

policy



ImpactNow Kenya: Near-Term Benefits of Family Planning

Currently in Kenya...



3.9

The number of **children** the average woman will have in her lifetime



1 in 5

Married women (18%) who do not want to have a child but are not using family planning



1 in 4

Teenagers (23%) who do not want to have a child but are not using family planning

Meanwhile...



The injectable—an expensive contraceptive—is the most popular method



Providers often lack training in the provision of more effective and less expensive methods of FP, such as implants and intrauterine contraceptive devices (IUCDs)

The Context

- In 2012, Kenya launched the Population Policy for National Development (PPND)
- PPND aspires to increase national use of modern contraceptives to 58% by 2020 and 64% by 2025
- Since PPND, Kenya has increased its modern contraceptive prevalence rate (mCPR) to 53% among currently married women
- Kenya is currently on track to surpass its 2020 target (58% mCPR)

The Solution

- To ensure further progress, national and county governments must prioritise modern FP in their policies, programmes, and budgets
- Prioritising modern FP will save the lives of mothers and children and promote economic development

**What would it mean for Kenya
if county governments
accelerated access to and
use of voluntary modern FP?**

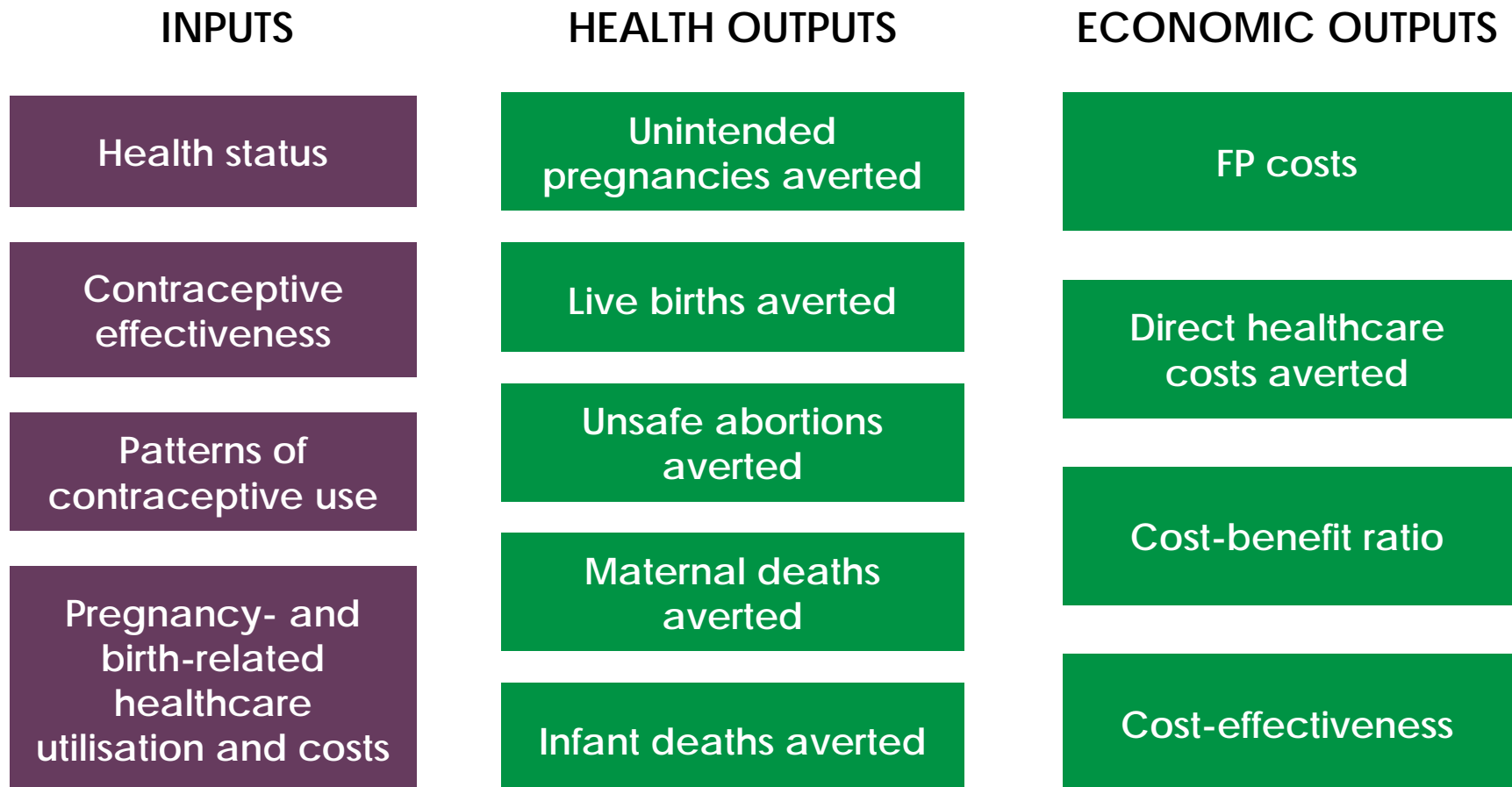
ImpactNow Kenya Model and Results

“The goal is to attain high quality of life for the people of Kenya by managing population growth that can be sustained with the available resources.”

Population Policy for National Development, 2012

The Model

The ImpactNow model quantifies the health and economic benefits of family planning



The Scenarios

Scenario-based, the model is designed to show the impacts of three FP policy options and compare results

Low Effort

Assumes little or no change in the policy goal in the future

PPND

Assumes incremental improvement/change

PPND+

Assumes the most ambitious goal

Model Scenarios for Kenya

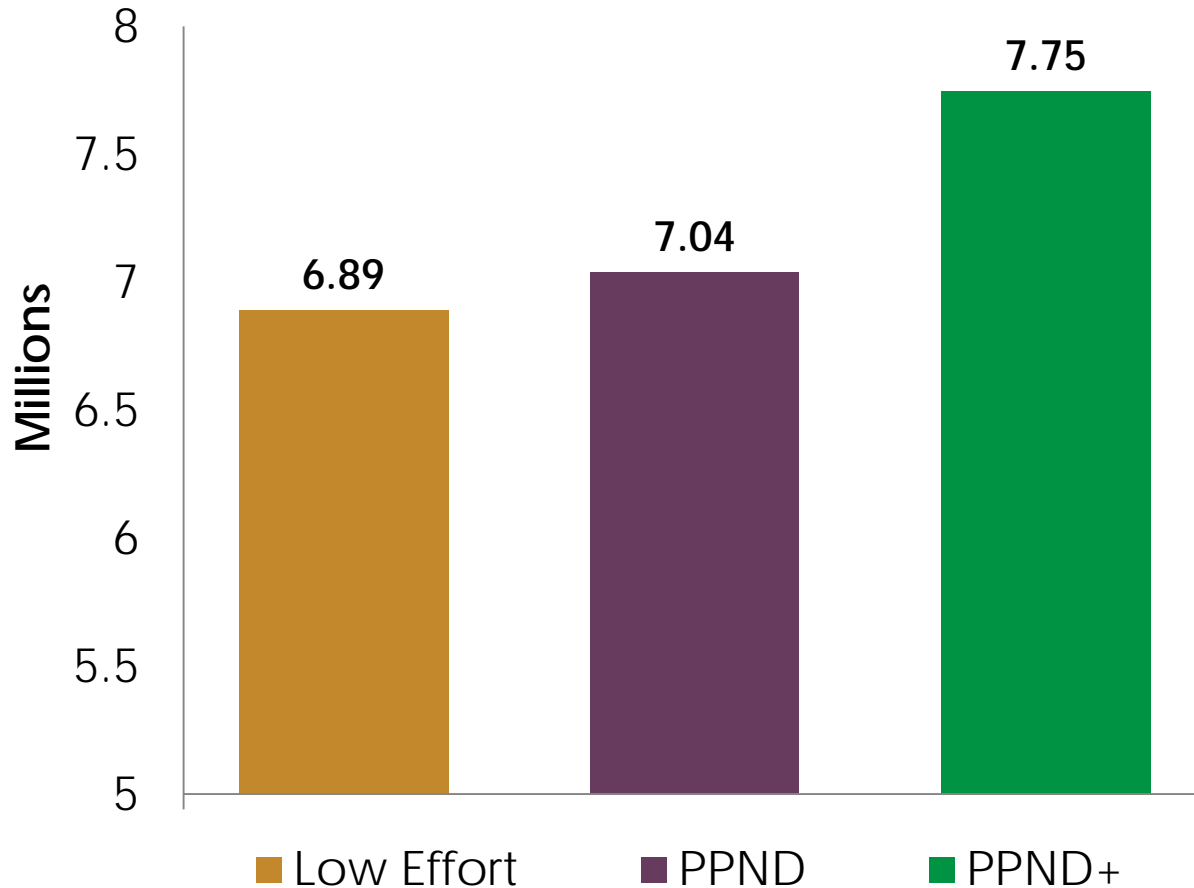
Scenario	Key Characteristics
Low Effort	Modest improvements in mCPR, below the recent percentage point improvement (2.3 annually)
PPND	mCPR reaches 58% by 2020 as envisioned in the PPND
PPND+	<p>Aligned with PPND 2025 mCPR goal (64%)</p> <p>Recent momentum in mCPR continues, with uptake growing at 2.3 percentage points annually</p> <p>Improvements in access to long-acting, reversible, and permanent contraception</p>

