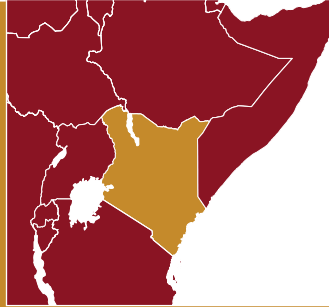




MINISTRY OF HEALTH

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IMPACTNow APPLICATION IN KENYA

Brief

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Background

Over the last decade, Kenya has made significant improvements across health indicators and outcomes. From 2009 to 2014, the country’s unmet need for family planning (FP) declined from 26 percent to 18 percent, and the use of modern contraceptives among married women increased from 39 percent (2009) to 53 percent (2014), an annual increase of 2.3 percentage points (KNBS and ICF Macro, 2010; KNBS and ICF International, 2015). Consequently, fertility rates have steadily declined over the past five years, falling from 4.6 children per woman in 2009 to 3.9 in 2014 (KNBS and ICF Macro, 2010; KNBS and ICF International, 2015).

However, Kenya has more than 40 million residents, and population growth continues to challenge its development prospects, including the achievement of the goals outlined in Vision 2030, the country’s long-term development blueprint, and the Population Policy for National Development (PPND), Kenya’s guide for the planning and management of population growth.

Despite gains in contraceptive use, government investment in family planning has declined with the advent of devolution, further threatening the realisation of the country’s population goals. For the past few years, development partners funded about 60

percent of the Kenya’s annual FP commodity needs (MOH, 2015). While the government was expected to fund the remaining 40 percent, it did not allocate funds for the procurement of FP commodities in fiscal years (FYs) 2013/14 or 2014/15 (MOH, 2015). In fact, the government’s investment fell from 40 percent of the country’s FP commodity requirements in FY 2012/13 to zero in FYs 2013/14 and 2014/15 (DSW, 2014; MOH, forthcoming). To achieve the goals of the PPND, Kenya’s national and county governments must prioritise modern family planning in policies, programmes, and budgets.

While some concerted efforts were made to safeguard family planning gains during the devolution of health services from the national to county governments, decisionmakers’ lack of awareness of the short-term benefits of family planning has hindered efforts to increase immediate FP investments. Without this evidence, policymakers and programme planners have found it difficult to convince those who oversee national and county budget appropriations of the importance of funding to expand access to high-quality FP services.

To generate evidence to support Kenya’s investment in family planning and motivate elected leaders and decisionmakers at the national and county levels to

act, Kenya's National Council for Population and Development (NCPD) and the USAID-funded Health Policy Project (HPP) applied the ImpactNow policy model. The Microsoft Excel-based model uses different scenarios to quantify the short-term health and economic benefits of family planning.¹ Since most existing models focus on the long-term gains of increased FP uptake, ImpactNow fills an important knowledge gap in FP policy and advocacy. For instance, the presentation of results from the national ImpactNow application to the parliamentary health committee team led to the restoration of a budget line for the procurement of FP commodities at the national level. Specifically, KSh 50 million (US\$500,000²) was allocated for the procurement of FP commodities for FY 2015/16.

The ImpactNow Model

ImpactNow estimates the short-term (two to seven year) future health and economic benefits of family planning using three different policy scenarios:

- **Low Effort:** The low effort scenario assumes a 3 percentage point increase in Kenya's modern contraceptive prevalence rate (mCPR).
- **PPND:** The PPND scenario assumes that Kenya will achieve mCPR of at least 58 percent by 2020 and 64.7 percent by 2025.
- **PPND+:** The PPND+ scenario assumes an ambitious FP agenda that goes beyond the goals outlined in the PPND. In this scenario, Kenya will improve its mCPR beyond 64.7 percent and shift its contraceptive method mix to more cost-effective, long-acting, and permanent methods (LAPM).

The model outcomes focus on reproductive health and economic metrics, and can be used to generate policy dialogue and build consensus around optimal policy goals and budget support for family planning. For each scenario, the model predicts

- Maternal deaths averted
- Child deaths averted
- Unintended pregnancies averted
- Unsafe abortions averted
- Financial savings to the healthcare system (e.g., maternal and infant healthcare costs averted, postabortion care costs averted)
- Cost-benefit ratios of investing in family planning
- Incremental cost-effectiveness ratios (ICERs)³

Results and Recommendations from the National Application of ImpactNow in Kenya

In 2014–2015, HPP and NCPD used the ImpactNow model to show that Kenya would enjoy vast health and economic benefits by investing in family planning. HPP worked with NCPD staff to input and analyse the national data. Once they completed the analysis, NCPD and HPP presented the results to an Advocacy Working Group (AWG) made up of national experts and stakeholders from the Ministry of Health, nongovernmental organisations, and academia. The AWG validated the data and ensured that all the assumptions and targets used in the model conformed to Government of Kenya strategies, plans, and costs.

