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**STRENGTHENING REPRODUCTIVE
HEALTH, FAMILY PLANNING,
MATERNAL AND CHILD HEALTH,
AND ENDING FGM IN ISIOLO
COUNTY**





Acknowledgement

This report was produced as part of the UNFPA- 10th Country Programme to develop a baseline for budget advocacy work in Isiolo County.

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Disclaimer

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Executive Summary

Isiolo County faces significant reproductive health challenges, including high fertility rates (4.9), low family planning (FP) uptake, and harmful cultural practices like Female Genital Mutilation (FGM). With a youthful population, the county experiences high teenage pregnancy rates and unmet FP needs (27%). The county's Integrated Development Plan (CIDP 2023-2027) and Annual Development Plans (ADP) outline strategies to address these issues, emphasizing maternal and child health (MCH), reproductive health (RH), and FGM eradication.

Key initiatives include strengthening healthcare infrastructure, expanding FP services, and intensifying community outreach. Despite improved skilled delivery rates (86%), contraceptive use remains low (30.7%), and challenges persist in combating FGM and early marriages. The county allocates significant funds—Ksh 5.67 billion to health services, with Ksh 10 million for FP and Ksh 19.5 million for FGM eradication—but additional resources and innovative approaches are needed to address cultural barriers.

Recommendations include increasing budget allocations for FP and FGM, enhancing community engagement, training healthcare workers, and strengthening monitoring frameworks. By focusing on these areas, Isiolo can improve reproductive health outcomes and make progress toward eliminating FGM.

Introduction

Isiolo County, located in the northern Kenya's arid and semi-arid lands (ASAL), whose population consists largely of Cushitic Communities (Oromo-speaking Borana and Sakuye), Turkana, Samburu, Meru, Somali and other immigrant communities from other parts of the country. 53% percent of the population resides in the rural areas. The county faces significant challenges in family planning (FP), adolescent and youth sexual reproductive health (AYSRH), and overall population management. With a population exceeding 268,000 and a high fertility rate of 4.9, the county struggles to meet the growing demand for reproductive health services. The low uptake of family planning methods, particularly among youth and women of reproductive age, has led to high rates of teenage pregnancies, further straining an already burdened healthcare system. Additionally, traditional cultural practices like Female Genital Mutilation (FGM) and forbes early marriages for underage girls continue to pose serious risks to the health and social rights of women and girls in Isiolo.

Isiolo is among the counties with the highest unmet need for family planning at 27%, others are Marsabit (38%), Tana River (34%), West Pokot (30%), Samburu (29%), Siaya (27%), and while counties with the lowest total unmet need are Embu (2%), Laikipia (5%), Nyeri (5%), and Murang'a (5%).





Fig 1: Population projection

2019 Census	2022	2025	2027
268,002	297,595	317,382	345,883

County has a youthful population, with 83,988 youth aged 15-29, making up 27% of the total population. This young demographic puts pressure on health, education, water, sanitation, housing, and employment services. However, if given educational and developmental support, they can drive long-term county development. Key issues for this group include teenage pregnancy, harmful cultural practices (like female genital mutilation and early marriage), new HIV infections, substance abuse, sexual violence, human trafficking, and religious extremism.

Fig 2: Youth and Women of Reproductive Age Projection

Age Group	2019 (Census)	2025	2027
Youth (15–29 Years)	76,353	92,387	101,626
Women of Reproductive Age (15 – 49 Years)	58,998	71,388	78,526

The demographic trends in Isiolo County underscore an urgent need for deliberate and intentional increased investments in family planning (FP), maternal and child health (MCH), and reproductive health (RH) services, particularly in addressing harmful practices like female genital mutilation (FGM). The youth population (15-29 years) is projected to rise from 76,353 in 2019 to 101,626 by 2027, while the women of reproductive age (15-49 years) will grow from 58,998 to 78,526 over the same period. This population growth will significantly heighten demand for FP services to manage the high fertility rates, as well as MCH interventions to improve maternal and child outcomes. The increasing number of women and youth also emphasizes the need for intensified anti-FGM efforts and culturally sensitive health services to meet the reproductive health needs of the community.

