The Kenya Urban Reproductive Health Initiative (Tupange) Endline Findings for Kakamega

BACKGROUND

The Kenya Urban Reproductive Health Initiative (Tupange), led by Jhpiego in partnership with National Council for Population and Development (NCPD); Marie Stopes International; Johns Hopkins Center for Communication Programs; and Pharm Access Africa Ltd, was initiated in 2010 with the aim of increasing modern contraceptive use, especially among the urban poor, initially in Nairobi, Mombasa and Kisumu and later in Machakos and Kakamega. The Measurement, Learning & Evaluation (MLE) Project, led by the Carolina Population Center at the University of North Carolina in Chapel Hill in partnership with the Kenya National Bureau of Statistics and the Kenya Medical Research Institute-Research, Care and Training Program, undertook an impact evaluation of the Tupange project. The objectives of Tupange focused on: increasing accessibility and quality of Family Planning (FP) services; ensuring FP Commodity security; use of public private partnerships to increase FP uptake; sustained demand creation for FP services; ensuring a conducive and supportive policy environment for FP through advocacy. This fact sheet presents key findings from longitudinal surveys of women, households and facilities in Kakamega, Kenya (baseline 2010/2011 and endline 2014).

1. Any Method Use, Modern Method Use, and Long Acting and Permanent Method (LAPM) Use Among All Women and Women in Union Age 15-49, MLE Surveys & Kenya Demographic and Health Survey 2014, Kakamega

	MLE Baseline 2010		MLE Endline 2014		KDHS 2014
	All (%)	In Union (%)	All (%)	In Union (%)	In Union (%)
Any method use	48.5	61.2	55.5	64.7	62.1
Any modern[a] method use	46.1	57.9	53.8	62.4	60.3
Any LAPM[b] use	9.4	12.8	21.6	26.5	22.0
Number of women	1324	826	826	571	697

Table 1: Slight increases in modern method use were observed in the MLE/Kakamega data between baseline and endline; the largest increases were observed for LAPM use between baseline and endline. When comparing the MLE baseline modern method use estimates among women in union age 15-49 to that of the KDHS 2014, a smaller increase is observed than compared to the MLE endline estimates. The small change may reflect that the KDHS data is collected at the county level and therefore includes respondents from rural and peri-urban areas who may not have been exposed to FP programming.

A new mother poses with her child while visiting one of Tupange's outreach facilities.

2. Modern[a] Method Use Among All Women Age 20-49, by Five-Year Age Groups, Kakamega

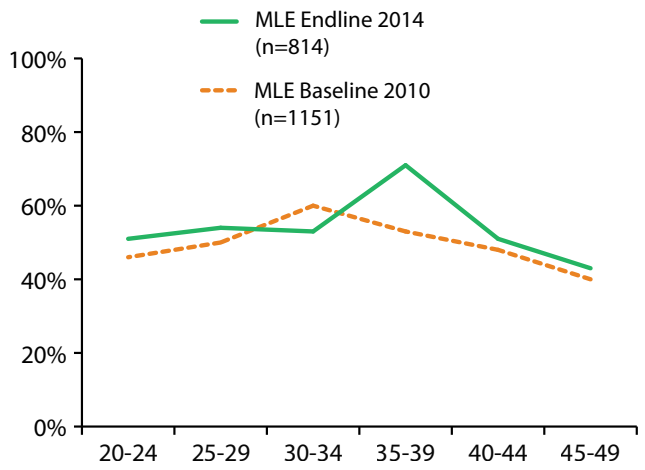


Figure 2: An approach to assessing modern method use in a longitudinal sample is to compare modern use for each age group at baseline with the same age group at endline. Figure 2 demonstrates which age groups were responsible for the increase in modern method use from baseline to endline. At endline, there is a pattern of increased use, particularly among women ages 35-39; a slight decrease in use is observed among women 30-34, with no difference observed for the youngest and oldest women.

