

# Policy Brief:

# Homa Bay County

## Investing in Family Planning is Investing in the Homa Bay County Agenda

### Introduction

Since the landmark 1994 International Conference on Population and Development Program of Action, the evidence and the necessity of investing in Sexual and Reproductive Health and Rights including family planning as a human right and as a development catalyst has continued to be laid bare.

Increasing access to Reproductive Health (RH) services in many developing countries has the potential to reduce poverty and hunger while at the same time averting 32% of maternal deaths and nearly 10% of child mortality. This increase and uptake would in turn result in women empowerment, achievement of universal schooling and long term environmental sustainability (Cleland et al 2006).

Particularly, increasing access to family planning, for all, including hitherto forgotten populations like young people, unmarried sexually active adolescents places a nation on the path towards realizing demographic dividend.

An analysis conducted in 2014–2015 by the National Council for Population and Development and Health Policy Project found out that every shilling spent on family planning saves Kshs 4.48 in direct healthcare costs in Kenya. The analysis further pointed out that if county governments accelerated progress in uptake of modern family planning methods, every shilling would save up to Kshs 5.46! This can be replicated in Homa Bay County.

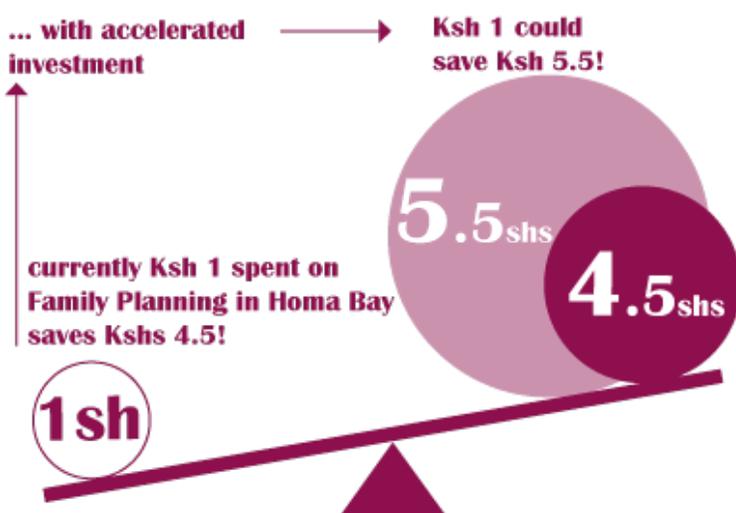
### Role of the county

Under the devolved governance structure of Kenya, the national government through the Reproductive Maternal and Neonatal Services Unit was tasked with developing a progressive policy and legal environment while county governments were tasked with taking care of the complete emotional, physical and mental wellbeing of the people through service delivery. The ominous task of ensuring the supreme assurance of the constitution of Kenya in Article 43 (1) that every Kenyan has the right to the highest attainable standard of healthcare including reproductive healthcare thus fell squarely at the county's door.

The constitution of Kenya envisaged that devolution would accelerate realization of better health outcomes and bridge the enormous gaps in health indicators between different regions.

Whereas Kenya has made great strides in realizing Family Planning needs are met, including the development and implementation of Sessional Paper NO. 3 of 2012 on Population Policy For National Development, The Adolescent Sexual and Reproductive Health Policy and the National Family Planning Guidelines that contributed to global recognition in the form of Excel Award during the 2015 International Conference on Family Planning, the county government of Homa Bay has tremendous opportunities to improve towards helping Kenya achieve her contraceptive prevalence rate target of 70% by 2030.

## Current Situation in Homa Bay County



### According to the Kenya Demographic Health Survey (KDHS 2014):

- The average woman will give birth to 5.2 children in her life time, more than the national average of 3.9
- Contraceptive Prevalence Rate is 46.7% less than a national average of 58%
- Over half (53.3%) of women are not using any method of family planning.
- Only 1.1% of women are using IUDs
- Only 8.6% of women are using implants
- Almost 2 out of 10 girls in Nyanza become pregnant before they reach 20 years
- 23.3% of married women in Nyanza do not want to have a child, but do not have access to family planning

## According to Multi Cluster Indicator Survey (MICs 2011/12)

*Almost two thirds of girls 15-19 have had sex.  
4/10 of girls 15-19 have begun childbearing  
Over seven out of ten of girls between 15-19 who are married or in union are not using any method of family planning*

## According to Top 10 Counties with burden of maternal mortality, UNFPA

*1 in every 172 live births results in maternal death*

## Yet According to the Kenya Service Availability and Readiness Assessment Mapping

*Only four out of ten of healthcare facilities provide comprehensive youth friendly services including family planning and maternity care for young people*

Inadequate and erratic contraceptive supply, physical and infrastructural hindrance, community beliefs and limited information on family planning continue to combine to deny women the right to choose when and if they want to get pregnant.

The County's Strategic Plan identifies population dynamics as key development challenge; however, the same is yet to be fully linked in County policies and programs to ensure that projects that address population dynamics are implemented jointly.

Addressing barriers to access and use of family planning in the County would go a long way in curbing unintended pregnancies, teenage pregnancies, ensuing unsafe abortions and related maternal mortalities and injuries, and their related costs.

Homa Bay County Government allocated 24% of its budget to health in the FY 204-2015, yet there were no dedicated budgeted lines for reproductive health, family planning and youth friendly services yet this is one area that has the potential of improving the general wellbeing of the citizens, save monumental costs and steer the County's development agenda.

## We therefore call upon the county government of Homa Bay to:

- Domesticate and implement international and national family planning commitments including targets in Population Policy, Family Planning Guidelines
- Increase budgetary allocation to family planning and address all demand and supply oriented barriers of access to, and use of family planning.
- Increase percentage of primary care facilities offering comprehensive youth friendly services including family planning.
- Enable access to a variety of modern family planning services that upholds right to choice, especially Long Acting Reversible Contraceptives (LARC).
- Resource and fully Implement the Homa Bay County Family Planning Strategic Plan 2015-2019.
- Invest in an efficient County Logistics Management Unit and collaborate with Kenya Medical Supplies Authority (KEMSA) that pushes free FP commodities upon purchase of essential drugs.

## References

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