

MDGs: The Contribution of Family Planning in Kenya

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What others say: I

- “We know that the most powerful intervention we can do is ensure women have access to food so they can build a future for their children, for themselves and for their villages.” – *Josette Sheeran, Executive Director, U.N.’s World Food Program* at the 2010 UN MDG Summit.

What others say: II

- “In many parts of the world, women have yet to benefit from advances that made childbirth much safer nearly 100 years ago. Millions of children die from malnutrition and disease which we have known how to treat for decades. These realities are simply unacceptable. The 21st century must be and will be different.” – *UN Secretary General Ban Ki Moon*, launching his Global Strategy for Women’s and Children’s Health.

Background

- MDGs
 - Eradicate extreme poverty and hunger
 - Achieve universal primary education
 - Promote gender equality and empower women
 - Reduce child mortality

Background

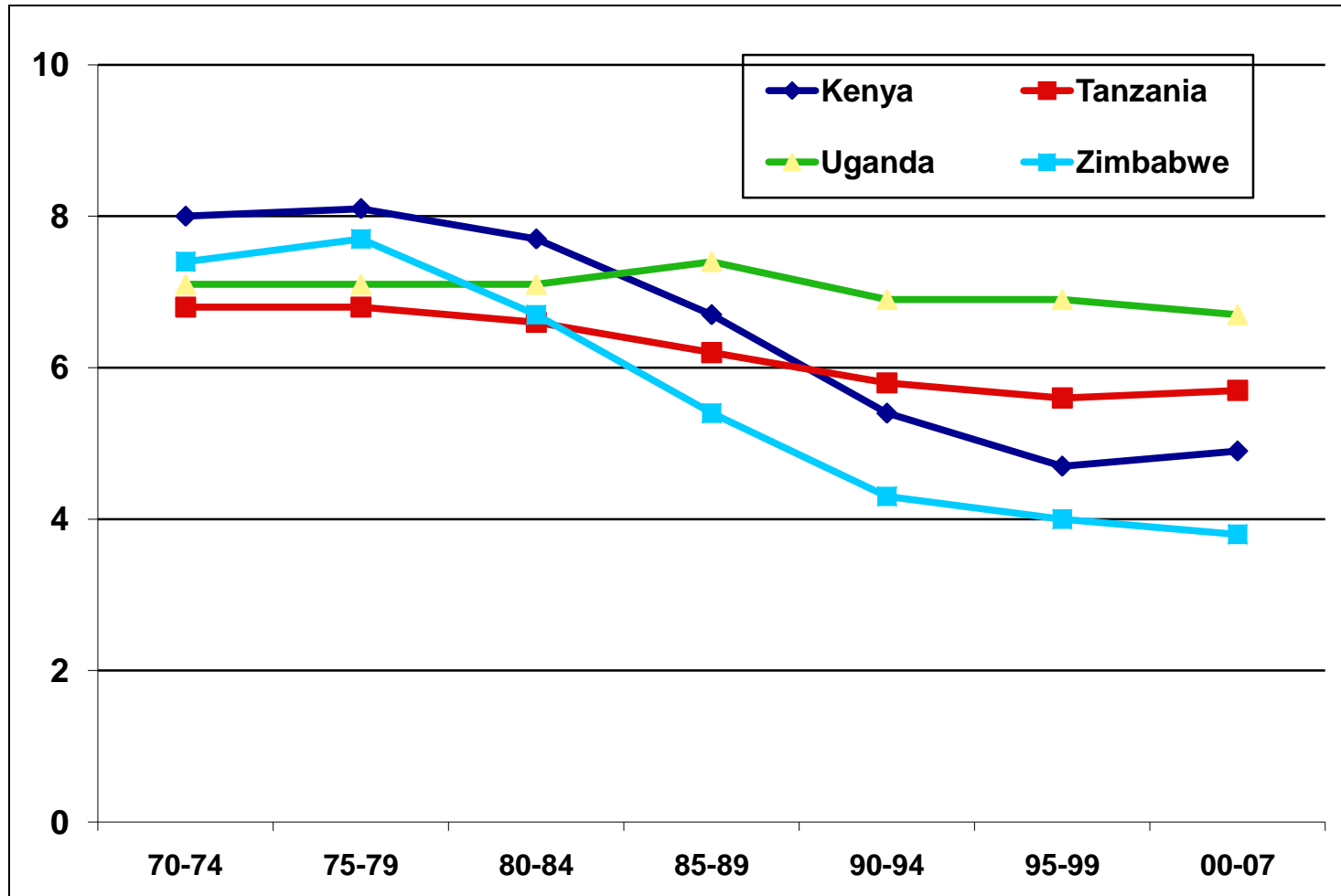
- Improve maternal health
- Combat HIV/AIDS, malaria, and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Kenya context

