



FP / RH in Kenya: Challenges of the Present and into the Future



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Outline



- Demographics
- Family Planning and HIV indicators
- Financial resources for FP
- Repositioning FP



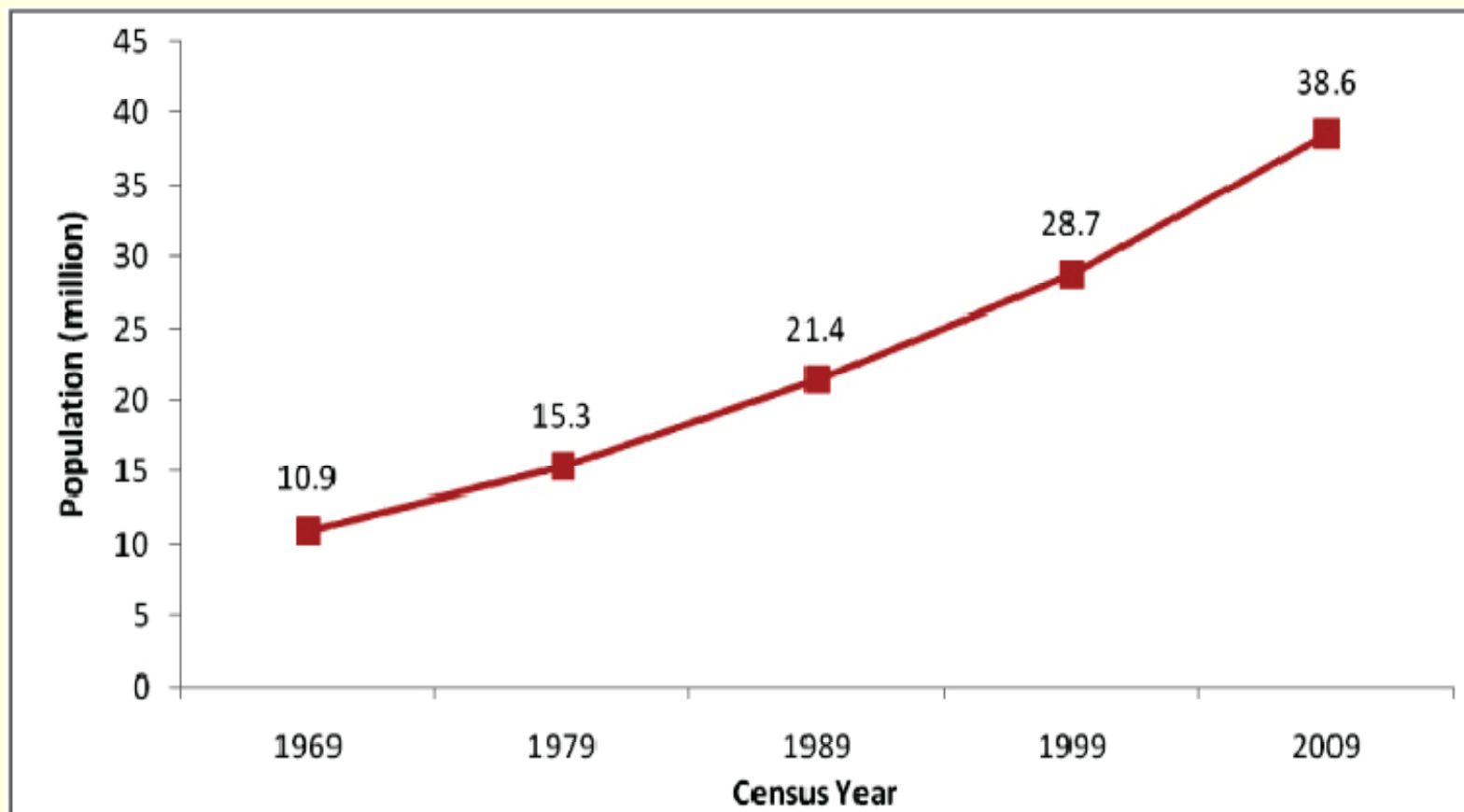
Background



- Total pop. 38,610,097 (Kenya Census 2010)
- Male :19,192,458 (49.7%)
- Female :19,417,639 (50.3%)
- Proportion under 24yrs is 63.5% (24,515,646)
- 1.1 million babies per annum
- Pop growth rate 2.9% per annum



Population 1969-2009



KDHS 2008-09



- CPR 46%, modern methods 39%
- TFR 4.6
- Unmet need 26%
- Only 24% of women knew their fertile period
- Only 9% of non users of FP who visited a health facility were told about FP
- Radio is the most common source of information on FP



