



Investing in Garissa County's family planning programme



Background

Garissa County is one of three north eastern counties in Kenya and covers an area of 44,174.1 square kilometers. It lies 366 kilometres north east of Nairobi by road. Garissa County is principally semi-arid and borders the Republic of Somalia to the East, Lamu County to the south, Tana River County to the West, Isiolo County to the north west and Wajir County to the north. It has seven sub-counties: Fafi, Garissa, Ijara, Lagdera, Balambala, Hulugho (Administrative Unit) and Dadaab. It is mostly inhabited by ethnic Somalis and is also home to the Dadaab refugee complex which has a population 217,108, as of the end of October 2019.

The county has a total of 188 health facilities^{3a}, with a health facility density of 2.3 health facilities per 10,000 population just under the World Health Organisation's (WHO) recommendation of 2.0^{3b}. It has a core health workforce density of 10.0 core health personnel per 10,000 population against WHO's recommended 23 health workers^{3b}.

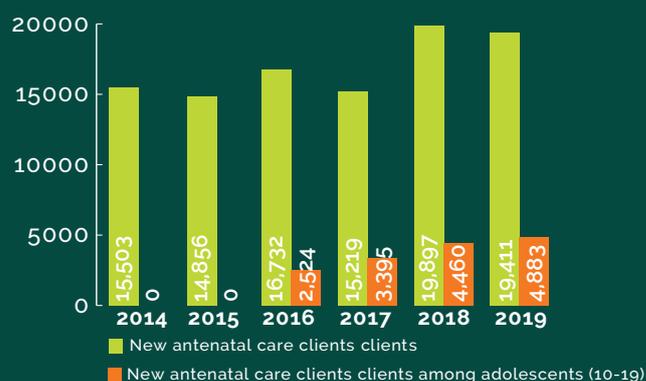
Social statistics		
Population (2019) ⁶	Male	458,975
	Female	382,344
	Total	841,353
Total fertility rate (number of children per woman) (2015-2020) ⁵		6.1
Poverty index (2014) ⁸		59%
% Distribution of population aged 15 years and above with ability to read and write (2014) ⁷	Male	53.6
	Female	30.3
	Total	41.7

In terms of service provision, 65% of the facilities in the county offer family planning services with only 72% having all the family planning tracer commodities which include pills, injectables and condoms^{3b}.

Number of maternal deaths



Number of adolescent pregnancies



14

maternal deaths could have been averted through contraceptive use between January to December 2019¹

3/10

pregnant women are adolescents*



To tackle both maternal deaths and teenage pregnancies, more investments in family planning are required.

Benefits of investing in family planning²

1. Health benefits

- Lower number of unintended pregnancies
- Decline in unplanned births
- Reduction in induced abortions
- Decrease in maternal deaths

2. Social and economic benefits of healthier birth timing and spacing

- Increase infant survival rates
- Improvement in children's health, education and wellbeing
- More savings as well as a higher household income and gross domestic product per capita as a result of women's economic participation
- Attainment of a demographic dividend

To reap these benefits in Garissa:



More women need to be reached with family planning services



Counselling on and sensitisation to long acting family planning methods must be provided to increase the uptake of long acting methods.



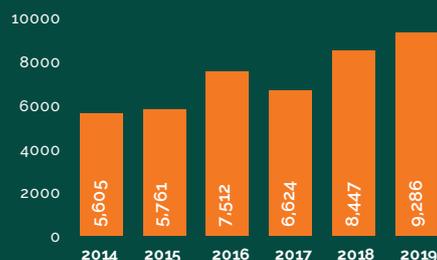
More domestic financing for family planning is required

The status of family planning access and funding in Garissa county

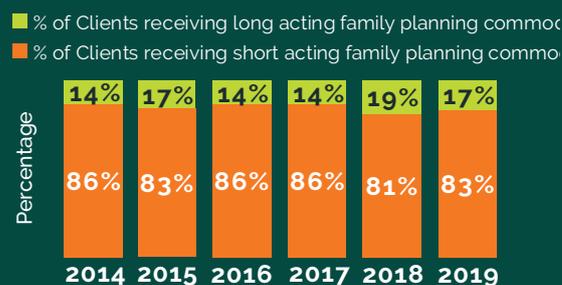
Modern contraceptive prevalence rate (mCPR 2014)



Number of new family planning cases per year



Method mix by short and long acting methods among women of reproductive age



Comparison of funding needs and disbursements, by financial year



References

¹ Data from District Health Information Software 2 (DHIS2) as of May 2020

² Ahmed, Saifuddin et al, Maternal deaths averted by contraceptive use: an analysis of 172 countries, The Lancet, Volume 380, Issue 9837, 111 – 125

³ Starrs A, Ezeh A. et al, Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, The Lancet, vol. 391, issue 10140, (2018), pp: 2642–2692. Published by Elsevier

^{3a} Kenya Master Health Facility List (KMHL). ^{3b} Kenya harmonized health facility assessment 2018/19 (KHFA)

⁴ County program based budgets 2016/17, 2017/18 & 2018/19 and County Government annual budget implementation review report 2016/17, 2017/18 & 2018/19.

⁵ United Nations, Department of Economic and Social Affairs, Population Division (2019). World population prospects 2019, Online edition, Rev. 1.

⁶ 2019 Kenya population and housing census

⁷ The 2015/16 Kenya integrated household budget survey (KIHBS) reports

⁸ Wiesmann, U., Kiteme, B., Mwangi, Z. (2016). Socio-economic atlas of Kenya: Depicting the national population census by county and sub-location. Second, revised edition. KNBS, Nairobi. CETRAD, Nanyuki. CDE, Bern. ISBN (e-print): 978-9966-767-55-4

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⁹ Kenya demographic health survey 2014

** Long acting family planning methods - intra uterine device (IUD) and implants.

** Short acting family planning methods – combined oral contraceptive pills, progestogen-only contraceptive pills, injectable and condoms.