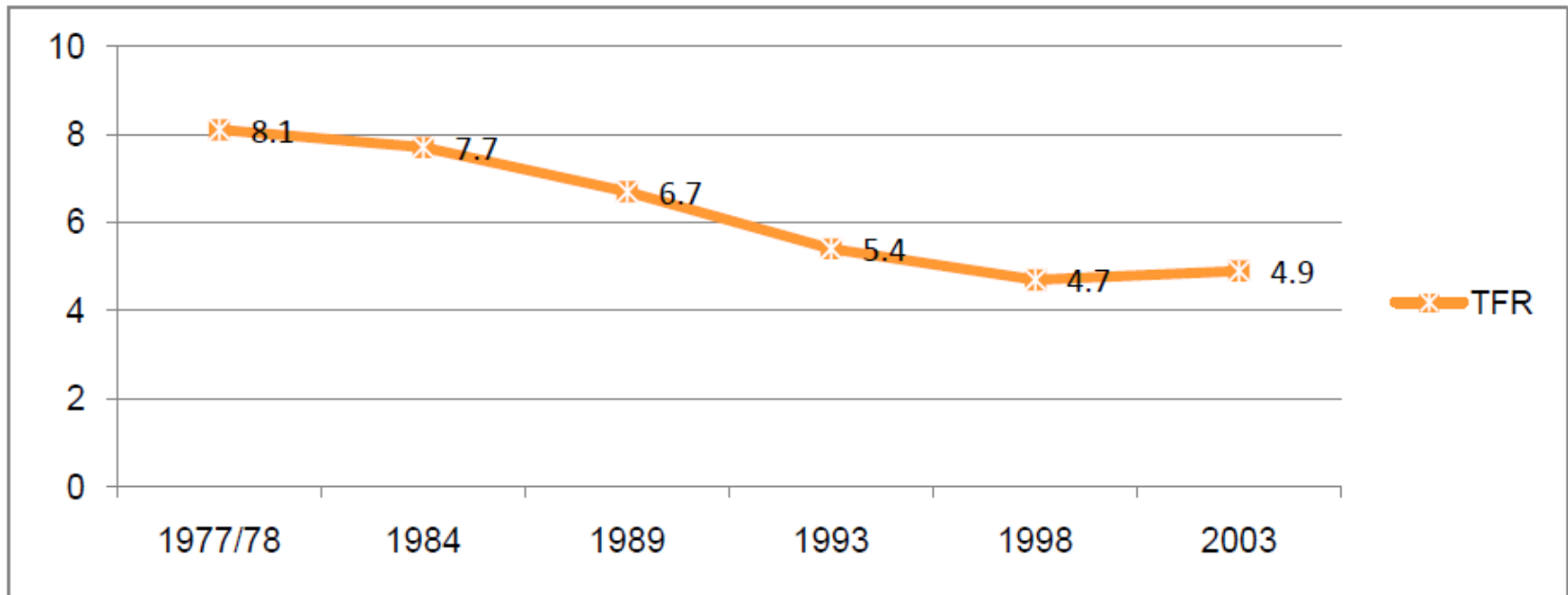
- There are many challenges to the achievement of MDGs, one of which is population growth

