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Four Kenyan Counties Develop Costed Family Planning Strategies

CASE STUDY

Four counties in Kenya have developed and approved new, five-year (2014-2018) costed family planning strategies, also known as costed implementation plans. The strategies provide a basis for prioritizing and budgeting for family planning as well as guidance in organizing, mobilizing resources, and implementing and monitoring family planning programs at the county level. Beginning in the 2015/16 fiscal year, counties will have a framework in place to allocate a budget line for family planning for the first time.

Jhpiego Kenya, Advance Family Planning's (AFP) partner, engaged decisionmakers in Kakamega, Kitui, Siaya, and Tharaka Nithi to establish a process to draft, approve, and implement the strategies. If adequately resourced through national funds, the strategies will lead to greater access to and use of contraceptives, thus lowering the counties' unmet need for family planning.

Ensuring Family Planning Prioritization with Decentralization

When a new government system went into effect in Kenya in 2013, family planning was transferred



from a national government function to one overseen by county governments. However, many of the 47 counties, including Kakamega, Kitui, Siaya, and Tharaka Nithi, did not have family planning strategies and had not prioritized family planning in their budgets. Not only had counties not budgeted for family planning, but they also did not know how to estimate the amount of funds needed to carry out family planning activities. Local champions found it challenging to provide support without a clear understanding of the counties' family planning plans and priorities.

The county leadership had little exposure to the need for family planning and its importance. In fact, many felt a larger population was better for the county. Following the 2013 elections, a significant section of Kenya's political leadership and citizenry embraced what was commonly dubbed 'tyranny of numbers.' This meant that the larger the population, the greater chance a politician associated with such a large population would get elected to public office. Counties with a larger population also receive a larger allocation of central funds. Many felt family planning

would reduce the number of voters and threaten the counties' development.

Orienting County Leadership on Family Planning

To approach counties to develop the costed family planning strategies, Jhpiego undertook a multi-pronged advocacy strategy to orient county leadership to the benefits of family planning and support the strategy development process.

Once the objective of developing costed family planning strategies had been discussed and agreed upon, Jhpiego mapped out clear steps for engagement, including analyzing the family planning landscape in each county, gathering information on key actors, and identifying the person to open doors in each county. Separate meetings were held with the county health management teams, county Ministers of Health, and the Governors' offices. These initial meetings aimed to secure commitment by the county leadership to develop a costed family planning strategy and take the lead in planning for its development.

WHAT IMPORTANT STEPS LED TO THE WIN?

- **Identifying a SMART objective: to develop five-year family planning costed family planning strategies in four counties by August 31, 2014**
- **Conducting county fact-finding visits to establish the family planning landscape**
- **Meeting county decisionmakers to build commitment to draft a county costed family planning strategy**
- **Conducting family planning strategy drafting workshops (3-4 days) led by county health management teams with stakeholder input**
- **Refining county costed family planning strategies with county leadership**
- **Supporting validation of county costed family planning strategies**

Given that Kenya was in transition from a centralized to a devolved system of government, a fact-finding mission to the counties was an essential step to better understand the family planning landscape. It was apparent from the visits that counties would not allocate funding to family planning if they had not already included family planning in their county health strategy or estimated the cost to implement a family planning program. The need for costed family planning strategies was clear.

Jhpiego oriented civil society organizations (CSOs) at the county level on family planning advocacy using the AFP SMART approach. The orientation enabled the CSOs to knowledgeably engage with the counties on allocation of funding to family planning.

Besides responding to the desire and need for quality family planning services, local champions highlighted the importance of county efforts to meet country goals. With a significant number of counties demonstrating low contraceptive prevalence rates (CPR), achieving Kenya's goal of attaining a CPR of 58% by 2020 and 70% by 2030 ¹ requires an increased

investment in family planning by counties and the country at large. This message created a sense of urgency among county leaders to strategize and plan for family planning so as to advance broader goals.

Strategizing at County Level

In each of the counties, the county health management teams, county ministers of health, and local family planning stakeholders participated in developing the costed family planning strategies. The strategy development process generated discussion among policymakers and technical experts at the county level and revealed that family planning was excluded in the county health plans.

