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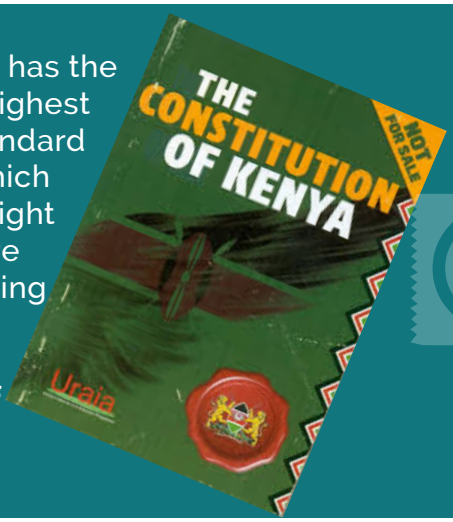
# Family Planning: a key ingredient for a healthier and more productive population

"Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care."
**Government of Kenya, 2010**





## Introduction

The Kenyan constitution states that "Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care" (GoK, 2010). Through the Universal Health Coverage Programme under the president's "Big 4 Agenda", the health sector has made a deliberate effort to realise these constitutional provisions by developing policies and directing investments to ensure everyone can access quality, equitable and efficient sexual and reproductive health services.

Family planning is key to achieving universal health coverage and the Government of Kenya is committed to delivering on the promise of the 2030 Agenda for Sustainable Development including target 3.7; to ensure universal access to sexual and reproductive health services, including family planning, information and education. This requires renewed focus in lobbying for and mobilsing resources needed and addressing any funding gaps in achieving universal access to family planning.

In Kenya, unmet need for family planning is 16.9%, meaning that 16.9% of married women of reproductive age who do not want to get pregnant are not using any method of contraception (Track20, 2019). The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior. When women are denied access, for whatever reason, they face a much greater risk of unplanned and unsafe pregnancies. There is a need, therefore, to mobilize communities to adopt behavior and practices that promote healthy maternal, newborn and child health and to seek health care in good time. The current low-utilization of family planning services in the county makes achievement of the health intentions difficult.

Another compelling reason to invest in family planning alongside other investments in human capital is the potential to reap a demographic dividend. This is the accelerated economic growth that may result from a decline in mortality and fertility and the subsequent change in the age structure of the population. With fewer births each year, a county's young dependent population grows smaller in relation to the working-age population (World Bank, 2019). In order to attain the demographic dividend, the programmes that are geared towards fertility rate reduction are essential and need to be embraced. These include increasing commitment to and investment in voluntary family planning in order to reduce family size.

## Why invest in family planning?

The benefits of investing in family planning are many and extend far beyond the health sector. While we know that increasing access to family planning supports the achievement of critical health outcomes such as reducing maternal mortality by reducing unintended pregnancies, there is considerable evidence to show that these investments also contribute to wider societal goals such as educational attainment, empowerment and economic growth, among others (HIPS, 2019).

This policy brief makes the case why Elgeyo Marakwet county government should urgently address the financing gap in family planning in order to reap these rewards for the benefit of its citizens and the generations to come.

### Benefits of investing in family planning

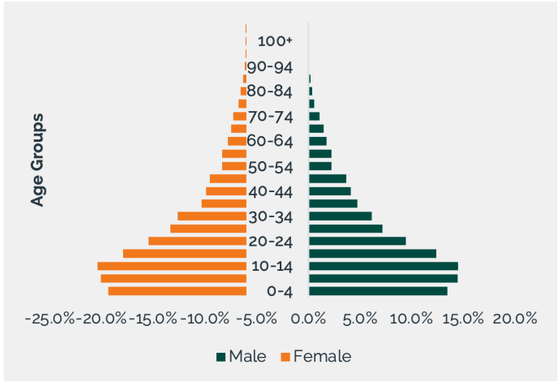
**Evidence has shown that family planning:**

- is a "best buy" for scarce government resources. It is relatively inexpensive and the return on investment is very high: every additional $1 invested in meeting the unmet need for contraceptives saves $2.20 in pregnancy related care (Guttmacher, 2017).
- helps women and families prevent unintended pregnancies and unwanted births, thus contributing a reduction in maternal and child deaths (see figure 4 below).
- helps to lower burden of rapid population growth thereby reducing pressure on the environment and natural resources, thus making progress towards a sustainable human population and addressing environmental concerns such as global warming.
- leads to increases in household savings and helps families to increase investment in individual children - children in smaller families are better educated.
- empowers women by enabling them to plan the size and determine timing of their families.

