

# PROGRESS ON FAMILY PLANNING 2020 (FP2020) COMMITMENTS IN

# KENYA



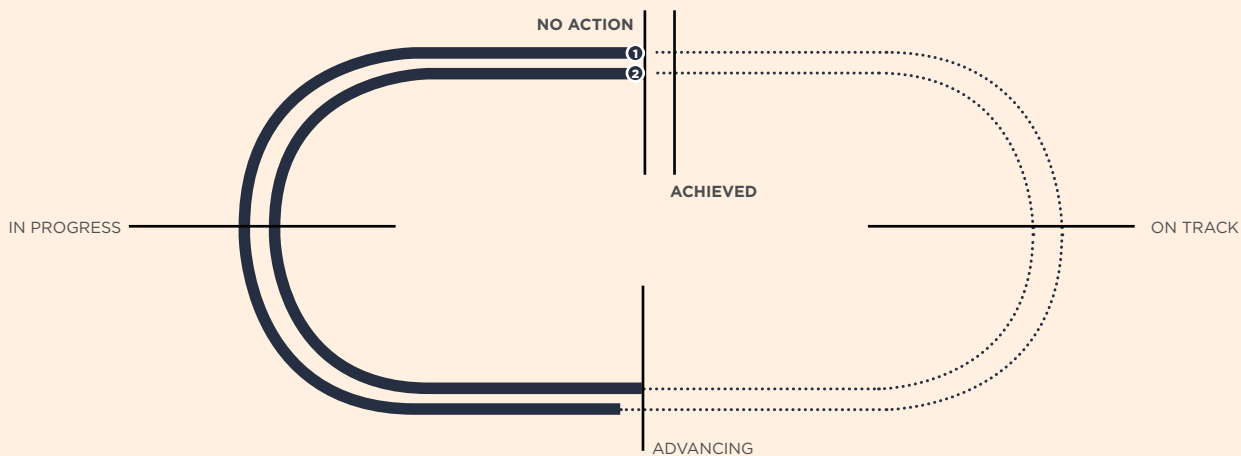
The government of Kenya commits to:

**(1)** increasing the national budget for family planning (FP) services, specifically through a budget line allocated to FP. By including contraceptives in the existing health insurance schemes, the government will bolster equitable access to FP for insured individuals. The government will also ensure postpartum FP services are covered in its Free Maternity policy, or *Linda Mama* program, which provides free care for delivery through an annual government investment of **3 billion Kenyan shillings**.

**(2)** strengthening private sector — including for-profit — partnerships through a total market approach (TMA) to optimize FP funding. Using the TMA, an all-sector strategy will differentiate groups according to their ability to pay and determine which market players can most effectively reach them. TMA cost-benefit analyses and scenario planning are also being carried out by Palladium and will be finalized before the end of 2017. This will provide information to support efforts of segmentation and improving efficiencies in FP service delivery. Most critically, the Palladium analyses will provide sufficient analysis and evidence on what is needed to move towards the implementation of a TMA for FP in Kenya.

## IS KENYA ON TRACK TO ACHIEVE ITS FP2020 COMMITMENTS?

- 1 Increase the national budget for FP services, specifically through a budget line allocated to FP
- 2 Strengthen private sector — including for-profit — partnerships through a TMA to optimize FP funding



Kenya has made steady progress on advancing the health of parents and children through access to FP. As part of its FP2020 commitment, the government disseminated the 2017-2020 national FP costing implementation plan (CIP) to all 47 counties. Through support from and collaboration with donors and civil society organizations, Kenya is also taking significant steps to ensure that reproductive health services are accessible for young people. To increase FP service delivery and distribution of commodities, the government is strengthening private sector partnerships and established a secretariat position within the Reproductive and Maternal Health Services Unit (RMHSU) to oversee implementation of the TMA.

**In addition to the Ministry of Health and the National Council on Population and Development (NCPD), partners in Kenya contributed to the development of this report:**

- 5** LOCAL NONGOVERNMENTAL ORGANIZATIONS (NGOS)
- 9** INTERNATIONAL NGOS (INGOS)
- 2** DONORS



**Increase the national budget for FP services, specifically through a budget line allocated to FP**



**Total amount for procurement of FP commodities allocated annually in the national budget since fiscal year (FY) 2016/17**

Kenya's national allocation for procuring FP commodities has reduced over time. The government allocated \$5 million in FY 2017/18, \$4 million in FY 2018/19 and \$2.4 million in FY 2019/20. The Ministry of Health, NCPD and United Nations Population Fund (UNFPA) have plans to organize a roundtable meeting chaired by the cabinet secretary for health with donors to discuss domestic financing for FP.