Securing initial appointments with the busy county leadership was often difficult but Jhpiego's local staff was successful in arranging meetings. Although protocol often demands that the office with lower authority is met with before proceeding to higher levels, this was not always the case in practice. Sometimes staff met with the county health minister first, who would in turn bring on board both the county health management team and the Governor. Other times, the Governor reached out to the county health minister, who in turn arranged for a meeting with the county health team.

In all four counties, the county health management team led the drafting phase, with Jhpiego and AFP providing technical and financial assistance. The strategies were informed by relevant national policy and strategy documents, such as the Constitution of Kenya 2010 Chapter 4 Article 43(1), which states that, "every person has a right to the highest attainable standards of health, which includes the right to health care services, including reproductive health care."²

The final strategies outlined a number of objectives including availing skilled providers, promoting efficient procurement of commodities, improving infrastructure, and increasing utilization of family planning services for all groups, including persons with disability and special needs. Family planning stakeholders provided input during both drafting and validation phases.



“This is the right time for Kitui County. We have always looked at family planning as a free service, hence we have not had a strategy. With a costed strategy, we are preparing ourselves for budget allocation by the county. Without a plan, partners cannot support us.”

-Monica Mutisya, Kitui County Health Nurse, County Health Management Team



A costed family planning strategy is a powerful way to ensure that family planning remains a priority in a decentralized system. It provides essential guidance for counties to plan for and implement effective programs and for partners to know how best to provide support.

Lessons Learned

- **New systems require reaching out to new contacts:** During a transition period from a centralized to a devolved system of government, sub-national governments often have unfamiliar persons taking up strategic decision-making positions. Advocates need to explore among themselves and with other colleagues and entities to establish those contacts. This will unlock doors at the subnational level.
- **When the situation changes, adjust tactics:** As fact-finding missions open up a new deliverable or way of engagement, advocates should be open to changing objectives while maintaining the overall advocacy goal. For example, in Tharaka Nithi, the county leadership had not developed a county health strategy. Therefore, leaders did not see the rationale of developing a family planning strategy in the absence of a county health strategy that would ordinarily anchor the family planning strategy. The participants attending the family planning strategy development were therefore divided in two teams—with one focusing on the county strategy while the other drafted the costed family planning strategy. While this meant that the teams had to work until late in the evenings, they managed to develop both the family planning and county strategy without any additional resources.
- **Enabling the county government health management teams to take leadership builds technical ownership:** The teams led in the planning and drafting of the county family planning strategy from the beginning, building will and ownership of the outcome. Ensuring that the county health minister and governor's offices are aware of and sanction the development of

the strategy establishes political goodwill from the start.

- **Technical assistance is important for the costing component:** Whereas the county health management team will be aware of what interventions to include in their family planning strategy, the costing section may be a challenge and therefore require technical assistance.

Next Steps

AFP, through Jhpiego, will work with the National Family Planning Advocacy Technical Working Group (TWG) and County Family Planning TWGs to advocate for allocation of funds based on the costed family planning strategies. Follow-up with counties to monitor utilization of the allocated funds will be possible actions to be prioritized among other activities.

Given that the costed family planning strategies run for five years, counties will also be asked to allocate funds for revision of strategies once the five-year target period elapses. In this way, they will sustain the family planning strategy-making process beyond the initial period. Counties will also update county data once the ongoing Demographic and Health Survey is completed and develop a focused monitoring and evaluation base.

References

- ¹ Sessional Paper No.3 of 2012 on Population for National Development, National Council for Population and Development, Kenya Ministry of State for Planning, National Development and Vision 2030.
- ² The Constitution of Kenya 2010, The National Council for Law Reporting.

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Advance Family Planning (AFP) aims to increase the financial investment and political commitment needed to ensure access to quality family planning through evidence-based advocacy. An initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health with the Johns Hopkins Bloomberg School of Public Health, AFP works to achieve the goals of the Family Planning 2020 initiative: to enable women and girls in some of the world's poorest countries to use contraceptive information, services and supplies, without coercion or discrimination.

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