The contraceptive prevalence rate remains low at 30.7%, contributing to a high fertility rate of 4.9 compared to the national average of 3.4 (KDHS 2022). The adolescent birth rate is also high at 18%, with a concerning increase in underage girls (10-14 years) giving birth and dropping out of school. Skilled delivery rates have improved to 86%, but the growing number of women of reproductive age calls for intensified maternal and child health services, including cervical cancer screening, antenatal and postpartum care, emergency obstetric care, and family planning.

Given the diverse population dynamics, Isiolo County should adopt innovative strategies, including strengthening primary health care to reach marginalized and hard-to-reach groups.



Fig 3: FP/MCH/FGM comparison between Isiolo and National average

Key Indicator	Parameter	Isiolo County	National
Fertility and Family Planning (FP)	Total fertility rate (number of children per woman)	4.5	3.4
	Teenage pregnancy (% age 15 -19 who have ever been pregnant)	17	15
	Use of modern method of FP (% of married women age 15-49)	29	57
	Unmet need for FP (% of married women age 15-49)	27	14
	Demand for FP satisfied by modern methods (% of married women age 15 - 49)	52	75
	Not using any contraception (% of women 15-49 using traditional or Modern contraceptives)	69	37
Maternal and Child Health	Births delivered by a skilled provider (%)	85	89
	Women age 15 -49 who had a live birth and had over 4 antenatal visits (%)	53	66
	Women age 15 -49 with a postnatal check during the first 2 days after birth (%)	75	78
	Births delivered in a health facility (%)	84	83
	Women 15-49 who have ever heard of FGM (%)	97.4	96.9





Policy Review:

This section delves into Isiolo County's County Integrated Development Plan (CIDP) for 2023-2027, which serve as comprehensive blueprints for the county's development over the five years. It will also examine the Annual Development Plan (ADP) budgets for 2022/23, 2023/24, and 2024/25, which provide the financial framework for implementing the CIDPs. A key focus will be on how the county addresses sexual and reproductive health and rights (SRHR) and female genital mutilation (FGM) within the broader development agenda.

In response to these challenges, Isiolo County has integrated family planning (FP), adolescent and youth sexual and reproductive health (AYSRH), and FGM eradication efforts into these development frameworks. The CIDP 2023-2027 and ADP 2024/25 emphasize improving access to reproductive health services, reducing adolescent birth rates, and eliminating harmful cultural practices. The county's strategic resource allocation aims to strengthen healthcare infrastructure, promote youth-friendly services, and enhance community outreach for FP and SRHR interventions.

The Isiolo County Integrated Development Plan (CIDP) 2023-2027 prioritizes reproductive health (RH), family planning (FP), maternal and child health (MCH), and the eradication of female genital mutilation (FGM). The plan aims to improve access to quality healthcare by addressing gaps in infrastructure, staffing, and community awareness. A total of Ksh 5.67 billion is allocated to the health sector, with FP, maternal healthcare, and child health services explicitly listed as key areas of focus. The plan also integrates end-FGM initiatives into community health strategies, emphasizing advocacy, capacity-building, and partnerships with local leaders, NGOs, and international organizations. These efforts aim to combat FGM through education, law enforcement, and community outreach.

The Isiolo County Annual Development Plan (ADP) for FY 2023/2024 outlines key priorities in reproductive health (RH), family planning (FP), maternal and child health (MCH), and initiatives to combat sexual and gender-based violence (SGBV) and female genital mutilation (FGM). The ADP focuses on preventive and promotive health services, allocating Ksh 10 million to improve access to family planning drugs for 28% of women of reproductive age and Ksh 20 million to expand SGBV services across four health facilities. The county also aims to support eight multi-sector stakeholders to enhance SGBV services. The plan integrates gender mainstreaming, promoting psychosocial support for survivors of violence and empowering women through training in leadership and governance.

