

## AT A GLANCE

An estimated 9.8 million Kenyan women will be of reproductive age in 2010.

25% of married women have an unmet need for contraception.

45% of all pregnancies are unintended.

Only 13% of the total demand for FP is met by use of the most effective methods.

38% of FP users discontinue using a method within 12 months.

If 100,000 women switched from oral contraceptives to implants, an estimated 26,000 unintended pregnancies could be averted over five years.

Addressing unmet need for FP can avert more than 14,000 maternal deaths and 430,000 child deaths by the Millennium Development Goals target date of 2015.

## MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

### CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

The Kenyan government's **Kenya Vision 2030** calls for increasing the current contraceptive prevalence rate (CPR) from 39% to 70%. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Kenya faces a daunting family planning (FP) challenge. While the use of modern FP methods rose nearly three-fold nationally from the 1980s to the early 1990s, prevalence has stalled over the past 15 years. Meanwhile, the population continues to grow. By 2030, there will be 7 million more women of reproductive age in Kenya than there were in 2009. To meet the government's contraceptive goal, the number of users will need to more than triple in 20 years—from 2.3 million to 7.0 million.

**Yet if the current trend continues, by 2030 the CPR will be only 41% (less than three-fifths of the goal).** (See Figure 1, below.)

### LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent contraceptive methods (LA/PMs),\* a country cannot cost-effectively meet its fertility, health, and development goals. Since the 1960s, Kenya has led the way in demonstrating that quality LA/PM services are acceptable to African women and men. **Yet LA/PMs have dropped from 60% of the method mix in Kenya in 1984 to 21% in 2003.**

Recognizing the need to rectify this, in 2008 the Kenyan government articulated a plan to increase access to and use of the most effective methods, LA/PMs. It aims for a more balanced method mix that will increase overall prevalence and continuity of contraceptive coverage, contributing significantly to its goal for 2030.

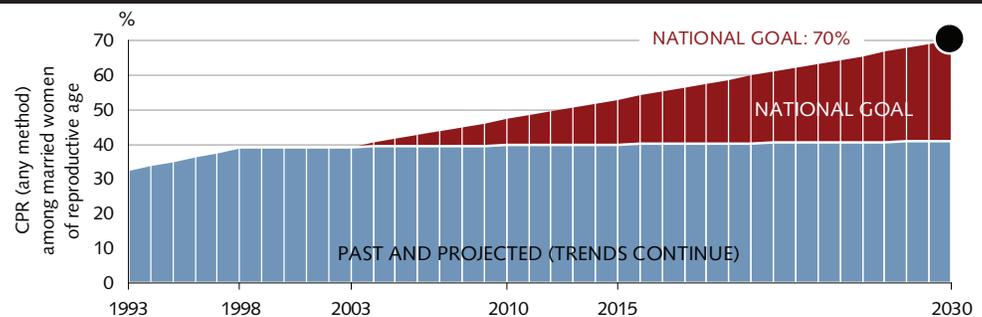
### HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

If the existing unmet need for FP in Kenya could be fulfilled, the demographic

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\* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

FIGURE 1: MEETING KENYA'S NATIONAL GOALS



Sources: 1993, 1998, and 2003 Demographic and Health Surveys, and Reality √ projections for intervening and future years

**FOR INQUIRIES,  
PLEASE CONTACT:**

**Lynn Bakamjian**  
Project Director, RESPOND  
EngenderHealth  
212-561-8000  
lbakamjian@engenderhealth.org

**Carolyn Curtis**  
AOTR, RESPOND  
USAID/W/GH/PRH/SDI  
202-712-4982  
ccurtis@usaid.gov

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**The RESPOND Project**  
at EngenderHealth  
440 Ninth Avenue  
New York, NY 10001  
212-561-8000  
info@respond-project.org  
www.respond-project.org

**Managing Partner:**  
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impact would be substantial. LA/PMs have an important role to play and offer multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. Just under half of the demand to space in Kenya is being met. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

Though IUDs and implants are the most effective methods for Kenyan women who want to space their births, spacers are three times as likely to use traditional methods as they are to use these long-acting methods. (See Figure 2, below.) And among women and couples who do not want any more children, just as many are using traditional methods as are using sterilization. Greater access to correct information and LA/PM services would enable couples to meet their changing needs as they progress through their reproductive lives.

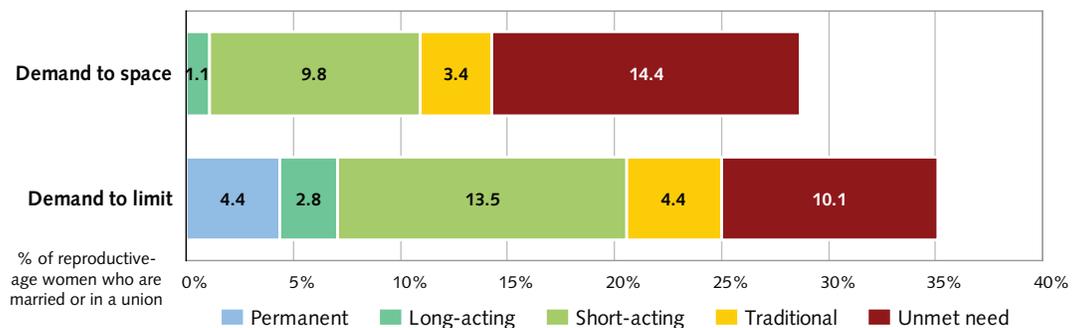
**RESPOND TO KENYA'S NEEDS**

The RESPOND Project can help the Ministry of Health successfully implement

its strategy for improving the uptake of LA/PMs and achieve its contraceptive prevalence goal for 2030. A holistic programmatic approach that addresses the essential components of supply, demand, and advocacy could include the following interventions:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service, training, and commodity projections
- State-of-the-art technical assistance to strengthen service delivery support systems (training, supervision, and contraceptive security) and communications campaigns to address LA/PMs
- Strategies for introducing Sino-implant (II), the lower-cost generic version of the contraceptive implant Jadelle
- A targeted strategy to revitalize female sterilization, following the model used in Kisii District to revitalize the IUD
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)

**FIGURE 2: KENYA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)**



Source: 2003 Demographic and Health Survey