



an evidence-based advocacy initiative

Ensuring Access to Family Planning for All in Kenya

What Can Be Done—Fulfill the FP2020 Commitment

With its commitment made at the London Summit on Family Planning, Kenya has agreed to protect individuals' rights to quality reproductive health care, including family planning information, services and supplies, in the Kenyan Constitution. The government's budgetary allocation to family planning has grown from US \$2.5 million in 2005 to US \$6.6 million in 2013. The government is working closely with development partners to secure increased financing for family planning commodities and services. The target is to increase the contraceptive prevalence rate from 46% to 56% by 2015¹.

Use and Need for Family Planning

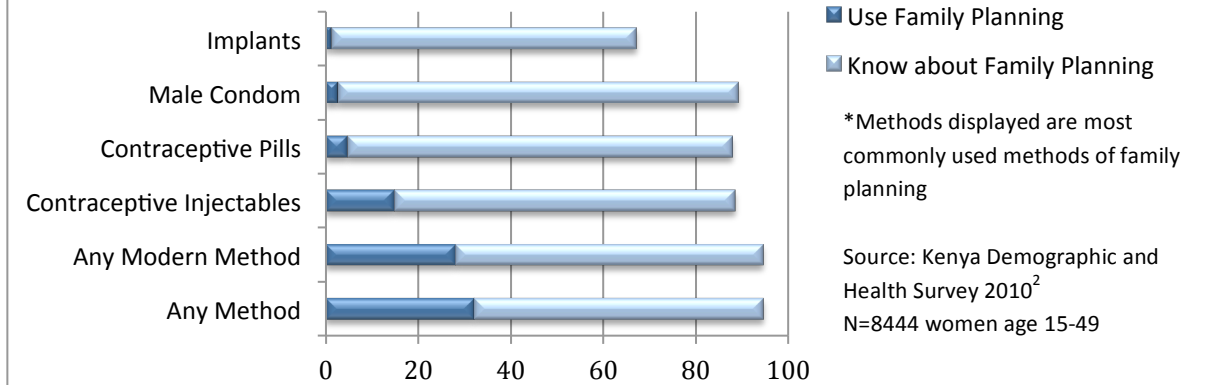
Among Kenyan women of reproductive age, 58% use any method of contraception, and 54% use a modern, more effective method¹. The most commonly used methods are contraceptive injectables (35%) and oral contraceptive pills (24%)². There is widespread desire among Kenyans to control the timing and number of births they have. Among all currently married women, about half do not want to have another child (49%), and an additional 5% are already sterilized³. Over one quarter of married women would like to wait two years or more for their next birth, and 14% would like to have a child soon (within the next two years).

As part of the efforts to address family planning needs for adolescents, the Kenyan government has already established over 70 Youth Empowerment Centres. These centers will provide a one-stop-shop for youth-friendly information, including family planning.

The Context

Kenya has a population of 44.2 million and forty-two percent of the population is under the age of 15². The population is growing by approximately 2.7% annually, and at this growth rate, will number over 96.8 million by 2050⁴. The total fertility rate for Kenya has stalled recently; on average women are having five children⁵. Modern contraceptive use among married women was 32% in 2010 with a large variation between the poorest (12%) and wealthiest (45%) quintiles. It is estimated that for every 100,000 babies born, 488 women will die as a result of pregnancy related causes, giving Kenya one of the highest maternal mortality rates³.

Most Women Age 15-49 Know About Family Planning, But Use is Low



Partner with Us—Advocacy and Policy Priorities for Advance Family Planning

Kenya's commitment to improving access to family planning rests on increasing the budgetary allocation for family planning and providing the services and supplies needed to achieve national goals and the aims of FP2020. Priorities for Advance Family Planning and advocacy in Kenya include:

- Securing government guidance related to provision of injectables.
- Strengthening family planning advocacy coalitions and local civil society organizations.
- Integrating implications of the Kenyan Constitution for policymaking and advocacy.
- Addressing wide disparities between rich and poor and family planning access gaps.
- Engaging the corporate sector.
- Reducing stock-outs.
- Gaining government support following Kenya's 2013 elections¹.

About Advance Family Planning

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 FP2020 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.

Advance Family Planning

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References

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