Modern FP and Method Mix by Scenario

	Baseline 2015	Low Effort 2020	PPND 2020	PPND+ 2020
mCPR	53.2%	56.2%	58.0%	64.7%
Method Mix				
Condom	4.1%	4.1%	4.1%	4.1%
Injectable	49.6%	49.6%	49.6%	30.0%
Pill	15.0%	15.0%	15.0%	7.5%
Female Sterilisation	6.0%	6.0%	6.0%	9.0%
Male Sterilisation	0.0%	0.0%	0.0%	2.0%
IUCD	6.4%	6.4%	6.4%	16.4%
Implant	18.6%	18.6%	18.6%	31.0%
Other Modern (lactational amenorrhea method)	0.30%	0.30%	0.30%	0.0%

Unintended Pregnancies Averted

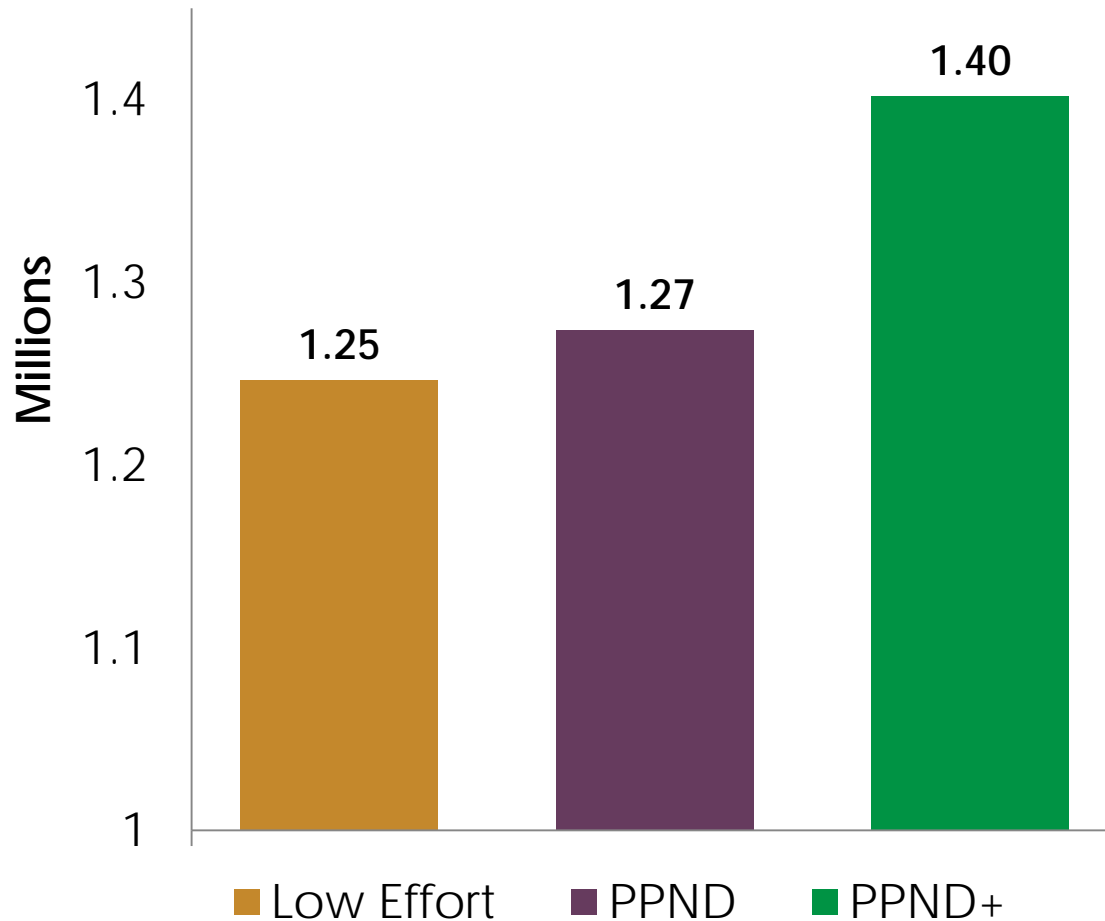
Unintended Pregnancies Averted
(Cumulative, 2015–2020)



