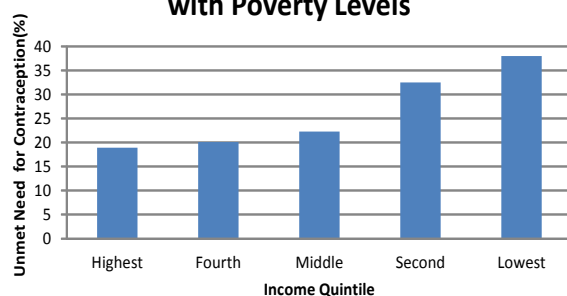


Repositioning Family Planning

Family planning is widely regarded as one of the most cost effective ways to improve maternal and child health, save lives, and reduce poverty. Despite the widespread recognition of the need to increase access to family planning, one in four Kenyan women continue to have an unmet need for contraception. Furthermore, gaps in family planning disproportionately affect Kenya's poor, young, and rural women.

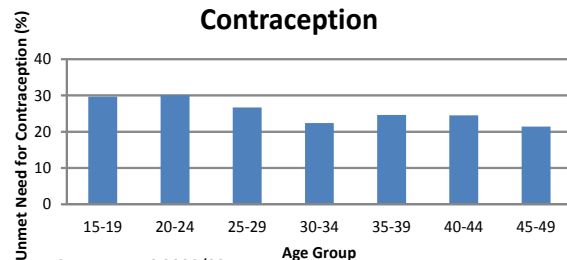
Unmet Need for Contraception Rises with Poverty Levels



Source: KDHS 2008/09

Unmet need for family planning among the poorest quintile is 38%, double the unmet need for women in the wealthiest income quintile, 19%.

30% of Kenyan Women Ages 15-24 Have an Unmet Need for Contraception



Source: KDHS 2008/09

In 2009, 30% of Kenyan women ages 15-19 and 20-24 report an unmet need for family planning, while in rural areas, unmet need is 27% compared to 20% in urban areas.



How Does NHA Influence Policy?

- Increase government spending on health
- Elevate the status of MDG priority areas
- Inform resource allocation decisions
- Hold stakeholders accountable
- Informed civil society advocacy efforts
- Foster need for greater coordination
- Monitor progress towards spending goals
- Increase health sector transparency
- Increase access to health care

Reproductive Health

National Health Accounts - Kenya 2009/10

National Health Accounts is a tool for health sector management, policymakers, and activists that measures total health expenditures (THE) from public and private sectors, linking the sources of funds to service providers and uses.



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www.healthsystems2020.org/nha



Ministry of Medical Services
Ministry of Public Health & Sanitation

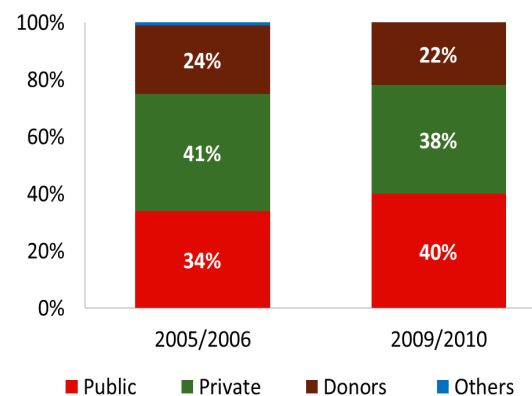
Reproductive Health in Kenya

Although, substantial progress has been made, maternal mortality in Kenya remains unacceptably high (488/100,000). While family planning knowledge is almost universal among women of reproductive age, contraceptive prevalence rate for modern methods is still low, at 46%. Nationally, the proportion of children born at home has not changed since 1994, remaining at over 50%.

In order to address these challenges, the Ministries of Health developed the national Reproductive Health Policy in 2007, while at the same time including reproductive health interventions as part of the Kenya essential package for health. The second estimation for total health expenditures for reproductive health (THE_{RH}) provides timely data to inform continued policy development.

