

# KENYA – NATIONAL

## Family planning budget analysis

2021/22



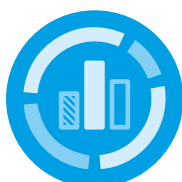
## FAMILY PLANNING BUDGET ESTIMATE

The budget analysis conducted in November 2021 shows the National Government has in the past two financial years, allocated resources on the FP budget line and in 2021/2022, Kenya allocated KES. 863,000,000. Other direct family planning allocation\* by the National Government was estimated for the period 2019/2020 to 2021/2022 are as follows:



To arrive at these estimates, our study examined the following documents: Budget Policy Statement (BPS), Programme Budget Estimates, County Implementation Reports, Budget Review and Outlook Papers, sector budget documents from the MoH<sup>1</sup>, RHMSU<sup>2</sup>, KNH<sup>3</sup> and MTRH<sup>4</sup>.

\* Indirect allocation for family planning by National Government was estimated per county based on workload statistics from the District Health Information System (DHIS) and subjected to county allocation to health. For FY 2019/20, the service utilization statistics were unavailable and thus the rates used were recorded based on the average change between the preceding period. Then the weights were used to derive possible allocations for family planning.



## KEY STATISTICS



**3.9** Total Fertility Rate<sup>5</sup>



**58%** Contraceptive Prevalence Rate (any modern method)<sup>1</sup>



**18%** Teenage Pregnancy<sup>1</sup>



**48** Abortions per 1,000 women of reproductive age<sup>6</sup>



**4.9%** HIV prevalence<sup>7</sup>



**11.7%** Kenya's health expenditure of the total gross expenditure in 2021/22<sup>1</sup>



**60%** Sampled health facilities in 11 counties with designated areas to provide FP to young people



**59.2%** Sampled health facilities in 11 counties with guidelines on services provision for adolescents



**50%** Sampled health facilities with staff familiar with the adolescent sexual reproductive health services



**22.7%** Sampled health facilities in 11 counties with posters indicating the Availability of Family Planning services



**33.3%** Support supervision for Family Planning conducted in Level 2 sampled facilities in 11 counties



**54.5%** Sampled health facilities in-charge in 11 counties involved in FP services budgeting



# POLICY BASIS FOR FAMILY PLANNING BUDGET INVESTMENT

## ICPD25 COMMITMENTS

In 2019, the Government of Kenya committed to:

- Eliminate teenage pregnancies, new adolescent and youth HIV infections and harmful practices such as child marriages while at the same time ensuring universal access to friendly quality reproductive health services and information to the youth and adolescents by 2030.
- Ensure universal access to quality reproductive health services, including prevention and management of GBV, in humanitarian and fragile contexts by 2030



## INTERNATIONAL FAMILY PLANNING COMMITMENTS (FP2030)

The Government of Kenya made the following FP2030 commitments in 2021:

- Increase domestic financing for family planning commodities to cover 100% of the requirements (currently at USD 30M) by 2026,
- Increase mCPR (married women) from 58% in 2020 to 64% by 2030,
- Reduce unmet need for FP for all women from 14% in 2020 to 10% by 2030,
- Reduce unmet need by 10% points by 2030 by prioritising the underserved, vulnerable and hard-to-reach-populations, including young people,
- Reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2030,
- Health facilities offering youth-friendly services will increase from 10% to 30% by 2020 and 50% by 2025,
- Transform social and gender norms to improve male engagement in family planning and eliminate social-cultural barriers to family planning service utilisation.



## RECOMMENDATIONS

1. The National Government need to **increase domestic financing** for family planning commodities to cover 100% of the requirements to enable realisation of Kenya's commitment on universal access to quality reproductive health services for all, amid shrinking donor funding.
2. National Government needs to increase allocations in the existing **family planning budget line** to cater for the FP commodity distribution and transportation, which is dependent on county distribution of other health consumables.
3. The National Government needs to invest in dissemination of **adolescent and sexual reproductive health policies and guidelines** among health worker to improve service provision of ASRH among the young people.
4. The National Government needs to **enhance reporting of, availability and use** of adolescent sexual reproductive health data in decision making.
5. The National Government needs to **promote integration** of youth friendly services, particularly in family planning.

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Every effort has been made to verify the accuracy of the information contained in this publication. All information was believed to be correct as of June 2022.

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