Accelerated use of modern methods averts a higher number of unintended pregnancies

Unsafe Abortions Averted

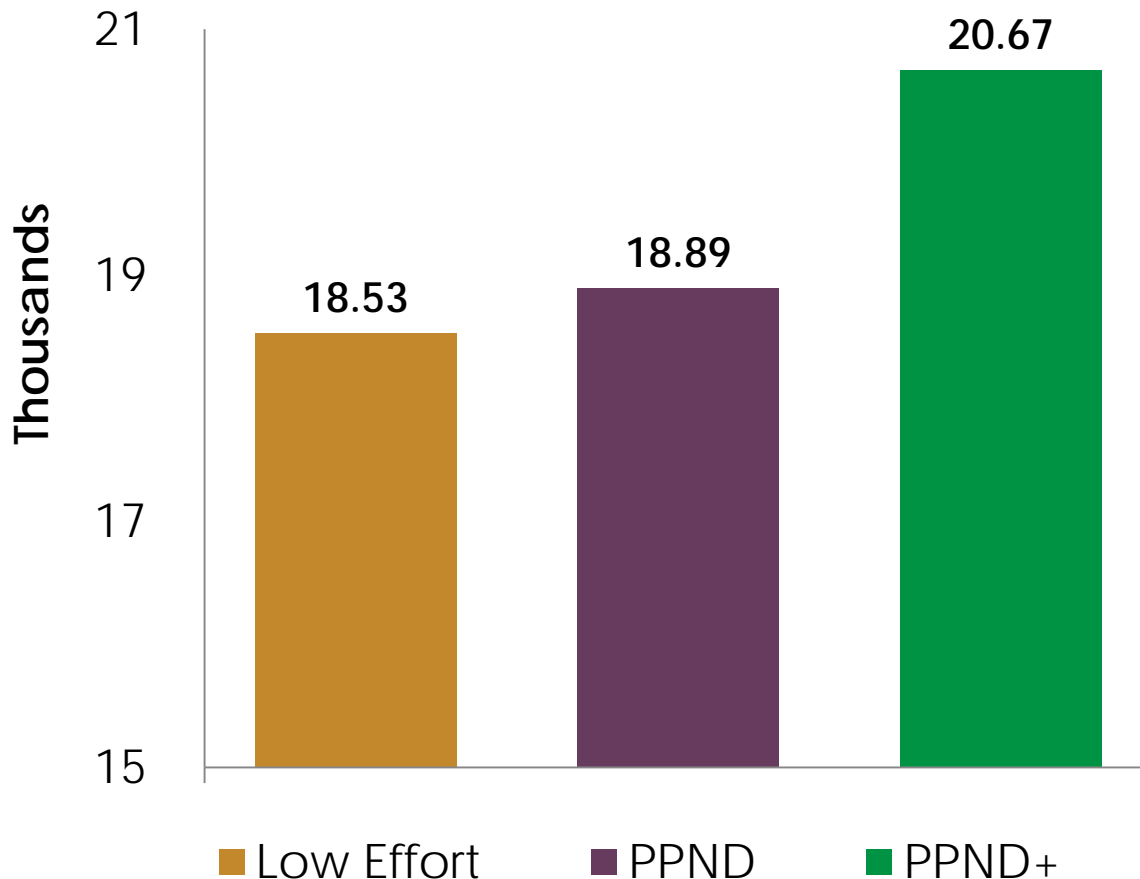
Unsafe Abortions Averted
(Cumulative 2015–2020)



