Policy Brief

No. 12 • May 2010

A publication of the National Coordinating Agency for Population & Development

Gaining Ground: Recouping the Lost Decade for Family Planning

Beginning in the 1960s, Kenya's family planning programme was a model for all of Africa. This successful nationwide programme contributed to a reduction in the average number of children born per woman from more than eight in the mid-1970s to fewer than five by the late 1990s (KNBS and ICF Macro, 2010). The dramatic drop in births over a 20-year period was unparalleled in the region. By the late 1990s, however, the family planning programme had weakened and progress stalled for the next decade (CBS et al., 2004).

One consequence of this stall is that the size of the population is growing rapidly. The Government of Kenya (GOK) projects that the population will increase from its present size of approximately 38 million to 58 million people by 2030 (NCAPD, 2010).

As shown in Figure 1, however, if births per woman do not decline the population is projected to reach more than 70 million people by then (UN, 2008). To note is that this is the target year for attaining Kenya Vision 2030, the government's long-term development plan to turn the country into a modern, equitable newly industrializing nation (GOK, 2007). Such rapid population growth is already constraining the country's development and threatens achievement of the Vision 2030 goals (Githinji, 2010).

On the other hand, slowing the rate of population growth by regaining a strong family planning programme can improve the health, wellbeing and economic prospects of the nation, and enable men and women to have the number of children they intend to have.

Kenya's rapid population growth threatens future economic development and undermines the health of the population, especially that of mothers and children. Yet in the 1970s, Kenya's family planning programme was the most successful in Africa. Attention to family planning has declined since then, with serious negative impacts on the country's economic and social prospects. This Policy Brief summarizes the history of the family planning effort in Kenya and recommends strategies for recapturing the success of the earlier initiative.

Why the Family Planning Programme Was a Success

Success of the family planning programme did not just happen. It was the result of intensive effort and a range of specific contributing factors, from government leadership to grassroots involvement, as detailed below.

Government Leadership for Family Planning

In the early 1980s, the government established the National Council for Population and Development[1] to guide and advise the government on population matters. During this period, the population programme gained wide support from a variety of international development partners who funded the entire programme. While the GOK itself did not provide financial resources for family planning, leaders at all levels of the government strongly backed family planning efforts. Political will facilitated the nationwide implementation of a successful programme.

Multisector Grassroots Support

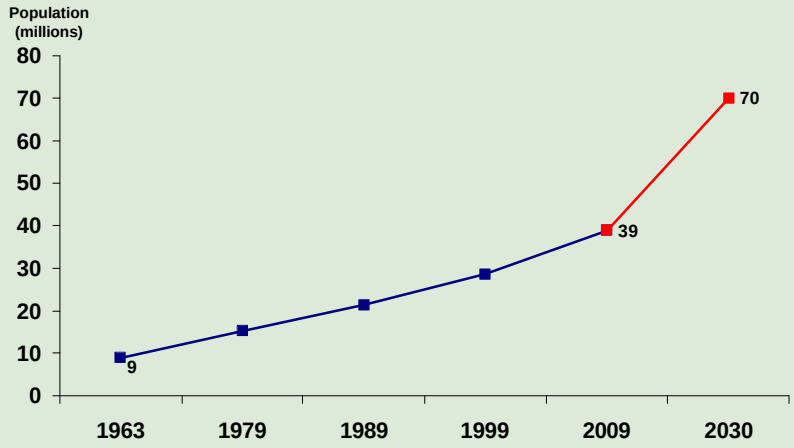
In addition to strong government endorsement, the family planning programme was widely supported by grassroots organizations from around the country. These groups undertook advocacy, communication and aspects of service delivery. Many faith-based organizations (FBOs) also supported the family planning programme. While conservative Muslim and Catholic groups endorsed only natural methods of family planning and opposed modern contraceptives, they vocally acknowledged the importance of child spacing and the legitimacy of natural methods for the health of families. This meant that no matter the religious background of an individual, support for family planning was wide-reaching.

Community-Based Distribution Programme

A key aspect of the family planning programme during this time was the element of community-based distribution (CBD) of family planning supplies and some services. Community health workers (CHWs) were well-trained and able to provide quality services to members of their community. They travelled door-to-door in villages and slums, providing information about family planning, as well as distributing some contraceptive methods, such as condoms and the pill.