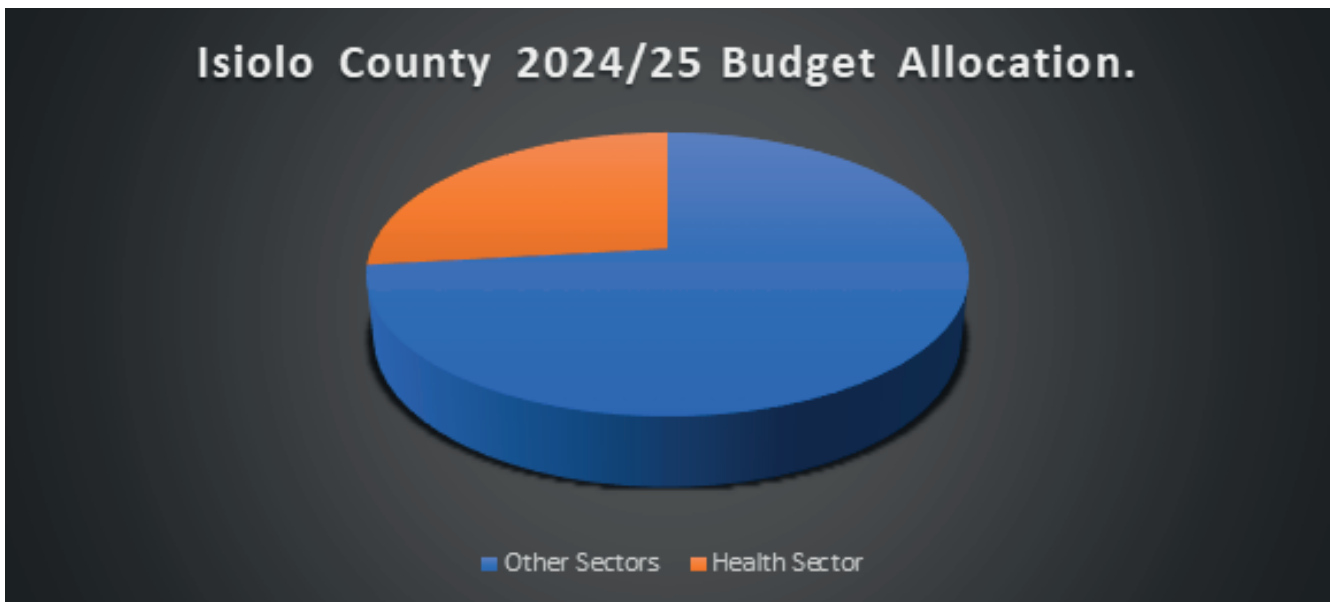
The Isiolo County Annual Development Plan (ADP) for FY 2024/2025 emphasizes reproductive health (RH), family planning (FP), maternal and child health (MCH), and efforts to eradicate female genital mutilation (FGM). Key interventions include improving skilled delivery rates from 84% to 87% and expanding FP access from 25% to 30%, with Ksh 10 million allocated for these efforts. The plan also aims to enhance antenatal and postnatal care, support exclusive breastfeeding, and improve maternal and child HIV prevention. Additionally, Ksh 20 million is dedicated to extending SGBV services to six health facilities, with a focus on supporting survivors and conducting community sensitization on FGM.



In total, Ksh 70 million is allocated to improving maternal and child health services, while Ksh 19.5 million is earmarked for FGM eradication and SGBV services, including the development of a county-specific action plan. The plan also involves the establishment of two youth-friendly centers to address the health needs of young people. Despite these investments, challenges remain in reaching marginalized communities and addressing cultural barriers to FP and FGM eradication.