KDHS 2008-09



- Maternal mortality ratio: 488/ 100,000
- 92% of women attend at least 1 ANC visit
- 47% attend 4 or more visits
- 44% delivered by skilled birth attendant
- 43% delivered in a health facility
- 42% received postnatal care within 48hrs
- 90% of ANC mothers receive PMTCT services



KDHS 2008-09



- 30% decline in IMR and U5R
- Neonatal mortality rate: 31/1,000
- Perinatal mortality 37/1,000 pregnancies



Kenya HIV/AIDS Indicator Survey 2007



- HIV prevalence for 15-64 years 7.1%
- HIV prevalence women 8.4%
- HIV prevalence for men 5.4%
- HIV prevalence among pregnant women 9.6%
- Unmet need for FP among HIV infected 50%



With about 5 years to 2015, Kenya is far from achieving MDG 5 targets:



Indicator	KDHS '08	MDG '15
MMR	488	147
SBA	44%	90%
BEOC	15%	100%



National Health Accounts



- Internationally maternal health cost is estimated at **41 USD/mother**
- In comparison the total resource availability in the Kenyan health sector is **27 USD/capita** (National Health Accounts 2007)
- However in the FP the government of Kenya has met 40% of the cost of contraceptive commodities in 2009 and 2010.



National Health Accounts



- National Health Accounts (NHA) monitors spending on Reproductive Health. The latest NHA (2005/06) show that:
 - Total RH spending (THERH) in 2005/06 per capita is only **\$2**
 - As a result Households spend approximately **57 percent** of their out-of-pocket resources on RH at private providers



Division of Reproductive Health programs



- Family planning
- Maternal and Neonatal Health
- Adolescent Sexual Reproductive Health
- Gender and Sexual reproductive health Rights
- PMTCT
- Integration of RH/HIV services



Repositioning Family Planning



- Accelerating Implementation of Family Planning Programs to Achieve Health Related MDGs in Kenya by 2015

“a critical development agenda and a priority in Vision 2030”





National Goal



- Reduce unmet need for FP, Increase CPR to 56% by 2015 and contribute to achieving health related MDGs and vision 2030.





Priority Actions

- Improve contraceptive commodity security
- Increase the uptake of FP services
 - Meet 70% of total unmet demand by 2015
 - Reach the poor and the youth with services
 - Reach lower wealth and education quintiles
- Ensure adequate financial resources for FP





Improve commodity security

- Ensure that FP commodities are part of the medium term procurement plan of GOK
- Increase GOK commodity budget by 20% annually
 - **Projected 2011 budget shortfall for commodities is USD 26 million**
- Increase budget allocation for the warehousing and distribution entity – KEMSA (5% tax for donors)
- Improve the KEMSA distribution system





Improve commodity security.

- Regular updating of the commodity procurement plan reflecting GOK and donor commitment
- Timely procurement to ensure full pipeline
- Improve technical capacity for forecasting & quantification at district level
- Improve district oversight of the supply chain and the commodity information system



Annual Family Planning Commodity needs – 2010 to 2013



Financial Year (FY)	Value in KES	Value in USD
2011/2012	2,041,986,033.31	26,416,378.18
2012/2013	2,920,100,651.91	37,776,205.07

- For FY 2010/2011 needs were determined using both population and consumption based methods
- Comparatively low needs for FY 2010/2011 due to high stocks both upstream (pending) and downstream (in facilities)
- Forecasted quantities for FY 2011/12 and 2012/13 determined using only population data
- Family Planning commodity requirements to be reviewed every 6 months or as need arises (e.g. release of final KDHS report)





Scale up of FP services

- Develop, implement coordinated national IEC/ BCC
- Continue support FP advocacy through DRH and NCAPD
- Develop clear strategies for community FP services, youth and improved private sector service
- Scale up OJT and improve technical skills in LAPM
- Scale up integrated FP/HIV/MCH services , PFP





Financial resources for FP

- Make population and health a key priority in the national development agenda
- Increase MOH allocation from 6% to 10% of national budget with a sustained increase for FP program
- Increase GOK commodity budget by 20% annually
 - Projected 2011 budget shortfall for commodities is USD 26 million





Obstacles to Change

- Financial resources
- Commodity insecurity
- Political scenario – 2012 elections
- Geographical access -Expansive, difficult terrains in some regions
- Inadequate HR a challenge for integrated services



Enabling Factors



- Supportive Policy environment
- Service provision guidelines- FP,FP VCT, PMTCT, VCT, ART, HBC, Adolescent RH
- DRH partners with academia, training institutions, development partners and civil society in several technical working group
- Evidence based decision Making
- Training material and decentralized trainers





Next Steps



- Focus on priority actions
- Regular monitoring of program priorities
- Scale up monitoring and supervision of services by DRH and district teams
- Scaled up advocacy for FP
- Monitor, Evaluate & document.





FP helps to improve the quality of life for families





Asanteni Sana!

