

Migori County Family Planning

January to June 2016

Background

Current status of Kenya's modern contraceptive prevalence rate (mCPR) = 53%

The goal = 58% mCPR by 2020; 66% mCPR by 2030

- There is low use of contraceptives in Migori County compared with the average national rate.
- Over 24% of teenagers are sexually active and a significant proportion of them become mothers at a very early age.
- To reduce the burden of unwanted pregnancies and the risk of maternal deaths of teenage mothers from unsafe abortions, more effort is required to address the high unmet need for contraceptives among youth and adolescents.

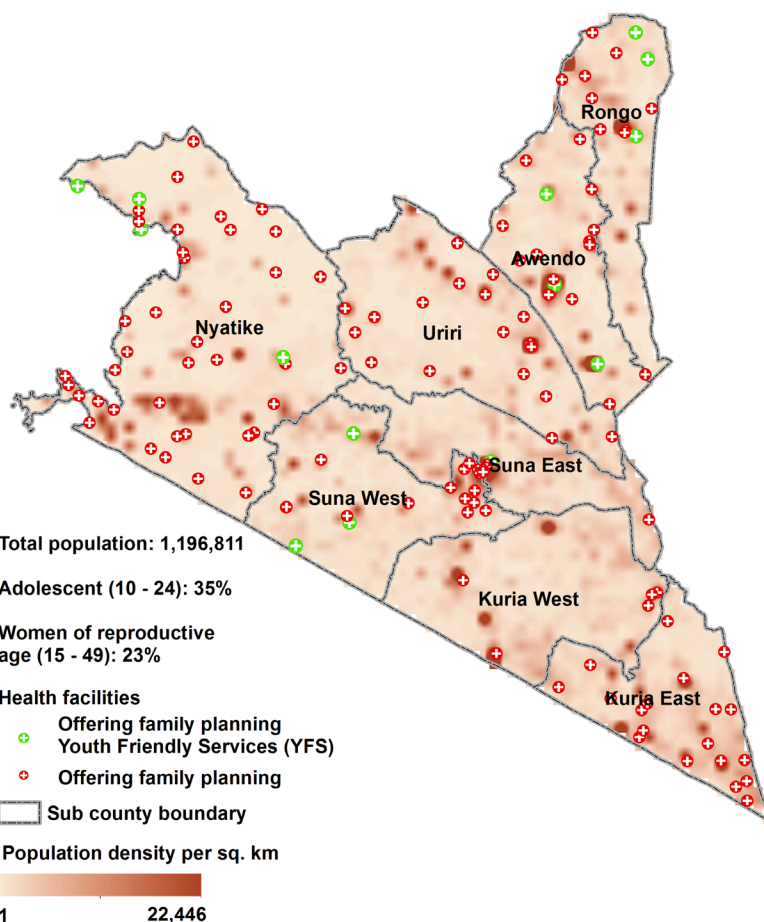
Key Issues for Family Planning Programming in Migori County (Identified from January to June 2016 Data)

A high youth and adolescent burden of unwanted pregnancies

- 20,712 pregnancies
- 402 of those who are pregnant are between the ages of 10 years and 14 years
- 6,639 of those who are pregnant are between 15 years and 19 years of age

Low uptake of available family planning opportunities

- Only 4 out of 10 women of reproductive age are using family planning methods.



Creating wider access to all contraceptive options, especially long-acting methods that are the relatively effective, can substantially reduce unwanted pregnancies, unsafe abortions, and pregnancy-related maternal mortality in developing countries.

Family planning indicators for Migori County compared with national rates

Indicator	Migori County	National
mCPR	44%	53%
Fertility rate	5.3	3.9
Proportion of mothers aged between 15 years and 19 years	20.90%	15%
Proportion of sexually active teenagers	24.30%	18%
No. of unintended pregnancies averted due to modern contraceptive use in 2015	31,961	1,332,864
No. of unsafe abortions averted due to modern contraceptive use in 2015	9,512	396,660

Sources: KDHS 2014; using 2015 DHIS 2 service statistics data, FP2020 impact estimation tools have been used to estimate impact.

Reliance on short-acting methods and significant shift to long-acting methods

- Six out of ten family planning users are on a short-acting family planning method.
- Compared to other counties, Migori had wider variations on preference of contraceptive between subcounties. For example, in Awendo subcounty, 5 out of 10 women are on a short-term method, compared to 6 out of 10 women in Suna West, Uriri, and Rongo and Kuria West subcounties. In Nyatike subcounty, 7 out of 10 women are using a short-term method, while Kuria East subcounty has the highest proportion of women (8 out of 10) using short-term contraceptives.
- On average, Migori County reported more users of implants and intrauterine contraceptive devices (IUCDs) compared to the national level. (In Migori County, 29.3% of women of reproductive age use implants and 9.1% use IUCDs compared with the national rate of 9.8% and 3.7%, respectively.)

Commodity security

- The exact commodity contraceptive status of the county is unclear.
- There is an urgent need to carry out a situation analysis on commodity status.
- There is a need to train and strengthen the commodity security committee to carry out forecasting and quantification.

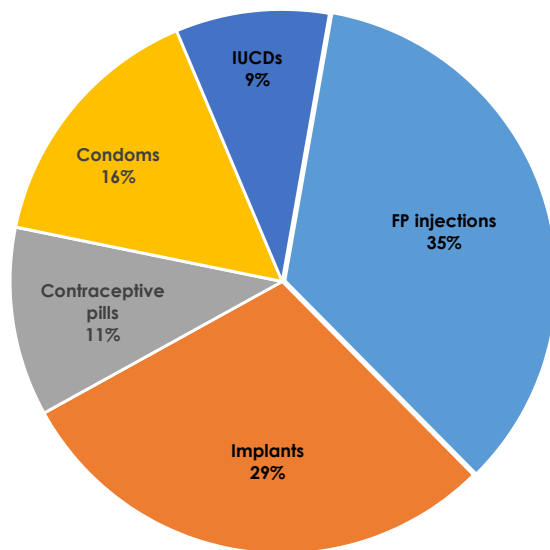
Poor use of data for decision making

- Key family planning data are often not analyzed to inform programming. Current service statistics are inadequate for determining the needs and preferences of the youth.

Lessons Learned

We can do more: Focus on the sexual and reproductive health issues of adolescents and youth. Meeting their family planning demands would accelerate the use of family planning. As a starting point, health or other facilities offering youth-friendly services need to be mapped for a better understanding of their accessibility and coverage of preferred products for adolescents. Such information would assist programs to make decisions on how to make these services accessible.

Method mix (percent distribution of contraceptive users by method) — January to June 2016



Other Areas of Focus

- **LEARN:** The need to utilize opportunities within and between subcounties for benchmarking on data quality and sharing of best practices. (Awendo subcounty offers a learning opportunity on how to improve uptake of contraceptive implants and Nyatike and Kuria West subcounties offer an opportunity to learn how to sustain a mix of methods throughout the year.)
- **STRATEGIZE:** Revitalize the provision and use of long-acting methods.
- **ACCESS:** The need to equip ALL facilities with a broad range of quality family planning products and services.

References

1. District Health Information Software 2 (DHIS 2), January to June 2016 data.
2. Kenya Demographic and Health Survey 2014.
3. Adding it Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014 (Guttmacher Institute).
4. FP2020 Kenya impact estimates 2016.

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