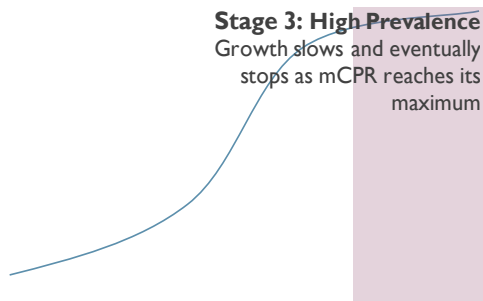
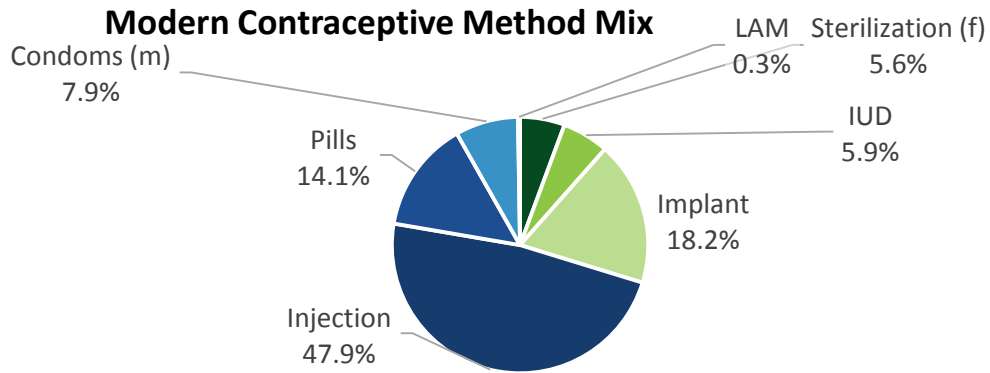


Kenya Actions for Acceleration



mCPR (AW vs. MW) (year)	45% vs. 61%
FP2020 mCPR/CPR goal	66%
Unmet need (MW)	17%
Demand satisfied (MW)	78%
*Track 20	

FP2020 Commitment	
Commitment objective	<p>2017:</p> <ul style="list-style-type: none"> • Increased 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
Policy commitment	<p>2017:</p> <p>The government of Kenya commits to strengthening partnership with the private sector (including the for-profit sector) through a total market approach (TMA) to optimize FP funding, differentiating population segments according to ability to pay and which market players are best placed to effectively reach the different population groups with the most appropriate services and products. The Government wants to explore an all-sector strategy, using the total market approach that splits service delivery between the public and private sectors and a robust plan to improve market conditions and to support the implementation of the selected approaches. A Palladium-led, DFID-funded project Enabling Sustainable Health Equity for Family Planning (ESHE) carried out a diagnostic study of Kenya's FP market and has recently concluded a study on Kenya's FP supply chain. Willingness-to-pay studies, total market approach (TMA) cost benefit analyses, and scenario planning are also being conducted by the end of 2017. These studies will inform efforts to segment and improve efficiencies in FP service delivery. Most critically, the analyses will provide evidence on what is needed to implement a Total Market Approach for FP in Kenya. The indicators will be:</p> <ul style="list-style-type: none"> • Revised reproductive health policy to enable a TMA by 2018. <p>Increased market share of the commercial sector products because of TMA approach by 2020.</p>
Financial commitment	<p>2017:</p> <p><i>Financial and program commitments are together under 'Programmatic commitments'</i></p> <p>2012:</p> <p>The Kenyan national government budget for family planning increased from US \$6 million in 2011 to US \$8 million for 2012-2013. Budget allocation for family planning commodities has grown from US \$2.5 million for 2005-2006 to US \$6.6 million in for 2012-2013. This leaves Kenya an estimated funding gap of 60 percent.</p> <p>Kenya will continue to work closely with development partners to secure increased financing for FP commodities and services.</p>

Programmatic
commitment

2017:

The Government of Kenya commits to increase the portion of the national budget for family planning services, specifically through a budget line allocated to the family planning. It is noted that contraceptives are not included in the National Health Insurance Fund (NHIF)-funded free maternity programme, for example. Inclusion of contraceptives in the existing health insurance schemes will increase access to FP for insured individuals, bolstering equitable access to Family Planning. The government will ensure post-partum family planning services are included as part of its Free Maternity Policy—Linda Mama programme—in which the Government invest 3 billion ksh annually to ensure mothers access free care at the point of delivery.

