

# FP2020 COMMITMENT 2018 UPDATE QUESTIONNAIRE



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/kenya>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on [msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org) with a copy to Holley Stewart on [hstewart@familyplanning2002.org](mailto:hstewart@familyplanning2002.org).

Should you have any questions or concerns, please contact Holley Stewart on [hstewart@familyplanning2020.org](mailto:hstewart@familyplanning2020.org) or Rudy Shaffer on [rshaffer@familyplanning2020.org](mailto:rshaffer@familyplanning2020.org).

**Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.**

# FP2020 COMMITMENT 2018 UPDATE QUESTIONNAIRE



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Kenya's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

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## UPDATE QUESTIONNAIRE

### COMMITMENT OVERVIEW

- Increase modern contraceptive prevalence rate (mCPR) from 61% to 66% by the year 2030
- Increase CPR for any contraceptive method. Among adolescent women (15-19 years) from 40% to 50% by 2020 and to 55% by 2025.
- Reduce teenage pregnancy among adolescent women 15-19 years from 18% to 12% by 2020 and 10% by 2025.

1. **COMMITMENT:** Financial. The Government of Kenya commits to:
  - 1.1. increase the portion of the national budget for family planning services, specifically through a budget line allocated to the family planning;
  - 1.2. deliver high level advocacy sessions for inclusion of FP into the National Health Insurance Fund and private Insurance funds/schemes to facilitate sustainable financing for FP commodities and service delivery;
  - 1.3. include contraceptives in existing health insurance schemes to increase access to FP for insured individuals, bolstering equitable access to FP;
  - 1.4. work with the national supply agency (Kenya Medical Supplies Agency) to ensure FP commodities are costed before distribution to counties; and
  - 1.5. Train county health management teams and other stakeholders at county level in forecasting and quantification, quality data management and supply chain management.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

- 1.1 The Kenyan national government budget allocation for family planning has increased over the years, the forecasting and quantification of FP commodities was conducted in March 2018 and the estimated funding gap for 2018 – 2019 financial year was estimated at US \$18 million. Kenya will continue to work closely with development partners to secure increased financing for FP commodities and services.
  - 1.2 The Ministry of Health and the National Council for Population and Development have held several high level advocacy sessions for inclusion of FP into the National Health Insurance Fund. There is a draft roadmap for universal health coverage (UHC) which includes the integration of FP services into the National Health Insurance Fund (NHIF) outpatient package
  - 1.3 To enhance domestic financing of FP commodities, the National Council for Population and Development (NCPD) with support from UNFPA conducted an assessment on the roles of public and private health/medical insurance on access, utilization and financing of Family Planning services. The findings provided guidance on the development of a road map under the leadership of MoH and NCPD to integrate a comprehensive FP package in the NHIF benefit coverage. A draft comprehensive FP NHIF benefit package has been developed and will be finalized based on the UHC Road Map.
  - 1.4 There are ongoing consultative sessions with the national supply agency (Kenya Medical Supplies Agency) to ensure FP commodities are costed before distribution to counties with an aim of increasing allocation for FP commodities at the county level. A draft road map was developed in collaboration with KEMSA and Council of Governors
  - 1.5 With support from UNFPA, JSI and ESHE the ministry of health has held several trainings for the county health management teams and key stakeholders at the county level in forecasting and quantification, quality data management and supply chain management.
2. COMMITMENT: Programming. The Government of Kenya commits to:
- 2.1. Ensure post-partum family planning services are included as part of its Free Maternity policy (Linda Mama programme);
  - 2.2. Strengthen and scale-up capacity of public and private health providers to provide FP counselling and methods, and to offer an expanded method choice including long-acting and permanent methods, especially in poorer regions like northern Kenya;
  - 2.3. Expand access to adolescent and youth friendly services in line with the National Adolescent Sexual and Reproductive Health Policy by:
    - 2.3.1. Improving existing service provision channels to provide accurate information and services on a wide range of contraceptive methods to capture diverse needs of adolescents;
    - 2.3.2. Ensuring all pregnant adolescents, including the poor and 'hard-to reach' have access to skilled care throughout pregnancy, delivery and to ensuring postpartum family planning services are offered;
    - 2.3.3. Increasing linkages for effective referrals to relevant services for pregnant adolescents.
  - 2.4. Increase demand for and access to FP services and improve commodity security in the counties in two of the northern and arid lands (NAL) with the lowest mCPR and highest unmet need;
  - 2.5. Deliver high level advocacy sessions for inclusion of FP into the National Health Insurance Fund and private Insurance funds/schemes to facilitate sustainable financing for FP commodities and service delivery.
  - 2.6. Continue to position family planning as a pivotal investment for national development by
    - 2.6.1. Leading advocacy forums with the Senate and parliamentary committees to advocate for county and national governments to prioritize FP and finance it domestically;