Kenya context

Population Trends in East Africa



Fertility Trends in Kenya



Source: Westoff and Blanc 2006

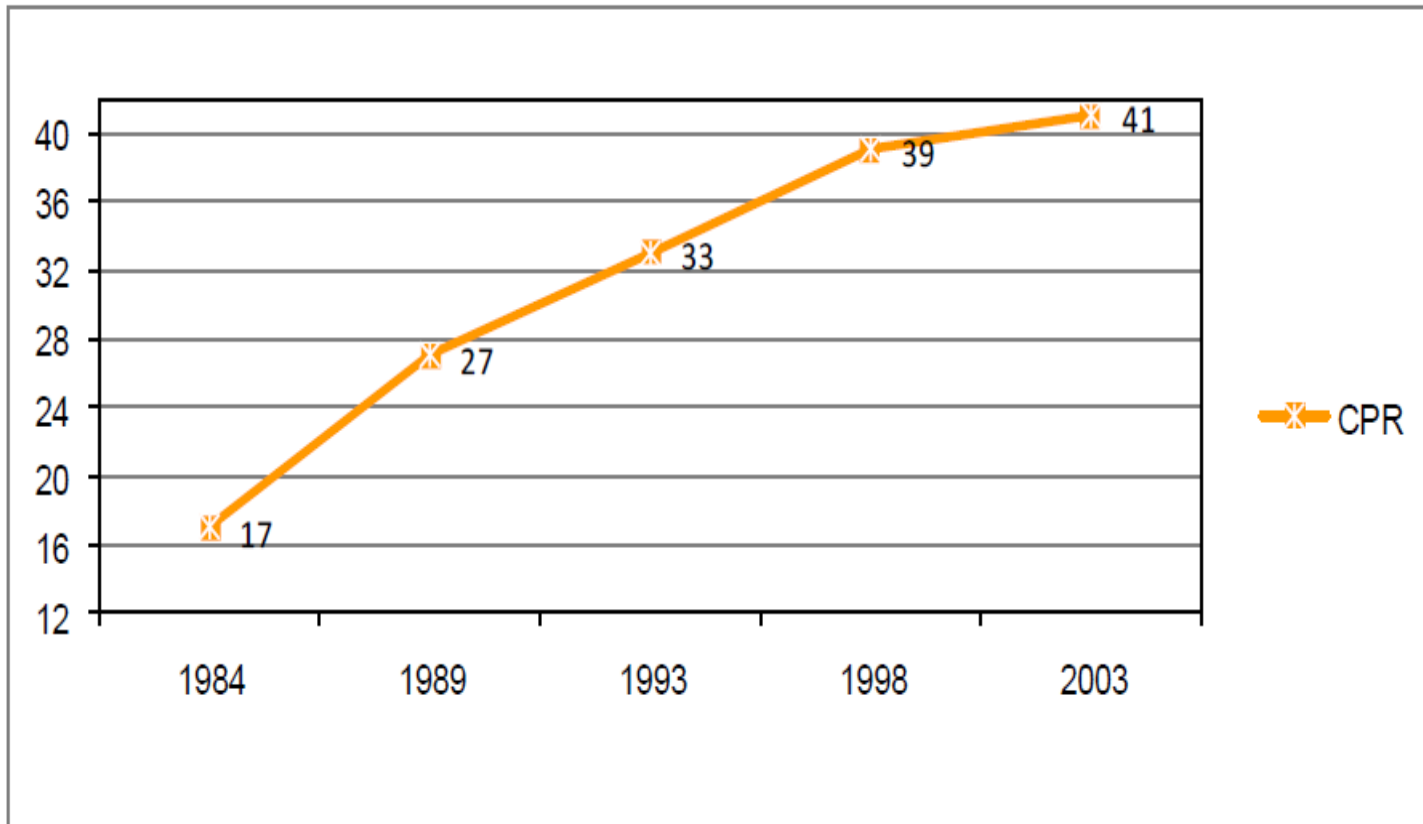
Family planning

- Family planning has been shown to be key in:
 - Reduction of Total Fertility Rates (TFR) of countries
 - Contribute to reducing child mortality
 - Improving maternal health
 - Cutting cost in education, health, economic sectors

Unmet Need for Family Planning

- High rates of population growth are largely the result of high fertility
- This corresponds with a large unmet need for FP
 - In Kenya, women have about 5 children each
 - Surveys show that the unmet need for FP services is high – 25% of married women of reproductive age want to space or limit births but are not currently using any method of FP

