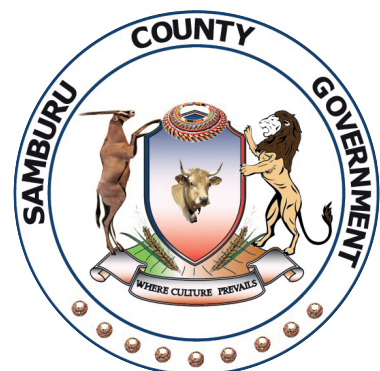




PATHWAYS

MEANINGFULLY ENGAGING COMMUNITIES

**STRENGTHENING HEALTH
OUTCOMES: SAMBURU COUNTY'S
STRATEGIC PRIORITIES FOR SRHR
AND FGM ERADICATION
(2024-2025)**





Acknowledgement

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Executive Summary

This report explores an analysis of Samburu County's health sector priorities through the County Third CIDP (2023/2027), Annual Development Plans and Programme Based Budgets between FY2021/22 through to FY 2024/25, focusing on Family Planning (FP), Sexual and Reproductive Health and Rights (SRHR), Maternal and Child Health (MCH), and efforts to eradicate Female Genital Mutilation (FGM). Despite significant progress in maternal health services and youth-friendly health facilities, key gaps remain in family planning, Adolescent & Youths Sexual Reproductive Health and FGM eradication initiatives.

The report highlights the growing demand for reproductive health services as Samburu's population is projected to steadily grow to 370,958 by 2025. Challenges include high rates of teenage pregnancy (50%) and unmet family planning needs (29%), exacerbated by deeply entrenched cultural practices and limited healthcare access.

Budget analysis for FY 2024/25 reveals a total allocation of KSh 1.505 billion for the health sector, with a focus on preventive health services and maternal care. However, there are no distinct budget lines for anti-FGM activities or adolescent and youth sexual reproductive health services. The lack of targeted funding in these areas impedes efforts to reduce harmful practices while improving social and reproductive health outcomes for girls. Stronger policy enforcement, increased budget allocations, and enhanced community engagement are recommended to address these gaps and ensure sustainable progress in SRHR and FGM eradication in Samburu County.

Introduction: Overview of Samburu County

Samburu County, located in northern Kenya, is known for its nomadic pastoralist communities and rich cultural heritage. Covering over 21,000 square kilometers, the county faces significant social and health challenges, particularly in Sexual Reproductive Health and Rights (SRHR), Family Planning (FP), Maternal and Child Health (MCH), and the eradication of Female Genital Mutilation (FGM). High poverty levels, deeply entrenched cultural norms, and limited access to healthcare aggravate these issues. The county's population is projected to increase to 370,958 by 2025, heightening the demand for healthcare services.





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Fig 1: Key Demographic Insights:

| Population Data | 2019 | 2025 | 2027 |
|--|----------------|----------------|----------------|
| Population | 310,327 | 370,958 | 393,113 |
| Youths (15-29) | 134,741 | 160,888 | 170,686 |
| Women of Reproductive Age (15 - 49) | 66,461 | 79,358 | 84,191 |

According to KDHS 2022 The percentage of women age 15–19 who have ever been pregnant are highest in Samburu (50%), it is also among the counties with the highest unmet need for family planning at 29% while others are Marsabit (38%), Tana River (34%), West Pokot (30%), Siaya (27%), and Isiolo (27%), while counties with the lowest total unmet need are Embu (2%), Laikipia (5%), Nyeri (5%), and Murang'a (5%). In Kenya, 15% of adolescent women age 15-19 have ever been pregnant: 12% have given birth, 1% have had a pregnancy loss, and 3% are pregnant with their first child.

On Demand for Family Planning; satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Among married women in Kenya, 75% of demand for family planning is satisfied by modern methods. As level of education and household wealth increases, so does demand satisfied by modern methods. By county, demand satisfied by modern methods ranges from 4% in Mandera County to 89% in Embu County. Samburu County has 43% in this category.

