

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF KENYA

[HTTP://WWW.FAMILYPLANNING2020.ORG/KENYA](http://www.familyplanning2020.org/kenya)



The Government of Kenya updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

COMMITMENT OVERVIEW

Voluntary, high-quality family planning (FP) can help curb rapid population growth and drive development. In recognition of these links, the Kenyan government commits to improve access to family planning services with specific commitments to (i) finalise and disseminate the family planning national Costed Implementation Plan (CIP) (2017-2020); (ii) strengthening national family planning programme by making a commitment to increase domestic financing for family planning at both levels of government and (iii) Strengthen partnership with the private sector through a total market approach to enable an increase in private sector FP delivery contributions. The government will work with partners to expand uptake of long-acting reversible methods (LARMs), improve commodities security, expand youth friendly services with a focus on adolescent girls and to scale up delivery of services for the hardest to reach groups.

Anticipated Impact

1. Increased modern contraceptive prevalence rate (mCPR) from 61% to 66% by the year 2030
2. Increase CPR for any contraceptive method. among adolescent women (15-19 years) from 40% to 50% by 2020 and to 55% by 2025.
3. Reduce teenage pregnancy among adolescent women 15-19 years from 18% to 12% by 2020 and 10% by 2025.

COMMITMENT 1: Financial and programme commitment: The government of Kenya commits to increase the portion of the national budget for family planning services, specifically through a budget line allocated to the family planning. It is noted that contraceptives are not included in the National Health Insurance Fund (NHIF) funded free maternity programme, for example. Inclusion of contraceptives in the existing health insurance schemes will increase access to FP for insured individuals, bolstering equitable access to Family Planning. The government will ensure post-partum family planning services are included as part of its Free Maternity policy (Linda Mama programme) which the Government invest 3 billion ksh annually to ensure mothers access free care at the point of delivery.

Kenya will broaden access and choice, especially in poorer regions such as Northern Kenya, by strengthening public and private health providers and through provision of long-acting and permanent methods of family planning. The Government will also scale – up its efforts to equip health providers with skills on provision of long-acting methods with close partnership with private sector providers.

The Government reaffirms its commitment in line with National Adolescent Sexual and Reproductive health policy to expand access to youth friendly services for adolescents and young people, specifically by improving existing service provision channels to provide accurate information and services on a wide range of contraceptive methods to capture diverse needs of adolescents. The government will ensure all pregnant adolescents, including the poor and ‘hard-to reach’ have access to skilled care throughout pregnancy, delivery and to ensuring postpartum family planning services are offered. The government will also enhance establishment of linkages for effective referrals to relevant services for pregnant adolescents.

Kenya will work with the national supply agency (Kenya Medical Supplies Agency) to ensure family commodities are costed before distribution to counties. The government commits to increase demand for and access to family planning among those counties in

the northern arid lands (NAL) with the lowest mCPR and highest unmet need and to improve contraceptive commodity security. This will be done with support from partners and through NHIF.

The indicators will be:

- Revised National Costed Implementation Plan(CIP) by June 2017 and launched in July, followed by county level dissemination by October 2017
- 47 Counties will have costed implementation plans by 2020 (this will have specific goals and strategies for adolescents)
- Funds are allocated for FP programme at national level- specifically - maintain domestic financing for family planning commodities as per the allocation in 2016/17 fiscal year of \$7 million for the next two years and then to be doubled thereafter, this will have tracked annually
- Family planning to be implemented fully under the NHIF Linda Mama programme by end of 2018.
- All 47 counties to have a FP budget line by 2020
- To increase the health facilities offering youth-friendly services from 10% to 30% by 2020 and 50% by 2025.

Anticipated impact

1. Proportion of women who never used modern contraception or discontinue methods declines by 10% in 10 lowest mCPR counties each year.

Proposed actions

1. To achieve the commitment above, the government will deliver high level advocacy sessions for inclusion of FP into the National Health Insurance Fund and private Insurance funds/schemes to facilitate sustainable financing for FP commodities and service delivery. The government with support from partners will continue to position family planning as a pivotal investment for national development. The Government will lead national and County advocacy forums with the Senate and Parliamentary committees at the County and National Levels to advocate for prioritization of FP and domestic funding of FP by the County and National Governments.
2. MoH will host regional county meetings based on a cluster of counties based on geographical setting to support each county to have consensus on the new FP goal and to strengthen the counties understanding on their role in contributing to the national goal.
3. MoH will work with counties to ensure that each county CIP are contributing to the national CIP.
4. The government will ensure the new FP goal is included in key policy documents (Vision 2030 Medium term plans).
5. The government with support from partners will train County Health Management Teams at the county levels and other stakeholders in forecasting and quantification, quality data management and strengthening capacity in supply chain management.
6. The Government will host a national FP conference in 2018.

