

# KENYA

## Spotlight on Family Planning: Tracking Progress on the FP2020 Pledges

The Spotlight on Family Planning series offers a snapshot on progress governments have made in delivering on their FP2020 pledges, made at the London 2012 Family Planning Summit.

Family Health Options Kenya (FHOK, the IPPF Member Association in Kenya), the Centre for the Study of Adolescence (CSA) and other civil society organizations (CSOs) have identified a number of 'high priority' pledges: progress towards these pledges is critical for increasing access to modern family planning (FP) methods. The table shows achievements and failures in delivering on these promises.

### Kenya's FP2020 pledges

### Government of Kenya's progress on its FP2020 pledges

### What has civil society achieved?

Every person has the right to the highest attainable standard of health

- Implemented legal and policy frameworks, and allocated budget to FP, which contributed to 1,000 new health facilities.
- Failed to act on the severe shortage of health workers and poor working conditions in the health sector and to take action to recruit 12,000 health workers; as promised at the Human Resources for Health Conference in 2013 (Brazil).

- Advocated for FP budgets in Kisumu and Busia
- Supported the development of the Busia reproductive health strategy
- Demanded that sexual and reproductive health and rights (SRHR) be prioritized in the proposed health bill, currently under consideration by the national assembly.

Enhance the participation of local communities in the Health Sector Services Fund (HSSF)

- Collaborated with pharmaceutical companies and NGOs to improve the reproductive health commodity supply chain.
- Public health facilities now offer Implanon NXT (long-acting contraceptive).
- Conducting public consultations and discussing budget allocation for the Health Sector Service Fund with civil society.

- Organized civil society consultations in four counties. As a result, underserved groups have better awareness of the Health Sector Service Fund.
- FHOK and the CSA shared the results of these consultations with county health management teams.

Scale up the voucher system for health care in five counties

- Expanded the voucher system to an additional seven districts (in Kisumu county: Nyando, Nyakach, Muhoroni; in Kitui county: Mwingi, Kyuso, Mumoni and Tseikuru)

- Advocated for the voucher system to be introduced in an additional five counties.
- Testing the voucher model in two areas (Kisumu and in the Coastal region).

Establish a Youth Empowerment Centre in each constituency

- Established 48 new facilities for youth empowerment centres by 2014, but these facilities are being used for other purposes.
- Failed to operationalize the Adolescent Reproductive Health Policy (2015).

- CSA is demonstrating a model youth centre to government actors and conducting an audit of existing Youth Empowerment Centres.
- FHOK is implementing advocacy initiatives related to youth-friendly services in nine counties.



# Gaps in the FP2020 pledges and recommendations for government action

The government has made some progress towards its pledges, but existing efforts are not enough to deliver on its promises by 2020. In addition, other problems and gaps have emerged. The government must address these problems urgently.

Civil society calls on the government to:

- 1 Respond to severe shortages of health workers and poor working conditions in the health sector.** Recruit 17,000 health workers by 2017 and an additional 40,000 community health extension workers by 2017 (in accordance with promises made at the Human Resources for Health Conference in Brazil, 2013).
- 2 Improve the procurement and supply of FP commodities.** Currently, Kenya can access FP commodities for free, but only when they are ordered alone. The Kenya Medical Supplies Authority (KEMSA) often orders FP supplies with other essential supplies, and as a result the government has to pay for them, wasting valuable resources.
- 3 Accelerate the training of trainers on new FP technologies** to increase access to developments in family planning. New family planning technologies offer different benefits compared to modern family planning methods currently available. However, health workers must be trained to deliver them.

## Where we are now

The following nationwide statistics<sup>1</sup> reflect, in part, recent government improvements to family planning services.

### Indicator measure in 2013



53% CPR (modern methods) among married women



18% of women, aged 15-19 years, have had a birth or are pregnant with their first child



18% of married women have an unmet need for family planning

<sup>1</sup> Kenya Demographic Health Survey 2014

## FHOK's contribution to SRH services

FHOK fulfills an important role in meeting demand for sexual and reproductive health services. For example:



FHOK provided 103,654 couple years protection in 2014, a 53% increase from 2013



FHOK delivered 1,861,407 SRH services in 2014, a 61% increase from 2013



FHOK served 63,243 new family planning users in 2014

## CSA's contribution to SRH services

CSA works in partnership with public facilities to provide FP services and to train health workers. In 2014, CSA:



Trained 400 educators to deliver SRHR education



Delivered SRHR education to 88,250 individuals



Trained 1,110 service providers to deliver SRH services

## Stories from the field



"Family planning could go a long way towards helping adolescent girls and youth to make informed decisions about their sexuality," said a Health Officer at a health facility in Rachuonyo North, Homa Bay County. "We are desperately in need of more staffing for efficient delivery of family planning services. Homa Bay is one of the counties with the highest prevalence of adolescent pregnancy. Young girls are having sex. The girls seek out partnerships because they are helpful, economically, but the age disparity is associated with increased pregnancy rates for girls between 15 and 19 years."

Elizabeth, a Facility In-charge Officer at the Makadara Health Centre near Nairobi, says: "Previously, we could never procure enough family planning supplies from the depot, but now we can and therefore we are able to reach more people with family planning services. When we can access stock when we need it, we can ensure a steady supply of male condoms to nearby bars and to youth groups who collect them on a monthly basis."

"Government hospitals are usually not as effective as this one in providing services," said one of the patients at the Makadara Health Centre. "So far we have been able to get all our family planning needs from this facility," added another patient.

*Joining Voices* is an advocacy project that aims to safeguard and strengthen financial commitments to reproductive health and family planning, and reinforce political leadership on universal access. *Joining Voices* is facilitated on behalf of civil society by IPPF and the Countdown 2015 Europe Consortium, led by IPPF European Network.

For more information about FHOK ([www.fhok.org](http://www.fhok.org)) and CSA ([www.csakenya.org](http://www.csakenya.org))

For more information about Joining Voices: [www.joiningvoices2020.org](http://www.joiningvoices2020.org)

For more information about IPPF: [www.ippf.org](http://www.ippf.org) UK Registered Charity No. 229476

**JOINING VOICES**

