

PATHWAYS POLICY INSTITUTE



A Budget Analysis for
Family Planning and Climate
Resilience: Out-of-Pocket
Expenditure on Family Planning
in Laikipia County, 2024.

Pathways Policy Institute

Introduction

(PPI) is a community-based policy and accountability non-profit organization, Meaningfully Engaging Communities (MEC) on Population, Health, Environment (PHEs) and Climate Justice. Pathways aims to realise local solutions to Universal Health Coverage and the ongoing crisis of global climate change by strengthening community health systems through a Primary Health Care (PHC) Lens.

PPI provides community-based advocates with avenues where their communities can meaningfully influence Primary health, sexual reproductive health, and environmental policies by conducting research, training and capacity strengthening. PPI is an independent, non-partisan, and non-religious entity.

Acknowledgement;

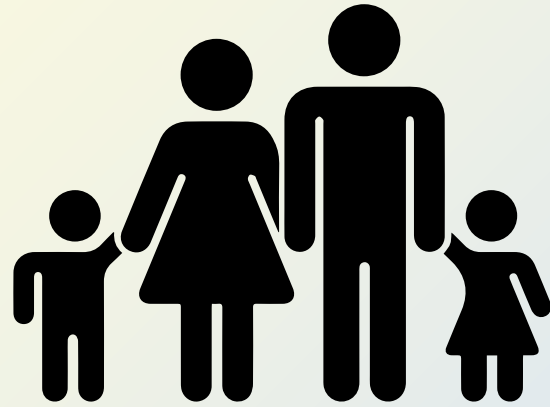
The analysis is fully carried out by Pathways Policy Institute with the support of 128 collective through Panaroma global.

Disclaimer;

The contents of this report are the responsibility of PPI and do not necessarily reflect those of 128 collective, Panaroma or the County government of Laikipia.



FAMILY PLANNING AND CLIMATE CHANGE NOTABLE QUOTERS



Dame Jane Goodall, primatologist and conservationist, Population Matters Patron (born 1934)

“Educating and empowering women and girls and providing family planning information enables more people to choose the size of their families. These are the kind of positive actions governments can take, and must take if we’re to address the biodiversity loss we’re facing.”

Aisha Khan, Chief Executive, Civil Society Coalition for Climate Change

“Reducing the population growth rate should be our first priority as no other programme, policy or initiative will produce results without managing the numbers.”

Peter Ngure – Founder – Pathways Policy Institute

“The Nexus between Investment in Water as a critical resource for reproductive health has been largely neglected; MHM, MCH, Nutrition and FP programs will not succeed in an ecosystem where effects of climate limit access to water. Having an RH lens when investing in Water programs can help reduce pressure on health funding and increase the overall budget for health”

Ashley Judd, actor and UNFPA Goodwill Ambassador (born 1968)

“If we invest in girls and women, the world and all of the 17 Sustainable Development Goals will advance forward rapidly as a result.”

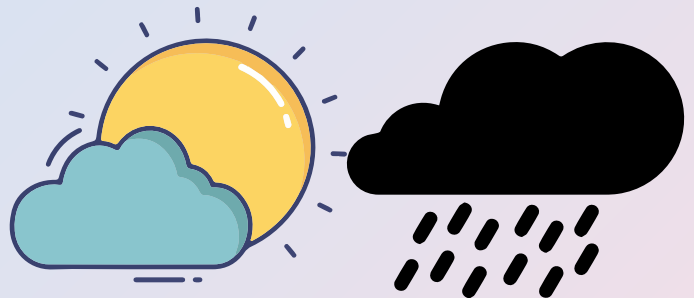
“I figured it was selfish for us to pour our resources into making our ‘own’ babies when those very resources and energy could not only help children already here, but through advocacy and service transform the world into a place where no child ever needs to be born into poverty and abuse again.”

Emma Woods, UK Royal Society, Head of Policy, Wellbeing

“When it comes to tackling climate change and extreme weather, we ignore population at our peril.”

Wendo Aszed, Founder, Dandelion Africa

“Kenya is becoming a desert. There’s pressure on the environment because we use charcoal and firewood. The larger the family, the more it consumes. There’s no provision to plant trees because trees cost money. If nothing is done soon there won’t be any resources left. Communities are beginning to realize that it’s better for the eco-system around them if they have smaller families.”



Population growth, poverty and degradation of local resources often fuel one another.”

Professor Sir Partha Dasgupta, economist, Population Matters Patron (born 1942)



Integrated Assessment of Out-of-Pocket Expenditure and County Budgetary Allocation for Family Planning and Climate Resilience in Laikipia County:

Aruined planet cannot sustain human lives in good health. A healthy planet and healthy people are two sides of the same coin.” – Dr. Margaret Chan, Executive Director of the World Health Organization

Executive Summary

The Integrated Assessment of Out-of-Pocket Family Planning Expenditure on Family Planning and The Laikipia County Budgetary Allocation for Family Planning and Climate Resilience provides comprehensive insights into the various dynamics surrounding family planning and climate resilience investments and initiatives in the county. This assessment aims to analyze the relationship between out-of-pocket expenditure by Women of Reproductive Age (WRA) on family planning services and the budgetary allocation by the Laikipia County government for family planning and climate resilience programmes.

Key Findings:

Out-of-Pocket Expenditure: The assessment reveals varying levels of out-of-pocket expenditure among residents of Laikipia County for family planning services. While the upper wealth quintile individuals can afford such services in private hospitals and clinics without significant financial strain, the majority face challenges accessing and affording them, leading to disparities in affordability and accessibility.

Budget Allocation: Analysis of the Laikipia County government’s budget allocation highlights the gaps in family planning initiatives and a relatively moderate climate resilience investment. However, the allocation may not always align with the actual needs and priorities of the population, indicating potential gaps in resource distribution. The nexus between health and climate in the county investments has also not been highlighted.

Integration of Climate Resilience: The assessment underscores the interconnectedness between family planning and climate resilience efforts. While family planning contributes to sustainable



population management, it also plays a vital role in enhancing community resilience to climate change impacts, such as food security and adaptation strategies. A healthy environment and climate are guaranteed in the Constitution of Kenya Article 42 that provides; Every person has the right to a clean and healthy environment, which includes the right—to have the environment protected for the benefit of present and future generations

Facility Improvement Financing: With the enactment of the FIF Act 2023, Health Facilities should be able to spend these funds to address their immediate needs,

including sourcing for commodities, hiring casual workers, and paying for other operating costs. Previously, facilities have been transferring all own-source revenue to the county treasury. The principle of facility autonomy ensures that a public health facility can generate, receive, spend, and account for funds from any legal source.

