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Maternal and Child Survival Program

MCSP Kenya Program Brief
Family Planning

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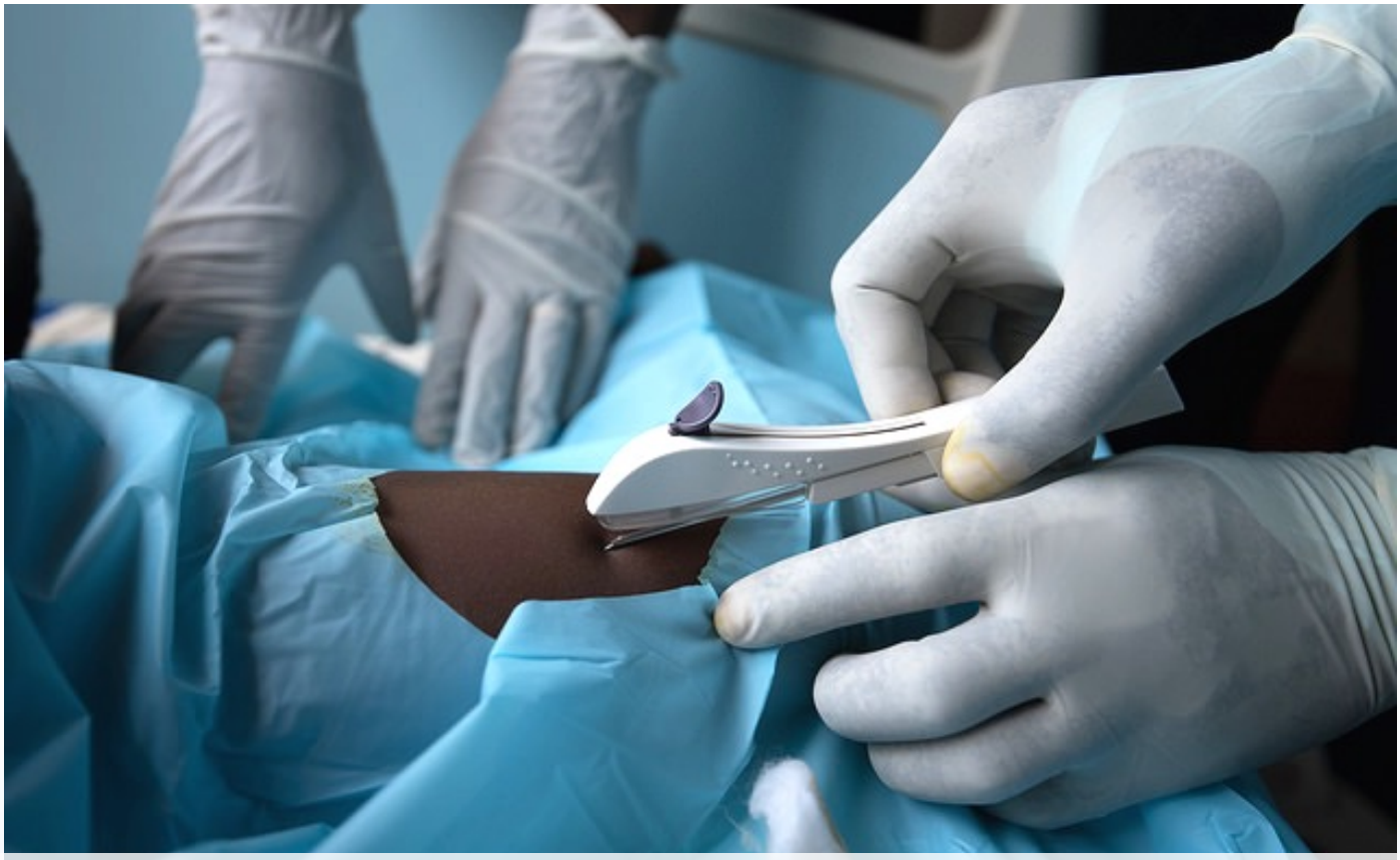

A woman receives family planning Implanon NXT Implant at a health facility in Migori County, Kenya. Photo Credit: Allan Gichigi/MCSP

Goal

As MCSP Kenya program's largest portfolio, the Family Planning (FP) component aims to improve the modern contraceptive prevalence rate and reduce the unmet need of FP among women of reproductive age (15-49) by increasing access to high-quality family planning services, ensuring availability of FP commodities, and encouraging FP service utilization at the community and health facility levels. FP began its work in October 2014 and will complete it in September 2017, having gradually been implemented in 17 sub-counties across Migori, Kisumu, East Pokot, and Meru counties.