CBD programmes helped to overcome serious obstacles, such as women's lack of knowledge that the services were available, and the time and cost constraints they faced in visiting family planning clinics. CBD enabled more women to use family planning services and was accessible and very attractive to many Kenyans. A number of organizations offered such programmes, including Maendeleo ya Wanawake, Christian Health Association of Kenya (CHAK), Family Health Options of Kenya, the Nairobi City Council and GTZ. These programmes were mainly funded by international development partners, but also enjoyed significant goodwill support from the Kenya government.

Figure 1: Kenya's population will grow rapidly



Without a significant decrease in the average number of births per woman, Kenya's population will grow rapidly, reaching 70 million people by 2030.

Source: United Nations (2008).

Government leadership, grassroots and faith-based involvement, and community-based distribution of services were the three key ingredients that contributed to the success of Kenya's family planning programme from the 1970s through the 1990s.

[1] Now called the National Coordinating Agency for Population and Development, NCAPD.

Results Were Outstanding

Government leadership, grassroots and faith-based involvement, and community-based distribution of services were the three key ingredients that contributed to the success of the family planning programme from the 1970s through the 1990s. Throughout the 1980s and into the 1990s, population indicators such as the percentage of women using contraception, improved tremendously. For example, as shown in Figure 2, the use of modern contraception among married couples increased from 4% in 1978 to 32% in 1998.

As a result, the average family size decreased, and infant, child and maternal mortality all improved. The decline in the number of children born per woman to fewer than five by the late 1990s was a more successful effort than had been seen in almost any other country in sub-Saharan Africa (NCAPD, 2005). Leaders throughout the country believed that the issues of population, health and family planning would continue to be successfully addressed.

A Shift in Priorities Led to the Lost Decade

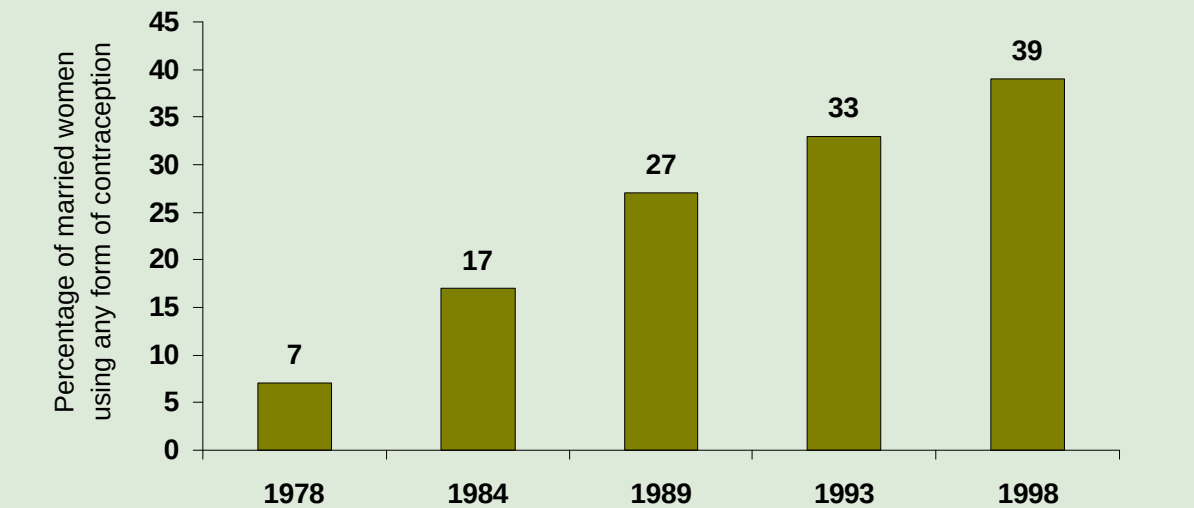
During the mid to late 1990s, as the fruits of the successful family planning programme were becoming apparent, another challenge was rapidly emerging: HIV/AIDS. As the toll from HIV/AIDS increased, many leaders and programmes, including international donors, that had focused on reproductive health through family planning shifted their concern to HIV. Financial resources for family planning decreased significantly as funding was diverted to the new challenge of HIV.