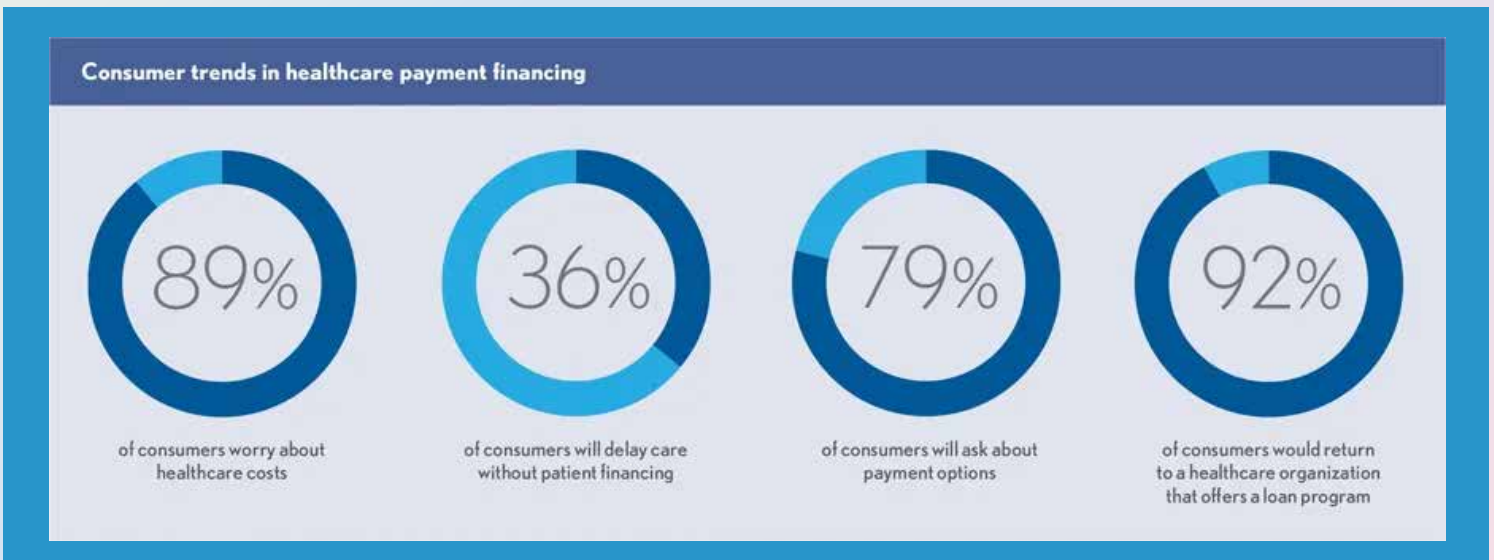
Policy Implications: The findings of this assessment provide valuable evidence for duty-bearers, policymakers and other stakeholders to inform decision-making processes. Recommendations include enhancing financial support for family planning services, prioritizing climate resilience within budgetary allocations, and fostering multi-sectoral partnerships to address complex development challenges effectively. For instance, there could be policies on integrated approach to funding primary healthcare through the Climate department monies e.g. Water in a health facility is a job of Environment department but impacts health.

Conclusion:

This Integrated Assessment of **Out-of-Pocket** Family Planning Expenditure and County Budgetary Allocation for Family Planning and Climate Resilience in Laikipia County underscores the importance of addressing financial barriers and optimizing resource allocation to advance sustainable development goals. By integrating family planning and climate resilience efforts within budgetary planning and implementation processes, Laikipia County can promote inclusive and resilient communities while fostering long-term socio-economic development. This assessment serves as a foundational resource for guiding policy reforms and interventions aimed at enhancing the well-being of residents and building a more resilient future for Laikipia County.

Introduction

There is an increasing realization that **out-of-pocket** costs can largely affect and impact access to essential primary healthcare services, especially in low-income communities in Kenya and lead to communities depleting their environment as they try to meet their daily household needs. Out-of-pocket payments for Health, including modern family planning, is an understudied component in primary healthcare financing in Kenya where socioeconomic status largely determines access and affordability of primary health care. In a nutshell availability access and cost of contraception (service charge) largely determines the uptake.



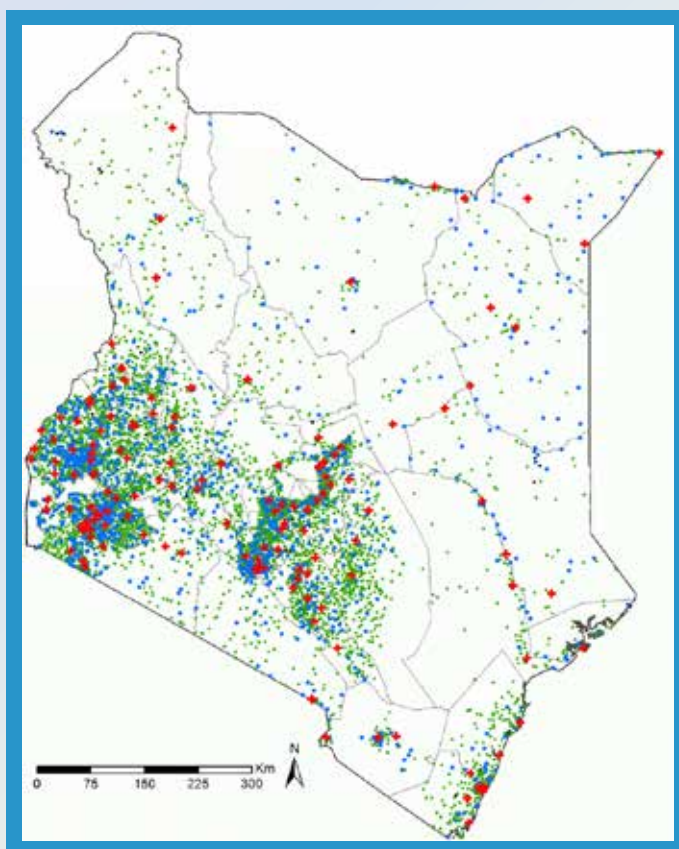
The overall poverty level and inequality as well as effects of climate change and environmental degradation increases community health vulnerabilities. This two-tiered analysis focused on examining preference and attendance for contraception in the main public and private facilities in Laikipia County majorly in Nanyuki and Nyahururu as well as how much funds are invested in climate in the county and how those funds can be leveraged to fund primary healthcare and by extension, reproductive health services.



Section 5 of Facility Improvement Fund Act 2023 stipulates that There shall be retention of all monies raised or received by or on behalf of all public health facilities and that the income and other receivables retained by the public health facilities shall be considered as a supplement to the budgets and resources appropriated to the public health facilities by the respective county government and not a substitute. These funds are a low hanging fruit for achievement of cross sectoral funding where the FIF can be utilized by the facility to support climate outcomes including use of better roofing that taps rain water and thus reduces the cost for purchase of water by the facility.

The Government of Kenya (GoK) has consistently expressed its political commitment to Universal Health Care (UHC) and the provision of highest attainable standards health care for all. This is clearly articulated in the Constitution of Kenya (2010), Kenya Universal Health Coverage (UHC) Policy 2020-2030, Kenya Vision 2030 long-term development goals and recent enactment of new laws¹ on Universal Health Care (UHC).

To enable Kenyans to realize their constitutional right to health, the GoK has prioritized universal access to primary health care (PHC) with attention to maternal, new-born and child health (MNCH) services. An MNCH focus does not make explicit the societal and economic benefits of FP nor is this politically championed.



Progress towards UHC is a means to realizing the right to health as enshrined in the Kenyan Constitution, and ambitions set out in Vision 2030, the Kenya Health Policy 2014 – 2030, Sessional paper No 2 of 2017, Health Act 2017 and the Big 4 Agenda. It is also in line with Kenya's commitment to the Sustainable Development Goals (SDGs). UHC is an investment in human capital and a foundational driver for inclusive and sustainable economic growth and development. Progress towards UHC will enable Kenya to protect the poor and vulnerable, invest in its human capital and make progress in its overall goal of inclusive human development. UHC as a goal is enshrined in various policies, strategies, plans and programmes in Kenya .

1 1. Primary Healthcare Act 2023, 2. Social Health Insurance Fund 2023. 2. The Digital Health Act 2023. 4. The Facility Improvement Financing Act 2023.



In the recent years, more scientists and governments have made the connection between population growth and global carbon footprint and have recognized the multiple benefits that family planning provides. Across the world, communities in regions that are most vulnerable to climate change also experience the highest unmet need for contraception and family planning. In some settings, low access to family planning and reproductive health services can contribute to limitations

around mobility, access to education, career advancement, jobs, land ownership & tenure, as well as resources that facilitate the ability of women, girls, youth, and indigenous local communities to adapt to and respond to climate change.

Climate change is widely recognized as one of the most serious threats to public health. The last 10 or so years has seen massive shift and interest in political, civic and social discussions into Climate-related concerns. Family planning contributes significantly to healthier families, healthier communities, and a healthier planet. Though it is no substitute for sustained reduction of greenhouse gas emissions, it can make a vital difference to human wellbeing and the future of the planet.