Kenya would prevent 155,000 more unsafe abortions by accelerating expanded access to and use of modern methods compared to a low effort scenario

Mothers' Lives Saved

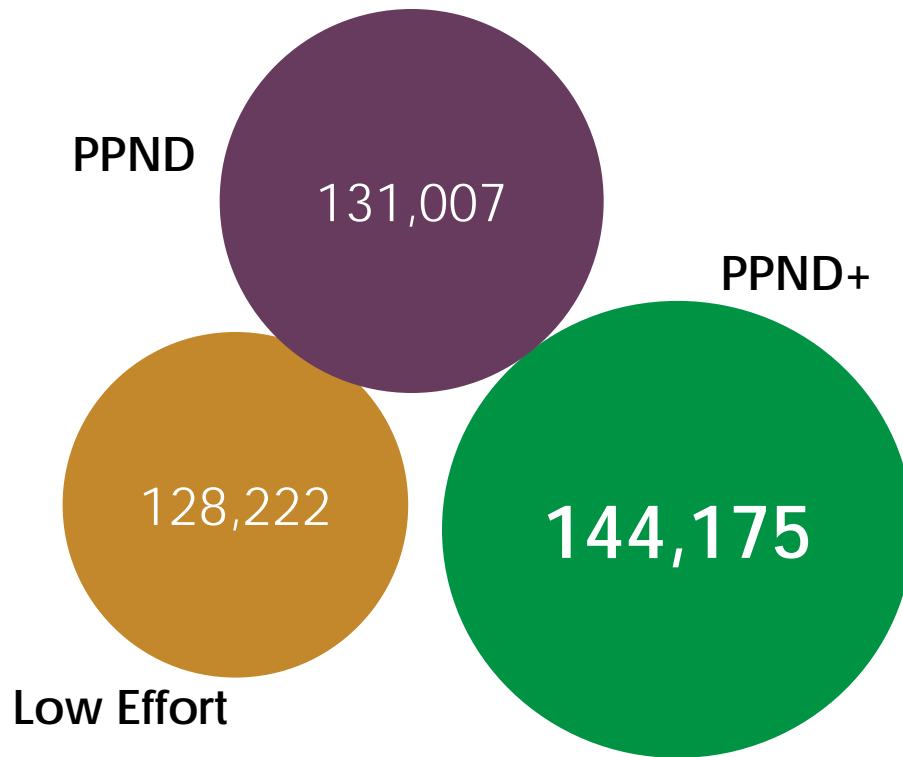
Maternal Deaths Averted
(Cumulative, 2015–2020)



Kenya would save an additional 2,138 mothers' lives by investing in modern methods compared to a scenario of low effort and investment