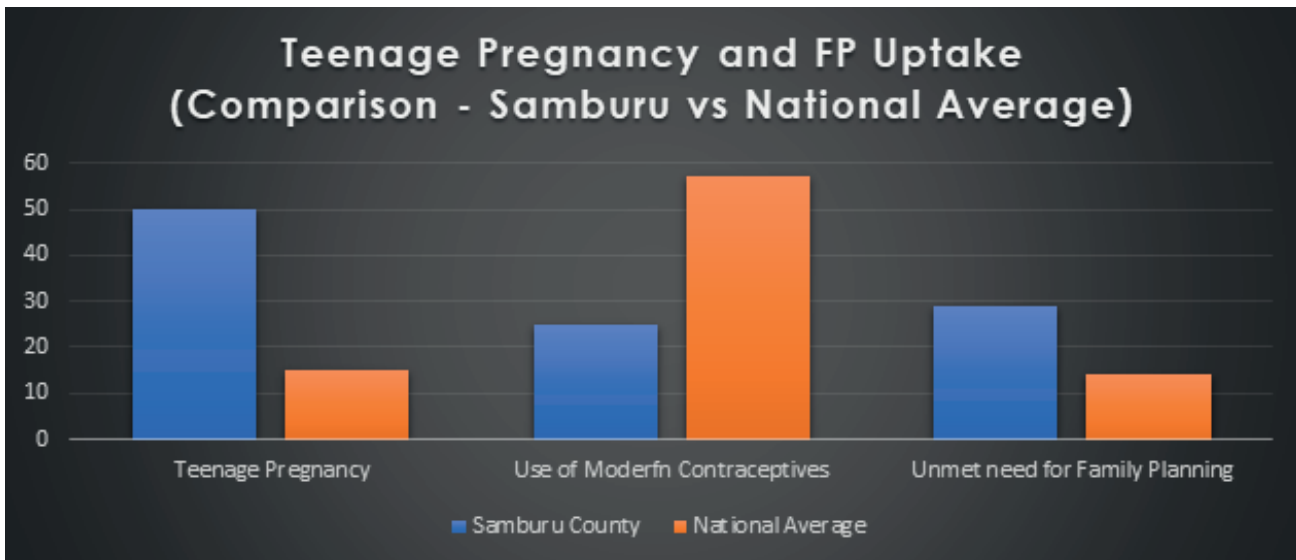
Teenage pregnancy in Kenya declines as the level of education increases, from 38% for women with no education to 5% for women with more than secondary education. It also declines as household wealth increases, from 21% in the lowest wealth quintile to 7% in the highest wealth quintile. Samburu County is one of the seven counties with the highest percentage of children out of school. The same 7 counties have the highest percentage of children who have never enrolled in school. All these counties are in the Arid and Semi Arid Lands. The others are Mandera, Marsabit, Turkana, West Pokot Tana

River and Wajir. In Samburu, The percentage of Girls out of school is higher than boys. This is according to FLANA (2023) Report :

The county at 57% is also among the counties where the proportion of live births delivered by a skilled provider is lowest while others are Turkana (53%), Mandera (55%), Wajir (57%) and Tana River (59%).

On Delivery Care in Kenya, 88% of live births are delivered in a health facility; the majority (64%) are delivered in a public sector facility. Health facility births declined slightly between 1993 and 2003, but more than doubled between 2003 and 2022. Still, 11% of births are delivered at home. By county, Samburu County is among the counties where home births are most common at 45% while others are Mandera (50%), Tana River (48%), Turkana (47%), Wajir (46%) counties.

Fig 2: Teenage Pregnancy and Contraceptive Use in Samburu vs National Average



The percentage of women who own a house is highest in Samburu (61%) and lowest in Garissa and Wajir (8% each).

Samburu is among the counties have the highest percentage of women who reported 2 hours or more to travel to the nearest health facility at Samburu (39%) while others are Turkana (34%), Marsabit (25%), Kitui (24%), Tana River (22%), and West Pokot (20%)

In the Kenya Health Facility Census Report 2023 , Samburu County had 155 health facilities spread across the 3 sub-counties assessed out of which 127 were complete with at least 3 sections, 7 were incomplete and 21 closed. 50 level 2 facilities were found to have less than 3 nurses, while 13 out of 23 level 3 facilities were found to have less than 3 nurses, no clinical officer and no laboratory technician. The report cites the county as one with one of the highest human resource gaps in Primary Health care.