The impacts of climate change on population health and health systems cannot be underrated, the Ministry of Health should as a matter of priority in the quest for strengthening its capacity to manage health impacts of climate change focus on outlining commitments that will set up an arena for health system strengthening in the principles of One Health, which recognizes the interconnection of human health, animal health, and environmental health. By focusing on strengthening healthcare systems, enhancing disease surveillance, implementing climate-resilient practices, and promoting sustainability, this will not only safeguard human health but indirectly acknowledge the interconnectedness of health across multiple domains.

These are aligned with a number of key government of Kenya legislations and sector-based policies regarding response to climate change such as: The National Climate Change Action Plans (NCCAP 2013-2022), National Climate Change Response Strategy (NCCRS 2010), The Climate Change, Act (2016), The Constitution of Kenya 2010, County Integrated Development Plans and Nationally Determined Contributions (updated 2020). Inseparable from these documents are SDGs especially 3 (health and wellbeing) and 13 (climate change actions), politico-economic agendas (for example, Big 4 agenda and the current Kenya Kwanza Manifesto on health and climate change responses).

At COP28's dedicated event on Climate Change and Health, Kenya showcased a proactive commitment to combatting climate change with the unveiling of its ground-breaking strategy. The First Kenya Climate Change and Health Strategy, 2023 - 2027, took center stage, aligning climate action with health objectives.

The urgency of addressing global health impacts, with keen focus on vulnerable populations was emphasized. The session highlighted the imperative of cross-sector cooperation and partnership with environment, energy, water, agriculture for effective implementation.

The event concluded with a call for global stakeholders to support transparent approaches, underlining the commitment to climate and health funding in alignment with global agreements. This narrative aims to influence policy by placing health at the forefront of climate actions during COP28, recognizing health as the human face of climate change.

METHODOLOGY

DATA SOURCES

The Sources of primary data for this survey were the most recent Kenya Demographic and Health Survey 2022 , a nationally representative, cross sectional household survey of women of reproductive age between 15-49 years with multi-level cluster design and The Laikipia County Budgets and Planning documents . Further information was obtained from the Kenya National Bureau of Statistics as well as the hospital records and accounts personnel.

The study further undertook a Key Informant Survey with preset questions to obtain general information on the delivery and uptake of Family Planning Services with a focus and observation on trends in the primary data collected from KDHS 2022.

SECTION 1:

Family Planning Analysis

The focus of the study was on Family Planning Data for 12 months during the financial Year 2022/2023 (1st July 2022 to 30th June 2023), The Laikipia County Integrated Development Plan 2023 – 2027, the Approved Programme Based Annual Estimates of Recurrent and Development Expenditure for the Year Ending 30th June 2024 , and the Laikipia County Annual Development Plan 2024-2025.

Study Scope:

The study examined data on 4 aspects:

1. Current users of modern contraception, based on the Hubacher and Trussell definition of modern methods.
2. Total amount paid by the users to access contraception in two main public facilities and one private hospital in Laikipia.
3. Preferred mode of payment for these users to access contraception be it cash, NHIF or other insurance schemes.
4. Revenue generated by these facilities by offering Family planning services and contraception.

The study focused on the following facilities:

1. Nanyuki Teaching and Referral Hospital Nanyuki.
2. Nyahururu County Referral Hospital - Nyahururu
3. Nanyuki Cottage Hospital – Nanyuki.

Figure 1 Classification of the Facilities

S/N	FACILITY	LOCATION	CATEGORY
1	Nanyuki Teaching and Referral Hospital	Nanyuki	Level 4 Public Hospital
2	Nyahururu County Referral Hospital -	Nyahururu	Level 4 Public Hospital
3	Nanyuki Cottage Hospital –	Nanyuki	Private Level 5 Multi-specialty Hospital



THE FINDINGS

The Numbers and Figures

The study sought to get numbers on Family Planning and Modern contraception uptake in the 3 facilities in the following parameters:

- The number of Women of Reproductive Age (WRA) visiting hospitals for Family Planning services,
- The Family Planning services offered in the hospitals,
- The cost of Family Planning service thus expenditure incurred by WRA,
- The mode of payment (Cash, NHIF or other insurances),
- The revenues earned from rendering the Family Planning services,
- The per capita cost for WRA in accessing Family Planning services in various hospitals and Counties.

The tables below show the available services and charges in the 3 facilities and the number of clients who visited for each of the services between 1st July 2022 to 30th June 2023:

Figure 2 The available services in the 3 facilities

		NTRH	NCRH	NCH
PILLS	Progesterone Only Pills	√	√	√
	Combined Contraceptive Pills	√	√	√
	Emergency Contraceptive pills	√	√	√
INJECTABLES	DMPA-IM	√	√	√
	DMPA SC	√	√	√
CONDOMS	Male	√	√	√
	Female	√	√	√
IMPLANTS	1 Rod	√	√	√
	2 Rod	√	√	√
IUCD	Hormonal	√	√	√
	Non-Hormonal	√	√	√
VOLUNTARY SURGICAL CONTRACEPTIVES	BTL	√	√	√
	Vasectomy	√	√	√

Figure 3 Cost of the Services

SERVICE	Nanyuki Teaching and Referral Hospital	Nyahururu County Referral Hospital	Nanyuki Cottage Hospital
NORPLANT INSERTION	300	100	2500
NORPLANT REMOVAL	500	500	3000
IUCD INSERTION	300	350	2500
IUCD FOLLOW UP	-	-	1000
IUCD REMOVAL	300	100	2000
IUCD Removal (Special)		2000	-
PILLS & COUNSELLING	100	30	400
DEPROVERA INJECTION/COUNSELLING	100	150	500
FP CLINIC PER VISIT	100	50	-

Women of Reproductive Age – 15 – 49 years

A cross check of the same services in a number of random private clinics and pharmacies in Nyahururu and Nanyuki revealed the following:

Figure 4: Prices of FP services in Nanyuki and Nyahururu

SERVICE	Nanyuki Town and its Environs		Nyahururu Town and its Environs	
	Minimum Price	Maximum Price	Minimum Price	Maximum Price
NORPLANT INSERTION	800	3000	1000	2500
NORPLANT REMOVAL	200	500	300	1000
IUCD INSERTION – Hormonal	4000	7000	3500	7500
IUCD INSERTION - Non-Hormonal	1000	3000	500	2000
IUCD CHECK UP	500	1000	500	1000
IUCD REMOVAL	800	1500	500	1500
Progesterone Only Pills	1400	3500	1200	2500
Combined Contraceptive Pills	60	1500	100	1000
Emergency Contraceptive Pills	50	300	100	500
DEPROVERA INJECTION	150	300	100	250
FP CLINIC PER VISIT (Consultation Fees)	500	2000	500	1000
Male Condoms	50	600	50	500

This would mean, that if a person walked into any of the facilities surveyed and found that the service they were seeking was not available, mostly because of stockouts, they were likely to seek these services in pharmacies or private clinics within the town or the environs. This would translate to an increase in Out-of-Pocket expense for the service.

Analysis

The County Government of Laikipia faces the challenge of both meeting targets to reduce unmet need for FP and ensuring all women, including the poor, marginalized and rural communities have access and choice in FP methods and providers.

According to the FP2030 Commitments, Kenya targets to increase the modern contraceptive prevalence from 58% in 2017 to 64% by 2030 and reduce the unmet need for family planning among all women from 14% to 10% by 2030 (NCPD and MoH 2021).

Improving the quality of family planning services requires government commitment through policy frameworks as well as investment in human resources to cultivate the provision of better care. Quality is about promoting sexual and reproductive health care services, including family planning, that are effective, safe, person-centred, timely, equitable, integrated and efficient.