3. Percent Distribution of Contraceptive Method Change Between MLE Baseline 2010 and Endline 2014 Among All Women Age 15-49 (n=1124), Kakamega

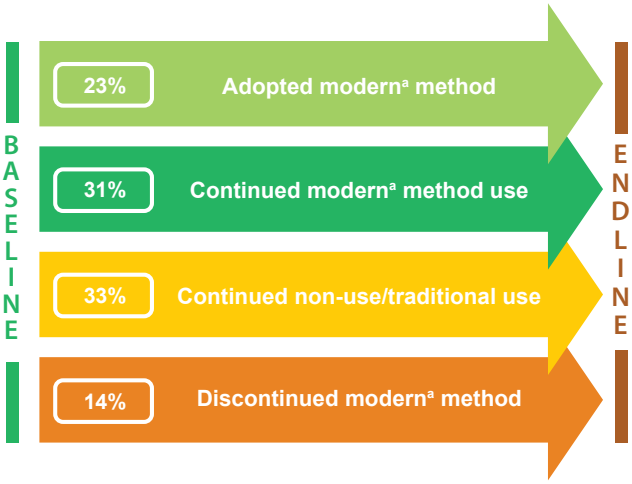
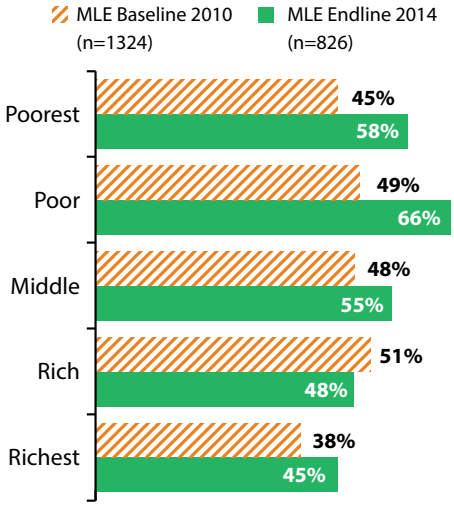
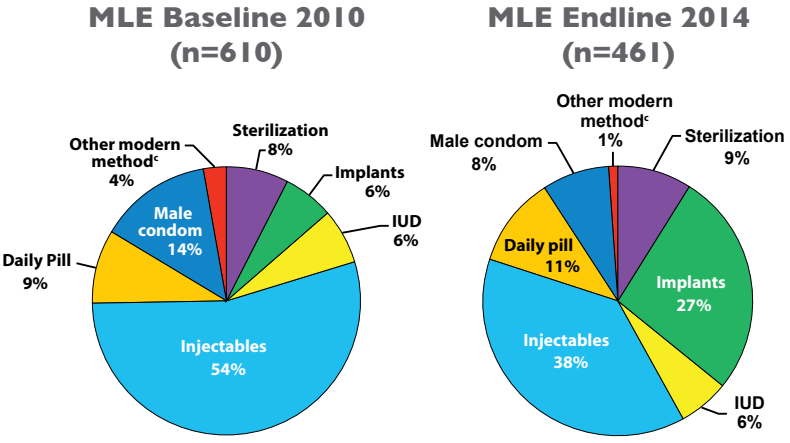


Figure 3: Among all women, nearly a quarter of women were not using a modern method at baseline and went on to adopt a modern method by endline, four years later. Nearly one-third of modern users at baseline continued modern use at endline, and 14 percent discontinued their modern method by endline.

4. Modern[a] Method Use Among All Women Age 15-49, by Wealth Quintile, Kakamega



5. Modern[a] Contraceptive Method Mix Among Current Modern Contraceptive Method Users, Kakamega



6. Number of Modern Contraceptive Methods Provided in Tupange Supported and Non-Tupange Supported Facilities at MLE Baseline 2011 and Endline 2014, Kakamega

	Baseline		Endline	
	Tupange Supported (%)	Non-Tupange Supported (%)	Tupange Supported (%)	Non-Tupange Supported (%)
No Methods	0.0	20.0	0.0	26.7
1-3 methods	0.0	13.3	0.0	6.7
4-6 methods	66.7	26.7	0.0	26.7
7+ methods	33.3	40.0	100.0	40.0
Number of Facilities	6	15	6	15

7. Percent of Facilities That Had Stock-Out of Modern Contraceptive Methods in the Last 30 Days at MLE Baseline 2011 and Endline 2014 Among All Facilities, Kakamega