KENYA HEALTH FACILITY CENSUS REPORT 2023:

<https://www.health.go.ke/sites/default/files/2024-01/Kenya%20Health%20Facility%20Census%20Report%20September%202023.pdf>





The report recommends among other things:

1. Investments are essential at primary healthcare facilities to ensure personnel, equipment, commodities, and referral systems are in place for quality maternal and newborn services.
2. Critical investments in equipment, supplies, and staff are needed to deliver basic and comprehensive maternity services, which impact maternal and newborn health outcomes.
3. Facility preparedness is key to reducing maternal and newborn morbidity and mortality, but only 40% of facilities offer maternity services, with varying readiness in equipment and staffing.
4. Only 5% of facilities are fully ready to provide comprehensive maternity services, with gaps in infrastructure, basic amenities, and human resources, including a shortage of gynaecologists and maternity theatres.

These figures and insights highlight the pressing need for County Government of Samburu investing in improved healthcare services, particularly for reproductive health, maternal care, and youth engagement.

Policy Review

Samburu County's policy landscape around Family Planning (FP), Sexual and Reproductive Health Rights (SRHR), Maternal and Child Health (MCH), and the fight against Female Genital Mutilation (FGM) and early forced marriages for underage girls has seen considerable advancements in recent years. The third County Integrated Development Plan (CIDP 2023-2027) and Annual Development Plans (ADPs) prioritize these areas by allocating resources to improve access to reproductive health services, reduce maternal and child mortality, and eradicate harmful cultural practices by enacting and operationalizing a County Anti FGM Act. Despite these efforts, gaps remain in the implementation, as specific budget lines for family planning and targeted anti-FGM initiatives are often underfunded or lacking, limiting the scope of progress.

The policy framework also emphasizes synergies and partnerships with development partners, community stakeholders and the national government as well as the integration of youth-friendly services in health facilities to enhance SRHR and MCH outcomes. While progress has been made in raising awareness on family planning and reproductive health, persistent cultural barriers, particularly in remote areas, hinder the full realization of these policies. The county has not made much progress in supporting anti-FGM efforts despite public declarations like the Kisima Declaration and ongoing community dialogues and advocacy, but the absence of comprehensive legal and financial backing continues to slow the eradication of FGM. Stronger policy enforcement and increased budget allocations are needed to achieve meaningful, long-term changes in FP, SRHR, MCH, and anti-FGM efforts in Samburu County.

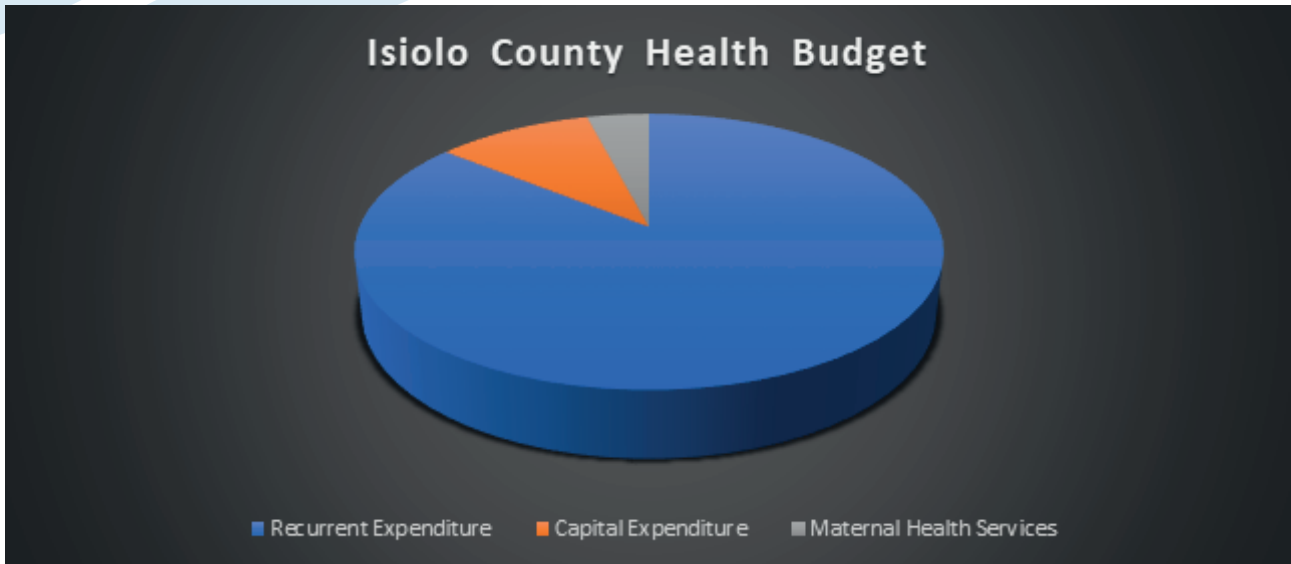
According to Samburu County CIDP 2023-2027, the County government projected Improved Adolescents health including reduction of risk factors by increasing the percentage of health facilities offering youth friendly services from 60% to 100% by 2027 and the percentage of adolescents accessing reproductive health services from 20% to 80% within the same period.