*Information provided by: Ministry of Health, UNFPA, U.S. Agency for International Development (USAID)*



**National budget line established for FP**

High-level advocacy efforts have been initiated by UNFPA for the government of Kenya to establish a national FP budget line.

*Information provided by: UNFPA*



**County budget lines created for FP**

Of the 47 counties, 68% have established FP budget lines. In FY 2018/19, 13 counties allocated a budget line for FP, including: Bungoma, Kakamega, Kilifi, Kwale, Machakos, Makueni, Migori, Mombasa, Nairobi, Siaya, Tharaka-Nithi, Uasin Gishu and West Pokot. Advocacy efforts for FP budget lines are ongoing in various counties such as Baringo, Nakuru and Turkana.

*Information provided by: Health Policy Plus, Jhpiego, World Vision Kenya*



**FP fully included in existing National Health Insurance Fund (NHIF) and private insurance schemes**

A roadmap for universal health coverage has been drafted, which includes FP among outpatient services to be covered by the NHIF. There are plans to conduct consultative meetings with private insurance schemes to promote the inclusion of FP in order to facilitate sustainable financing for FP commodities and service delivery. Permanent methods, such as bilateral tubal ligation, are currently covered under the *Linda Mama* program for six months after delivery. There are ongoing discussions with NHIF to expand the coverage for other methods and extend the period of postpartum coverage to one year.

*Information provided by: Jhpiego, Kisumu Medical and Education Trust (KMET), Population Services Kenya (PS Kenya), Ugunja Development Initiative*



**CIP revised**

The national FP-CIP (2017-2020) was revised and launched in March 2018.

*Information provided by: Ministry of Health - RMHSU, World Vision Kenya*



**CIP disseminated at the county level**

There were representatives from all 47 counties during the national launch of the FP-CIP, thus the meeting also served as a dissemination opportunity.

*Information provided by: National Council for Population and Development, RMHSU, UNFPA*



**County CIPs developed**

FP-CIPs have been developed and launched in 17 counties, including: Bungoma, Busia, Homabay, Kakamega, Kilifi, Kwale, Machakos, Makueni, Mandera, Meru, Migori, Mombasa, Nakuru, Nandi, Nyeri, Siaya and Tharaka-Nithi.

*Information provided by: Jhpiego, KMET, Pathfinder International, Tembea Youth Centre for Sustainable Development, Ugunja Youth Development*



**Regional county meetings held**

Currently, FP technical group working meetings are held in five regional clusters: South West, Coastal Region, Upper Eastern, North Rift and North Eastern.

*Information provided by: Jhpiego, PS Kenya and Voluntary Service Overseas (VSO)*



LEADERSHIP AND GOVERNANCE



HEALTH INFORMATION SYSTEM



SERVICE DELIVERY



HUMAN RESOURCES



FINANCE



**Private health workers' capacity to provide FP services assessed**

With support from implementing partners, the RMHSU within the Ministry of Health has identified county health care providers who have been sensitized on FP and conducted county trainings.

*Information provided by: Marie Stopes Kenya, Pharmaceutical Society of Kenya (PSK)*



**Biannual field visits to private health facilities conducted**

The government conducts biannual visits with private providers who belong to franchises such as the Huduma Poa Health Network, supported by KMET, and the Tunza Family Health Network, supported by Pharmaceutical Society of Kenya (PSK). The government also provides supervision with support from partners in the counties.

*Information provided by: Jhpiego, KMET, Ministry of Health, PS Kenya*



**Health facilities supported to provide youth-friendly services**

The Ministry of Health is deliberately working to expand access to adolescent and youth-friendly services in line with the National Adolescent Sexual and Reproductive Health Policy.

*Information provided by: Jhpiego, RMHSU, Pathfinder International, Wa-Wa Kenya, VSO*



**National FP conference held**

The government of Kenya, together with development partners, convened the International Conference for Population and Development in Nairobi that brought member states from different countries. During the conference, the president of Kenya committed to ensuring zero unmet need for FP.