- 2.6.2. Collaborate with county level governments to ensure that each county's CIP contributes to the national goal through hosting clustered-by-county regional meetings for consensus on the new FP goal and strengthening of counties' understanding of the role they play in contributing to the national goal; and aligning all key policy documents (Vision 2030 Medium term plans) with the new goal; and
- 2.6.5. Hosting a national FP conference in 2018.

***In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:***

- 2.1. Post-partum family planning services are included as part of the Free Maternity services (Linda Mama programme)
- 2.2. In order to ensure adherence to standards in the training of health care workers to offer FP services, the ministry of health has developed a harmonized national training package for FP service provision, the package has several modules including Short and Long Acting Reversible Contraceptive methods, Long Acting Reversible Permanent Contraceptive methods and Post-Pregnancy Family Planning. The training package has been pre tested in several counties and will be used to train public and private health providers to provide FP services.
- 2.3. There have been deliberate intentions by MOH and NCPD to expand access to adolescent and youth friendly services in line with the National Adolescent Sexual and Reproductive Health Policy by:
  - 2.3.1. TOT training of services providers in all counties on Adolescent Youth Friendly Services (AYFS) in order to improve existing service provision channels to provide accurate information and services on a wide range of contraceptive methods to capture diverse needs of adolescents;
  - 2.3.2. Rolling out of Community based distribution (CBD) programme to ensure all pregnant adolescents, including the poor and 'hard-to reach are linked to Community Health Volunteers(CHVs), who refer them to the facility for appropriate services including skilled care throughout pregnancy, delivery, the CHVs also provide postpartum family planning services to these adolescents.
  - 2.3.3. Referrals linkages to relevant services for pregnant adolescents have been enhanced by CHVs especially in hard to reach areas.
  - 2.3.4. USAID partners are expanding access to FP services by supporting regular outreach activities in nine counties namely: Kisumu, Migori, Kakamega, Baringo Nakuru, Samburu, Turkana, Kitui and Kilifi. These partners are also tracking FP uptake among adolescents which is reported in the DHIS2.
  - 2.3.5. Partner support for County multisectoral actions plans to address teenage pregnancy and expand FP uptake for adolescents and young people in Kwale, Narok, Homa Bay and Migori counties.
- 2.4. In order to increase demand for and access to FP services and improve commodity security in the counties including the northern and arid lands (NAL) with the lowest mCPR and highest unmet need, the Ministry of health has developed a national costed implementation plan for FP (2017-2020), the CIP was launched in March 2018, and has been disseminated in several counties. Counties have also been supported to develop their own county specific CIPs, with an aim of increasing budget allocation for FP, a total of 17 county specific CIPs have been developed
- 2.5. FP is included in the National Health Insurance Fund (super Cover) scheme; there are plans to conduct several consultative meetings with private Insurance funds/schemes to include FP among their services in order to facilitate sustainable financing for FP commodities and service delivery.

