 375 pharmacies. To build sustainability, the Consortium assisted the Ministry of Health with incorporating emergency contraception guidelines into the national Reproductive Health/Family



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Planning Policy Guidelines and Standards for service providers and other relevant policies. Despite these efforts, as of 2003, Kenya's national Demographic and Health Survey indicated that EC was still the least well-known contraceptive method in Kenya.

UPDATE 2006:

In 2005, the Kenyan Ministry of Health purchased 700,000 packets of Postinor-2 to be used by the public sector and non-governmental services. Stocks of Postinor-2 are now available to all public health facilities, youth centers, and in newly established sexual assault and rape clinics.

EC has also attracted some negative media attention. Reports state that EC use encourages frequent and risky sexual behavior, especially among adolescents, who are the bulk of EC customers. According to one newspaper, young women in Nairobi were so regularly and repeatedly engaging unprotected sex that they were "using [EC pills] like chocolate." To test these assumptions, in 2005 *ECafrique* conducted a rapid assessment of EC use among three hundred secondary, university, and out-of-school girls in Nairobi. Results demonstrated that while 74% knew about EC, less than 9% had actually used it. The proportion of those who used EC repeatedly in the past month was even lower, suggesting that there is no "epidemic" of EC abuse in Nairobi. The evidence does, however, highlight the centrality of the private sector in ensuring EC access, with nearly all (91%) of those who used EC obtaining it from a pharmacy.

ECafrique is a bilingual (French/English) international network of health care and business professionals seeking to expand the availability of quality emergency contraception information and services in Africa. This regional consortium covers both Anglophone and Francophone Africa and currently includes over 200 institutional members, with a mailing list of over 2,000 names. To learn more, visit the website www.ecafrique.org.

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