Figure 5: Population of women



Laikipia County Women of Reproductive Age 2021 & 2022 ⁹	
2021	2022
142148	146283

Projected Population growth for Women of Reproductive Age (15-49) 2025/2030 ¹⁰	
2025	2030
158702	176794

Figure 7: FP preference

	2021					2022				
	INJ	IUCD	IMPLANTS	PILLS	BTL	INJ	IUCD	IMPLANTS	PILLS	BTL
LE	9492	637	3451	5504	18	10806	408	3647	5654	7
LN	7526	15	1141	1636	0	9724	106	1145	1570	0
LW	11285	1080	3130	5923	62	15496	809	642	6148	52

Source: Laikipia County Statistical Abstract 2023.



DEMAND FOR FAMILY PLANNING

Unmet need for family planning

This refers to the proportion of women who:

- Are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or
- Have a mistimed or unwanted current pregnancy, or
- Are postpartum amenorrhoeic and their last birth in the last 2 years was mistimed or unwanted.

Women with unmet need are broadly defined as those who want to postpone their next birth for two years or more, or not have any more children but they are not using contraception.

Met need for family planning

Current contraceptive use (any method).

Demand for Family Planning = Unmet need for Family Planning + Met need (Current Contraceptive use (any method))

Proportion of demand satisfied =

$$\text{Proportion of Demand satisfied by modern methods} = \frac{\text{Current Contraceptive Use (any method)}}{\text{Unmet need} + \text{current contraceptive use (any method)}}$$

According to KDHS 2022; 65% of women in Laikipia are using modern contraception out of which 24% are using injectables and 12% on pills. 28% are not using any method and this could be attributed to various factors among them personal choice, access to FP services, information and knowledge on family planning as well as culture, religion, belief and coercion by partners.

Background characteristics largely determine the uptake of contraceptives among WRA. More urban women use contraceptives compared to rural women so does the more educated as well as the higher the wealth quintile.

Comparison of family planning in Laikipia against the national average

Figure 8: Comparison of FP Laikipia : National Averages

Component	Laikipia	Kenya
Teenage pregnancy (% age 15-19 who have ever been pregnant)	9	15
Use of modern method of FP (% of married women age 15-49)	66	57
Total fertility rate (number of children per woman)	3.4	3.4
Unmet need for FP (% of married women age 15-49)	5	14
Demand for FP satisfied by modern methods (% of married women age 15-49)	83	75

Source: Kenya Demographic and Health Survey 2022

In the application of the principles of equity and leaving no one behind, and endeavours to deliver services to the last mile in the farthest and remotest areas of Laikipia, Using a mixture of different service delivery platforms beyond the public sector facilities, such as community-based distribution, mobile outreach and other private sector partners, County Government of Laikipia through the Department of Health need to expand access of Family Planning not only for the hard to reach but also for those most in need. Family Planning services must also meet the needs of women and young persons with disabilities.

Figure 9: Family planning and Contraceptive uptake at Nanyuki Cottage Hospital

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTAL
PILLS													
Progestrone Only Pills	0	7	0	0	2	0	3	3	1	4	4	2	27
Combined Contraceptive Pills	7	7	0	0	1	5	2	2	1	0	0	12	45
Emergency Contraceptive pills	0			0	0	0		0	0	0	0	0	0
INJECTABLES													
DMPA-IM	4	6	0	4	4	34	2	2	5	3	1	5	70
DMPA SC	0	0	1	0	0	0	0	0	0	0	0	0	1
CONDOMS													
Male	0	*	*	0	0	*	*	*	*	*	*	*	0
Female	0	0	0	0	0	*	*	*	*	*	*	0	0
IMPLANTS													
1 Rod	2	0	0	0	0	0	1	1	3	3	1	4	17
2 Rod	0	0	0	2	0	0	0	0	0	0	0	0	2
IUCD													
Hormonal	0	0	0	0	3	0	0	0	0	0	0	0	4
Non-Hormonal	3	1	3	0	0	2	1	1	1	1	4	2	19
VOLUNTARY SURGICAL CONTRACEPTIVES													
BTL	0	1	0	0	0	0	0	0	0	0	0	0	1
Vasectomy	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	16	22	6	10	41	9	9	9	11	11	10	25	186

Figure 10: Family planning and Contraceptive uptake at Nyahururu County Referral Hospital

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTAL
PILLS													
Progestrone Only Pills	0	11	17	28	41	12	12	1	26	37	30	35	272
Combined Contraceptive Pills	22	27	26	36	29	9	8	8	0	3	36	37	266
Emergency Contraceptive pills	0	0	0	0	0	0	0	0	0	0	0	0	0
INJECTABLES													
DMPA-IM	52	33	74	58	42	52	59	47	66	35	55	49	622
DMPA SC	0	0	0	0	0	0	0	0	0	0	0	0	0
CONDOMS													
Male	1	0	1	1	1	4	0	0	3	2	11	3	27
Female	0	0	0	0	0	0	0	0	0	0	0	0	0
IMPLANTS													
1 Rod	0	0	0	34	2	0	1	0	0	0	0	0	37
2 Rod	12	43	6	34	6	61	43	51	50	27	50	41	424
IUCD													
Hormonal	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Hormonal	18	25	4	33	7	23	21	22	24	4	9	20	210
VOLUNTARY SURGICAL CONTRACEPTIVES													
BTL	13	0	0	0	6	7	0	0	9	0	0	0	35
Vasectomy	0	0	0	0	0	0	0	0	0	0	0	0	0
TOAL	118	139	128	224	134	168	133	155	183	134	197	180	1893

Figure 11: Family planning and Contraceptive uptake at Nanyuki Teaching and Referral Hospital.

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23 TOTAL
PILLS												
Progestrone Only Pills	0	0	0	0	0	2	13	19	19	28	28	139
Combined Contraceptive Pills	38	54	56	45	58	28	7	11	0	34	26	390
Emergency Contraceptive pills	0	0	0	0	0	0	0	0	0	0	6	6
INJECTABLES												
DMPA-IM	47	55	36	59	41	54	48	23	49	48	29	528
DMPA SC	0	0	0	0	0	0	0	0	0	0	0	0
CONDOMS												
Male	7	2	4	1	7	3	4	2	0	0	28	62
Female	0	0	0	0	0	0	0	0	0	0	0	0
IMPLANTS												
1 Rod	0	0	0	0	26	15	0	0	4	12	9	84
2 Rod	40	55	34	31	3	11	33	26	26	12	12	290
IUCD												
Hormonal	0	0	0	0	0	0	0	0	0	0	0	0
Non-Hormonal	6	7	6	5	8	3	2	4	10	4	3	64
VOLUNTARY SURGICAL CONTRACEPTIVES												
BTL	0	0	0	0	0	0	0	0	0	0	0	0
Vasectomy	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	138	173	136	141	143	116	107	85	108	138	141	1563

Figure 12: Comparison of total clients attended in the 3 facilities between 1st July 2022 to 30th June 2023.





