



African Population and Health Research Center

## A Winning Approach to Increasing Family Planning Uptake: The Case of Western Kenya



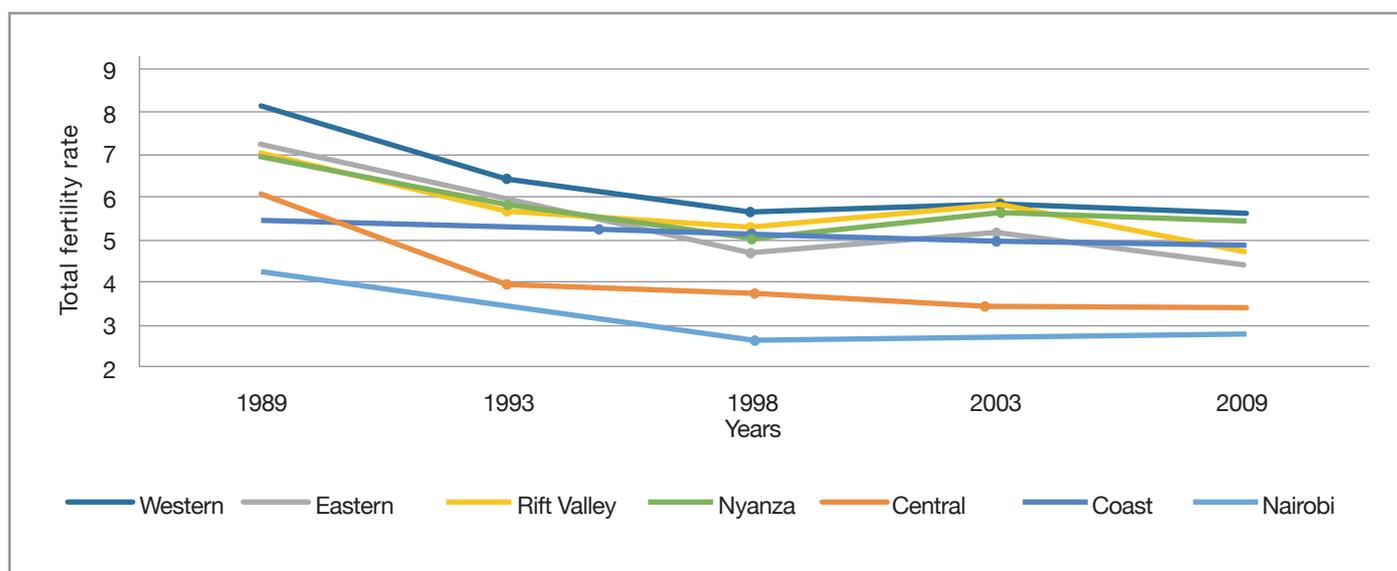
Despite dramatic declines in fertility rate over the past 25 years in Kenya, unintended pregnancy remained stubbornly high in rural Western Kenya. Between 1989 and 2009, fertility rates slowed (declining from 8.1 children per woman to 5.6 in Western province and 6.9 to 5.4 in Nyanza province). This decline still did not keep pace with the rest of the country which was performing much better with other provinces like Central and Nairobi declining to as low as three children per woman in 2009 (see Figure 1).

The stall in fertility decline in Western Kenya during this period has been linked to several factors, including

women’s lack of access to effective contraception in the region. In 2009, for example, about three in ten women in Nyanza and Western provinces were unable to use contraceptives because of the cost of family planning products and services. Addressing unmet need for contraception requires increasing the availability and accessibility of family planning methods and services.

This brief describes a project that successfully boosted contraceptive use among women, men and adolescents in Western Kenya by mitigating common barriers to family planning services utilization.