Kenya will broaden access and choice, especially in poorer regions such as Northern Kenya, by strengthening public and private health providers and through increasing the availability of long-acting and permanent methods of family planning. The Government will also scale up its efforts to equip health providers with skills on provision of long-acting methods with close partnership with private sector providers.

The Government reaffirms its commitment to expand access to youth-friendly services for adolescents and young people—specifically by improving existing service provision channels for accurate information and services on a wide range of contraceptive methods that respond to the diverse needs of adolescents. The government will ensure all pregnant adolescents, including the poor and hard-to-reach, have access to skilled care during pregnancy, delivery and postpartum. The government will also enhance effective referrals to relevant services for pregnant adolescents.

Kenya will work with the national supply agency (Kenya Medical Supplies Agency-KEMSA) to ensure family commodities are costed before distribution to Counties. The government commits to increase demand for and access to family planning among those Counties in the northern arid lands (NAL) with the lowest mCPR and highest unmet need and to improve contraceptive commodity security. This will be done with support from partners and through the NHIF.

The expected results are:

- National Costed Implementation Plan (CIP) revised by June 2017 and launched in July, followed by county-level dissemination by October 2017
- 47 counties will have costed implementation plans by 2020 and include specific goals and strategies for adolescents
- Domestic financing for family planning commodities maintained at \$7 million for the next two years and then double it thereafter; this will be tracked annually
- Family planning fully implemented under the NHIF Linda Mama programme by end of 2018.
- All 47 counties have a FP budget line by 2020
- Health facilities offering youth-friendly services increased from 10% to 30% by 2020 and 50% by 2025.
- Proportion of women with an unmet need or discontinued methods declines by 10% in 10 lowest mCPR counties each year.

2012:

Kenya plans to scale up their voucher system, which provides RH services, including FP, in five rural and urban districts in Kenya. The Kenyan Government

	<p>has already established over 70 Youth Empowerment Centers. The target is to have one in each constituency to provide a one-stop-shop for youth friendly information, including FP. Kenya will strengthen the collaborative approach, including the participation of public, private, and civil society organizations, at national and devolved governance levels in line with the new constitutional dispensation. Kenya also commits to review barriers to some contraceptive methods at community level health facilities, especially in remote locations, and to reform the Kenya Medical Supply Agency (KEMSA) to end stock outs and improve the supply chain for all medical commodities including FP. Finally, Kenya has plans to restructure the National Council for Population and Development agency, and facilitate additional resources to re-launch the national family planning campaign.</p>
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CIP/RH Strategy Priorities

1. Improve FP commodity procurement and distribution and ensure full financing of FP commodities in the public and private sectors to prevent stock-outs.
2. Increase the sustainability of FP commodities and services through government commitment, integration of the private sector, and diversification of funding sources.
3. Strengthen FP leadership at national and county levels; integrate FP policy, information, and services across sectors for holistic contribution to social and economic transformation.
4. Strengthen evidence base for effective programme implementation through research and information dissemination to enhance relevant programming
5. Improve ability of individuals within the population as a whole, and special needs groups to achieve their fertility desires by providing tailored FP services, and information on SRH and linkage between fertility and general health and well-being.
6. Promote and nurture change in social and individual behaviour to address myths and misconceptions and improve acceptance and continued use of FP with a special focus on increasing age-appropriate information, access, and use of FP amongst young people, ages 10-24 years and populations living in ASAL areas.
7. Enhance skills of new and existing health care workers through adequate practical training in the full FP method mix, and empower community health workers to provide counselling and referral services, and short-term methods

Kenya's Priorities

Priorities: *please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like.*

1. **Improve enabling policy and environment**
2. **Increase domestic financing and commodity security**
3. **Improve access to contraceptives by young people and ASAL**

Focal Point, Secretariat, and Partners Actions

Priority 1: Improve enabling policy environment for FP (Including all advocacy actions)