- 2.6. NCPD and MOH have continued to position family planning as a pivotal investment for national development by
  - 2.6.1. Conducting several advocacy forums with the Senate and parliamentary committees to advocate for county and national governments to prioritize FP and finance it domestically; this was during the devolution conference.
  - 2.6.2. Holding several advocacy meetings with County Health Management Teams (CHMTs) in order to ensure that each county's CIP contributes to the national goal and aligning all key policy documents (RH policy National and County CIPs) with the new goal

### Progress on indicators for Commitments 1 and 2:

- Revised National Costed Implementation Plan(CIP) by June 2017 and launched in July, followed by county level dissemination by October 2017

The National Costed Implementation plan (2017-2020) for FP was launched in March 2018. The launch also served a dissemination meeting because we had representations from all the 47 counties.

- 47 Counties will have costed implementation plans by 2020 (this will have specific goals and strategies for adolescents)

17 Counties have developed and launched their costed implementation plans for FP, these include: Busia, Bungoma, Homabay, Kakamega, Kilifi, Kwale, Machakos, Makueni , Mandera, Meru, Migori, Mombasa, Nakuru, Nandi, Nyeri, Siaya, and Tharaka Nithi

- Funds are allocated for FP programme at national level- specifically - maintain domestic financing for family planning commodities as per the allocation in 2016/17 fiscal year of \$7 million for the next two years and then to be doubled thereafter, this will have tracked annually

In 2017/2018 fiscal year \$ US 5 million was allocated for FP commodities at the national level, the funds were from the GFF. Forecasting and quantification of FP commodities was conducted in March 2018 and the estimated funding gap for 2018 – 2019 financial year is estimated at US \$18 million, GFF allocation for this financial year is at \$ US 4 million. The MOH, NCPD and UNDP are organizing a Round Table meeting chaired by the Cabinet Secretary for health with the Donors.

- Family planning to be implemented fully under the NHIF Linda Mama programme by end of 2018. Permanent methods (BTL) are currently covered under the Linda mama programme, 6 months after delivery, there are ongoing discussions with NHIF to expand the coverage for other methods and extend the period of coverage during post-partum to one year
- All 47 counties to have a FP budget line by 2020.

13 counties have a budget line for FP for the 2018/2019 fiscal year, these counties include: Bungoma, , Kakamega, Kilifi, Kwale, Machakos, Makueni , Migori, Mombasa, Siaya, Tharaka Nithi , Nairobi, Uasin Gishu and west pokot.

3. **COMMITMENT:** Policy & Enabling Environment: The government of Kenya commits to strengthen its partnership with the private sector (including for-profit sector) and optimize FP funding by:
  - 3.1. Differentiating population segments according to ability to pay and which market players are best placed to effectively reach the different population groups which the most appropriate services and products

- 3.2. Using an all-sector strategy to improve market conditions; support the implementation of selected approaches including TMA; and recommend service delivery split among the public and nonpublic sectors
- 3.3. Stewarding the TMA process by reviewing/revising its current policy on free distribution of FP commodities to the private sector, and control of leakage of free commodities into the private market where they are resold; and
- 3.4. Implementing a comprehensive TMA 2020 plan that guides development and implementing partners.

***In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:***

To ensure universal access to a wide range of quality and affordable family planning information and equitable services to enable all individuals achieve their desired family size and improve their reproductive health, the government Kenya has continued to create an enabling environment for service provision by both the private and public sector. With an aim of strengthening partnership with private sector the government has done the following:

- 3.1 Increased stewardship for TM: the RMHSU is taking up the TMA as a key priority. There is now a TMA Secretariat housed within the RMHSU, supported by partners to institutionalize the approach. An FP2020-aligned TMA plan is being drafted which will guide the various partners over the coming years, and is based on the FP 2020 commitments
- 3.2 Conducting several studies on Kenya's FP market: National Cost Benefit Analysis on TMA conducted in 2017 to provide further evidence to inform TMA programming and differentiate population segments according to ability to pay
- 3.3 TMA has been incorporated into national policies and plans (national CIP and Reproductive Health policy) in order to support the implementation of a Total Market Approach among public and private providers

**Progress on indicators for Commitment 3:**

1. Revised Reproductive health policy with consideration for the enabling environment for TMA by 2018. Revision of the Reproductive Health Policy is ongoing, among the policy statement in the 2018-2030 RH policy is to "Ensure universal access to full range of voluntary family planning services including integration, community FP service provision and total market approach.
  - Increased market shares of the commercial sector products because of TMA approach by 2020.