One serious consequence of the decreased funding and shift in priorities was that the community-based distribution programmes came to a halt. Many people who had relied on CBD workers for family planning information and supplies no longer knew where to turn for services. Another consequence was that information, outreach and advocacy about family planning were dramatically reduced. Efforts to counter myths and misconceptions about family planning were weakened, and misinformation increased (Pathfinder International, 2005). Political leaders who had been vocal supporters of family planning thought that population issues were no longer important to the national agenda, and they became silent.

Decreased funding and changing priorities – partly because of the rise of the HIV/AIDS epidemic – brought the community-based distribution programmes to a halt.

From 1998 to 2003, there was no increase in contraceptive use, and one in four married women continued to have an unmet need for family planning: They wished to stop having children or to delay their next pregnancy by two years or more,

Figure 2: Contraceptive Use in Kenya, 1978 to 1998



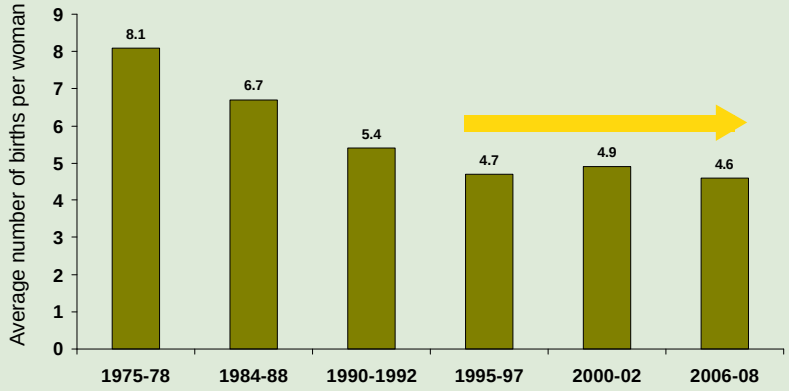
Over two decades, Kenya's family planning programme achieved rapid success in increasing the use of any method of family planning.

Source: CBS et al. (2004).

yet were not using any form of contraception. Thus, families had more children than they intended. The average number of births per woman increased from 4.7 in 1998 to 4.9 in 2003 and declined only to 4.6 in 2009, as shown in Figure 3 (KNBS and ICF Macro, 2010).

It became clear that Kenya's family planning programme had lost ground, with serious consequences for the health and economic prospects of the country. A decade of progress in family planning was lost.

Figure 3: Average number of births per woman has remained constant for more than 10 years



The average number of births per woman (or total fertility rate, TFR) is now at its lowest level ever – 4.6. However, this is nearly identical to the rate of 4.7 more than a decade ago.

Source: KDHS 2008–2009 (KNBS and ICF Macro, 2010).

Rapid Population Growth Poses Serious Consequences

One consequence of this is that Kenya's population is growing at a rate of 2.6% per year and could double in size in less than 30 years (World Bank, 2009). Rapid population growth has affected the allocation of resources at the national and household levels. If Kenya does not balance population growth with physical and social resource consumption, the pressures of increased numbers of people on natural resources such as farmland and water will be unsustainable.

Kenya's economy is predominantly agriculturally-based and agriculture contributes to about one-quarter of the gross domestic product (GOK, 2008). Approximately 80% of the country's land area is semi-arid or arid and only 20% is capable of supporting crops without irrigation. Since the availability of arable land does not expand as the population grows, rapid population growth leads to smaller farm sizes, over-cultivation and soil depletion, and will negatively affect the economy.

At the same time, government services such as education and health care have not been able to expand to serve the growing population adequately. Nor is the economy growing fast enough to generate jobs for the increasing numbers of people. If the population size continues increasing at the same pace, providing services will become even more difficult. Families with many children also face challenges in caring for them and meeting their needs. When parents are able to have the number of children they choose, they can invest more in food, education and health care for each child and provide them with a better future.

Recent Data Are Promising

The most recent data on family planning indicators offer promise that Kenya can begin to regain that lost decade. Many organizations and leaders worked hard for several years to identify the causes of the weakened family planning programme, and to begin to address some of the reasons for lost progress. The new data show that the use of modern contraceptives among married women had increased from 32% in 2003 to 39% in 2008/09. Improvements were also seen in infant health, with infant mortality dropping to its lowest level ever, 52 infant deaths per 1,000 live births (KNBS and ICF Macro, 2010).