Focal Point Actions	Who	Timeline
1.1 Launch and disseminate the national Family Planning CIP	MOH	March 30 th 2018
1.2 Finalization and launching of the RH Policy	MOH	April 27 th 2017
1.3 Finalize and roll out the FP advocacy tool kit to promote evidence-based FP advocacy, programming and service delivery	NCPD	31st December 2018
1.4 Finalize and disseminate post pregnancy FP (PPFP) guidelines, job aids and reporting tools	MOH	December 31 st 2018
1.5 Hold consultative meetings with HIS to include PPFP indicators in DHIS2	MOH	December 31 st 2018
1.6 Build capacity of facility service providers to provide PPFP	MOH	December 31 st 2018
1.7 Conduct operation research on community-based provision of subcutaneous DMPA	MOH/DFID	December 31 st 2018
1.8 Conduct advocacy for FP financing through the inter-governmental forums, Council of Governors, Senate and the national assembly	NCPD/MOH	December 31 st 2018
1.9 Conduct consultative, learning and experience sharing meetings on FP integration with immunization	MOH/DFID	December 31 st 2018
1.10 Strengthen integration of data sharing and use (Track20, PMA2020, CHAI, etc.)	MOH/NCPD	December 31 st 2018
1.11 Draft an implementation plan for introduction and scale up of DMPA-SC	MOH	April 30 2018

Secretariat Actions	Who	Timeline
1. 1 Share the CIP tool kit		
1.2 Support the dissemination of National FP goals		December 31 st 2018

Partner Actions	Who	Timeline
1: 1 Provide technical and financial support to develop subnational CIPs in at least 18 additional counties	UNFPA through MOH to support FP CIP in 5 Counties, DSW/AFP	December 31, 2018
1:2 Provide technical and financial support to facilitate development, monitoring and implementation of the National and county-specific FP costed implementation plans	UNFPA through NCPD	31 st December 2018
1:3 Provide technical and financial support to facilitate	UNFPA through	

finalization and launching of RH Policy	MOH	
1:4 Support advocacy dialogues for inclusion of FP services by private and public health insurance firms	UNFPA through NCPD & MOH	December 31 st 2018
1:5 Provide technical and financial support to develop PFPF job aids, and reporting tools	UNFPA through MOH	December 31 st 2018
1:6 Support the finalization and rolling out of the FP advocacy tool kit	UNFPA through NCPD	December 31 st 2018
1.7 Provide technical and financial support to consultative meetings to include PFPF indicators in DHIS2	AFP/Jhpiego	October 31 2018
1.8 Conduct a study on community-based provision of subcutaneous DMPA	Jhpiego	June 31 2018
1.9 Provide technical and financial support to develop an implementation plan for introduction and scale up of DMPA-SC	Jhpiego/JSI/CH AI/ESHE/MSK	April 30 2018
1.10 Strengthen journalists' capacity at national level and in focus counties to interpret and use data to report accurately on teen pregnancy and maternal mortality in a focus county	USAID/UNFPA/ AFP	September 30 2018
1.11 USAID will support NCPD in a Youth Advocacy activity in 6 counties aimed at increasing financing for Family Planning	USAID/NCPD/C SA	September 30 2018

Priority 2: Increase domestic financing and commodity security for FP

Focal Point Actions	Who	Timeline
2.1 Establish regular meetings/calendar by MOH and focal points to mobilize resources for FP	MOH/NCPD	March 31 2018
2.2 Build capacity for county teams in supply chain management	MOH	September 30 2018
2.3 Develop a roadmap for Universal Health Coverage (UHC) including integrating FP services into National Health Insurance Fund (NHIF) outpatient package Road map in place	NCPD/MOH	December 31 2018
2.4 Convene a meeting to review a draft on commodity financing prepared by MOH for submission to Principal Secretary. (Participants: Focal points, GFF, NHIF, KEMSA, World Bank,)	MOH	January 31st 2018
2.5 Convene county-level advocacy forums with National and county assemblies, senate and County Executive to increase support for FP	NCPD/MOH	September 30 2018
2.6 Conduct county level advocacy for financing of adolescent and youth friendly services	NCPD/MOH	September 30 2018
2.7 Expand access through total market approach	MoH/Partners/DFID	December 31 2018