The County also projects to complete 4 maternity units in primary care Health facilities per year.

Fig 3: County Revenues: Budget Highlights



Budget Allocations FY 2024/25:

- Total Health Sector Allocation: KSh 1.505 billion
- **Recurrent Expenditure: KSh 1.351 billion**
- **Capital Expenditure: KSh 153.7 million**
- Allocation to **Maternal Health Services: KSh 60.9 million**

The health sector budget prioritizes maternal and child health (MCH) services but lacks explicit allocations for family planning and FGM eradication initiatives. This gap calls for targeted advocacy to ensure resources are allocated effectively.

Fig 4: Summary of Health Budget by Programmes (FY 2024/25)

| Programme | Amount Allocated (KSh) |
|--------------------------------------|------------------------|
| Preventive and Promotive Health | 459.5 million |
| Maternal Health Services | 60.9 million |
| Social Welfare and Gender | 13.5 million |
| Development and Promotion of Culture | 3.97 million |
| Health Promotion | 285 million |
| Free Primary Healthcare | 179.1 million |





Key Health Budget Highlights: Wins and Misses (CIDP, ADP)

The health budget in Samburu County has seen notable wins and misses, particularly in the areas of maternal health and reproductive services. Significant investments have been made in maternal health services, and the county has prioritized the establishment of youth-friendly health facilities. Additionally, the county has been actively involved in the implementation of the Kisima Declaration, which aims to combat Female Genital Mutilation (FGM) and child marriages. Incremental improvements in health infrastructure, particularly in underserved areas, further highlight progress.

However, the county still faces several challenges. Despite its commitment to eradicating FGM, there is no specific budget allocation dedicated to anti-FGM efforts, leaving a significant gap in funding. Similarly, family planning and reproductive health services remain underfunded, limiting the county's ability to meet the high unmet demand for these services. Moreover, the absence of a robust monitoring and evaluation framework hampers efforts to assess the impact of health programs, particularly those related to SRHR and FGM.

Health Sector Allocations FY 2024/2025

The health sector allocation for FY 2024/2025 demonstrates the county's focus on preventive and promotive health services. The absence of distinct allocations for family planning and FGM-related programmes limits progress in these critical areas.

Fig 5: Health Sector Allocations FY 2024/2025 vs 2023/2024

| Programme | Amount (K shs) 2024/25 | Amount (Kshs) 2023/24 |
|--|------------------------|-----------------------|
| Preventive and Promotive Health Services | 473 million | 277 million |
| Maternal Health Services | 63.4 million | 54.6 million |
| Development and Promotion of Culture | 3.9 million | 4.5 million |
| Social Welfare and Gender Programs | 14.4 million | 14.4 million |