**Figure 1: Trends in Fertility Rates in Kenya by Province, 1989-2009**



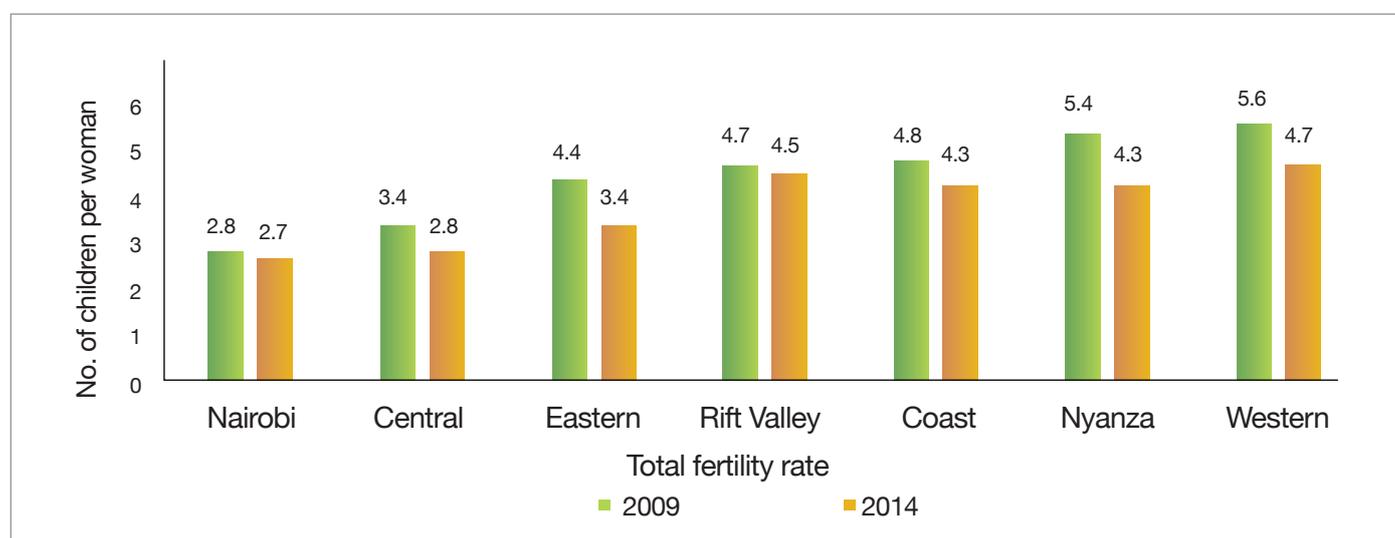
1 Ezeh, A. C., Mberu, B. U., & Emina, J. O. (2009). Stall in fertility decline in Eastern African countries: regional analysis of patterns, determinants and implications. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 364(1532), 2991–3007. <http://doi.org/10.1098/rstb.2009.0166>



Over a project period of only five years (2009-2014), overall fertility rates declined from 5.6 to 4.7 in Busia County (16%) and 5.4 to 4.3 (20%) in Siaya County (in 2014, counties replaced provinces in 2009) as shown in Figure 2 below. The change over a 5-year implementation

period can be viewed against previous decline from 8.1 to 5.6 (31%) in Busia and from 6.9 to 5.4 (22%) in Nyanza but over a 20-year period. The two intervention counties were among the first half of counties with the highest decline in fertility during this intervention period.

**Figure 2: Trends in Fertility Rates in Kenya by Province between 2009 and 2014**



The project's objective was to increase routine use of modern contraceptives among women of reproductive age specifically by: 1) influencing switching from short-term to long-term methods, 2) increasing modern contraceptive use, especially among young married

women, 3) influencing men's attitudes regarding family planning and reducing desired family size, and 4) influencing fertility intentions among women and men. The project has been implemented since November 2012 and is expected to end in January 2018.

<sup>2</sup> Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, and The DHS Program, ICF International. Kenya Demographic and Health Survey 2014 (2015), Nairobi, Kenya.

## Barriers to Contraception Use

According to the Kenya Demographic and Health Survey, the most commonly reported barriers to contraceptive use among women in Western Kenya are the high cost of transport to a health facility, unavailability of contraceptives, long waits at facilities, and fear of partner knowing about use and/or partner opposition to contraception.

To tackle these barriers and better meet the need for contraception, the African Population and Health Research Center (APHRC) initiated a community-based family planning project in two large counties in Western Kenya. The initiative was implemented in collaboration with Marie Stopes Kenya, Family Health Options Kenya, Great Lakes University of Kisumu, Centre for the Study of Adolescence, Forum for African Women Educationalists, and Christian Health Association of Kenya.

## An Innovative Approach to Family Planning Service Delivery

Because existing health services can be difficult to access due to barriers including distance and cost, family planning services have been integrated with existing community-level health interventions, as distribution of bed nets, water purifiers, etc. To foster reproductive health behavior change where contraceptive use had been low, family planning commodities including condoms and pills, information education communication (IEC) materials and contraceptive demonstration bags were carried and distributed alongside other community level health services. Family planning services were among the topics discussed by the community health volunteers as part of their routine distribution of other services at the household level.