Kenya: Trends in Contraceptive Use

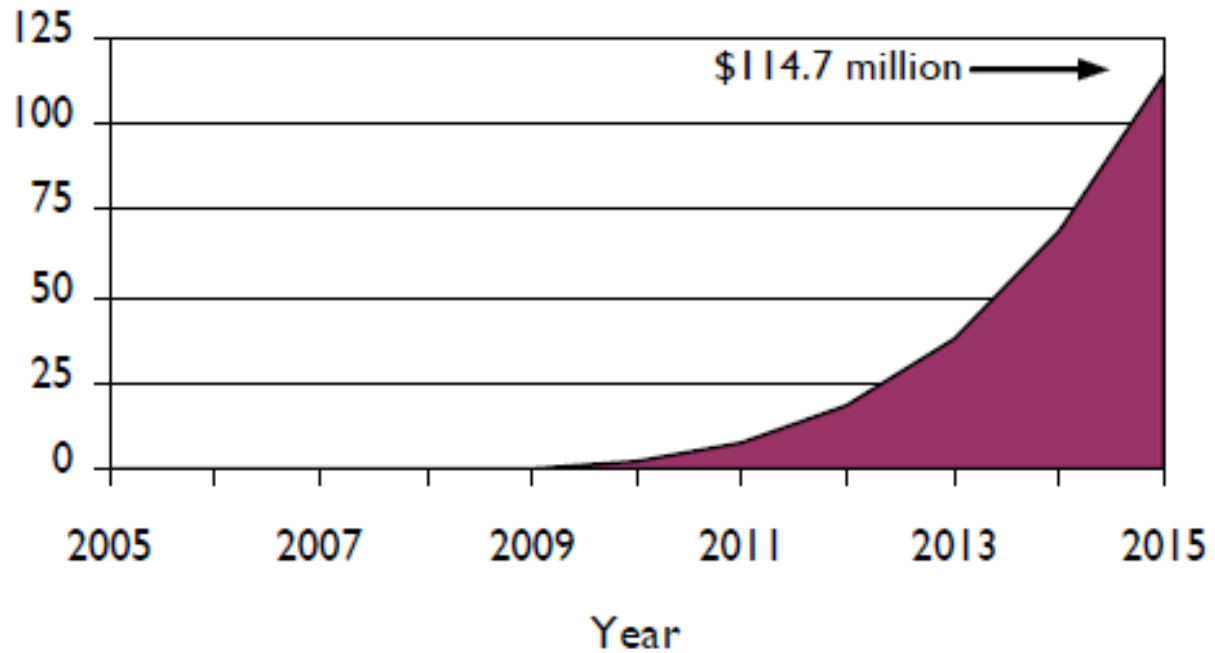


The big Q: Unmet need

- Meeting unmet need can help Kenya “significantly” generate resources and save costs to:
 - Achieve UPE
 - Reduce child mortality
 - Improve maternal health
 - Ensure environmental sustainability
 - Combat HIV/Aids, malaria, and other diseases

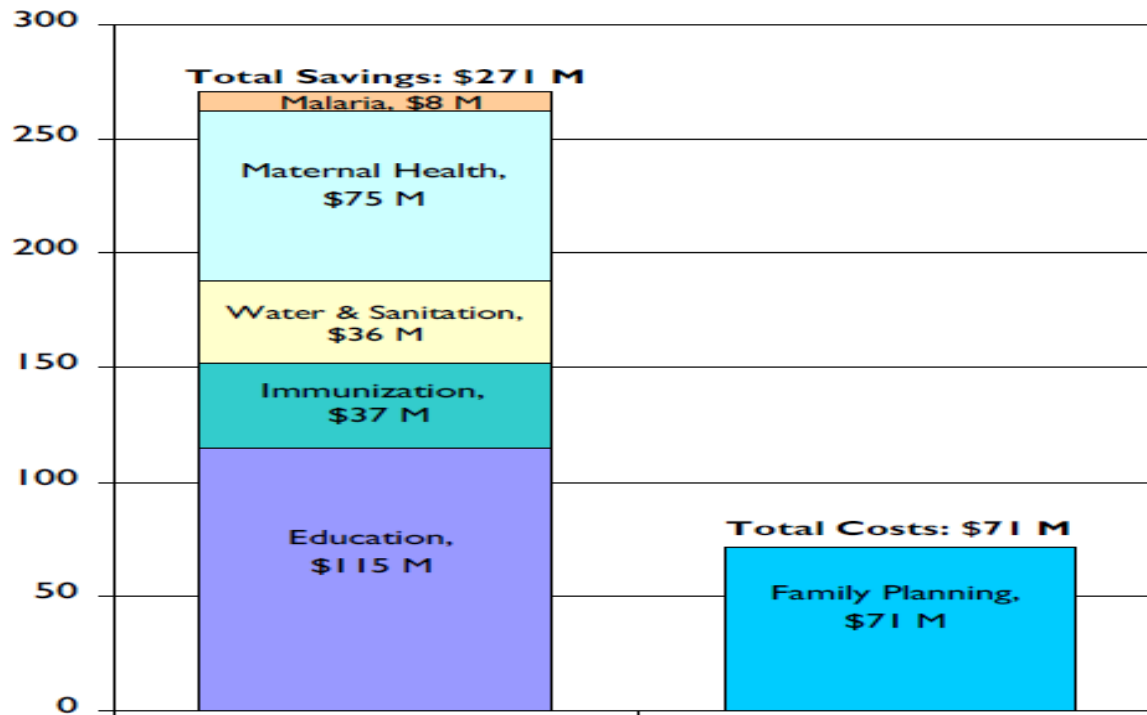
Kenya context

Cumulative Primary Education Cost Savings 2005-2015 (Millions)