## County profile

Elgeyo Marakwet County has a total population of 454,480 (Male 227,317, Female 227,151, intersex 12) (KNBS, 2019). The annual population growth rate in Elgeyo Marakwet County is 3.5%. The population age group distribution in the county is varied as follows: under one year 2.5%, under-fives 13.4%, under fifteens 42.1% and women of reproductive age (15-49 years) 23.6 %. The population projections indicate the county has a high young population (0-15 years), representing a dependency ratio of 86% which means that for every working age person they have one additional number of dependent. This very high dependency ratio, which is significantly higher than the national ratio of 71%, means that the economically active population face a high burden to support children and older persons who are often economically dependent (World Bank, 2019).

Figure 1: Elgeyo Marakwet population pyramid, 2019




Women of reproductive age (WRA, 15-49) in Elgeyo Marakwet County make up about 23.6% of the county's total population. The fertility rate is slightly higher than the national fertility rate of 3.9 at 4.1%. The county has a contraceptive acceptance rate which stands at 55.2% compared to the national average of 58% for all methods. Modern contraceptive use is 43.6% compared to the national figure of 53.2%. The county maternal mortality ratio of 189 per 100,000 live births, is below the national rate (MoH, 2018). However, it is still too high and strategic interventions are urgently needed to save more maternal lives.

Table 1: Summary statistics

| Category | Elgeyo Marakwet | Kenya |
|---|---|---|
| Total population | 454,480 | 47,564,296 |
| Male | 227,317 | 23,548,056 |
| Female | 227,151 | 24,014,716 |
| Intersex | 12 | 1,524 |
| Growth rate | 3.5% | 2.2% |
| Total fertility rate | 4.1% | 3.9% |
| Average household size | 4.5 | 3.9 |
| Contraceptive prevalence rate | 55.2% | 58.0% |
| Modern contraceptive use | 43.6% | 53.0% |
| Full immunisation coverage | 66% | 68% |
| Unmet need for modern family planning method | 20.8% | 18.0% |
| Women of reproductive age (15-49) | 23.6% | 25.4% |
| Maternal mortality rate (per 100,000) | 189 | 362 |
| Neonatal mortality rate (per 1,000) | 14.2 | 22 |
| Infant mortality rate (per 10,000) | 24.2 | 39 |
| Under 5 mortality rate (per 1,000) | 32.3 | 52 |

A facility assessment undertaken as part of this work gave a number of reasons for low uptake of family planning in the county including the paternal hierarchy as main decision makers; cultural stigma against family planning; lack of male involvement in reproductive health; and lack of knowledge about modern family planning methods.

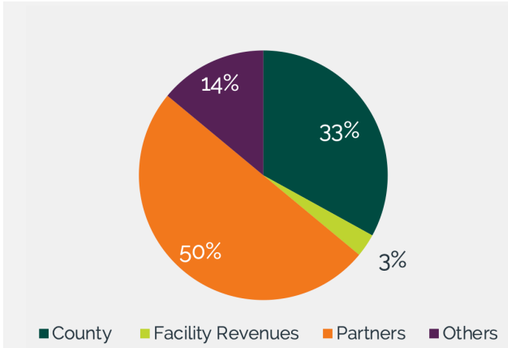
## Facility family planning service assessment findings

Facility interviews were conducted to determine the effect of limited financial resources for family planning on service delivery especially on commodity availability, human resources, availability of technical support through supportive supervision by the County and Sub-County Health Management Teams (CHMT/SCHMT) and related activities.

The facility assessment was used to establish the status in FP commodities availability and regularity of commodities supply. 26 % of the health facilities assessed in the county faced regular stock-outs of the regularly supplied contraceptives, whereas 58 % did not face stock-out problems in the 6 months prior to the analysis.

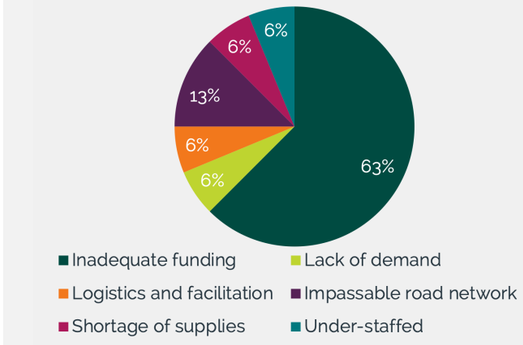
Facility outreach and in-reach heavily relies on financial support from partners and county government at 50 % and 33 % respectively. In areas that do receive support, the assessment points to a need for better harmonization of the support in order to achieve more gains. Outreaches providing family planning have mostly been piggybacked on the other service areas like HIV/AIDs outreaches due to financial and other logistical challenges.