Figures and Numbers Analysis:

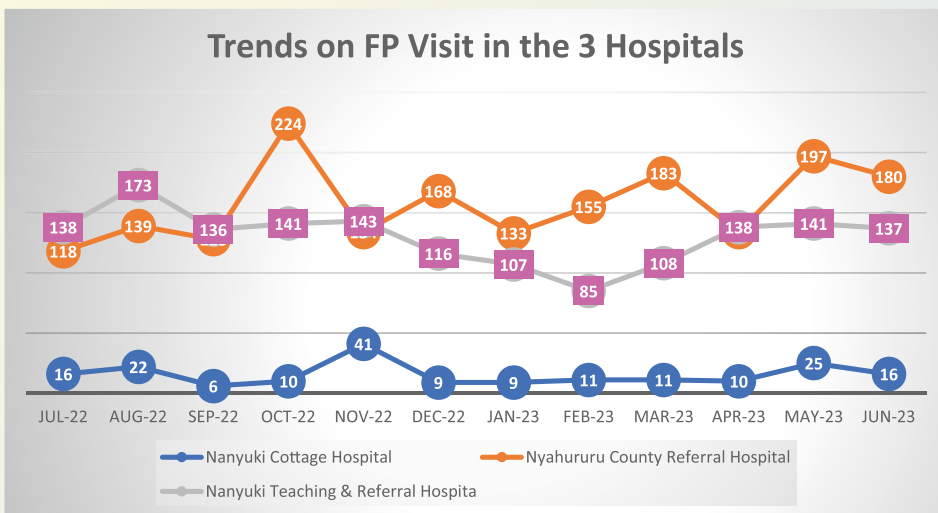
Nyahururu County Referral Hospital encountered the most visits within the year with 1893 visits followed by Nanyuki Teaching and Referral Hospital with 1563 visits. Nanyuki Cottage Hospital had the least clients with 186 clients, this can be attributed

to the cost of the services which is higher compared to the other 2 hospitals which are public facilities. Further, the figures for Male Condoms in Nanyuki Cottage Hospital were omitted due to the fact that the hospital usually puts them in a dispenser and places it in the washrooms and thus cannot be quantified as distributed on demand.

The spike in DMPA-IM administered by Nanyuki Cottage Hospital in November 2022 was attributed to an outreach programme the hospital was offering.

Demand Trend:

Figure 13: Trends on FP Visits in the 3 Hospitals



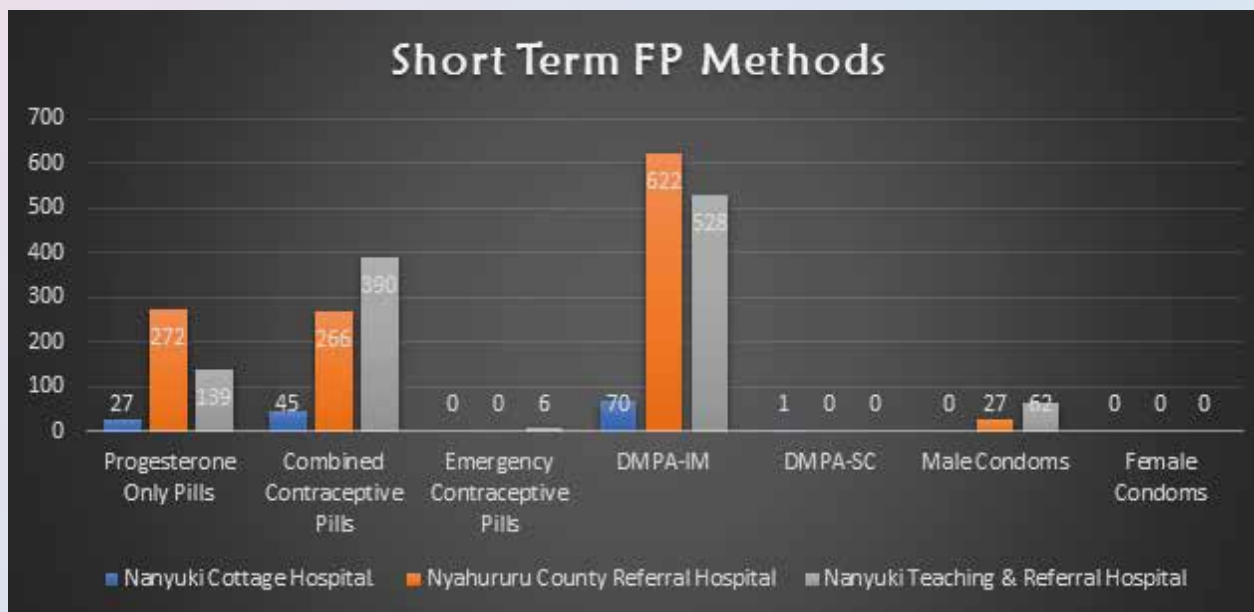
The trend for clients seeking FP services in Nyahururu County Referral Hospital and Nanyuki Teaching and Referral Hospital is observably at par with minimal variation and consistency over the survey period. The slumps and some of the variations are attributed to the supply of FP service commodities (Stock-outs and Resupply) and changes in FP methods preferred by the

WRA. The trend for FP service visits at Nanyuki Cottage remains lowest throughout the survey period mainly because of the cost of the FP services in the facility which could be an indicator of the wealth



Preference Trend Short Term FP Methods

Figure 14: Short term FP preference



In the 3 facilities surveyed, the short-term FP services offered include Male Condoms, Emergency contraceptive pills, Combined contraceptive Pills, Progesterone only pills, and injectable DMPA-IM. The survey observed that FP injection DMPA-SC has not been in supply in the hospitals. This is a representation of all public facilities in the County. However, charges may differ in lower level facilities with charges ranging from free to Kshs 100.

From the figure above the FP service with the highest number of visits is Injectables (DMPA-IM) with a combined clientele of 1220 visits across the 2 public facilities, closely followed by Pills (All Combined) with 1139 clients. The highest sought service is DMPA-IM at Nyahururu County and Referral Hospital with 622 clients followed closely by the same at Nanyuki Teaching and Referral Hospital.

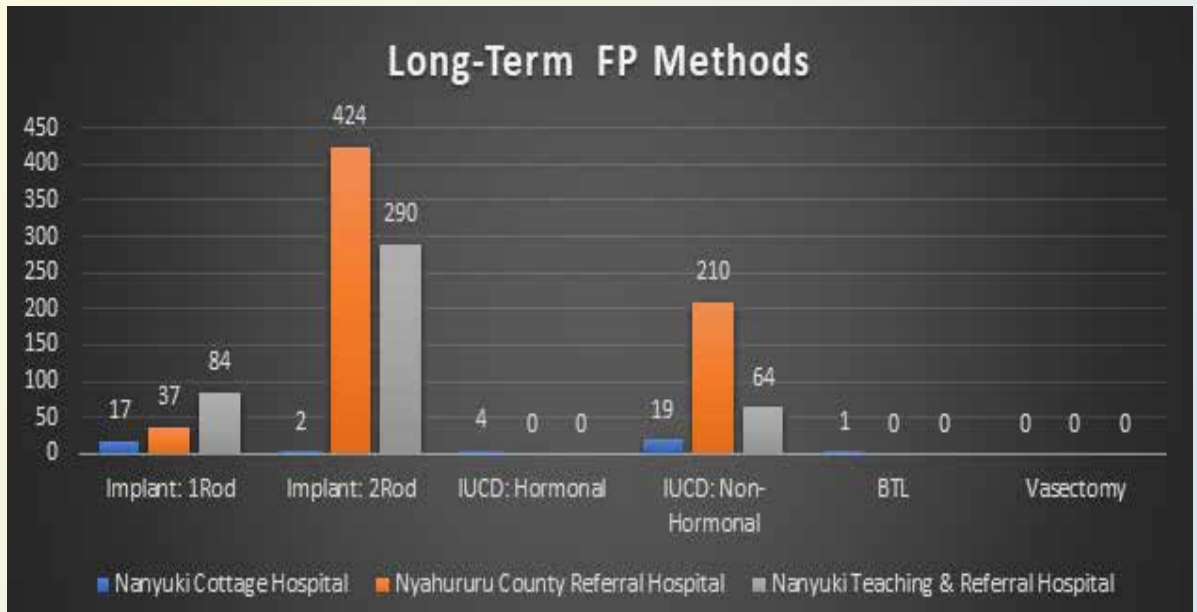
There was no recorded issuance of the female condom across all the facilities surveyed and as well there was no supply in the stores at the time of visit in March 2024. There also were less than 100 male condoms issued in both NTRH and NCRH within the study period.