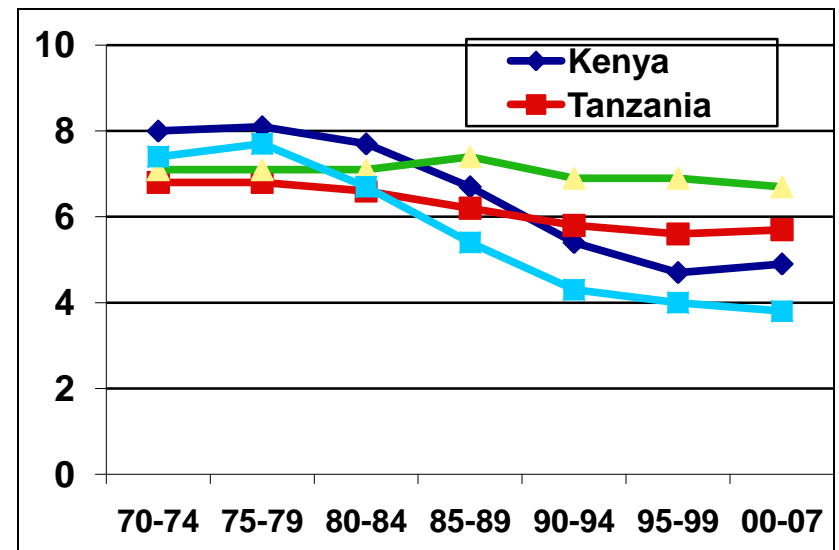
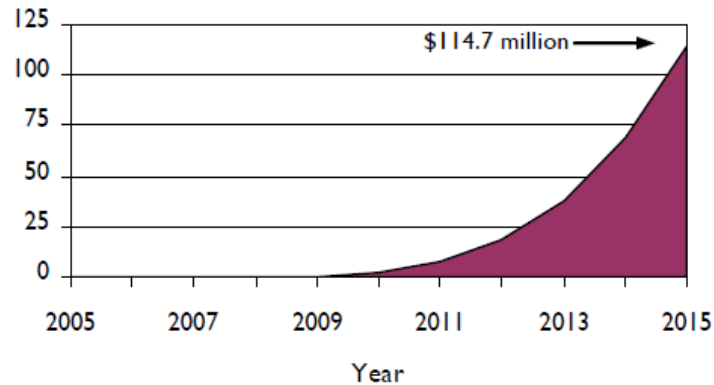
Kenya context

Total savings in social sector and total cost of FP services



Kenya context: Two case studies

- MDG 1: Economic Growth – (2002-2007) 7% but reduced to 2% (post-2007).
- MDG 2: UPE (2003)



Conclusion

- Greater access to FP information and services in Kenya can contribute directly to the country's attainment of MDG goals, especially 4 and 5 – to reduce child mortality and improve maternal health

Conclusion

- The USAID study concludes that, since family planning helps reduce the number of high-risk pregnancies that result in high levels of maternal and child illness and death, addressing unmet need in Kenya could avert more than 14,000 maternal deaths and almost 434,000 child deaths by the target date of 2015.

Policy implications

- **EMPOWER:** Increasing information on family planning can make valuable contributions to achieving many of the MDG goals.
- **AVAIL:** Increased family planning services can significantly reduce the costs of achieving selected MDGs and directly contribute to reductions in maternal and child mortality (think of the 25%).

Policy implications

- ENGENDER: Where are the men?
- CONTEXTUALIZE: Where is the African Voice?
 - “I hope that we can all ensure that the African voice is heard loud and clear during the MDG summit – and that is the challenge before us today. The MDGs are most relevant to Africa and other developing countries, and we want to lead from the front in such an important summit.” – *Paul Kagame, President of Rwanda and co-chairperson of MDGs Africa Consultative Forum.*

Questions? Comments? Concerns?



THANK YOU!