Figure 2: Source of funds for facility outreach support




Inadequate funding and impassable road network are a major challenge facing facilities in running the community outreach programme as shown in figure 3.

Figure 3: Challenges facing community outreach program




## Investment case methodology

The Spectrum demographic modeling tool was used to estimate the costs and associated health, demographic and economic impacts of reducing unmet need for family planning. Baseline data was obtained from Kenya Housing Population Census report; Demographic and Health Surveys; Kenya Household Health Utilization and Expenditure Survey Report; County Economic Reports; County Integrated Development Plans; as well as the Costed Implementation Plans for FP (Bongaarts, 1978).

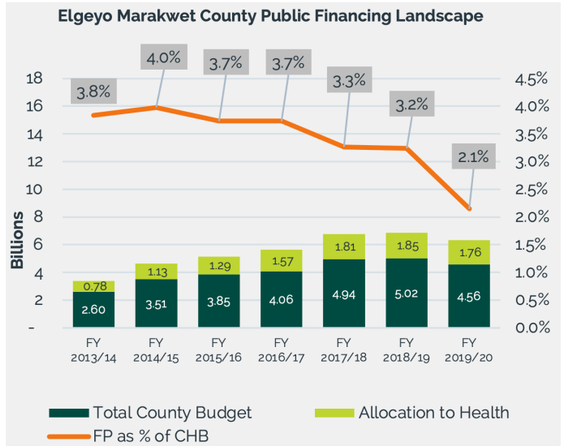
## Investment case findings

The outputs from the model were used to quantify the amount of resources the county was likely to save in the short-term or long-term by investing in family planning. The model estimated the lives that could potentially be saved by meeting the family planning needs of the county. From the model, a total of 308 mothers and 5,136 children (aged 0-59 months) lives' would be saved by the year 2030, by investing a total KSh 4.5 billion (or an average of KSh 409 million per year), as shown by the Figure 4.

Figure 4: Maternal and Child Lives Saved, 2020-2030


The budget allocation to family planning under the Reproductive Health Program at the county level demonstrates the strong political will to increase public investment as well as commitment to improving coverage of sexual and reproductive health and family planning services. Budget analysis shows that the county has been allocating between 30 % and 39 % of the county allocation to health since 2013/14, out of which between 2 % and 4 % allocated for family planning.

Figure 5: Trends in Allocation to health and Family Planning, 2013/14 – 2019/20




The modelling shows that the Elgeyo Marakwet County Government, together with its partners, should direct significant amount of resources to family planning in order to gain the social and economic benefits. An investment of KSh 4.5 billion is required to be invested in family planning in the 11 years (2020- 2030), most of which (46%) are intervention costs as shown in Figure 6 and table 2. In order to reap these benefits, a significant amount will be required to be invested in health system building blocks including human resource, health products and technology and service delivery.

Figure 6: Total FP Investment need, 2020-2030 (KES)

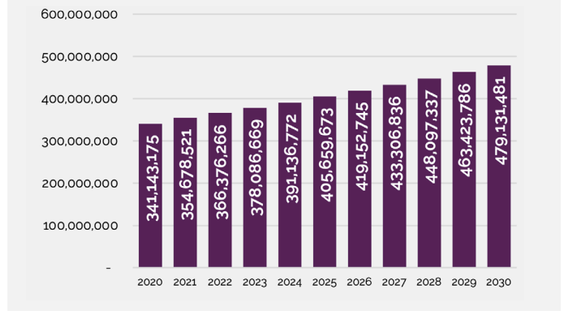



Table 2 provides a breakdown of the total resources needed to be channeled towards supporting the county in the effective delivery quality family planning services that meets the contraceptive needs of women and girls in the county. It includes a breakdown of potential efficiency savings that range from KSh 50 million in 2020 to KSh 71 million in 2030 and wastage costs ranging from KSh 2.8 million in 2020 and KSh 3.5 million in 2030.

The potential resources saved from addressing inefficiencies and wastages provide a clear avenue for the county government to realize value for money in utilizing available resources and maintaining a family planning budget line as per the county Family Planning Costed Implementation Plan.