(social marketing, pharmacies and drug shops etc.)		
2.8 Expand access and visibility platforms for FP commodities at the National and County levels. (VAN)	MOH	December 31 2018

Secretariat Actions	Who	Timeline
2.1 Provide technical assistance on access and visibility platforms for FP commodities at the National and County levels. (VAN)Supply chain visibility.		March 31 2018

Partner Actions	Who	Timeline
2.1 Plan and execute high level advocacy activities for FP financing	Focal points	June 30, 2018
2.2 Establish long term co-financing agreements for contraceptive commodity procurement	MOH/USAID/DF ID/KEMSA	June 30 3018
2:3 Conduct a baseline assessment on the scope and roles of public and private Health/medical insurances on increasing access, utilization and financing of Family Planning services in Kenya	UNFPA through NCPD	December 31 2017
2:4 Support NCPD and MOH to coordinate, track and document implementation of FP2020 country commitments	UNFPA through NCPD	
2:5 Conduct county level advocacy for financing of adolescent and youth friendly services	UNFPA through NCPD	September 30 2018
2:6 Support the Kenya Health facility survey and dissemination of findings	UNFPA through NCPD	December 31 2018
2.7 Provide support to develop a national RHCS sustainability strategy based on the Kenya National FP CIP and the FP business case	UNFPA through NCPD	December 31 2018
2:8 Undertake a national FP resource flows survey including retrospective budget tracking exercise for FP across counties	UNFPA through NCPD	December 31 2018
2:9 Support coordinate, track and document implementation FP2020 country commitment	UNFPA through NCPD	

2.10 Support advocacy and planning forums in 14 counties to ensure that FP is included as a priority in the CIDP 2018- 2022	USAID/County Health Leaders (10 Counties) and UNFPA 4 Counties /AFP	September 30 2018
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Priority 3: Improve access to contraceptives by young people and ASAL

Secretariat Actions	Who	Timeline
3.1 (MOVED TO PARTNERS ACTIONS- THE SECRETARIAT REFERS TO FP 2020 SECRETARIAT		
3.2 AS ABOVE		

Partner Actions	Who	Timeline
3:1 Provide technical and financial support to disseminate research findings on FP barriers in ASAL areas (case study of Wajir)	UNFPA through Counties	31 st August 2018
3:2 Support expansion of FP access through total market approach (social marketing, pharmacies and drug shops etc.)	ESHE/DFID and UNFPA	December 31 2018
3:3 Provide support to conduct AYSRH advocacy meetings at the national and county levels	UNFPA through NCPD	December 31 2018
3: 4 Support capacity building of national youth empowerment institutions (NYS, vocational training institutions) to deliver SRH/FP information to young people in their respective institutions using the National SRH module for youth in empowerment platforms.	UNFPA through MOH	December 31 2018
3.5 Advocacy for counties with high teenage pregnancies (above national average of 18%) to develop multi-sectoral ASRH action plans that include access to postpartum family planning	AFP/TCI/Jhpiego/ DSW/PRB/ AMREF	December 31 2018
3.6 Strengthening of Adolescent and Youth Friendly services in 10 counties to reduce teen pregnancy	USAID	December 31 2018
3.7 Expand provision of FP services through mobile and outreach clinics in 4 arid and semi-arid counties (USAID) and in 4 high burden Counties (UNFPA)	USAID and UNFPA	December 31, 2018

3:8 Support development and launch of a national Supply chain management strategy	UNFPA through MOH	September 30 2018
3.9 Provide health system strengthening support with a focus on family planning to Seven counties with lowest CPR	Palladium/DFID	March 2019
3.10 Improve demand for family planning by tackling socio- cultural barriers in the ASAL including counties with the lowest mCPR	Palladium/DFID and UNFPA	March 2019

Looking Ahead:

Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.

- The GOK has established development priorities, which includes the enrollment of 13 million Kenyans by 2020 into the National Health Insurance Fund. This fund covers outpatient and in patient services including some advance specialized care. The focal points will be keen to see that FP is fully financed in this mechanism inclusive of commodities

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?

- *Contraceptive commodities*
- *Ancillary equipment for IUCDs and removal of implants*
- *Accelerate advocacy activities at County level.*