Children's Lives Saved

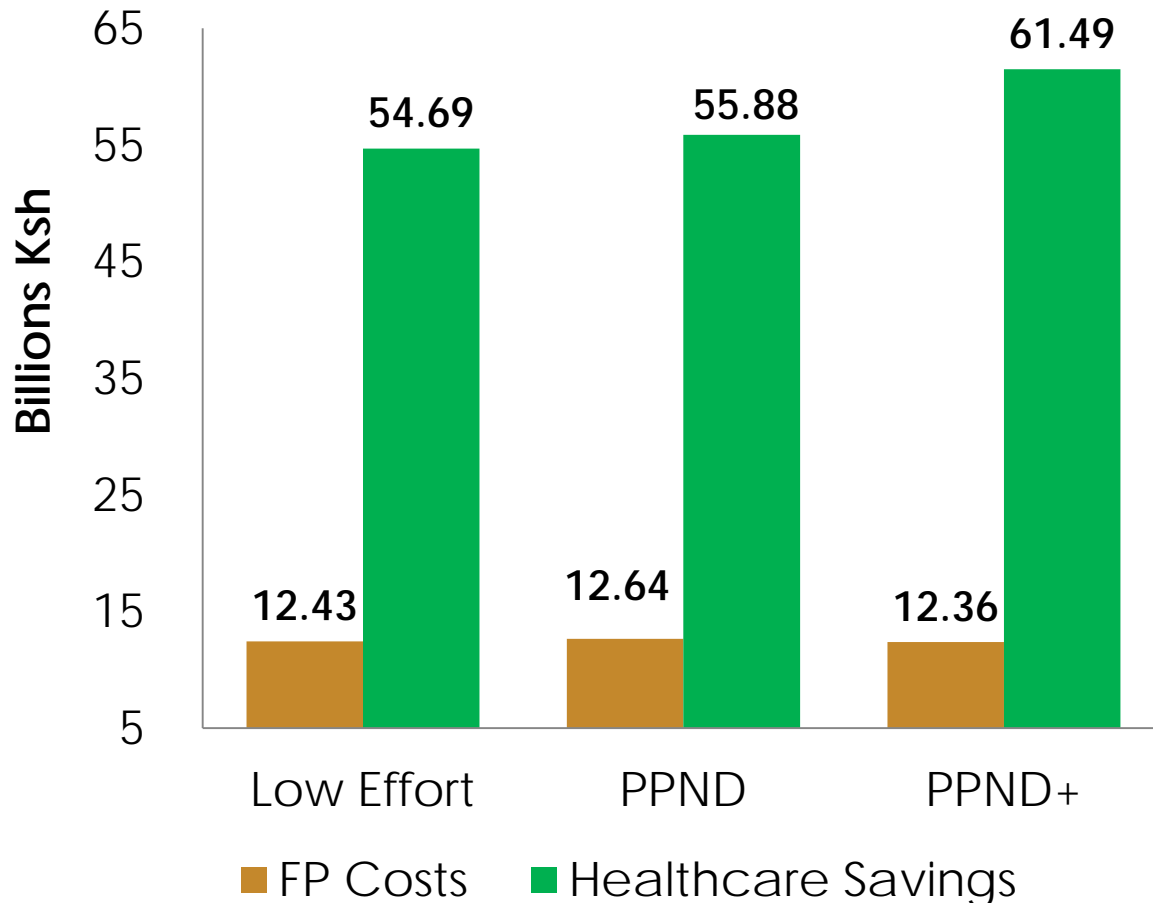
Children's Lives Saved
(Cumulative, 2015–2020)



Accelerating use of modern methods would save an additional 16,000 children's lives by 2020 compared to a low effort scenario