Table 1. What scenarios were analyzed?

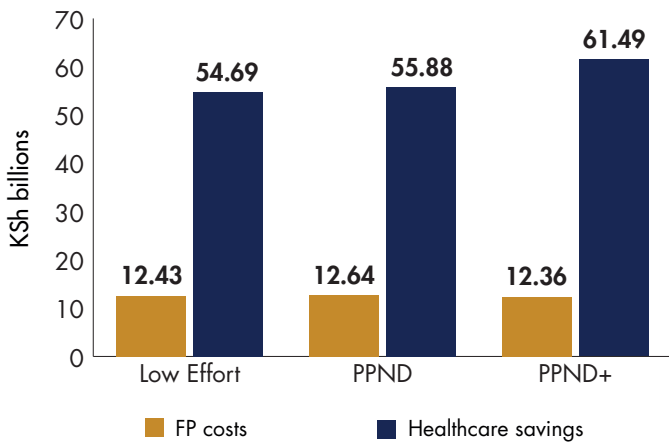
	2015 Baseline	2020 Low effort	2020 PPND	2025 PPND+
mCPR*	53.2%	56.2%	58.0% ▲	64.7% ▲
Method Mix**				
Implants	18.6%	18.6%	18.6%	31.0% ▲
Intrauterine Devices (IUDs)	6.4%	6.4%	6.4%	16.4% ▲
Female Sterilisation	6.0%	6.0%	6.0%	9.0% ▲
Injectables	49.6%	49.6%	49.6%	30.0% ▼
Other Methods***	19.4%	19.4%	19.4%	13.6% ▼

* Percentage of married women, ages 15–49

** Percentage of married family planning users

*** Other methods include condoms, contraceptive pills, male sterilisation, and the lactational amenorrhea method

Figure 1. FP Costs and Savings, Cumulative 2015–2020



Source: HPP and NCPD, 2015

Specifically, the results of the ImpactNow application demonstrated that if national and county governments increased investment in family planning and reproductive health (FP/RH) programmes to meet the goals outlined in the PPND+ scenario, Kenya would reduce the number of deaths due to pregnancy- and birth-related complications, saving an additional 2,138 mothers’ lives by 2020 (HPP and NCPD, 2015).

Similarly, if national and county governments prioritise family planning in their budgets to achieve the PPND+ goals, Kenya would avert an additional 850,000 unintended pregnancies by 2020 and reduce the incidence of unsafe abortions, medical complications, and interrupted schooling. Further, through increased FP investments, Kenya would save KSh 6.8 billion (about US\$69 million⁴) in

healthcare costs by 2020 (Figure 1). Those savings could be invested in other areas (Figure 2), such as strengthening commodity supply systems, hiring and training healthcare workers, and improving facilities (HPP and NCPD, 2015).

The implication of these findings is that for Kenya to achieve its potential health and economic benefits,

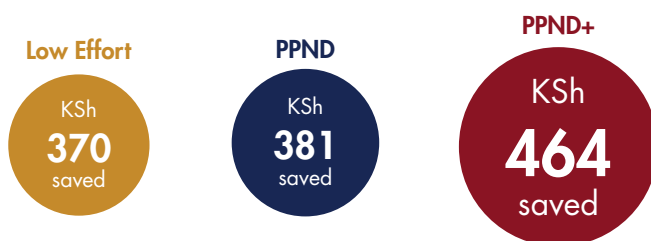
- National and county governments must prioritise investments in voluntary, high-quality family planning.
- National and county governments should create a budget line item for FP commodities and ensure that there are no stockouts.
- County governments should implement national policies at the local, county level and scale up training and counselling for FP service providers on long-acting, reversible contraceptives— methods which are more effective and less expensive than injectables, oral contraceptive pills, and other short-acting contraceptives.
- County health services should also adopt a youth-friendly approach to service delivery and work with partners to enhance access to FP/RH services and information for youth to help reduce teenage pregnancies.

