



# PROGRESS ON FAMILY PLANNING 2020 (FP2020) COMMITMENTS IN

# KENYA

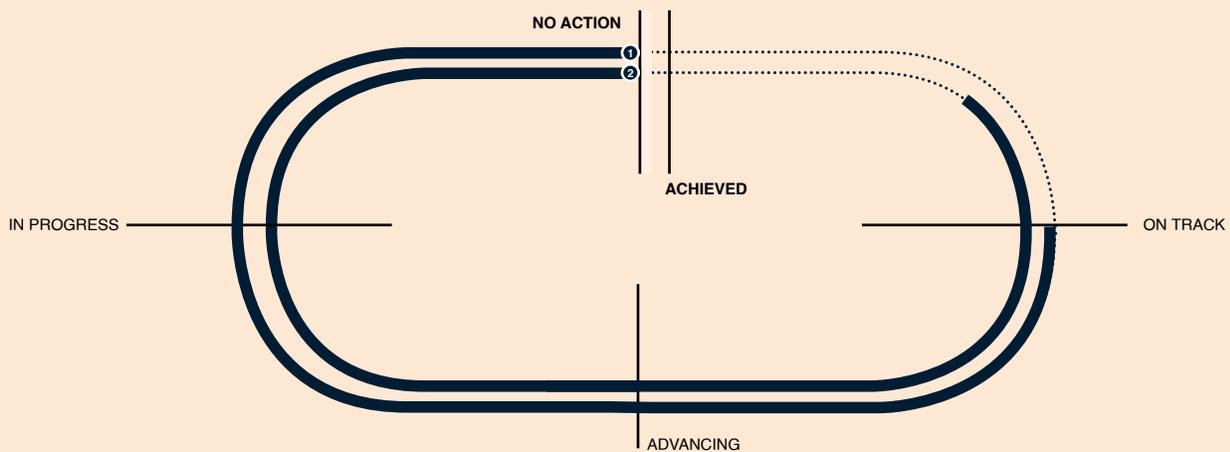
The government of Kenya commits to:

**(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 continues to make great progress toward increased uptake of FP and for period under review (2021) 61% of married women are using modern contraceptive compared to the FP2020 target of 58% <sup>1,2</sup>

The country is in the process of making new commitments for 2030 and reviewing its targets.

### The following partners contributed to the development of this report:

- 34 LOCAL NONGOVERNMENTAL ORGANIZATIONS (NGOs)
- 10 INTERNATIONAL NGOs
- 9 COUNTY GOVERNMENTS/ NATIONAL GOVERNMENT DEPARTMENTS
- 2 DONOR/UNITED NATIONS AGENCY



**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**

Government of Kenya (GoK) committed to increase budgetary support to procurement of FP commodities. GoK committed to allocate USD 7 million in 2016/17 and 2017/18 and to double this amount to USD 14.0 million in 2018/19 and 2019/20. However, in 2018/19 and 2019/20 the commitment made was not achieved as USD 3.0 million and USD 2.45 million was allocated respectively for procurement of FP commodities. In FY 2020/21 and FY2021/21, USD 8.6 million was allocated by GoK in both years for purchase of FP commodities. As for expenditure, USD 5.5million was used in FY 2020/21.



Though the Kenyan government has not achieved its target there has been some progress in increasing allocation towards procurement of FP commodities as a result of advocacy efforts by various stakeholders. For instance, the signing of Memorandum of Understanding between GoK and Development Partners with the GoK committing to progressively increase the proportion of their contribution towards FP financing while the donor proportion reduces up to 2026 when Kenya will be expected to fully finance its FP commodities.

*Next Steps:*

*Sustained advocacy towards GoK to continue honoring the MOU and allocate more funds towards FP.  
Streamline GoK processes to facilitate early release of AIE to ensure absorptions of all funds allocated.*

**National budget line established for FP**

National budget line for FP was re-established (2020) as a result of continued advocacy efforts by FP partners. FP has now been included the budget plans for the health sector with funding included in FY 2020/21 and 2021/22.



*Next Steps:*

*Maintain the FP budget line in the national health sector budget.  
Ensure incremental budget commitment in line with the MOU signed between MoH and the FP Development partners*

**County budget lines created for FP**

In FY20/21 Busia and Kisii are the new Counties that have established their FP budget lines due to partner's advocacy efforts



*Next Steps: Counties to allocate more resources towards FP activities*

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

Currently FP has been included in NHIF packages and some private insurance schemes and can only be accessed in the first six weeks after delivery and usually not reimbursed leading to challenges in accessing the services.



*Next Steps:*

*Partners to continue supporting the strengthening of NHIF while advocating for the inclusion of FP in the service package and encouraging reimbursing for FP services.*

*NHIF Should work towards making their communication more explicit in regards to accessing FP at Health Facilities.*

**Costed implementation plan (CIP) revised**

The Kenya National Family Planning Costed Implementation Plan 2017-2020 has been revised into a new FPCIP 2021-2024 and is awaiting launch and dissemination.



*Next steps: Fast track the launch and the dissemination of the CIP.*

**CIP disseminated at the county level**

The Kenya FP CIP 2021-2024 has been developed and has been signed off pending launch and dissemination to all the 47 Counties.



*Next Steps: Fast track the launch and the dissemination of the FP CIP.*

**County CIPs developed**

In 2020 no new County developed FP-CIP. However, by end of December 2020 28 out of 47 Counties (Narok, Kajiado, Isiolo, Turkana, Samburu, Busia, Bungoma, Homabay, Kakamega, Kilifi, Kwale, Machakos, Makueni, Mandera, Meru, Lamu, Migori, Mombasa, Nakuru, Nandi, Nyeri, Siaya, Tharaka Nithi, Trans Nzoia, Laikipia, Elgeyo Marakwet, West Pokot and Nyandarua) had developed their CIPs for the period 2017-2020. Nevertheless, some of the counties have started revising their FP CIPs and some have already completed the process with the support from partners for example Kakamega.