Healthcare Cost Savings

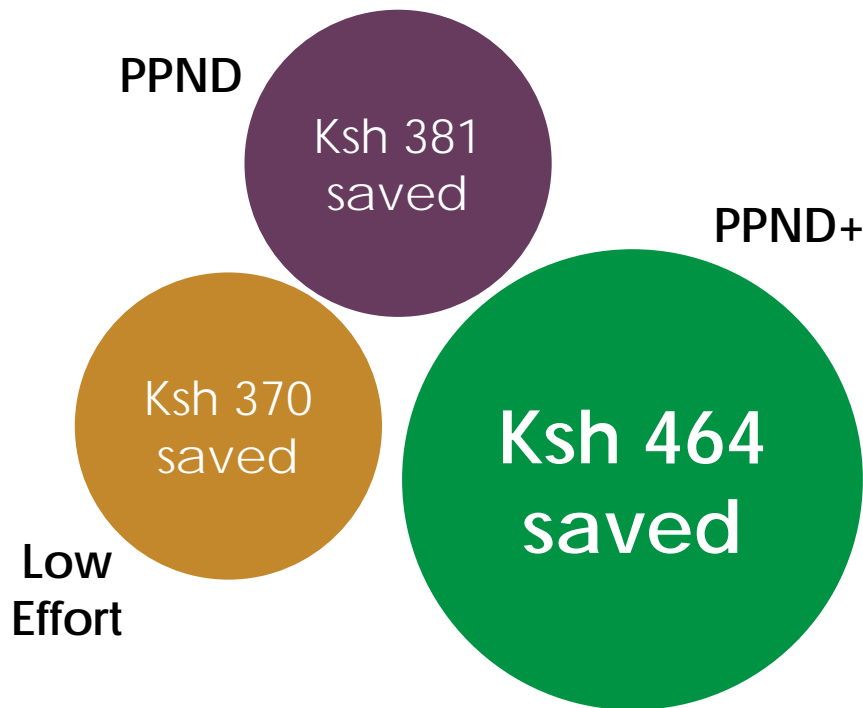
FP Costs and Savings
(Cumulative, 2015–2020)



By investing in modern FP methods, Kenya would save an additional Ksh 6.8 billion in healthcare costs by 2020; FP costs decrease with the increased use of long-acting methods

Cost-benefit Ratio

Healthcare Savings per Ksh 85 Spent on FP in Kenya (2020)



Today, every Ksh 85 spent on FP saves Ksh 381 (US\$4.48) in direct healthcare costs; with increased investment in modern FP, savings would increase to Ksh 464 per Ksh 85 spent

With increased investment in modern FP, Kenya could...



Ksh 170

...avert one unintended pregnancy

Ksh
7,900

...save one child's life

Ksh
58,900

...prevent one maternal death

Summary Results

Summary Results

- With increased use of FP—reaching an mCPR goal of 64.7% by 2020—Kenya would
 - Save the lives of more than 20,000 mothers and 144,000 children
 - Avert more than 7.7 million unintended pregnancies
 - Save Ksh 61 billion in direct healthcare costs—Ksh 6.8 billion more than if modern FP uptake slows
 - Prevent 1.4 million unsafe abortions
 - Save Ksh 464 in near-term healthcare costs by 2020 for every Ksh 85 spent on FP
- There is no need to wait; the health and economic benefits of investing in FP are immediate

Policy Recommendations

Each county government has a crucial role to play in realising Kenya's development future

Prioritise FP Budgets

To realise Kenya's health and economic benefits, national and county governments must prioritise family planning in *financing*, including

- Establishing FP-specific budget lines within county Programme Based Budgets and allocating the funds appropriately (commodities, in-service training, and facility improvements)
- Allocating/spending funds from recurrent budgets on FP-related supplies and personnel
- Tracking FP funds on FP in-service training, long-acting methods, and facility improvements (based on budget allocations)

Prioritise FP Programmes

To realise Kenya's health and economic potential, county governments must prioritise family planning in *programming* by

- Scaling up provider training and counselling on the provision of implants and IUCDs
- Adopting a multisectoral approach to youth-friendly FP services
- Strengthening county supply chains for FP commodity security, particularly commodity procurement and distribution

Prioritise FP Policies

To realise Kenya's health and economic potential, county governments must prioritise family planning *policy* by applying national FP policies at the county level:

- Kenya's Vision 2030
- Kenya's Population Policy for National Development 2012
- National Reproductive Health Policy 2007
- Community Health Strategy 2006
- The Adolescent Sexual and Reproductive Health Policy of 2015 (ASRH)

References

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.*

Kenya National Bureau of Statistics (KNBS) and ICF International. 2015. *Kenya Demographic and Health Survey 2014: Key Indicators*. Nairobi and Rockville, MD: KNBS and ICF International.

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/.

*** In 2015, the ImpactNow model was applied in Kenya by National Council for Population and Development (NCPD) and HPP. All graphs shown in this presentation are based on the results of this application.**

Thank You!

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