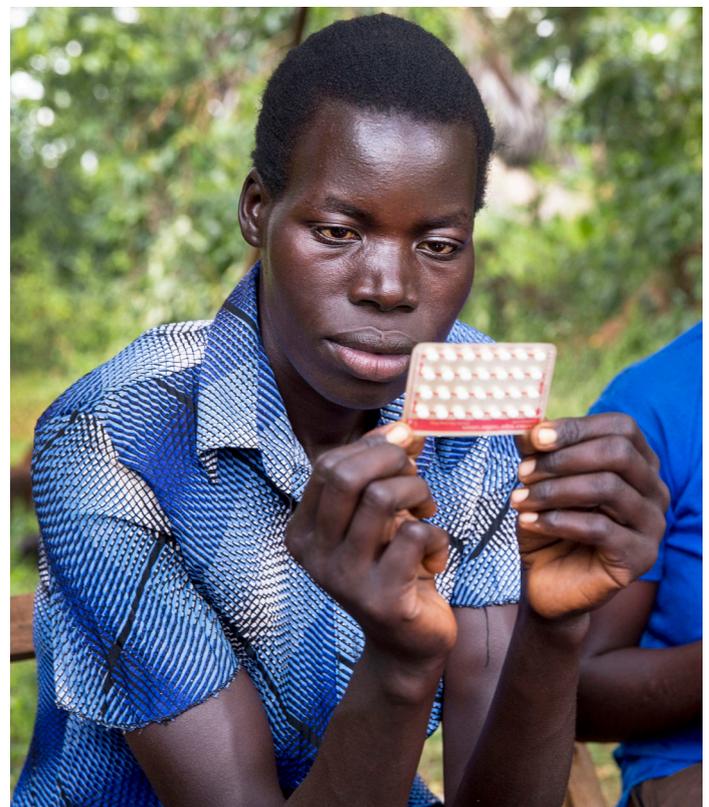
The project went beyond the usual sources of health information such as healthcare providers to include community leaders and other gatekeepers, whose support can either make or break a project. For example, religious leaders are central to community life in the counties, as they are in many parts of the world. CHAK worked intentionally to build relationships with these community gatekeepers, and to train them on how to support their congregants on family planning matters. Some religious leaders, in turn, used their reach and influence to encourage informed discussions about family planning.

Our collaborative approach to delivering family planning services is critical in a context of limited resources. Its

success hinged upon the use of seasoned organizations to address a multi-faceted issue through sustained, substantial investment over time, monitoring results closely, listening to communities on what they need most. Implementing partners were coordinated so that they offered services that were complementary and not duplicative, and that capitalized on partner expertise.