Program Approaches

- **Introducing Levonogestrol Intrauterine System (LNG-IUS) into the public sector**: While 99% effective and safe, the LNG-IUS method has only been available to women via the private sector due to its high cost. MCSP Kenya is generating evidence on LNG-IUS cost-effectiveness, demand, user profiles, etc. to advocate for adoption of LNGIUS in Kenya's public sector and cost reduction by the manufacturer. In addition to commodity management activities, the Program is testing a structured mentorship model* in Migori and Kisumu, which helps ensure that facility-level service providers are competent in inserting LNG-IUS. In this model, mentorship and supervision is led by county-level MOH staff who have been trained in LNG-IUS provision via the MCSP-developed national long-acting reversible contraceptives (LARC) learning resource package (LRP). Evidence from this small-scale implementation is complemented with a user research study focusing a woman's method of choice and experience is LNG-IUS.
- **Scaling up Nexplenon (Implanon NXT) implant as a part of the FP method mix in Migori and Kisumu:** MCSP is supporting the national- and county-level MOH to transition from use of a discontinued implant, Implanon Classic, to a better-quality replacement, Nexplenon. In collaboration with implementing partners and MOHs, the Program developed a national LRP on NXT, which is used to train county-level MOH mentors. The mentors are cascading down their knowledge and skills to facility-level service providers via the structured mentorship model.* to ensure that FP service delivery is not disrupted. Furthermore, to combat potential stockouts during this transition, MCSP monitored Implanon Classic stock at distribution centers and redistributed to locations that supported facilities with high-demand and low-supply. This process was institutionalized at county-level where MCSP built capacity among MOH staff to monitor, report, and redistribute FP commodities during this transition and beyond the life of the Program.
- **Improving community-based distribution of FP services**: Due to geographic barriers, many women who do not deliver in health facilities are unaware and/or cannot readily access FP services and commodities regardless of the potential demand. To address this unmet need, the Program supported community health extension workers to train community health volunteers (CHV) from Migori's hard-to-reach areas on providing FP commodities (e.g., refill combined oral contraceptives), promoting various family planning methods, conducting referrals for advanced methods, and reporting FP data.
- **Scaling up integration of adolescent/youth-friendly services (AFYS) in Migori and Kisumu:** While adolescents make up 34% of the Kenyan population, there are few initiatives targeting adolescent-specific reproductive, maternal, newborn, and child health services. MCSP advocated with the national MOH to develop AYFS policy and guidelines and revise the national FP reporting tool with a focus on adolescent data. The disaggregated adolescent health data better helps national- and county-level address this inequity and further advocate for adolescent-friendly services at all levels of the healthcare system. The Program also trained county-level mentors on AFYS theory, such as avoiding judgement from elders, and introduced AYFS to all staff (e.g., watchman) at health facilities via a whole site orientation approach. This approach tackles barriers at all points of a client's journey when receiving AFYS at a health facility.
- **Increasing reporting rates of FP data:** Recognizing the importance of using data to address commodity management challenges, the Program distributed national MOH FP reporting tools and strengthened the capacity of county-level healthcare workers to report FP data. In addition to reviewing the data quality and following up with providers on pending or unreported data, MCSP Kenya emphasized sustainability by supporting facilities in East Pokot to develop action plans on improving data quality. Accurate data collection enhances a facility and the MOH's ability to track availability of FP commodities (e.g., implants and condoms) and institutionalize distribution and redistribution mechanisms that reduce stockouts.

Key Results and Findings*

Results

- **Observed high uptake of LNG-IUS.** In Migori and Kisumu, 243 clients chose LNG-IUS from the FP method mix within 3 months of introduction, indicating a clear demand for this method in Kenya.
- **Increased LARC uptake among women of reproductive age**. From Oct. 2013 – 2016, LARC uptake increased from 13% to 22% in Kisumu and 8% to 40% in Migori. The positive change has contributed to national-level improvement in the contraceptive prevalence rate and couple year protection.
- **Increased the number of new FP users (women of reproductive age).** Between 2014 and 2016**,** new FP user increased from 24,236 to 79,769 in Migori and Kisumu. Increase adoption of FP not only helps women avert unintended pregnancies, but also indicates that the equity gap and unmet need for FP are decreasing.
- **Improved reporting rates.** Between October 2014 and September 2016, family planning contraceptive reporting rates of increased by 69% in East Pokot, 38% in Migori and 27% in Kisumu. Available data has helped the county- and national-level MOHs forecast commodity needs and prevent or manage stock outs.

Findings and Lessons Learned

- **County-level MOH should regularly allocate funds for FP commodities and reporting tools to ensure sustainable FP service delivery**. External donors are the primary source of FP commodities in Kenya, which can result in donor fatigue and reduced support if procurement is not financially prioritized by the national- and county-level MOH. The Program is advocating with county MOH and political arms to include FP as a line item in the annual budgets, which will secure funding for FP and mitigate the risk of stockouts.
- **Community perception and service provider bias are a key barrier to FP service delivery among adolescents.** Per national guidelines, service providers are mandated to provide FP to any girl or woman who wants it. However, personal biases, misinformation, and fear of litigation (providing FP to women <18 years old) among service providers have affected how and who sexual and reproductive health services are delivered to. MCSP has engaged service providers by educating them on the AYFS policy and held youth conferences where the youth can identify challenges and user-friendly solutions for structuring adolescent health services.

Recommendations*

- **Greater emphasis is needed on collecting complete, accurate, and high-quality FP data, including disaggregated adolescent data.** Continuous data collection of FP indicators allows county-level MOH and implementing partners to quantify program activities, design and plan for FP services, and modify a strategy to make implementation and service delivery more effective at a faster rate.

*** Refer to the MCSP Kenya Mentorship Program Brief for detailed information, results, findings, and recommendations on the structured mentorship approach.**

Trends in Contraceptive methods mix