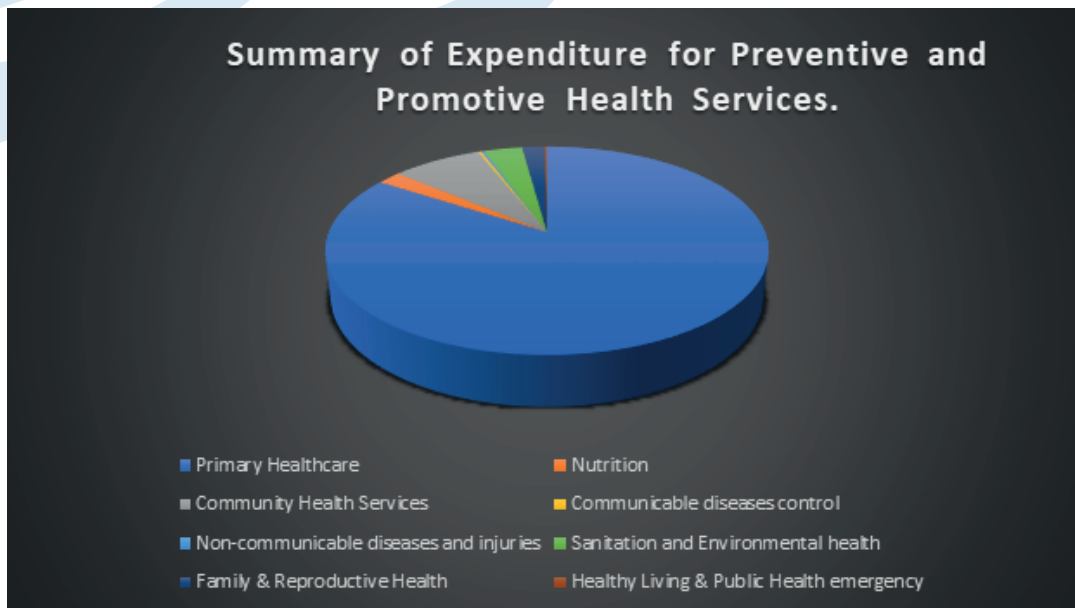
Annual Budget 2024/2025 for Isiolo County

Fig 4: Isiolo County Health Budget Allocation



The Isiolo County Annual Budget for FY 2024/2025 highlights a robust commitment to advancing Reproductive Health (RH), Family Planning (FP), Maternal and Child Health (MCH), and efforts to combat Female Genital Mutilation (FGM). With a total revenue estimate of Ksh 6,164,934,355, the budget reflects a substantial investment in health and social programs. A significant portion of Kshs1,653,868,957 is allocated to health services, out of which Kshs 10.32million is allocated for RH/FP/MCH services, including increasing access to skilled maternal health services and enhancing family planning initiatives. Additionally, funds are dedicated to tackling gender-based violence (GBV) and eradicating FGM. This includes resources for GBV recovery services, community sensitization efforts, and the development of a county-specific action plan to end FGM, with investments in training service providers and establishing recovery centers.

Fig 5: Summary of Expenditure in the Health Sector -Preventive & Promotive Services