*Next Steps:*

*Counties to review and update their FP CIPs in line with the National FP CIP.*

*Sensitization to be done at the service delivery level on the FP CIP*



**Regional county meetings held**

In this reporting period regional meetings on FP were held in Siaya, Garissa, Laikipia Counties with support from different FP partners.

*Next Steps: Counties to budget for these meetings for sustainability purposes.*



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

During this reporting period a number of FP partners in collaboration with Ministry of Health have assessed the efficiency in service provision of the health workers of private health facilities and those assessed have benefited from on job training and mentorship.

*Next Steps: Integrate this with other assessments for private facility health workers.*



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

During this reporting period there was no information shared by partners on biannual visits to the private sector.

*Next Steps: Department of Reproductive and Maternal Health (MOH) and County health management teams (CHMTs) should include visits to private facilities in their work plans and also consider integrating with other activities.*



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

There has been continued collaboration between the MOH and various FP partners in supporting Health facilities to provide youth friendly, Sexual and Reproductive Health services in different Counties across Kenya.

*Next Steps:*

*More sensitization of HCWs should be done on AYSRH.*

*Policy review to allow for responsible provision of information and services.*



**National FP conference held**

The Government of Kenya in partnership with development partners convened World Contraception Day celebrations on 26th September 2021 under the theme 'leaving no one behind; Expanding sustainable access to contraceptive during Covid-19 and beyond'.



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

Different FP partners in collaboration with Department of Health Services at County offices continue to establish community and parental based structures to improve pregnant and adolescent mother's health.

*Next Steps:*

*More sensitization of HCWs should be done on AYSRH.*

*Policy review to allow for responsible provision of information and services*



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

The Ministry of Health in collaboration with partners continues to strengthen the referral system's that encourage adolescents and lactating mothers to seek better services at different Health facilities in different Counties across Kenya.

*Next Steps: More community sensitization to be done to eliminate stigma towards pregnant adolescents and more rehabilitative strategies to be implemented.*



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

The Ministry of Health continues receiving age aggregated data on prenatal and maternal death from different County and Sub County health facilities through KHIS on monthly basis with support from different partners.

For 2021, the reporting rate for MOH 711 Integrated summary report: Reproductive & child health, medical and rehabilitation services Rev 2020 is 98.1%. This is the report used by facilities in the whole country to report on maternal and perinatal deaths.

*Next Steps: Further analysis should be done in estimating the impact of FP in reducing maternal and perinatal deaths.*



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

Ministry of Health with support from partners trained County Health Management Teams in Forecasting and Quantification Nationally.

*Next Steps:*

*Counties encouraged to undertake proper F&Q for FP product and even allocate budget for the same.*

*Counties should conduct their own F&Q then the national level can just consolidate to ensure there are no stock outs or such a process could advise on which commodities to be procured at the national level.*



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

Two biannual quantification exercises were conducted in Mar and Oct 2021 by MOH with support from various partner and the report used in advocating for allocation of more resources

*Next Steps: Inclusion of the extra charges has begun and better mechanisms of estimating these costs need to be implemented.*



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

The SBCC Strategy for the NAL Counties was developed with the support from partners (DESIP) and is currently being implemented.

*Next Steps*

*National SBCC strategy needs to be developed to provide a basis upon which counties can adapt theirs.*

*More partners in collaboration with counties to work context specific strategies and implement them for better outcomes.*



**SBCC strategy monitored biannually**

The monitoring of SBCC strategy doesn't exist at the national level and for counties that have its not clear whether their implementation is being monitored.

*Next Steps: Mechanism to monitor implementation of the strategies to be developed.*



**FP champions trained and deployed in counties**

There has been continued support of various FP partners in training and deploying FP champions as agents of change in various Counties across Kenya.



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

No impact of messaging on myths and misconception study has been conducted during this reporting period.

*Next Steps: Partners doing surveys such as PMA to incorporate this in their surveys.*



**Use of modern contraceptives supported by CHVs in villages**

Ministry of Health in collaboration with FP partners in different Counties have trained several Community Health Volunteers to support in fostering the use of Modern methods of contraceptives and other FP related activities.

*Next Steps: Counties to allocate resources to train CHVs.*



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

The prominent personalities such as the First lady of Laikipia County has been championing the use of Family planning activities in Laikipia County.

*Next Steps: More advocacy and sensitization targeting leaders should be done.*



**FP demand generation activities supported in NAL counties**

Numerous outreach and advocacy activities have been implemented with the aim of increasing uptake of FP services with support from various partners across the country.

*Next Steps: More education and sensitization targeting the community to be done.*

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



**Reproductive health policy incorporating TMA for FP approved**

The National RH policy that incorporates the Total Market Approach for Family Planning has been finalized but yet to be validated and launched.

*Next Steps: There is need to validate and finalize on this policy as it has taken too long.*



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

A comprehensive Total Market Approach (TMA) plan for FP has been developed by MOH with support from partners, though it has not yet been launched thus its implementation is still pending.

*Next Steps: Need to launch and disseminate for its implementation to begin.*

Sources

• PMA KENYA (NATIONAL) RESULTS FROM PHASE 3 CROSS-SECTIONAL SURVEY \* Family Planning 2020. (n.d.). Kenya. <http://www.familyplanning2020.org/kenya>