Applying ImpactNow at the County Level

For Kenya to sustain the gains it made towards increased FP funding before health services were devolved from the national government to the counties in 2013, county officials need to be sensitised on the health and economic benefits associated

Figure 2. Cost-benefit Ratio

Healthcare Savings per Ksh 85 (US\$ 1) Spent on FP in Kenya (2020)



Today, every KSh 85 spent on FP saves KSh 381 (US\$4.48) in direct healthcare costs; with increased investment in modern FP, savings would increase to KSh 464 (US\$ 5.46) per KSh 85 spent

Source: HPP and NCPD, 2015



Photo by Health Policy Project

ImpactNow application country training 2015.

with investing in family planning. Additionally, family planning must be prioritised during the county budgeting process. Before devolution, a national allocation of KSh 600 million (about US\$7 million) was earmarked for the procurement of FP commodities and disbursed to the counties. However, since devolution, county health budget analyses (FYs 2013/14 and 2014/15) showed there were no specific budget line items for family planning in county budgets. While some counties included funds for FP activities under their FY 2014/15 maternal and child health budgets, in each case those funds amounted to less than 1 percent of the total county health budget (MOH, 2015).

To enable county health teams to show the short-term health and economic benefits of investing in family planning at the county level, NCPD and HPP trained selected county health teams and FP/RH stakeholders in Machakos, Nyeri, Nyamira, Embu, and Kisumu counties to apply the ImpactNow model in April and May 2015. Before the trainings, each county set up a FP/RH technical working group comprised of the Ministry of Health, regional NCPD coordinators, and local FP/RH stakeholders to spearhead county-level FP activities.

The main objectives of the trainings were to

- Introduce the ImpactNow model
- Build the capacity of county health teams on using and modifying ImpactNow
- Build the capacity of county health teams on interpreting ImpactNow results for FP advocacy

Example of the advocacy messages:

“In Siaya, 691 out of every 100,000 live births result in a maternal death. By avoiding unintended and high-risk pregnancies and births through modern family planning methods, the county would save an additional 38 mothers’ lives by 2018” (AFP and SCHD, 2015).



Photo by Health Policy Project

ImpactNow county training Embu team.

During the training, NCPD and HPP took the county teams through a simulation of the national application to show them how to use the ImpactNow model and how to validate county-specific data. Then, using their county-specific FP strategic plans, the teams used the model to calculate the requirements for achieving county-specific mCPR goals. Next, the teams developed messages to advocate to local decisionmakers for increased investments in family planning and overall health in their counties. These messages and a call to action were included in county advocacy briefs prepared by the participants to provoke responses from county decisionmakers and legislators on the creation of a budget line for family planning and the allocation and approval of FP funds.



Photo by Health Policy Project

“This model will help us in showcasing to county decisionmakers the benefits of investing in FP [and] its impact in reducing high maternal deaths, a major issue in our county.”

—ImpactNow Training Participant
Kisumu County

Within two months of the training, some counties had already used the ImpactNow results and messages to advocate for more resources with their respective county assemblies. HPP and NCPD will continue to provide counties with technical assistance in using the model. Additionally, to support county-level advocacy efforts, NCPD will use national-level data to sensitise the Council of Governors and the county executives responsible for health and finance on the value of increasing resources for family planning.

Conclusion

The national ImpactNow analysis conducted by HPP and NCPD in 2014–2015, has proven to be an important advocacy tool for increasing Kenya’s FP investments. It has helped demonstrate that Kenya could reduce maternal deaths, curb population growth, and that increased FP investment would result in significant cost savings, freeing up scarce resources the government could redirect to other, urgent health priorities.

As it did at the national level, with the restoration of a budget line for procurement of FP commodities in FY 2015/16, applying the ImpactNow model at the county level could provide evidence on the short-term health and economic benefits and help build the case for increased FP investments in county budgets. Use of the model at the county level could also help counties set FP priorities and investments that are in-line with national FP policy goals and global commitments, and determine whether counties are on track to meet those goals.

Notes

1. For more information about the model use and application go to: <http://www.healthpolicyproject.com/index.cfm?ID=publications&get=pubID&pubID=824>
2. Exchange rate of US\$1 to KSh 100 (July 2015).
3. ICER is a ratio that expresses how much more money would have to be invested to receive more of a specific output. For example, in maternal health, how much more money must be invested in FP to prevent one additional maternal death.
4. Exchange rate of US\$1 to KSh 85 (May 2015).

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