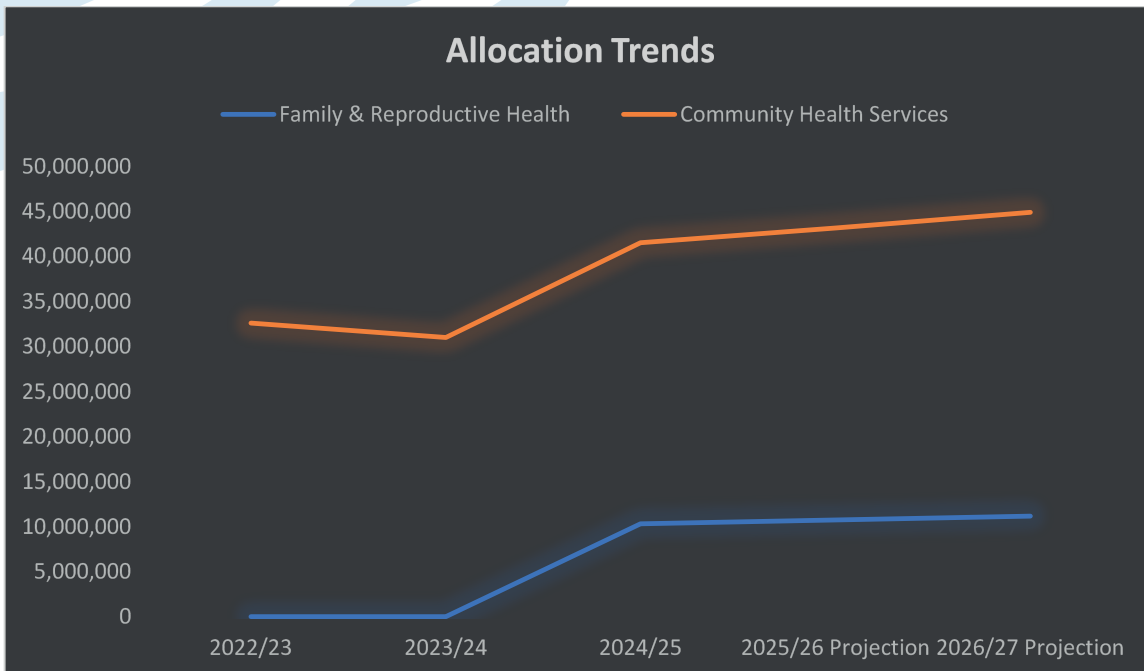
The budget achievements are notable, particularly in increasing investment in maternal health, which is evident from the planned increase in skilled deliveries and improved access to antenatal and postnatal care. Efforts to expand family planning services are also highlighted, with allocations for FP drugs and education campaigns. Despite these positive strides, there are gaps that need addressing. The funding for FGM and GBV initiatives appears insufficient given the deeply ingrained cultural practices and the need for extensive community outreach and support services. Additionally, while the budget sets targets for family planning and maternal health services, the low contraceptive uptake and high adolescent pregnancy rates indicate a need for more innovative and targeted strategies.

In summary, the Isiolo County budget for 2024/2025 demonstrates a strong commitment to improving maternal and reproductive health, with clear allocations for skilled deliveries and family planning. The focus on addressing FGM and GBV is commendable but may require increased funding and expanded community engagement to be more effective. Addressing the challenges in contraceptive uptake and adolescent pregnancy will be crucial for further progress in these areas.

In the Isiolo CIDP 2023-2027, notable wins include the prioritization of the health sector, with significant allocations directed towards critical areas such as reproductive health (RH), family planning (FP), maternal and child health (MCH), and efforts to end FGM. The plan also emphasizes capacity building by investing in healthcare worker training and mobile health clinics to improve service delivery in underserved areas. However, there are misses, such as inadequate resource allocation for FGM eradication, which does not fully match the scale of the problem. Additionally, the slow uptake of FP services highlights the need for increased investments in education and awareness to overcome cultural resistance.