Table 2: Total costs, All delivery channels combined, KSh Millions

| | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Intervention costs** | 157.4 | 163.6 | 169.0 | 174.5 | 180.5 | 187.3 | 193.5 | 200.1 | 207.0 | 214.2 | 221.5 | **2,068.6** |
| **Program costs** | 23.6 | 24.5 | 25.4 | 26.2 | 27.1 | 28.1 | 29.0 | 30.0 | 31.1 | 32.1 | 33.2 | **310.3** |
| **Wastage costs** | 2.8 | 2.9 | 2.9 | 3.0 | 3.1 | 3.1 | 3.2 | 3.3 | 3.3 | 3.4 | 3.5 | **34.5** |
| **Logistics costs** | 9.0 | 9.2 | 9.4 | 9.6 | 9.8 | 10.0 | 10.3 | 10.5 | 10.7 | 10.9 | 11.1 | **110.6** |
| **Infrastructure investment costs** | - | 0.1 | 0.2 | 0.3 | 0.4 | 0.5 | 0.6 | 0.7 | 0.8 | 0.9 | 1.0 | **5.3** |
| **Other health system costs** | 98.0 | 101.9 | 105.3 | 108.7 | 112.5 | 116.7 | 120.6 | 124.7 | 129.0 | 133.4 | 138.0 | **1,288.7** |
| **Inefficiencies** | 50.4 | 52.4 | 54.1 | 55.9 | 57.8 | 59.9 | 61.9 | 64.0 | 66.2 | 68.5 | 70.8 | **662.1** |
| **Total** | **341.1** | **354.7** | **366.4** | **378.1** | **391.1** | **405.7** | **419.2** | **433.3** | **448.1** | **463.4** | **479.1** | **4,480.2** |

## Policy recommendations

Based on the evidence presented in this brief, the Elgeyo Marakwet County government needs to do the following;

### Invest in family planning particularly at the county level

- The County governments should create budget line items for family planning and contraceptive commodities and ensure there is adequate funding each financial year. Funding provided for FP should be allocated as required. There should also be improvement in quality of, and access to services, with appropriate method mix. This will help to increased availability of service delivery outlets, skilled staff, and a range of family planning methods from which women can choose.

### Enhance-based advocacy and policy dialogue for FP prioritisation

- Strengthen targeted advocacy to influence decision makers to create a specific budget line for family planning to enable the county government to raise the required funding of 4.5 billion in the next 11 years through the county budget and track progress against commitments.
- Further promote male involvement and sensitization forums to address gender inequalities that can impact family planning decisions especially among patriarchal societies.
- Strengthen policy dialogues with religious leaders, political class and community gatekeepers.
- Utilize recreational activities at community level to create awareness on family planning.

### Incentivise and encourage multi-sectoral engagement and commitment

- Encourage investments in family planning to be made alongside other investments in education and employment opportunities in order to reap the demographic dividend thus supporting the National Demographic Dividend Vision through smart policies and smart investments, and recognising that family planning plays an important role in achieving Vision 2030.
- Encourage development programmes and projects to contribute to family planning in the county by enhancing coordination, partnership, monitoring and evaluation to effectively track family planning activities implemented by multiple stakeholders.

## Program recommendation

### Capacity development for effective prioritisation of FP programming

- Ensure the priorities outlined in the Family Planning Costed Implementation Plans are fully funded within county budgets to sustain program implementation in order for the county to reap a range of health benefits (such as maternal and child lives saved) as well as wider societal and economic benefits.
- Ensure inter-sectoral collaboration, including the strengthening of the private sector involvement in family planning services, supplies and financing. Strengthening relevant architecture within the department will enhance the timely and adequate collection and reporting of family planning expenditures through the MoH, both for the public and private health sectors, to inform policy and decision making.
- Establish mechanisms for task-sharing or -shifting to enhance provision of quality family planning services e.g., training and utilization of Community Health Extension Workers (CHEWS) in offering family planning information and services.
- Enhance supply chain management of county and sub-county pharmacists to prepare timely forecasting and quantification plans, preparing and implementing commodity redistribution plans to avoid stock-outs at facility level.

### Lower the burden of out-of-pocket spending on reproductive health and child health:

- Financial barriers are a major reason why many people do not access health services, including family planning. As outlined in the Costed Implementation Plan, the national government must ensure that family planning is fully covered in the National Health Insurance Fund.
- The county government must support the enrolment of more women under the NHIF to access affordable and quality health services including FP.

### Need to scale up investment in high-impact preventive interventions to address missed opportunities and integrate FP services (HIPS, 2019)

- Although there has been an increment in budget allocation to family planning the knowledge, attitude and practice of family planning is still low in the county due to lack of education, inadequate resources, cultural beliefs and poverty as compared to developed counties. This will help to expand the programme to reach underserved groups and regions.

### Strengthen community efforts to promote maternal, neonatal, and child health/demand creation

- There is a need to mobilize communities to adopt behaviour and practices that promote healthy maternal, new-born and child health and to seek health care in good time.

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