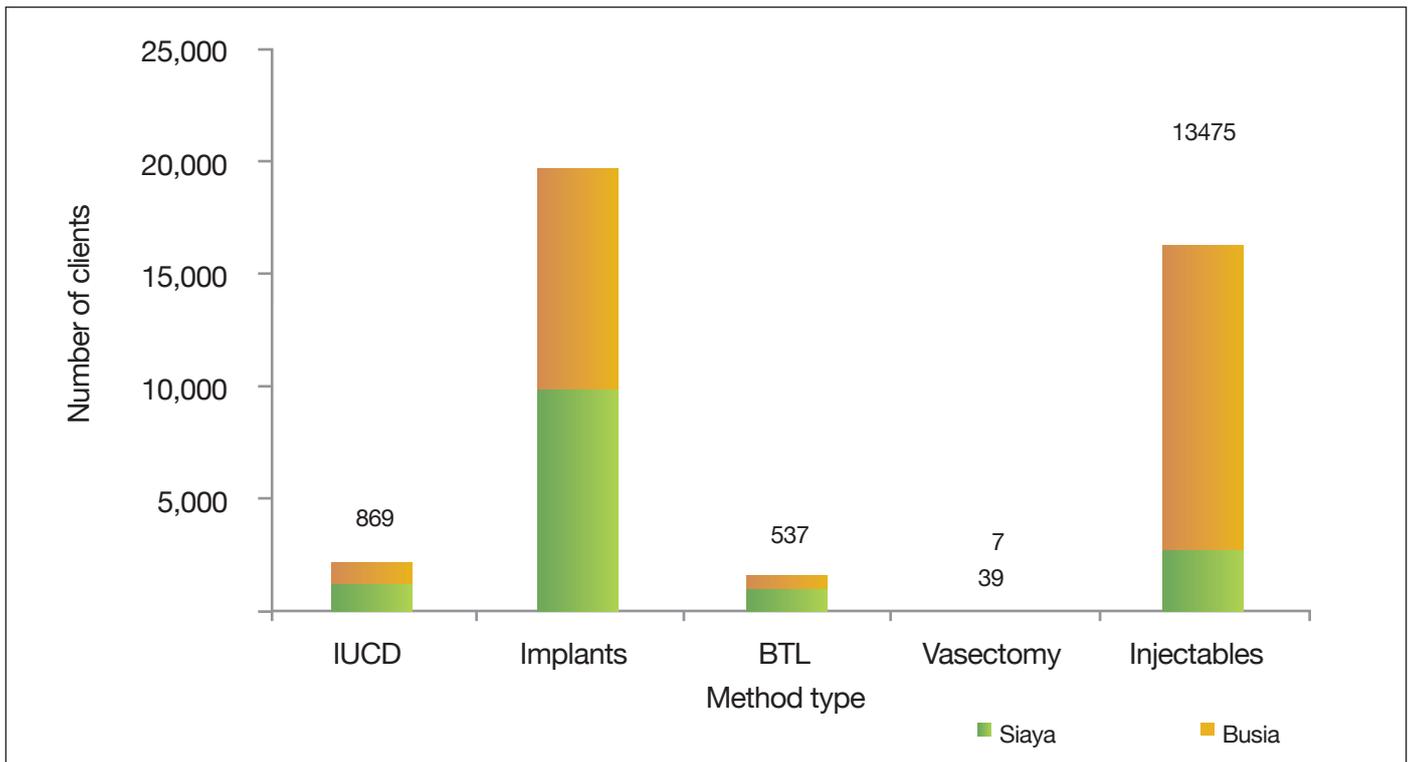
The project capitalized on the expertise of its partners to deliver comprehensive family planning services to the two communities to tailor them to the local context, amplify what was working, and fill gaps to complement existing efforts. APHRC harnessed the expertise of each partner, with Marie Stopes Kenya and Family Health Options Kenya providing reproductive health services in Busia and Siaya respectively. Great Lakes University of Kisumu was responsible for monitoring and evaluation of project activities.

The team also worked in close collaboration with national and county government health officials. In addition, Centre for the Study of Adolescence (CSA), Forum for African Women Educationalists (FAWE) Kenya and Christian Health Association of Kenya (CHAK) which works with religious leaders and groups co-implemented reproductive health programs in both Busia and Siaya in close collaboration with the MSK and FHOK. In this way, individual organizations worked together to implement different activities towards a common goal.



<sup>3</sup> Obare F, Warren C, Kanya L, Abuya T, Bellows B. Community-level effect of the reproductive health vouchers program on out-of-pocket spending on family planning and safe motherhood services in Kenya. *BMC Health Services Research*. 2015;15:343. doi:10.1186/s12913-015-1000-3.

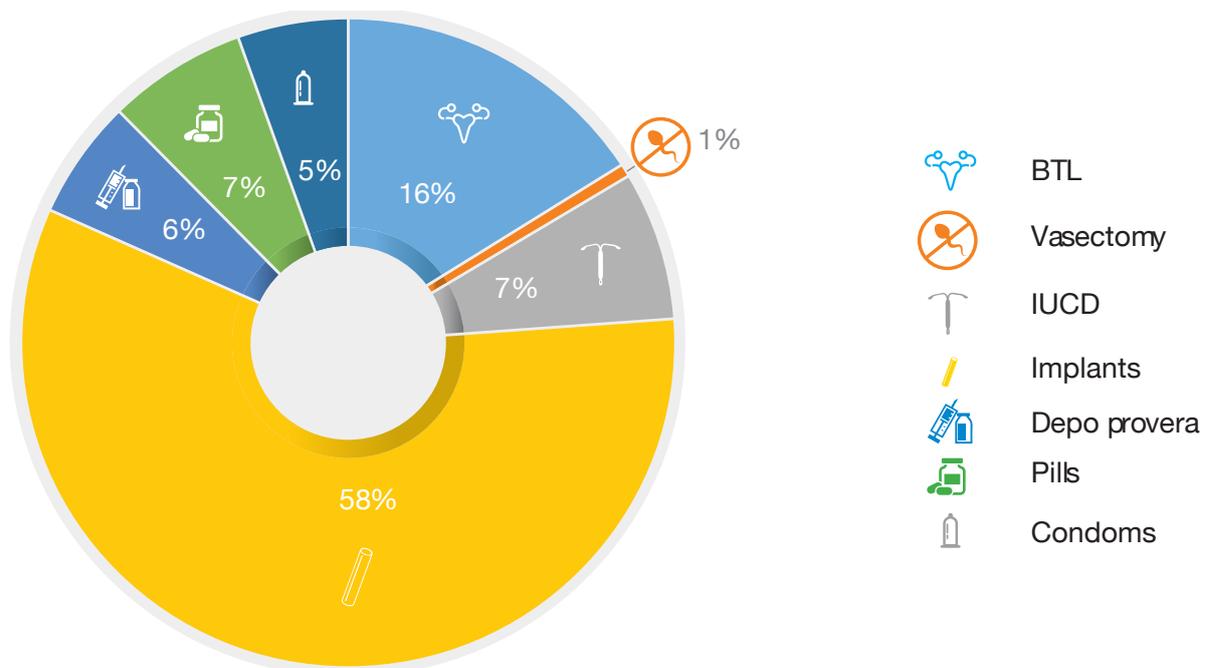
Figure 3: New and returning clients accessing family planning services, by method, 2012-2015