Several studies have been conducted by institutions supporting the TMA approach, MoH led work planning meeting for TMA was carried in July 2018, among the activities included in the plan is to consolidate all the research findings on the market share in order to provide further evidence to inform TMA programming and differentiate population segments according to ability to pay

***Please respond to all parts of the following 3 questions:***

1. How has your Government engaged civil society organisations, young people, and marginalised women and girls in decision-making about national family planning programs and policies?

In Kenya the civil society organizations are represented in the FP2020 steering committee. Having one of the CSOs as a focal point has ensured active representation and participation of the CSOs in decision making and policy formulation, specifically for family planning. Family planning working groups have been established at

national and county levels. These working groups largely comprise members drawn from the civil society including youth led organizations. The CSOs have played an instrumental role in the drafting of county and national CIPs. Their views have also been sought in reviewing of the RH policy, FP guidelines and development of FP training package and DMPA-SC roadmap.

- a. What challenges have you faced in working with these groups? (please give examples)

Partner coordination at the county level becomes a challenge leading to duplication of efforts and wastage of resources. Civil society diversity with diverse interest and need for visibility as individual institutions. Some feel unrepresented.

- b. How has this engagement supported reaching your FP2020 commitment?

There is enhanced commitment, technical and financial support by CSOs, especially for implementation of activities at the county level. Advocacy engagements by CSOs at county and national levels have enhanced prioritization and momentum towards achievement of the FP2020 goals.

- c. Please share successes and/or lessons learned from these engagements.

CSOs with support from development partners have worked with government at national and county level to implement the Kenya FP2020 country action plan contributing to achievements outlined in commitment 1, 2 & 3 above. For example, over 15 CIPs (complete or under development) have been made possible through engagements by CSOs working with government and development partners. Civil society umbrella body representative has also played a key role in engaging other CSOs to participate in key activities.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

Kenya has developed a roadmap for universal Health Coverage (UHC) including integrating FP services into the National Health Insurance Fund (NHIF) outpatient package. It is currently at the stage of prioritizing the benefit package which includes Family planning. Pilot will take place in 4 counties.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?
  - a. If so, what insights were gained?

There was participation from MOH, NCPD, Jhpiego, UNFPA, and USAID during the annual data consensus meeting. In addition to the consensus meeting, at the country level, Kenya took an initiative as the first country to integrate an adolescent session into on-going FP2020 consensus meetings; the main objective of the meeting was to develop consensus with the counties on what is known with available data about adolescents sexual and reproductive health needs and problems, identify gaps in knowledge on these topics at the national level, and to improve understanding of disparities within the counties. Eleven counties with high teenage pregnancies were represented in the consensus meeting.

- b. Were domestic expenditures data reviewed as part of the data consensus meeting? **If so, please share insights and challenges you had in reviewing and validating these data.**

Domestic expenditures were reviewed during the consensus meeting; there was a presentation on FP spending assessment report for selected counties by a Track20 consultant from Kenya. Since the government and the focal points had questions about the methodology used for the assessment, there was no consensus on the figures for expenditures to include in the country's annual report; instead the focal points requested for capacity building on the process for better understanding.

In the month of August there was a follow up meeting to discuss the FP spending Assessment for Kenya which was supported by Track20. The purpose of the assessment was to estimate family planning expenditures at both national and county level. From the report the total government domestic expenditure for FP is KES US\$ 18,475,837. For the 2015/2016 reporting period

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*Please provide the following information on the Government's point of contact for this update:*

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