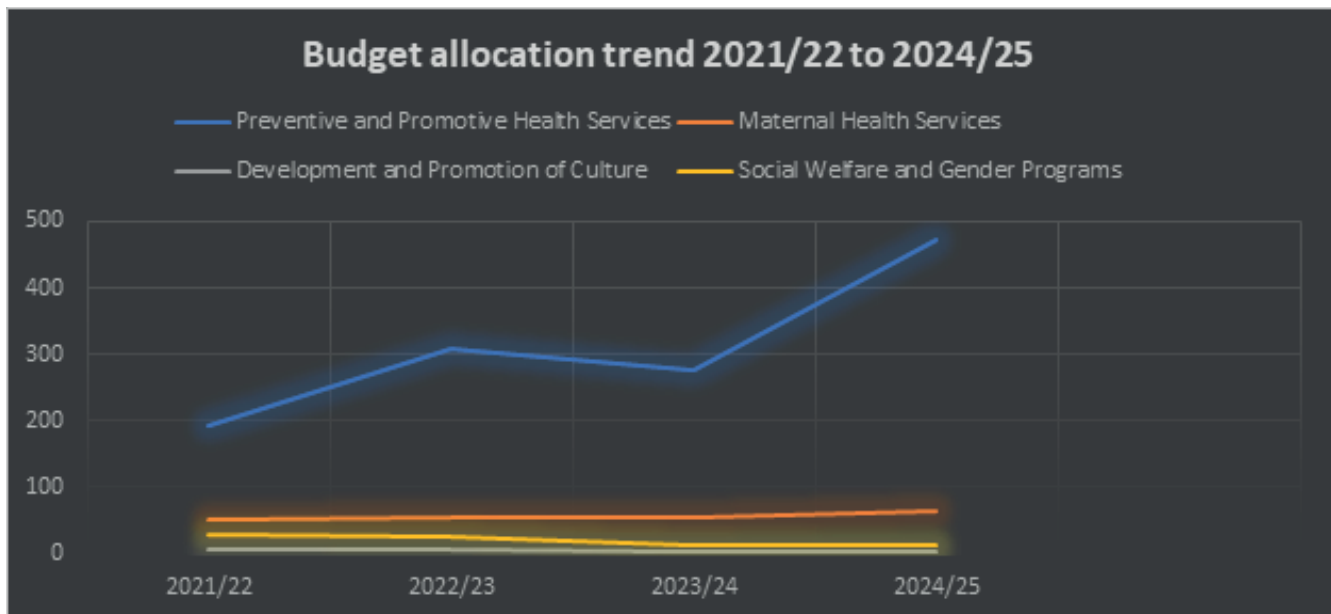




Fig 6: Health Sector Allocations FY 2021/2022 vs 2022/2023

| Programme | Amount (KSh)2022/23 | Amount 2021/22 |
|--|---------------------|-------------------------------------|
| Preventive and Promotive Health Services | 309.8 million | 193.5 million (Health Promotion) |
| Maternal Health Services | 54.1 million | 53.28 million |
| Development and Promotion of Culture | 8 million | 6.9 million |
| Social Welfare and Gender Programs | 25 million | 30.3 million |

Fig 7: Budget Allocation Trends FY2021/22 – 2024-25



From FY 2021/2022 to FY 2024/2025, **Preventive and Promotive Health Services** has experienced consistent growth in allocations. In FY 2021/2022, the program received KSh 193.5 million (under Health Promotion), which increased to KSh 309.8 million in FY 2022/2023. This upward trajectory continued with an allocation of KSh 277 million in FY 2023/2024 and was further increased to KSh 473 million in FY 2024/2025, reflecting a strong and growing focus on health promotion and preventive care over the years.



Maternal Health Services has been a rather modest but steady increases in funding. Starting at an allocation of KSh 53.28 million in FY 2021/2022, it rose slightly to KSh 54.1 million in FY 2022/2023, KSh 54.6 million in FY 2023/2024, and KSh 63.4 million in FY 2024/2025. **However, Social Welfare and Gender Programs** saw a decline from KSh 30.3 million in FY 2021/2022 to KSh 25 million in FY 2022/2023, followed by stagnation at KSh 14.4 million in both FY 2023/2024 and FY 2024/2025. In contrast, the **Development and Promotion of Culture program** initially rose from KSh 6.9 million in FY 2021/2022 to KSh 8 million in FY 2022/2023 but then dropped to KSh 4.5 million in FY 2023/2024 and KSh 3.9 million in FY 2024/2025, indicating a declining investment in cultural initiatives.

Notably, there continues to be no distinct and specific budget line for **anti-FGM activities** or **Adolescent and Youth Sexual Reproductive Health (AYSRH)** services across all the years. This absence highlights a critical gap in resource allocation, despite the high need for targeted interventions in these areas, which are essential for addressing harmful cultural practices and improving reproductive health outcomes among young people in the county.

Implications

The right to health is a fundamental human right guaranteed in the Constitution of Kenya. Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. The Constitution envisions that the two levels of government collaborate, cooperate and consult to ensure quality health services to all Kenyans, where the national government is responsible for policy formulation and capacity building whilst the county governments are responsible for delivery of healthcare services.