Fig 6: FP/RH Community Health Allocation Trends



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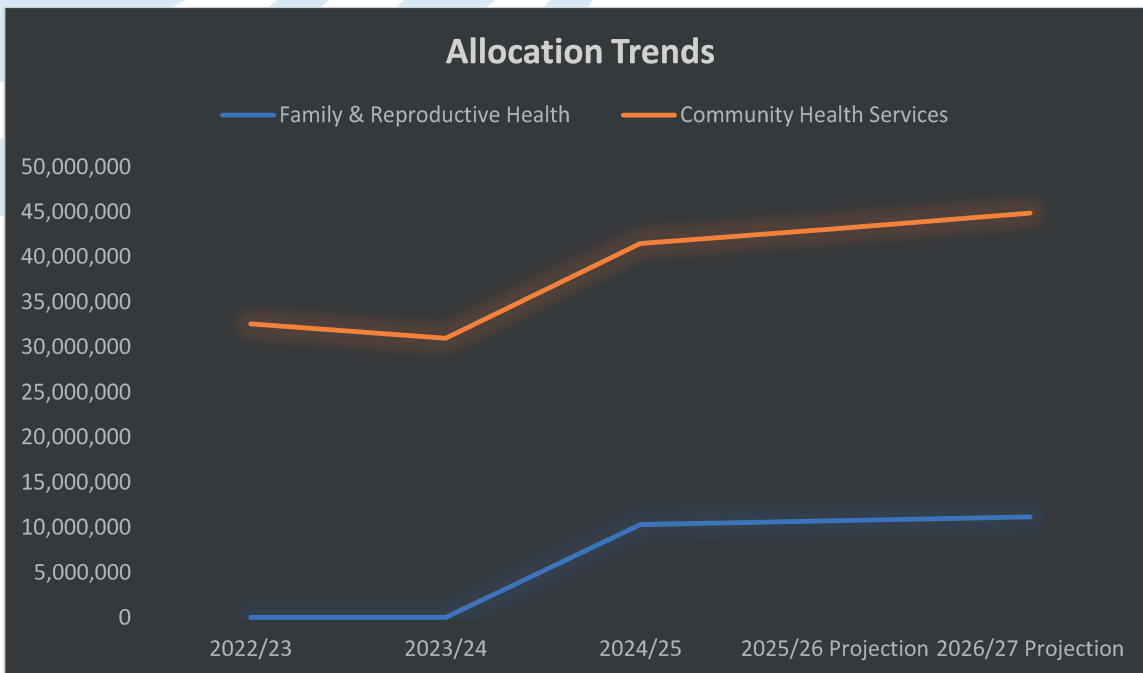
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Fig 6: FP/RH Community Health Allocation Trends



In the Isiolo ADP for FY 2024/2025, the wins include an increase in skilled deliveries from 84% to 87%, improved access to FP services from 25% to 30%, and the doubling of health facilities offering comprehensive SGBV services from three to six. The ADP also recognizes youth as a priority, particularly in addressing teenage pregnancy and FGM. However, there are notable

Misses: the county continues to struggle with a high fertility rate of 4.9, far above the national average, and an adolescent birth rate of 45%, driven by early marriages and low FP uptake among adolescents. Additionally, while the expansion of SGBV services is promising, their reach remains limited in remote areas, and the Ksh 19.5 million allocated for FGM eradication may be insufficient to address the deep-rooted cultural challenges.

Implications of Isiolo County's Development Plans and Budgets

The Isiolo County Integrated Development Plan (CIDP) for 2023-2027 and the Annual Development Plans (ADPs) for 2022/23, 2023/24, and 2024/25 outline a comprehensive strategy to address critical issues in sexual and reproductive health and the eradication of female genital mutilation (FGM). These documents serve as blueprints for the county's development over the five-year period and detail the financial frameworks necessary for implementing these strategies.

Implications for Sexual and Reproductive Health and Rights (SRHR):

The CIDP 2023-2027 highlights a strong focus on reproductive health, family planning, and maternal and child health, with an allocation of Ksh 5.67 billion to the health sector. This significant investment reflects a commitment to improving healthcare infrastructure and services. The emphasis on integrating SRHR into broader development agendas suggests a strategic approach to enhancing access to quality healthcare, reducing adolescent birth rates, and eliminating harmful cultural practices like FGM. The CIDP's approach includes capacity-building initiatives and partnerships with local and international organizations, aiming to bolster advocacy and education efforts.



Implications for FGM Eradication:

The CIDP and ADP documents underscore the county's dedication to combating FGM through community engagement and education. However, the budget allocations for FGM-related activities, such as Ksh 19.5 million in the ADP 2024/25, may be insufficient given the deep-rooted cultural challenges. Although there is a focus on establishing recovery centers and training service providers, the scale of the problem and cultural resistance necessitate more substantial investments and innovative strategies to effect lasting change.

