The Power of Partnership: Reaching Kenya’s Rural Poor with Family Planning

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GIZ Health Sector Programme, Kenya
Outline:

- Situation: Facts and Figures
- Outline of Public Private Partnership
- The Partners
- Partnership in Action
- Impact: *Changed Lives*
- Moving forward: Implications
### Facts and Figures

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>KENYA</th>
<th>NYANZA</th>
<th>WESTERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Prevalence Rate (CPR)</td>
<td>46%</td>
<td>37.3%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Total Fertility Rate (TFR)</td>
<td>4.6</td>
<td>5.4</td>
<td>5.6</td>
</tr>
<tr>
<td>Unmet need for FP</td>
<td>26%</td>
<td>31.7%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Current use: IUD</td>
<td>1.6%</td>
<td>0.4%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Current use: Implants</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.2%</td>
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*Source: Kenya Demographic Health Survey, 2008*
## FP: Kenya’s Lowest Wealth Quintile

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<thead>
<tr>
<th>INDICATOR</th>
<th>KENYA</th>
<th>Lowest Wealth Quintile</th>
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<tr>
<td>Contraceptive Prevalence Rate (CPR)</td>
<td>46%</td>
<td>20.1%</td>
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<tr>
<td>Total Fertility Rate (TFR)</td>
<td>4.6</td>
<td>7.0</td>
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*While the PPP’s beneficiaries are across the socio-economic strata, majority of the target population are in the two lowest wealth quintiles.*
Public Private Partnerships: Outline

- Instrument of development cooperation
- Common risk and cost sharing projects / programmes between public and private partners
- Combines technical, managerial and financial resources of private partners with development expertise of GIZ
- Both partners reach their objectives more efficiently
The Partners

- Bayer Healthcare
- GIZ Health Sector Programme, Kenya
- Ministry of Public Health and Sanitation
### BASELINE SURVEY FINDINGS

<table>
<thead>
<tr>
<th>Supply Side factors</th>
<th>Demand side factors</th>
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<tbody>
<tr>
<td>Distance to health facilities</td>
<td>Low literacy levels</td>
</tr>
<tr>
<td>Human resource challenges - Inadequate skills &amp; understaffing</td>
<td></td>
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<tr>
<td>Frequent shortage of FP commodities</td>
<td>Low level of male involvement</td>
</tr>
<tr>
<td>Affordability of FP commodities (cost)</td>
<td>Low level of socio-economic development</td>
</tr>
<tr>
<td>Service quality and negative staff attitude</td>
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</tbody>
</table>
Partnership in Action: Beneficiaries

Reasons for unmet need in spacing family

- Health concern (side effects): 34%
- Health related fears: 31%
- Lack of knowledge: 11%
- Opposition: 20%
- Refused/No response: 2%
- Don't know: 2%
Partnership in Action: Interventions

- On Job Skills Training
- Logistics Management

- Equipment Supply
- Inventory System

- Outreaches
- Communication Strategy
Impact: Changed Lives

Health workers Trained

Increased Community Outreach

Reduction in Stock outs

Increased uptake Long Term FP
Reduced Stock Outs: FP Commodities

**BONDO**

- Implants
- IUCD
- DMPA

**VIHIGA**

- Implants
- IUCD
- DMPA

*Months*

- 2009
- 2011
Impact: Increased Uptake

Contraceptive Uptake: Bondo District - 2011

![Graph showing contraceptive uptake by month and type in Bondo District in 2011.](image)
Impact: Changed Lives

http://youtu.be/gOLnrXxGajQ
Innovative model combining core competencies of the private and public sectors to address the poor.

Applicable lessons: accelerating delivery of quality accessible family planning services to the poor and disadvantaged.

Inbuilt sustainability measures allow government to take up the interventions once PPP phases out.
THANK YOU