Yet many challenges remain. While the number of children per woman has declined slightly from 2003, it is almost the same (4.6 births per woman) as it was more than ten years ago (Figure 3). The unmet need for family planning has risen slightly, to 26% of women who wish to stop or delay their next birth but are not using family planning (Figure 4).

Furthermore, the recent data indicate that of the women who were not using family planning in the 12 months before the survey, only 5% were visited by a community health worker who discussed family planning. One of the most serious challenges is to improve maternal health, and there has been little progress in reducing deaths among women

due to pregnancy and childbirth: The maternal mortality ratio now stands at 488 deaths per 100,000 live births (KNBS and ICF Macro, 2010).

Urgent Action Is Needed Now

While the most recent data offer promise that the family planning programme can regain ground and contribute to the improved health and wellbeing of the country, the lost decade is a reminder that this is a constant challenge. Many leaders and programmes took up the call to action in the last five years, and worked hard to set Kenya once again on a course to improved health through family planning. Among other things, in the second National Health Sector Strategic Plan (NHSSP II – 2005–2010 extended) the Ministry of Health introduced the Kenya Essential Package for Health, which included an emphasis on health services at the community level (MOH, 2005). The results of those efforts are beginning to be seen, but actions are still necessary to ensure that the family planning programme gets back on track.

NCAPD recommends a number of actions to ensure continued support for a successful family planning programme.

Integrate Family Planning and HIV/AIDS Services

Family planning and HIV/AIDS counselling, testing, and treatment are components of a comprehensive reproductive health care programme. When the HIV/AIDS epidemic emerged in Kenya, funding and support for family planning were diverted to HIV and AIDS (see, for example, the discussion in Koome et al. [2006] about support for IEC activities). This programmatic shift might have been prevented if HIV/AIDS services had been integrated into family planning programmes from the beginning. Integration maximizes resources and expertise and improves individual access to comprehensive services. Thus,

- The new population policy of 2011–2020 should call for support and implementation of the Kenya FP-HIV Integration Strategy and Guidelines developed in 2005 by the Division of Reproductive Health.

Figure 4: Unmet need for FP among married women,1993–2009 (Percentage)

One quarter of the married women have an unmet need for family planning. There is need to bridge this gap.

Source: KDHS 2008–2009 (KNBS and ICF Macro, 2010).

Promote the Availability and Accessibility of Services

The community-based distribution programme for family planning services and supplies was a significant factor in the progress seen throughout the 1970s, 1980s and early 1990s. Although the country's infrastructure has improved, reviving this programme can play a crucial role in overcoming barriers to accessing FP services. Thus,

- The Constituencies Development Fund (CDF) should allocate resources to revive CBD operations in the most rural parts of Kenya as one of its priority programmes.
- The Ministry of Public Health and Sanitation, through the Community Strategy (MOH, 2006) should re-emphasize the provision of family planning services at the community level by ensuring that it is an important part of the duties of the CHWs and community-owned resource persons.
- The population policy of 2011–2020 should include community-based distribution as an integral strategy to achieve the country's population goals.

Regain Political Will as the Key to a Successful Programme

Lessons from Kenya's past make it clear that political leadership is central to the success of any national programme. Without strong leadership, Kenya's family planning programme lost ground. Political leaders chart the course for the nation, and their commitment is essential to rebuild the family planning programme. Thus,

- Leaders at all levels need to publicly support family planning efforts, including

A revitalized family planning programme can help these young mothers and their babies have a better, healthier future.

advocacy, funding, and service delivery.

Regaining the Lost Decade requires a reinvestment in family planning. Through this investment, families can have the number of children they choose, and can space them to optimize the health benefits, both for the children and for their mothers, and for family wellbeing. At the same time, the country will be better able to manage population growth and invest in development. These actions are crucial if Kenya is to achieve Vision 2030.

A revitalized family planning programme is a crucial ingredient in Kenya's development progress, especially if the country is to realize the aspirations spelled out in Vision 2030.

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NCAPD Policy Brief No. 12, Gaining Ground: Recouping the Lost Decade for Family Planning

Production of this Policy Brief was made possible by the support of the United States Agency for International Development (USAID) through the Population Reference Bureau. The contents and opinions expressed herein are those of the authors.

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