



FAMILY PLANNING IN KENYA: SAVING LIVES, SAVING MONEY

Context

Voluntary, high-quality family planning (FP) can help curb rapid population growth and drive development. In recognition of these links, Kenya launched the Population Policy for National Development (PPND) in 2012, which aspires to increase national use of modern contraceptives to 58 percent by 2020 and 64 percent by 2025.

Kenya's modern contraceptive prevalence rate (or mCPR) was 53 percent in 2014, putting the nation on track to surpass its 2020 target.¹

To ensure further progress, county governments must make modern family planning an even higher priority, going beyond PPND to more rapidly expand women's method choice and modern FP uptake. In particular, counties should emphasize long-acting reversible methods—which are more effective and less expensive—in their policies, programmes, and budgets. By enacting this PPND+ strategy, they will be able to save more mothers and children in a cost-effective way.

Currently in Kenya...¹

- The average woman will have 3.9 children in her lifetime.
- The percentage of married women who use modern FP increased from 39 to 53 percent in recent years.
- Nearly 1 in 5 (18%) married women—and almost 1 in 4 (23%) teenagers—do not want to have a child, but are not using FP.
- The injectable—an expensive contraceptive—is the most popular method.
- Healthcare providers often lack training on more effective and less expensive FP methods, such as implants and intrauterine contraceptive devices (IUCDs).

Family Planning Prevents Unintended Pregnancies

Family planning saves mothers' lives. Kenya loses 5,500 mothers each year due to pregnancy- and birth-related complications.² If county governments prioritise family planning, Kenya would save an additional 2,138 mothers' lives by 2020 (Figure 1).³

Family planning protects women and children. By age 19, 40 percent of women have had at least one pregnancy. Some of these pregnancies are unintended, resulting in unsafe abortions, medical complications, and interrupted schooling. If county governments prioritise family planning, Kenya would avert an additional 850,000 unintended pregnancies by 2020.³

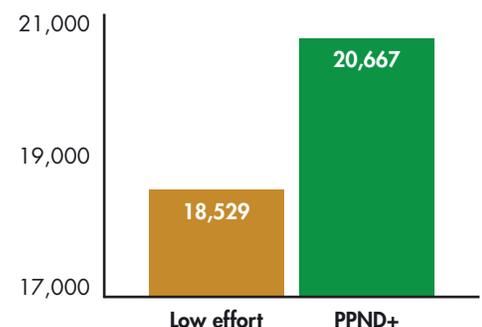
Family planning saves children. Currently, one in every 19 children born in Kenya dies before his or her fifth birthday. When women can decide the number and timing of their births, they are better able to avoid high-risk pregnancies and

Understanding Kenya's Future

This brief draws from an analysis conducted in 2014–2015 by the National Council for Population and Development (NCPD) and the USAID-funded Health Policy Project (HPP). Using the ImpactNow model, NCPD and HPP projected the potential health and economic impacts of different levels of effort around family planning by 2020:

- **Low Effort:** Assumes a three percentage point increase in national mCPR.
- **PPND+:** Assumes an ambitious FP agenda, increasing mCPR beyond PPND (64.7%), and a greater number and type of contraceptive methods available.

Figure 1. Mothers' Lives Saved (Cumulative, 2015–2020)



care for their children. If county governments prioritise family planning, Kenya would save the lives of an additional 16,000 children by 2020.³

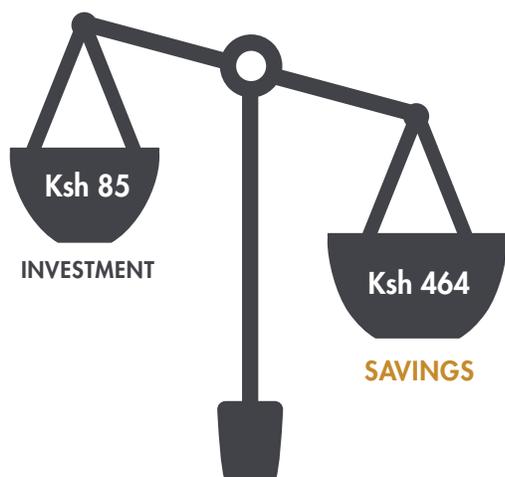
Family Planning is Cost-effective and Saves Money

Family planning is a cost-effective investment. Today, every Ksh 85 (US\$1) spent on family planning saves Ksh 381 (\$4.48) in direct healthcare costs in Kenya. If county governments accelerate progress in the uptake of modern FP methods, these savings would increase to Ksh 464 (US\$5.46) per Ksh 85 (US\$1) spent (Figure 2).³

Family planning saves money. Unintended pregnancies carry associated healthcare costs. If county governments accelerate FP progress, Kenya would save an additional Ksh 6.8 billion (US\$80 million) in direct healthcare expenses by 2020 (Figure 3).³

Also, expanding method choice to include implants and IUCDs would lower FP costs over time, saving counties money.³

Figure 2

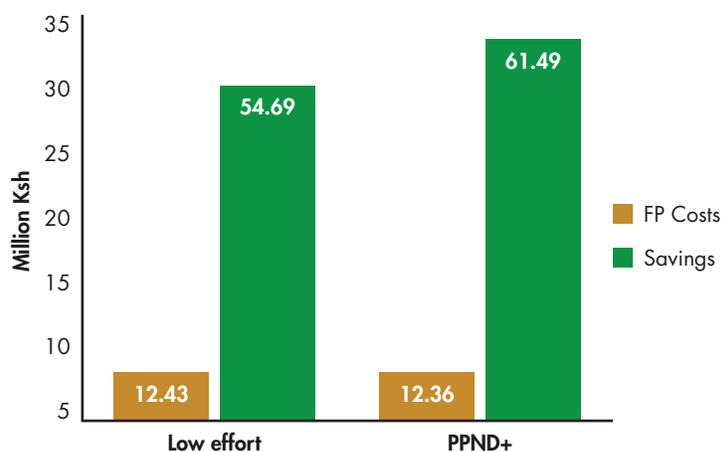


References

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2. United Nations Population Fund (UNFPA) Kenya. 2014. "First Lady Mrs. Margaret Kenyatta decries Kenya's high maternal deaths." Available at: http://countryoffice.unfpa.org/kenya/2014/09/04/10489/first_lady_mrs_margaret_kenyatta_decries_kenya_rsquo_s_high_maternal_deaths/.
3. Health Policy Project (HPP), United States Agency for International Development (USAID), and Marie Stopes International (MSI). 2014. *ImpactNow Model: Estimating the Health and Economic Impacts of Family Planning Use*. Washington, DC: Futures Group, Health Policy Project.



Figure 3. Cumulative FP Costs and Savings (2015–2020)



Call to Action

For Kenya to achieve its potential health and economic benefits, county governments must prioritise investments in voluntary and high-quality family planning. To do this, county governments should:

- Establish FP-specific budget lines within county Programme Based Budgets and allocate the funds appropriately
- Allocate and spend funds on FP-related supplies and personnel in recurrent budgets
- Adapt and implement national policies at the county level, including the Community Health Strategy
- Scale up training and counselling for FP service providers on the provision of implants and IUCDs
- Ensure multisectoral involvement in the provision of youth-friendly, FP services
- Track spending on FP commodities, in-service training, and facility improvement based on budget allocations

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