Budget Implications:

The Annual Budget for FY 2024/25, with a total revenue estimate of Ksh 6,164,934,355, allocates significant resources to health services, emphasizing the expansion of RH/FP/MCH services and improvements in skilled maternal health care. The budget reflects a commitment to increasing access to family planning services and enhancing support for survivors of gender-based violence (GBV). The allocation of Ksh 10 million for family planning and Ksh 20 million for SGBV services indicates a targeted approach to addressing these issues. However, despite these investments, the challenges of low contraceptive uptake and high adolescent pregnancy rates persist. The budget also addresses the need for community sensitization on FGM, though additional funding and expanded outreach may be required to achieve broader impact.

Wins and Misses:

The CIDP and ADPs reveal both achievements and areas needing improvement. Achievements include the prioritization of maternal and reproductive health services, increased investments in skilled deliveries, and the expansion of SGBV services. These efforts are complemented by initiatives to address teenage pregnancy and harmful cultural practices.

However, challenges remain, such as inadequate resource allocation for FGM eradication and the slow uptake of family planning services. The high fertility rate and adolescent birth rate, coupled with limited reach of SGBV services in remote areas, highlight the need for more innovative and targeted solutions.

Recommendations for Advocacy and Accountability Priorities

To enhance investments in Sexual and Reproductive Health and Rights (SRHR) and the fight against Female Genital Mutilation (FGM) in Isiolo County focus should be on addressing the following areas and priorities through targeted advocacy and action, the County can significantly advance its SRHR and FGM eradication efforts, ensuring more equitable access to health services and better protection against harmful practices. These include:

A. Increased Budget Allocations

- **Family Planning and Reproductive Health:** Advocate for dedicated budget lines to increase access to family planning (FP) services, address the rising teenage pregnancy rates, and meet the growing demand for reproductive health services. This involves ensuring that resources are allocated specifically to FP initiatives and reproductive health programs.
- **FGM Eradication:** Push for a specific allocation within the budget to support anti-FGM initiatives. This should include funding for community sensitization





campaigns, recovery services, and gender equity programs. The goal is to ensure sustainable and impactful intervention against harmful cultural practices.

- **Reproductive Health Outcomes:** Improve reproductive health outcomes, particularly among adolescents and young people, by promoting a robust implementation environment. This includes enhancing data systems, fostering research and innovation, strengthening human resources, and building partnerships for reproductive health.

B. Strengthening Community Engagement

- **Cultural Sensitivity:** Collaborate with community leaders and health volunteers to promote family planning (FP) and maternal and child health (MCH) services while respecting local traditions and cultural practices. Engaging local stakeholders is crucial for effective implementation and acceptance of health initiatives.
- **Education Programs:** Expand youth-friendly SRHR services and integrate family planning education into school curriculums and community forums. Providing accessible and relevant information will help increase awareness and uptake of SRHR services among young people.

C. Capacity Building for Healthcare Workers

- **Training and Retention:** Increase training opportunities for healthcare workers, particularly in maternal and reproductive health, to enhance service delivery, especially in remote areas. Ensuring that healthcare providers are well-trained and retained is essential for improving health outcomes.
- **Youth Engagement:** Empower young people through comprehensive education on SRHR and life skills. This approach aims to reduce teenage pregnancy rates and improve overall reproductive health outcomes by equipping youth with the knowledge and skills they need.

D. Enhanced Monitoring and Accountability

- **Monitoring Framework:** Establish a robust monitoring system to track the progress of SRHR, FP, MCH, and anti-FGM programs. This framework should ensure that resources are utilized effectively and that programs achieve their intended outcomes. Regular monitoring and public reporting will enhance accountability and transparency in the implementation of these initiatives.





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**Annexes:
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SAMBURU COUNTY'S STRATEGIC PRIORITIES FOR SRHR AND FGM ERADICATION



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