The lack of allocations and investments for anti-FGM activities and Adolescent and Youth Sexual Reproductive Health (AYSRH) services in Samburu County could have significant implications for the county's health outcomes, particularly in its ability to address pressing social and health challenges in a growing population with alarming statistics in these areas.

Without dedicated funding for anti-FGM initiatives, efforts to eradicate Female Genital Mutilation (FGM) may stall, despite community commitments like the Kisima Declaration. FGM remains deeply entrenched in Samburu's cultural practices, and the absence of a clear financial commitment limits the scope of community outreach, education, and legal enforcement needed to eliminate this harmful practice. This could result in continued violations of girls' and women's rights, as well as adverse sexual reproductive health consequences for the young girls in the county.

The absence of a distinct budget for AYSRH services similarly presents a challenge, as it restricts the county's ability to address high rates of teenage pregnancies, unmet family planning needs, and limited reproductive health services for youth. With a growing youth population, the lack of targeted funding for youth-friendly reproductive health services could lead to a rise in unintended pregnancies, maternal health risks, and the spread of HIV-AIDS and other sexually transmitted infections (STIs). This gap further deteriorates the cycle of poor health

outcomes and limits the potential for economic and social development among Samburu's young and growing population.

Concrete Recommendations for Advocacy and Accountability Priorities

To improve SRHR and end FGM investments, the following priorities should guide advocacy efforts:

A. Increased Budget Allocations

- **Family Planning and Reproductive Health:** Advocate for dedicated budget lines to increase access to FP services, reduce the teenage pregnancy rate, and meet the rising demand for reproductive health services.
- **FGM Eradication:** Push for a specific budget allocation to fund anti-FGM initiatives, ensuring sustainable intervention against harmful cultural practices. This includes Promotion of gender equity, elimination of FGM and eradication of all forms of gender-based violence and harmful reproductive health practices
- **Reproductive Health Outcomes:** Improving reproductive health outcomes among adolescents and young people through promoting robust RH implementation environment especially data systems, research for development, innovation, collaborations, human resources for RH and RH partnerships

B. Strengthening Community Engagement

- **Cultural Sensitivity:** Work with community leaders and health volunteers to promote FP and MCH services while respecting local traditions.
- **Education Programs:** Expand youth-friendly SRHR services and integrate family planning education in schools and community forums.

C. Capacity Building for Healthcare Workers

- **Training and Retention:** Increase training for healthcare workers, especially in maternal and reproductive health, to improve service delivery in remote areas.
- **Youth Engagement:** Empower young people through education on SRHR and life skills to reduce teenage pregnancy and improve reproductive health outcomes.

D. Enhanced Monitoring and Accountability

- **Monitoring Framework:** Establish a robust system to monitor the progress of SRHR, FP, MCH, and anti-FGM programs. This will ensure resources are used effectively, and the programs achieve their intended outcomes.

Conclusion:

Samburu County may have made commendable strides in improving health services, but is slow in investing in maternal health. Also, the lack of explicit budget allocations for family planning and FGM eradication hampers progress in these areas. Focused advocacy and accountability efforts are essential to ensure that the county meets its SRHR and MCH goals, with increased community engagement and targeted investments in youth and women's health.



Annex
Policies, strategies, plans, and frameworks reviewed.

| Policy/plan/Report/Framework | Source |
|--|-------------------------------------|
| The Constitution of Kenya | Government of Kenya |
| Ministry of Health, The National Reproductive Health Policy 2022 - 2032, Government of Kenya, July 2022. | Ministry Of Health |
| KENYA HEALTH FACILITY CENSUS 2023 | Ministry of Health |
| Samburu County 3rd CIDP (2023/2027) | County Government of Samburu |
| Samburu County Annual Development Plans FY 2021/2022 – FY 2024/2025 | County Government of Samburu |
| Samburu County Programme Based Budgets FY2021/2022 – 2024/2025 | County Government of Samburu |
| FLANA (2023): Are ALL Our Children Learning? 1st Foundation Literacy and Numeracy Assessment (FLANA) Report. Nairobi: | Usawa Agenda |
| KNBS and ICF. 2023. <i>Kenya Demographic and Health Survey 2022: Volume 1</i> . Nairobi, Kenya, and Rockville, Maryland, USA: KNBS and ICF | Kenya National Bureau of Statistics |
| Kenya Health Policy 2014–2030 | Ministry of Health |





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