

The Kenya Urban Reproductive Health Initiative (Tupange)

Endline Findings for Nairobi

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 Nairobi, Kenya (baseline 2010/2011 and endline 2014).

I. 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 (KDHS) 2008/9 & 2014, Nairobi

	MLE Baseline 2010		MLE Endline 2014		KDHS 2008/9	KDHS 2014
	All (%)	In Union (%)	All (%)	In Union (%)	In Union (%)	In Union (%)
Any method use	47.8	63.0	61.6	75.8	55.3	62.6
Any modern ^a method use	43.6	58.0	54.8	68.3	49.0	58.3
Any LAPM ^b use	6.1	8.7	15.8	22.4	11.0	18.7
Number of women	2706	1469	1294	787	363	2117

Table I: Significant increases in modern method use were observed in the MLE/Nairobi data between baseline and endline; significant increases in any method use and LAPM use were also observed between baseline and endline. When comparing the MLE baseline estimates of contraceptive method use among women in union age 15-49 to that of the KDHS 2014 in Nairobi, no increase in any method nor modern method use is observed. There is an increase in LAPM over time in all data sources; this reflects changes from temporary methods to LAPM. The lack of change between MLE baseline and KDHS may reflect that the KDHS 2014 data include new arrivals to the city who may not have been exposed to FP programming; the MLE endline women surveyed were living in Nairobi during the entire implementation period and were potentially exposed.



A young woman receives FP counselling during an integrated service outreach in Nairobi.

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2. Modern^a Method Use Among All Women Age 20-49, by Five-Year Age Groups, Nairobi

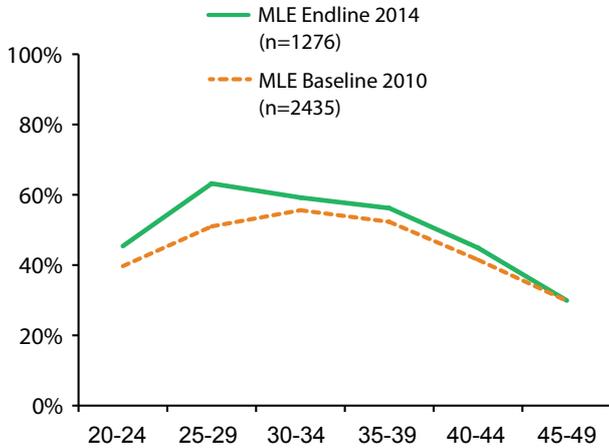


Figure 2: An approach to assessing modern method use in a longitudinal sample is to compare modern use for each age group at baseline with the same age group at endline. Figure 2 demonstrates which age groups were responsible for the increase in modern use from baseline to endline. At endline, there is a pattern of increased use, particularly among women ages 20-34; the other age groups have a smaller increase with no difference observed for the oldest women..

3. Percent Distribution of Contraceptive Method Change Between MLE Baseline 2010 and Endline 2014 Among All Women Age 15-49 (n=1294), Nairobi

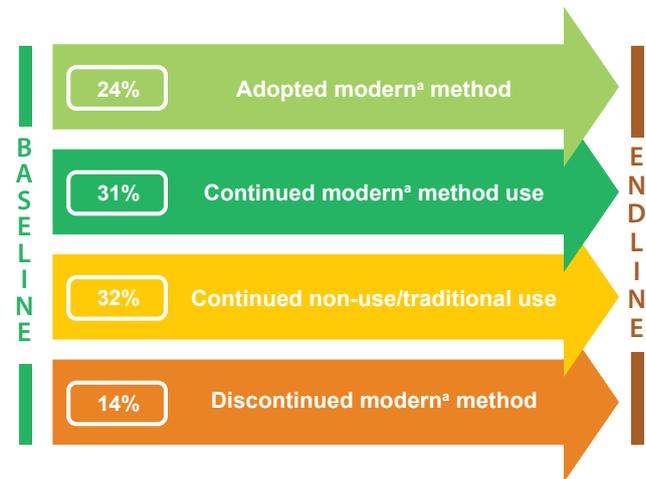
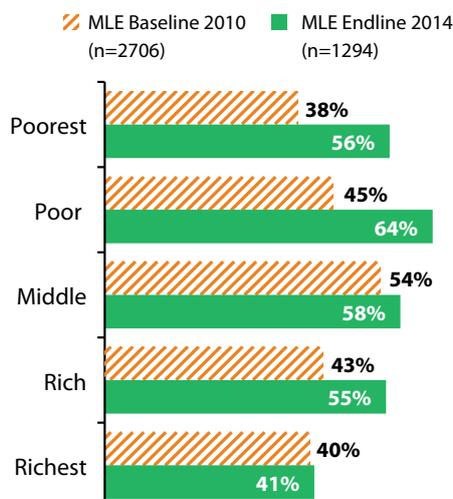
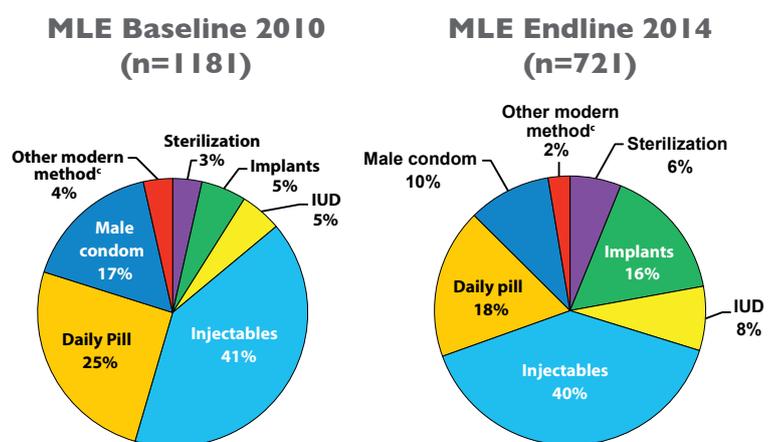