*Information provided by: VSO*



**Parental and community support structures for pregnant adolescents established**

There are ongoing efforts for county governments in Samburu and Turkana to form peer-led support groups, such as an all-pregnant adolescent girls' group, mothers' group and adolescent- and youth-only groups. These structures will also include mentorship, scaling up of *Binti Shujaas* (teen mothers) as adolescent and youth sexual and reproductive health champions and strengthening community follow-up and referrals for maternal, newborn and child health and sexual and reproductive health services.

*Information provided by: Amref Health Africa, Jhpiego, Pathfinder International, Wa-Wa Kenya*



**Effective referral systems for pregnant and lactating adolescents strengthened**

Referral linkages to relevant services for pregnant adolescents have been enhanced by community health volunteers, especially in hard-to-reach areas. There is support to print, procure and distribute referral forms, protocols and referral files. Samburu county has been supported to develop a county referral strategy and Turkana county has mobilized funds and implemented the referral policy.

*Information provided by: Amref Health Africa*



**Age-disaggregated data on maternal and perinatal deaths reported annually**

Civil society organizations are providing technical assistance to health facilities and subcounties on reporting and use of District Health Information Software (DHIS)-2.

*Information provided by: Amref Health Africa, Jhpiego, Ministry of Health, Pathfinder International, PS Kenya*



**County health management teams trained in quantification and forecasting**

Pathfinder International has indicated that it will train county health management teams in quantification and forecasting in its FY 2019/20 activity plan.

*Information provided by: Ministry of Health, Pathfinder International*



**Annual quantification and forecasting of FP commodities for the public and private for-profit FP-CIP reported**

The government organizes annual forecasting and quantification workshops for FP commodities. For FY 2019/20, the workshop was held in May 2019.

*Information provided by: CHAI, In Supply, Jhpiego, KEMSA, Marie Stopes Kenya, Ministry of Health, UNFPA, PATH, PSK*



**County social and behavior change communication (SBCC) strategy developed for counties in northern arid lands (NAL)**

The SBCC strategy to address context-specific issues such as demand creation, access and utilization of FP in NAL counties has been drafted, but not yet validated or launched.

*Information provided by: Jhpiego, PSK, VSO*



**SBCC strategy monitored biannually**

The SBCC strategy has been developed at the county level and it will be adapted to the national level. Partners are currently implementing activities on the SBCC that will later be evaluated.



**FP champions trained and deployed in counties**

Various partners are supporting training and deployment of both male and female FP champions in counties. The FP champions serve strategic sectors in society and are comprised of youth, religious and cultural leaders and community health volunteers.

*Information provided by: Amref Health Africa, Jhpiego, Marie Stopes Kenya, Ministry of Health, Pathfinder International, World Vision Kenya*



**Impact of messaging on myths and misconceptions evaluated**

Currently, partners are in the implementation phase. No information available.



**Use of modern contraceptives supported by community health volunteers in villages**

With assistance from partners, community health volunteers continue to support provision of FP services in villages. However, there are sustainability challenges due to the voluntary nature of the work.

*Information provided by: Amref Health Africa through Afya Timiza project, Dandelion Africa, Omega Foundation, Pathfinder International, Kenya, PS Kenya, VSO through Delivering Sustainable and Equitable Increase in Family Planning (DSEIP) in Kenya project*



**Prominent personalities identified and engaged as FP champions**

Various partners are working with first ladies in counties as FP champions to spearhead issues of sexual and reproductive health and rights.

**Strengthen private sector – including for-profit – partnerships through a TMA to optimize FP funding**



**Reproductive Health Policy incorporating TMA for FP approved**

The 2018-2030 Reproductive Health Policy, which includes language about the TMA, has been revised and is awaiting approval.

*Information provided by: Jhpiego, Ministry of Health, PSK, UNFPA*



**Comprehensive TMA plan for FP developed and supported**

The RMHSU is prioritizing the TMA. With support from partners, a TMA secretariat housed within the unit has been set up to institutionalize the approach. A TMA plan aligned to FP2020 commitments has been drafted by the TMA subgroup, which will guide the various partners over the coming years. The TMA subgroup meets quarterly and reports to the national FP working group. Its members include the Ministry of Health; Department for International Development, USAID and UNFPA (donors); Management Sciences for Health and the Clinton Health Access Initiative, Inc. (technical support agencies); PSI and DKT (social marketing organizations); and Pfizer, Bayer, MSD, Surgipharm and Sai Pharmaceuticals (companies).

*Information provided by: Jhpiego, Ministry of Health, PSK, UNFPA*