

Kenya Country Story

Scaling-up family planning to reduce maternal mortality

April 2004 – December 2005

The launch of the IBP Initiative in Uganda in June 2004 catalysed new ways of thinking as well as new ways of approaching problems in participating countries. For Kenya it clarified how the Kenya IBP team could address the fact that Kenya's success with family planning had faltered, rates of contraceptive use were plateauing, fertility rates were increasing, and maternal mortality rates remained high. At the Uganda meeting the Kenya team chose as their performance goal to reduce maternal mortality through increased use of family planning. With the Ministry of Health leading the team, activities were rapidly pursued after the meeting. Challenges persisted, however. Waning support for family planning called for increased advocacy. Providers and supervisors needed training and updates. Inadequate logistics management at the district level made it imperative to strengthen systems and increase funding for family planning commodities. The Ministry of Health formulated plans for implementation in six districts of an initiative that included:

- demand creation
- advocacy for support to family planning
- capacity building (human resources and infrastructure)
- logistics management.



The various components were implemented simultaneously. By about 12 months later a number of outcomes were clear. These included an overall increase in uptake of family planning of over one-third in the initiative districts. In addition, for the first time, the national health budget included a line item for reproductive health commodities.

Some factors facilitating the success included the leadership and coordination of the Ministry of Health, a common performance goal, and identification of one organization, Family Health International, to act as the secretariat and to support the Ministry's leadership. Also, IBP partners were able to extend their activities to cover the six districts with existing funds.

The initiative has since been scaled up in Kenya to increase the uptake of family planning in other districts. Following the success of this activity, a compendium of reproductive health best practices has been compiled to inform programmes across the country of practices that can enhance their effectiveness and efficiency.

In 2004, the Kenya Ministry of Health (MOH) initiated an initiative with the support of World Health Organization to implement best practices in Kenya. A performance goal to increase the uptake of FP by 5% in selected districts was developed. Under the leadership of the Division of Reproductive within the MOH the family planning (FP) stakeholders in Kenya selected eight districts for the implementation of the initiative. The main components of the initiative were:

- Demand creation
- Advocacy for FP support
- Capacity building (human resources and infrastructure)
- Logistic management

The various components were implemented simultaneously. After 12 months of implementation a number of outcomes were realized. These included an overall increase in uptake of family planning by 38% within the initiative districts. Initially some districts were slower to absorb the programme than others but progress of between 10 -30% increase in the uptake of family planning was achieved all districts. (refer figure 1)

In addition, a budget line item for reproductive health commodities was included in the health budget for the first time ever in the history of the country. The initiative also facilitated partnership within the FP stakeholders who worked together to support the DRH to implement the initiative. The initiative has since been scaled up in Kenya to increase the uptake of FP in other districts using materials developed during the initiative. Following this success a compendium has been put together to assist programs pick practices that can enhance their effectiveness and efficiency.

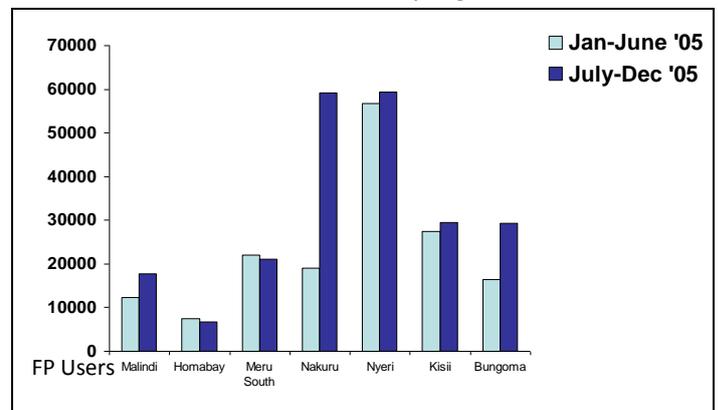


Figure 1: Family Planning Uptake by District

Some facilitating factors to the success included MOH leadership and coordination, identification of a common performance goal and identification of one organization to act as the secretariat and support to the DRH's leadership. These reduced competitiveness among partners and fostered unity of purpose.

There were also challenges that the initiative faced, namely:

- Inadequate resources to implement the various components due to different partner work plans, timelines and budgets
- Prolonged consensus building time on activities among partners
- Mistrust among some partners with regard to sharing of service statistics and other data.

"All in all this was a very satisfying experience, bringing together organizations that in normal circumstances would not have worked together to achieve significant outcomes for the common good of RH in Kenya." **Maureen Kuloh, Director FHI, Kenya**

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