The most sought out short term family planning method at Nanyuki Cottage Hospital was Injectable DMPA-IM with 70 recorded clients followed by Combined Contraceptive pills getting 45 clients while Progesterone only Pills getting 27 with the least sought being DMPA-SC getting 1 client



Long Term Methods

Figure 15: Long Term FP Preference



Additionally, the Long-term Family Planning services offered in these facilities include 1 Rod and 2 Rod Implants, BTL, Vasectomy and Non-Hormonal IUCD insertion, there was no record of a Hormonal IUCD inserted during the study period. There also was no supply of the Hormonal IUCD at the time of the study.

Other observations were zero vasectomy and BTL services at NTRH and NCRH with Nanyuki Cottage Hospital recording 1 BTL in August 2022.

The most sought out Long-term FP service in the surveyed facilities was 2 Rod implant with 424 clients in NCRH and 290 clients in NTRH, there were 2 clients seeking the same at NCH. Non-Hormonal IUCD comes in second with 210 clients in NCRH, 64 in NTRH and 19 in NCH. While 1 Rod implant had 84 clients in NTRH, 37 in NCRH and 17 at NCH.

There was only one case of BTL recorded to have been performed at the surveyed facilities and it was at Nanyuki Cottage Hospital. However, NCRH had 37 recorded client who were referred to an external facility but the hospital kept following up.

The variance in the figures between the 3 facilities was attributed to various factors among them demographics, clientele occupation and wealth quintiles.

According to Laikipia County Statistical Abstract 2023, Laikipia West which is the main catchment area for NCRH had 268,902 citizens in 2022 against Laikipia East which had 174,374 citizens. Igwamiti ward where the hospital is located is the most populous ward in Laikipia County hence the higher turnout.

The upper wealth quantiles, civil servants and employees of corporates & private sector with medical schemes and insurances are more likely to seek FP services in Nanyuki Cottage Hospital and other private Hospitals in Nanyuki and Nyahururu.



REVENUES GENERATED

The total sum of revenues generated by the facilities surveyed is as shown in the figure below:

Figure 16: Revenues Generated

		NTRH	NCRH	NCH
PILLS	Progesterone Only Pills	4170	27200	1080
	Combined Contraceptive Pills	11700	26600	18000
	Emergency Contraceptive pills	180	0	0
INJECTABLES	DMPA-IM	79200	62200	3500
	DMPA SC	0	0	500
CONDOMS	Male	0	0	0
	Female	0	0	0
IMPLANTS	1 Rod	8400	11100	42500
	2 Rod	29000	127200	5000
IUCD	Hormonal	0	0	10000
	Non-Hormonal	22400	63000	47500
	Removal	#	37500	28000
VOLUNTARY SURGICAL CONTRACEPTIVES	BTL	0		#
	Vasectomy	0	0	0
Total	All	157660	354800	156080

The per capita cost for WRA in accessing FP service

$$\text{Average Cost Per WRA} = \frac{\text{Total Expenditure for FP}}{\text{Total No.of Visits}}$$

This refers to the average cost incurred by an individual in accessing family planning services. It is calculated by dividing the total expenditure on family planning services by the population of individuals who utilize these services within a specific time period.

This metric helps to assess the financial burden placed on individuals or households when seeking family planning services. The sum total of OOP takes into account expenses such as consultation fees, contraceptive supplies, medical tests (if required), transportation costs, and any other associated expenses.

Figure 17: The average cost per WRA incurred at the Health Facility

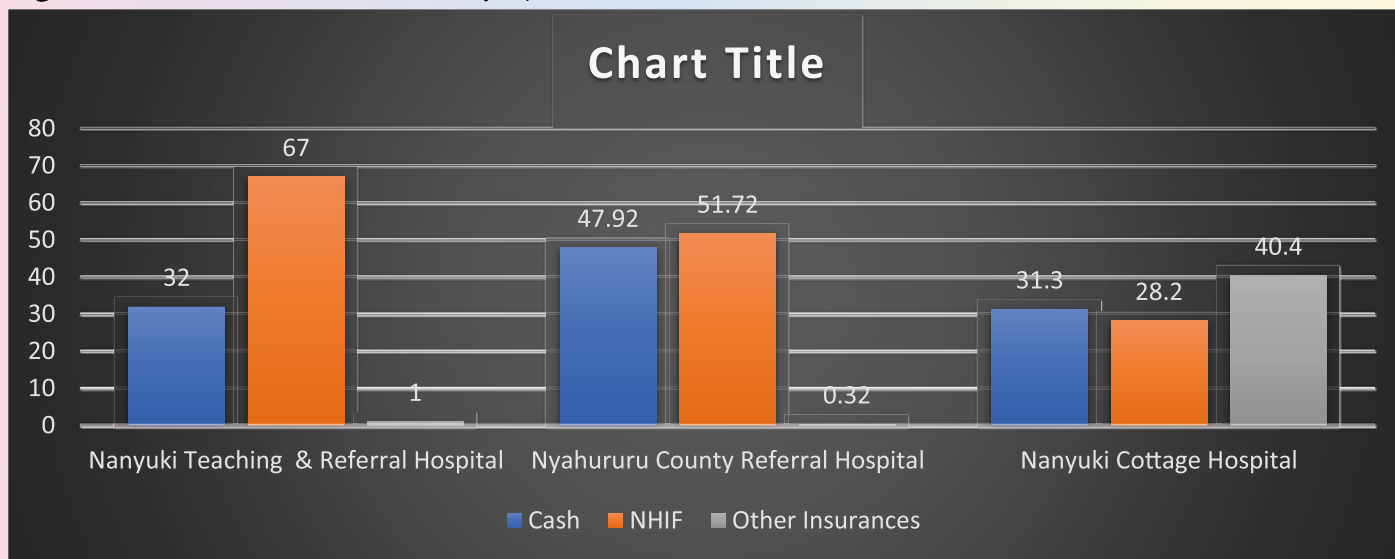
Facility /Hospital	Revenues	Total Number of visits	Average cost per WRA
Nanyuki Teaching and Referral Hospital	157660	1563	100
Nyahururu County Referral Hospital	354800	1893	188
Nanyuki Cottage Hospital	156080	186	840

The above average cost of service added to the cost of transportation to the facility sums up the Out of Pocket expenditure for WRA to access FP services.

For instance, WRA from Segera, Tigithi, and Mukogodo East Wards will spend an average of Kshs 1000 round transport to access NTRH. This makes their OOP for FP Kshs 1100 per visit. In the event there is stock outs at NTRH and they decide to seek the service at private facilities within Nanyuki, the cost doubles. The cost will be higher in various areas of Laikipia depending on facility proximity and availability of the service sought.

Preferred Mode of Payments;

Figure 18: Preferred modes of payments



The highest utilization of NHIF in FY2022/2023 is observed in NTRH with 67% of all clients totaling Kshs 168,667,776 out of cumulative total revenues generated by the hospital. Kshs 250,687,346. Other insurances and medical schemes generated Kshs 2,538,028.00 which was a meagre 1% of the total revenues. The same is observed in NCRH with Kshs 98,918,852.50 generated from NHIF payments representing 52% of total revenues for the hospital. Other insurances and medical schemes earned the hospital 0.32% which was Kshs 327,430.00. This is in sharp contrast with Nanyuki Cottage Hospital where 40.4% of all incomes were generated from other insurances and medical schemes while 28% and 31% were revenues earned through NHIF and Cash payments respectively.

Facility Improvement Financing

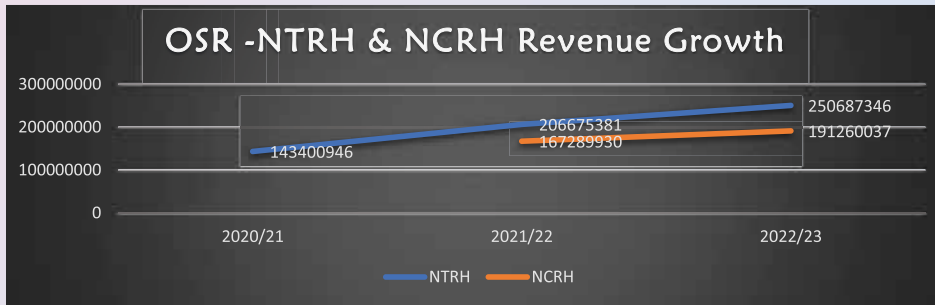
The Facility Improvement Financing Act, 2023 stipulates in section 6 that: Sources of revenue and other receivables for public health facilities improvement financing shall include— own source revenues that include monies received as user fees, charges and monies paid as reimbursement for services received from insurance firms or other relevant entities; Money appropriated by County Government to the facility, conditional grant, donations and gifts.