Figure 3: Among all women, nearly a quarter were not using a modern method at baseline and went on to adopt a modern method by endline. About one-third of modern users at baseline continued modern use at endline, and 14 percent discontinued their modern method by endline.

4. Modern^a Method Use Among All Women Age 15-49, by Wealth Quintile, Nairobi



5. Modern^a Contraceptive Method Mix Among Current Modern Contraceptive Method Users, Nairobi



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

	Baseline		Endline	
	Tupange Supported (%)	Non-Tupange Supported (%)	Tupange Supported (%)	Non-Tupange Supported (%)
No Methods	0.0	5.7	0.0	5.7
1-3 methods	0.0	1.9	0.0	0.0
4-6 methods	22.6	34.0	0.0	30.2
7+ methods	77.4	58.5	100.0	64.2
Number of Facilities	53	53	53	53

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, Nairobi

Method	Public Facilities		Private Facilities	
	Baseline (%)	Endline (%)	Baseline (%)	Endline (%)
IUD	15.2	3.9	15.9	7.6
Implant	16.7	3.8	15.6	5.9
Injectables	29.3	3.8	17.2	5.2
Daily pill	19.5	3.8	18.8	12.9
Emergency contraceptives	10.0	31.4	14.0	37.1
Male condom	7.5	5.8	9.5	12.4
Female condom	41.2	27.5	28.6	26.9

Note: In public facilities, the number of facilities offering these methods ranged from 30-41 at baseline and 51-52 at endline. In private facilities, the number of facilities offering these methods ranged from 35-64 at baseline and 78-116 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 Nairobi for these methods and trained providers to counsel and offer LAPM, as well as all other FP methods.
- A higher proportion of young women (age 20-24) adopted a modern method between baseline and endline; Tupange developed youth-targeted interventions to generate demand for FP such as radio programs, internet media, and community events.
- 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=1334), Nairobi

Type of Exposure to Tupange Program	%
Heard or seen the word "Tupange" in the past one year	68.5
Ever seen "Tupange" program logo	71.7
Heard and/or listened to the Tupange radio program "Jongo Love" in the past one year	6.7
Reported hearing information about family planning at Tupange events in the past one year at a:	
Caravan road show event	28.3
Community meeting	11.5
Public entertainment event	15.5
Read any articles on family planning in newspapers/magazines that talked about the Tupange project in the past one year	7.6
Seen or read a brochure/leaflet on family planning with Tupange Imarisha Maisha written on it in the past one year	21.1
Seen or read a poster with Tupange or 'Celebrate Life!, Use Family Planning' written on it in the past one year	32.1
Read or seen a Shujaaz comic book that was about teenage pregnancy, relationships or male responsibility	13.4
Heard or seen a private health facility branded Amua Tupange	46.5
Attended Community Dialogue Day, Chief Baraza or Community Action Day where family planning was discussed in the past one year	5.9
Attended meeting about family planning that was led by someone wearing clothing with Tupange logo in the past one year	11.7
Visited by a community health volunteer in the past one year	9.9

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 Nairobi, a total of 2,706 women were interviewed at baseline. At endline, a total of 1,503 women were successfully tracked and 1,334 had a completed interview (overall response rate of 49.9 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 Nairobi, a total of 109 facilities were surveyed at baseline and 174 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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