The potential impact of the interventions outlined above can be explored by assessing the overall couple years

of protection due to the above contraceptive use interventions.

Figure 4: Percentage couple years of protection, by method distributed



# Reproductive health services in Western Kenya



Over three years between 2012 and 2015, the project linked more than 46,000 people to family planning use for the first time. The majority were served through community-based distribution by the Community Health Volunteers



In total, 215,638 household visits and 8,085 community sensitization meetings were carried out, reaching 615,826 people with family planning/reproductive health services and/or information.

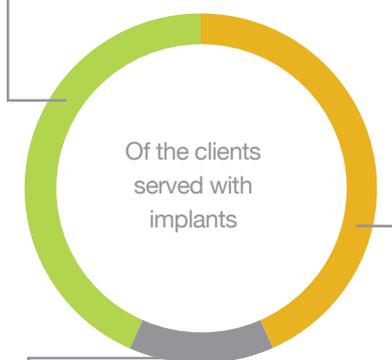
**18%** having used other methods (unspecified).



**26%** **56%**

were new contraceptive adopters formerly used pills and injectable,

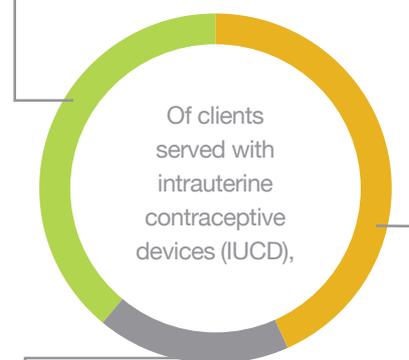
**46%** were new adopters



**8%** **46%**

having used other methods (unspecified). formerly used pills and injectable,

**41%** new users



**13%** **46%**

formally used other unspecified methods. formerly used pills and injectable,

**99,223**



The long-acting contraceptive method contributed to an estimated 99,223 Couple Years of Protection (CYP)—an estimate of protection from pregnancy offered by contraceptive methods.

**600**



Community Health Volunteers (CHVs) were trained on family planning, counseling and distribution of short-term family planning methods.

**160 +**



More than 160 healthcare providers including medical officers from public and private health facilities were trained on contraceptive technology update and commodity management skills.

**30**



**175**



**30**



Thirty service providers (Medical and Clinical officers), 175 CHVs and 30 Community Health Extension Workers were trained on the provision of youth-friendly services including family planning and other RH services to the youths.



Nearly 800 young people were trained as peer educators for life skills.



103 teachers, 101 community members, 149 healthcare providers and youths were trained on adolescent sexual and reproductive health and rights, using the 2006 adolescent reproductive health and life skills curriculum.



150 community leaders/facilitators were trained to sensitize community leaders and parents in 35 schools on their role and responsibilities in supporting adolescent sexual and reproductive health and rights among youth



## Achievements

- **Improved capacity to provide community-based family planning and reproductive health information:** Together with critical stakeholders from the Ministry of Health and the Ministry of Education, Science and Technology, the project recruited, trained and certified community health volunteers (CHV), medical service providers, peer educators, religious leaders, and community members to share information about family planning and reproductive health services through the usual (clinics) and new (community centers, religious centers, households) locations.