These retained funds by the facilities (Section 7 FIF Act 2023) are to be used to among other things support operations of the facility throughout the year, be readily available for purchase and acquisition of essential products, commodities, technologies and other facility requirements that would guarantee optimal and quality services while facilitating primary health care and preventive services at the community level.

	2020/21	2021/22	2022/23
NTRH	143,400,945.89	206,675,380.39	250,687,346.12
NCRH	#	167,289,930.00	191,260,037.89

Figure 19: Above: Revenues generated 2021 2023.

Figure 20: Graphical representation of revenue growth



There has been steady growth of own source revenue generated by the health sector in Laikipia as can be observed in the graph above. The growth can be attributed to a range of factors among them stringent revenue collection measures and consistency in availability of services and commodities sought. The growth could see NTRH collecting in the surplus of Kshs 300,000,000 in the FY2023/24 while NCRH could collect more than Kshs 220,000,000.

With Facility Improvement Fund Act now in place, the hospital revenues will preferably be ring-fenced for the purpose for which it was collected - to improve patient care and keep hospital facilities in optimal service delivery state.

However, as Counties embark on developing FIF regulations, there is expectation that the Laikipia county specific regulations will fully address the bottlenecks that have consistently inhibited the full realization of the objects of the Facility Improvement Financing Act initially developed by counties. This legislation will play a significant role in ensuring that the resources generated at health facilities are safeguarded and not diverted to other sectors.

SECTION 2:

Investments on Family Planning and Climate Resilience in the County Planning and Budgeting.

County Integrated Development Plan 2023-2027

The 3rd Generation Laikipia CIDP addresses key economic challenges facing the people of Laikipia. These challenges include dwindling socio-economic status and worsening food security arising from rampant and prolonged drought and the impacts of climate change. In an objective and calculated response to address these challenges the CIDP has put in place broad and ambitious strategies aimed at enhancing economic recovery and growth. The key proposals include access to affordable and quality primary health care and wellness, improved business environment and entrepreneurial support, enhanced access to water for both domestic and agricultural production, promotion of climate change mitigation initiatives and enhanced opportunities for employment creation.

Under this plan County Government of Laikipia projected to enhance health equity by strengthening preventive/promotive health service delivery across the County. This is in order to increase county enrolment to NHIF from 65% in 2022 to 90% by 2027 as well as upgrade the range of services to include maternity and laboratory services in all our health centers. The CIDP includes plans towards upgrading Nyahururu, Rumuruti and Nanyuki health facilities to level 5 hospital status, introduce, roll out and implement the Laikipia Afya Mashinani Program (LAMP) for affirmative action of the vulnerable sections in the County.



From the County Integrated Development Plan 2023-2027, County Government of Laikipia projected the following.

- 1) The County will experience an increase in the proportion of the population in the working ages (15-64 years) from 58.42 percent in 2023 to 60.41 per cent by 2027.
- 2) On Issues and strategic interventions to achieve Demographic Dividends; There will be need to have strategies to Increase access to FP commodities and services to facilitate Access to Family Planning (FP) services.
- 3) To address Family Planning, Maternal and Child Health Services, High teenage HIV prevalence and pregnancies characterised by; Sexually active adolescents -Inadequate safe space to exercise sexual reproductive guidance; lack of parental, education institutions, community forums -Harmful cultural and religious practices -Low secondary school enrolment -High poverty rate -Inadequate reproductive health autonomy by women; inadequate condoms and family planning services, Inadequate access to sexual and reproductive health information - Poor adoption of policy guidelines on access to reproductive health services by underage girls; County Government of Laikipia could among other things:- Train CHVs on reproductive health services -Review policy guidelines -Implement education policy on enrolment, retention and transition -adopt holistic community engagement forums and Behaviour Change Communication (BCC).
- 4) Towards creating a conducive policy framework, the County Government of Laikipia developed the County Climate Change Policy. The County Assembly adopted the policy and enacted the County Climate Change Act, 2022 and Climate Change Finance Regulations, 2022. As a result, the Climate Change Directorate was established and five staff members trained on climate change adaptation and mitigation. Tree coverage increased from 6.9% in 2017 to 12.0% in 2022 through planting of one million tree seedlings and 4,000 hectares of opuntia-invaded rangelands were rehabilitated.
- 5) County Government of Laikipia set a priority to design and implement programmes on climate change as well as provide legal and policy framework on use of natural resources where the strategies were among others to work on:
 - I. Locally Led Climate change adaptation and mitigation across all sectors.
 - II. Community based Capacity building and advocacy.
 - III. Implement and review County Climate Change Policy 2020, Act 2022, and Regulations.

Laikipia County Annual Development Plan 2024/2025

County Government of Laikipia projects to increase access to Family Planning, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) from 52.3% in the financial year 2022-2023 to 65% in the financial year 2024-2025.

The County Government also set as objectives and projected the following:

1. Laikipia County Development Authority (LCDA) to Fundraise for climate change mitigation and adaptation projects.
2. 20% increase on Program-based action plans on RMNCAH, Nutrition, Community Health, NCDs Health Promotion and Climate Change adaptation at a cost of Kes 6,000,000.

3. Mainstream locally led Climate Change adaptation and mitigation across all sectors in order to intensify climate change awareness creation, adaptation and mitigation.
4. That there is need to prioritize programmes/projects that are climate related to begin a process of mainstreaming climate change adaptation and mitigation.
5. Climate change vulnerability assessment done.
6. Conduct trainings for awareness creation on Climate Change Adaptation & Mitigation whose role is to improve community resilience to climate change.
7. Facilitate formation of Climate Change Adaptation & Mitigation committees across all 15 wards.
8. Complete the Laikipia County Climate Change Action Plan whose objective is to ensure that communities are able to adopt and mitigate the effects of climate change in a sustainable way.
9. In the Climate Change Adaptation and Mitigation (FLLoCA) which requires 2% of the total County development budget counter funding: County government of Laikipia expects:
 - a) Climate change fund accessed by 45 community formations: Kes 137,500,000
 - b) 15 Ward climate change planning committees trained: Kes 2,000,000
 - c) 3 million Trees planted: Kes 210,000,000
 - d) 6 Communities linked to carbon credit markets. Kes 12,000,000
 - e) 45 Drilled and equipped boreholes & another 45 boreholes rehabilitated. Kes 370,000,000
 - f) 30 Community water dams/ pans desilted /rehabilitated. Kes 150,000,000
 - g) 1500 Household water pans constructed/ liners supplied. Kes 37,500,000
 - h) 10,000 Plastic water storage tanks (3,000L) supplied. Kes 240,000,000
 - i) 3 Sand dams constructed. Kes 15,000,000
 - j) 10 tonnes of solid waste material recycled. Kes 6,000,000
 - k) 15 Water harvesting structures in public institutions. Kes 3,000,000

Laikipia County Programme Based Budget 2023-2024

The analysis below is based on The Approved 1st Supplementary Programme Based Annual Estimates of Recurrent and Development Expenditure for The Year Ending 30th June, 2024 dated 20th December 2023.