Method	Public Facilities		Private Facilities	
	Baseline (%)	Endline (%)	Baseline (%)	Endline (%)
IUD	0.0	0.0	0.0	0.0
Implant	66.7	0.0	0.0	0.0
Injectables	0.0	0.0	16.7	0.0
Daily pill	0.0	0.0	0.0	18.2
Emergency contraceptives	0.0	57.1	28.6	60.0
Male condom	12.5	0.0	30.0	0.0
Female condom	0.0	0.0	50.0	50.0

Note: In public facilities, the number of facilities offering these methods ranged from 2-8 at baseline and 7-7 at endline. In private facilities, the number of facilities offering these methods ranged from 2-12 at baseline and 4-12 at endline.

KEY RESULT HIGHLIGHTS FROM MLE SURVEYS

- The increase in long-acting and permanent method (LAPM) use, particularly implants, indicates that there was latent demand for long-acting methods. Tupange ensured commodity security in public and private facilities in Kakamega for these methods and trained providers to counsel and offer LAPM, as well as all other FP methods.
- There was an increase in the number of methods available at endline in both public and private facilities as well as fewer stock-outs overall; Tupange used a multi-faceted approach to improve commodity management systems to ensure method availability including training of personnel, an SMS-based ordering system, and re-distribution of methods between facilities.
- The greatest change in modern method use by wealth quintile was among the urban poor, the population of focus for Tupange's programmatic efforts.

8. Exposure to Tupange Program Among All Women at MLE Endline 2014 (n=880), Kakamega

Type of Exposure to Tupange Program	%
Heard or seen the word "Tupange" in the past one year	73.6
Ever seen "Tupange" program logo	76.8
Heard and/or listened to the Tupange radio program "Jongo Love" in the past one year	12.1
Reported hearing information about family planning at Tupange events in the past one year at a:	
Caravan road show event	36.1
Community meeting	20.6
Public entertainment event	23.0
Read any articles on family planning in newspapers/magazines that talked about the Tupange project in the past one year	9.3
Seen or read a brochure/leaflet on family planning with Tupange Imarisha Maisha written on it in the past one year	20.1
Seen or read a poster with Tupange or 'Celebrate Life!, Use Family Planning' written on it in the past one year	44.0
Read or seen a Shujaaz comic book that was about teenage pregnancy, relationships or male responsibility	13.9
Heard or seen a private health facility branded Amua Tupange	56.4
Attended Community Dialogue Day, Chief Baraza or Community Action Day where family planning was discussed in the past one year	17.6
Attended meeting about family planning that was led by someone wearing clothing with Tupange logo in the past one year	15.0
Visited by a community health volunteer in the past one year	27.7

SAMPLE DESIGN

MLE's evaluation design includes a ***longitudinal household survey*** of women age 15-49 at baseline (2010). A two-stage sampling approach was used at baseline to select a representative sample of eligible women from each city (Nairobi, Mombasa, Kisumu, Machakos, Kakamega) with informal-formal locality strata. In the first stage, a random sample of clusters was selected in each city from the Population and Housing Census (2009) frame, from which a representative sample of households was selected. Women who completed an interview and were regular household members at baseline were followed and interviewed again at mid-term (2012) and endline (2014). In Kakamega, a total of 1,324 women were interviewed at baseline. At endline a total of 916 women were successfully tracked and 880 had a completed interview (overall response rate of 67.5 percent). The ***facility survey*** collected longitudinal data between baseline (2011) and endline (2014) from Tupange strategic facilities and facilities identified by women in the household survey as locations where they go for FP methods and services. In Kakamega, a total of 26 facilities were surveyed at baseline and 27 facilities surveyed at endline due to program expansion over the four years. In all facilities, a facility audit and provider interviews were undertaken; client exit interviews were undertaken in a sample of health facilities where Tupange worked and with higher patient volume.

For more information about urban reproductive health, please visit www.urbanreproductivehealth.org and www.tupange.or.ke.

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Footnotes

[a] Modern methods include male and female sterilization, daily pill, IUD, implants, injectables, male and female condoms, EC, LAM, and vaginal ring

[b] LAPM includes implants, IUD, and male and female sterilization

[c] Other modern methods include LAM, female condom, EC, and vaginal ring

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