This increased service delivery points from a few bricks-and-mortar health facilities to door-to-door distribution to households through CHV doorstep delivery of commodities and IEC material. It also reduced chances of clients missing out on learning about available methods due to lack of provider knowledge or distance to health facilities.

The project created various platforms (sessions and booths at local and international conferences for FP, TUSEME health clubs in schools, the Adolescent Sexual and Reproductive Health (ASRH) Facebook page, CHV monthly meetings and various community meetings at community levels from where various stakeholders would learn and get regular feedback on FP. It also raised CHV profiles, where CHVs were viewed as “community doctors”, and making them champions for FP.

- **Increased adoption of long-acting and/or permanent methods (LAPM):** Mobile outreach clinics offered LAPM at health facilities that are much closer to their residence or places of work. This gave clients a wide range of family planning methods from which to choose. Clients began to switch from short-acting contraceptive methods like pills, condoms and injectable to long acting contraceptives methods like bilateral tubal ligation, vasectomy, implants and the intrauterine contraceptive devices.

It is during this period that the Ministry of Health from Busia and Siaya counties began to record a rise in number of vasectomies in their reports an indication of positive change of community and perception of men to family planning. The Ministries of Health in Busia and Siaya have also corroborated that there is no one particular program in the history of service delivery programs that have ever attained such a high number of vasectomies.

- **Steady supply of family planning commodities in all facilities,** and trained health workers on effective contraceptive commodity tracking and reporting to reduce the frequency of stock outs stabilized the supply of commodities.
- **Investment from county government for sustained family planning services: A new county budget allocation to support Community Health Volunteers:** The increased value placed on family planning influenced the allocation of county government resources for stipends for Community Health Volunteers in Siaya and Busia counties. This, in turn, motivated volunteers to carry out their duties.
- **Enhanced relationships between communities and institutions:** Relations between client, Community Health Volunteers and health providers improved, and clients received better, faster treatment at health facilities when accessing family planning services. The project also established strong partnership and cooperation with County Health Management Teams, county administrators, county and national Divisions of Reproductive Health (DRH/DCHS), other stakeholders in the counties and at national level, sharing lessons and experiences for improve sustainable service delivery. The project aligned with the existing DRH/DCHS community strategy, which made it easier to build enhanced community and governmental ownership.
- **Strengthened community structures:** Community-based distribution empowered health workers, through community dialogue and feedback forums, to use the Community-Based Health Information (CBHI) data to develop plans that are reflective of health needs and priorities of the community. Community resource persons also used CBHI to track common barriers to the use of family planning and to monitor devolved health sector funds. Taken together, this led to increased ownership and participation by communities in the delivery and utilization of health services, including family planning.
- **Interest in replicating success in other counties:** The success of the project design and implementation has drawn interest from other counties, including Bungoma, Kakamega and Homa Bay counties. Bungoma County, for example, is working to raise funds to support family planning, with support of CSA and other partners.

<sup>4</sup> <http://www.gatesfoundation.org/What-We-Do/Global-Development/Family-Planning>

## Future Considerations for Counties Making Family Planning Investments

County and national governments should invest in reproductive health by **allocating resources** for services and health commodities. Investing \$1 in family planning saves counties \$2-6 in other development sectors. Planned families - in which parents have the number of children they want and can support - contribute to economic growth because they relieve some pressure on resources such as education, health, and land as family sizes decrease. Family planning is an essential building block of achieving Kenya's Vision 2030 and the Sustainable Development Goals, among other targets.

County governments and other implementing partners should consider a **collaborative approach** (with designed implementation model with outlined distinctive roles of partners including a coordinator) to demand and

supply side strategies through community-based delivery (household level distribution of short-acting methods and mobile outreach clinics for long-acting and permanent methods) to other counties that face high fertility and unmet need for contraception. This approach directly addresses the barriers such as distance and cost since services - including long-acting permanent methods which are usually facility-based - are brought closer to the client leveraging existing infrastructure and partner resources to meet family planning needs.

Governments will benefit from engaging all family planning stakeholders in the **development of a costed strategy**. Plans may include, as they did in Siaya County, stipends for CHVs to ensure continuation of community-based delivery of family planning and other health services.

For more information on the Western Kenya Family Planning Project, please visit [www.aphrc.org](http://www.aphrc.org).

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<sup>3</sup>African Population and Health Research Center (APHRC). 2013. Report of the 2010 Baseline Survey of the Community-Based Family Planning Project of Western Kenya: Demonstration Phase, 2009-2012; Nairobi: APHRC.