1. The County Government of Laikipia projects to increase access to Family Planning, Maternal and Child Health Services for WRA from 40% in 2023/24 to 65% in the FY2024/25.
2. In the Summary of Expenditure by Programmes the Approved Budget 2023/24 for Family Planning, Maternal and Child Health Services was Kshs. 2'000 '000' and is projected to increase to Kshs 2'200'000 in the FY 2024/2025.
3. This amount caters for Reproductive Health, Immunization services Support Services countywide.
4. The Percentage of programmes with action plans in the Programme-based action plans on RMNCAH, Nutrition, Community Health, NCDs and Climate Change adaptation are projected to increase from 90% in FY2023/24 to 100% in FY2024/25.
5. Climate change mitigation and adaptation is explicitly elaborate in the PBB 2023/24 with formation of climate change committee, formulation of climate change and adaptation policy and action plan as well as Climate Change Adaptation & Mitigation (Counter Funding from FLLoCA).

Observations.

1. **Limited Resources Allocation:** Family planning and Mother Child Health initiatives and programmes have been receiving limited budgetary allocations compared to other health and development priorities in Laikipia County. This could indicate competing priorities or insufficient recognition of the importance of these areas in primary health care and sustainable development agenda
2. **Financial Burden on Individuals:** Families in Laikipia County, especially in the low socio-economic strata bear a significant out-of-pocket expenditure burden for family planning services due to limited availability of subsidized or free contraceptives. Similarly, communities lack access to adequate resources for climate resilience measures, leading to increased vulnerability to climate change -related risks.
3. **Health and Environmental Interlinkages:** Despite being distinct policy areas, family planning and climate resilience are interconnected through their impacts on health and well-being. Investments in family planning can contribute to climate resilience by empowering individuals to make informed reproductive choices, thereby reducing population pressures on natural resources and enhancing community resilience to climate change impacts.
4. **Need for Integrated Approaches:** There is need for deliberate integrated approaches that address the synergies between family planning and climate resilience. By mainstreaming reproductive health considerations into climate adaptation and mitigation strategies, and vice versa, Laikipia County can maximize the co-benefits and effectiveness of interventions in both areas.
5. **Facility Improvement Fund:** While the act promotes financial autonomy for health facilities, it also necessitates robust mechanisms to ensure accountability and prevent financial mismanagement. This is a case of Financial Autonomy vs. Accountability
6. **Community Empowerment and Participation:** Effective implementation of family planning and climate resilience programmes requires meaningful community engagement and participation. This includes The Community Health Units at the community level. Observations may underscore the importance of involving local communities in decision-making processes, ensuring that interventions are culturally appropriate, gender-responsive, and address the specific needs and priorities of diverse populations within the county.
7. **Data and Monitoring Gaps:** Challenges in data collection, monitoring, and evaluation may hinder efforts to assess the impact and effectiveness of both family planning and climate resilience interventions in Laikipia County. Observations may highlight the need for improved data systems and indicators to track progress, identify gaps, and inform evidence-based policy and programming.

²<https://populationconnection.org/resources/population-and-climate/>

Key insights and recommendations for policy dialogue and advocacy on Laikipia County's out-of-pocket expenditure on family planning and budgetary allocation for climate change-resilient health programs:

Insights:



1. **Financial Burden on Families:** Out-of-pocket expenditure on family planning services may pose a significant financial burden on families, particularly those with low incomes. This could result in reduced access to contraceptives and family planning services, impacting reproductive health outcomes. Above that, population growth, along with increasing consumption, tends to increase emissions of climate-changing greenhouse gases. Rapid population growth worsens the impacts of climate change by straining resources. Increasing access and affordability to voluntary family planning services and education can lower fertility rates and reduce pressures on food and water supplies, helping to better ensure that children do not go hungry .
2. **Disparities in Access:** Disparities in access to affordable family planning services may exist among different socio-economic groups and wealth quintiles within Laikipia County. Vulnerable populations, such as rural communities and marginalized groups, may face greater barriers to accessing contraceptives due to financial constraints.
3. **Healthcare Infrastructure:** The availability and accessibility of healthcare facilities offering family planning services may vary across different regions within Laikipia County. Investments in healthcare infrastructure, including the expansion of clinics and the training of healthcare providers, are essential to improve access to family planning services.
4. **Population and Climate Change:** The relationship between population and climate is intertwined, as population dynamics influence climate change while climate variability impacts human populations, necessitating integrated strategies for sustainable development and resilience.
5. **Climate Change Impacts:** Climate change poses significant health risks, including emerging incidences of vector-borne diseases, food insecurity, and waterborne illnesses. Laikipia County may experience these impacts, necessitating investment in climate change-resilient health programs to mitigate risks and build community resilience.
6. **Interconnectedness of Health and Climate Change:** There is a strong interconnection between health and climate change, with climate-related events exacerbating health vulnerabilities. Addressing climate change through health interventions can yield co-benefits, such as improved health outcomes and reduced healthcare costs.

Recommendations:

1. **Increase Funding for Family Planning:** There is need for sustained advocacy for increased budgetary allocation for RMNCAHN programmes in Laikipia County to reduce out-of-pocket expenditure and ensure universal access to affordable contraceptives. This could include subsidies for contraceptive supplies and scaling up community outreach programmes in underserved communities.
2. **Promote Health Insurance Coverage:** Sustained advocacy on registration, enrollment and contribution into Social Health Insurance Fund for all citizens to reduce financial barriers for individuals seeking contraceptives. This can help offset out-of-pocket expenditure and improve access to a wider range of family planning methods.
3. **Strengthen Community-Based Services:** Invest in community-based family planning services to reach remote and marginalized populations. This could involve training community health workers to provide contraceptive training and counselling, distribute contraceptives, and deliver basic reproductive health



services.

4. **Integrate Climate Change Adaptation in Health Programmes:** Advocate for
5. **Multi-Sectoral Collaboration and Partnerships:** Encourage multi-sectoral the integration of climate change adaptation strategies into health programmes in Laikipia County. This may include initiatives promoting

environmentally sustainable healthcare practices as well as implement integrated policies focusing on sustainable population management, climate adaptation, and mitigation measures to address the complex interplay between population dynamics and climate change, fostering resilience and sustainable development.

collaboration between health, environment, and other relevant sectors to address the intersecting challenges of health and climate change. This could involve joint planning, resource mobilization, and implementation of integrated programmes that promote health resilience in the face of climate change.

6. **Policy and Enabling Environment integrating SDGs:** Policy Coherence where developing and implementing policies that promote rationality across sectors is crucial. This includes formulating policies and regulations that align with the needs of each sector like in the FIF Act 2023 and also involves aligning reproductive health, family planning, and climate resilience policies with overarching development frameworks such as the DGs to ensure synergies and avoid duplication of efforts.
7. **Stakeholder Perspectives:** Insights from various stakeholders, including government officials, healthcare providers, and community representatives, emphasize the need for more targeted and sustainable financing mechanisms for family planning and climate resilience programmes. Additionally, stakeholders advocate for greater coordination and collaboration among various sectors to optimize resource utilization and achieve meaningful outcomes.

Conclusion:

Addressing the above observations requires deliberate, concerted and coordinated efforts from government agencies, civil society organizations, donors, and other stakeholders to prioritize investments in family planning and climate resilience, strengthen health systems, promote sustainable development, and empower communities to adapt to changing environmental conditions while improving reproductive health outcomes.

By promoting a policy and enabling environment that integrates SDGs in reproductive health, family planning, and climate resilience, Laikipia County can advance sustainable development goals, improve primary healthcare outcomes, and enhance community resilience to environmental challenges.



“Honoring the dignity of women and children through family planning is not about governments forcing the birth rate down (or up, through natalist policies). Nor is it about those in rich countries, where emissions are highest, telling people elsewhere to stop having children. When family planning focuses on health care provision and meeting women’s expressed needs, empowerment, equality, and well-being are the result; the benefits to the planet are side effects.”—Drawdown: The Most Comprehensive Plan Ever Proposed to Reverse Global Warming (2017)




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