COMMITMENT 2: Policy & Enabling Environment commitment: The government of Kenya commits to strengthening partnership with the private sector (including the for-profit sector) through a total market approach to optimize the use FP funding, differentiating population segments according to ability to pay and which market players are best placed to effectively reach the different population groups which the most appropriate services and products. An all-sector strategy, using the total market approach, to recommend the service delivery split among the public and non-public sectors and a robust plan to improve market conditions and to support the implementation of the selected approaches. Palladium led DFID funded project carried out a diagnostic study of Kenya's FP market and has recently concluded a study on Kenya's FP supply chain. Willingness to pay studies; TMA cost-benefit analyses and scenario planning are also being carried out by Palladium and will be finalised 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.

The indicators will be:

- Revised Reproductive health policy with consideration for the enabling environment for TMA by 2018.

- Increased market share of the commercial sector products because of TMA approach by 2020.

Anticipated Impact

1. 75% of Women of Reproductive Age(WRA) demand for FP services satisfied.

Proposed actions

1. The Government of Kenya commits to steward the TMA process by reviewing its current policy on free distribution of FP commodities to the private sector, which hinders the sector's ability to enter the market on their own. Specific actions will be agreed to control leakage of free commodities into the private market where they are resold.
2. The MoH commits to implementing a comprehensive TMA 2020 plan that will provide guidance to development and implementing partners. In addition to the Total Market Approach, other approaches, and methodologies (e.g. social franchising and social marketing will be supported to improve coverage of FP services to the underserved and marginalized groups to improve geographical coverage of services; reduce physical barriers to access and to improve existing health services.

The following text summarizes the commitment made by Dr. Cleopas Mailu on behalf of the government of Kenya at the London Summit on Family Planning on July 11, 2012.

Kenya has enshrined the individual's rights to quality reproductive health care, including family planning information, services, and supplies, in the Constitution. The government's budgetary allocation to family planning has grown from US \$2.5 million in 2005/2006 to US \$6.6 million in 2012/2013. The government is working closely with development partners to secure increased finance for family planning commodities and services. As part of the efforts to address family planning needs for the poor and hard to-reach segments of the population, the government will scale up its Voucher System which provides reproductive health services, including family planning, in five rural and urban districts in Kenya. The government has already established over 70 Youth Empowerment Centres. The target is to have one in each constituency to provide a one-stop-shop for youth friendly information, including family planning. The target is to increase the contraceptive prevalence rate from 46 percent to 56 percent by 2015.

OBJECTIVES

1. Provide equitable and affordable quality RH including FP services information and supplies to its segments of the population who need them.
2. Increase contraceptive prevalence rate from 46 percent in 2009 to 56 percent in 2015 and 70 percent in 2030.

POLICY & POLITICAL COMMITMENTS

Kenya's Constitution states that "every person has the right to the highest attainable standard of health, which includes the right to health care services, including RH care." Sessional Paper No. 3 of 2012 on Population Policy for National Development requires all political parties competing to form a government after a general election to formulate their programs consistent with Kenya Vision 2030. This means that for Kenya's long term socio-economic development path, including Family Planning has been ring-fenced against future changes in the political landscape. The Sessional Paper contains clearly spelt out strategies for family planning demand, creation, and service delivery including roles and responsibilities of the multi-sector stakeholders. In addition, Kenya will work to implement the Reproductive Health Policy and the National Gender and Development Policy. The Kenyan Government currently provides free contraceptives to all registered private health facilities. The Health Sector Services Fund will enhance participation of local communities, including the private sector, in managing the funds and prioritizing their health needs including family planning.

FINANCIAL COMMITMENTS

The Kenyan national government budget for family planning has increased from US \$6 million in 2011 to US \$8 million for 2012-2013. Budget allocation for family planning commodities has grown from US \$2.5 million for 2005-2006 to US \$6.6 million in for 2012-2013. This leaves Kenya an estimated funding gap of 60 percent.

Kenya will continue to work closely with development partners to secure increased financing for FP commodities and services.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Kenya plans to scale up their voucher system, which provides RH services, including FP, in five rural and urban districts in Kenya. The Kenyan Government has already established over 70 Youth Empowerment Centres. The target is to have one in each constituency to provide a one-stop-shop for youth friendly information, including FP. Kenya will strengthen the collaborative approach, including the participation of public, private, and civil society organizations, at national and devolved governance levels in line with the new constitutional dispensation. Kenya also commits to review barriers to some contraceptive methods at community level health facilities, especially in remote locations, and to reform the Kenya Medical Supply Agency (KEMSA) to end stock outs and improve the supply chain for all medical commodities including FP. Finally, Kenya has plans to restructure the National Council for Population and Development agency, and facilitate additional resources to re-launch the national family planning campaign.