Who Financed Health?

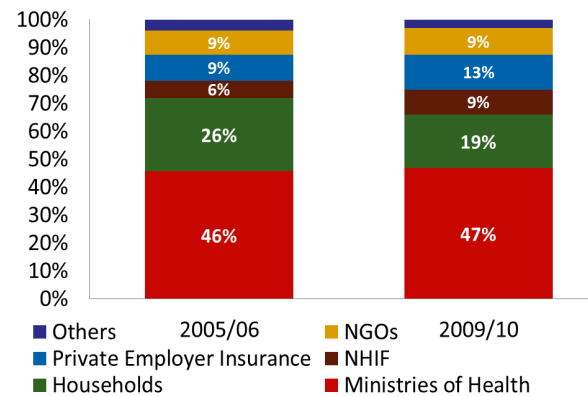
Financing Source of RH Funds 2005/06 and 2009/10



The public and private sectors (including households) were the primary sources of RH financing in 2009/10, contributing 40% and 38% respectively. The relative contribution of the public sector increased from 34% in 2005/06 to 40% in 2009/10.

Who Managed Spending?

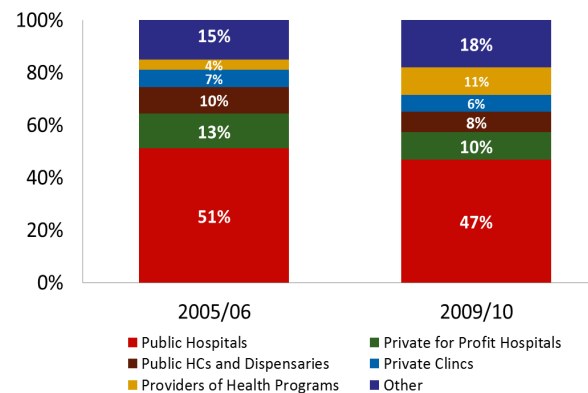
RH Health Funds by Financing Agent 2005/06 and 2009/10



Overall, MoH continues to be the major financing agent at 47% of THE_{RH} since 2005/06. Households now finance less of THE_{RH} at 19% compared to 26% in 2005/06.

What Services Were Used?

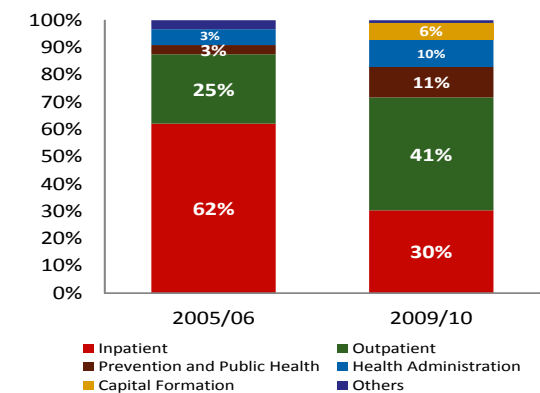
Providers of RH Health Services 2005/06 and 2009/10



Public hospitals utilised the largest portion of THE_{RH} even though their share declined from 51% in 2005/06 to 47% in 2009/10. THE_{RH} utilised by providers of public health programmes more than doubled between the 2005/06 and 2009/10 estimates.

How Was Money Spent?

THEHR by Function 2005/06 and 2009/10



In 2005/06, 62% of THE_{RH} was used to purchase inpatient curative care compared to just 30% in 2009/10, representing a decline of 32%. Outpatient curative care accounted for 41% of the THE_{RH} in 2009/10, an increase from 25% in 2005/06.

Key Findings

- In 2009/10, THE_{RH} amounted to Ksh 17 billion (\$225 million), a 32% increase from 2005/06. However, THE_{RH} accounted for 14% of total health spending and 1% of GDP in 2009/10 — a level that has remained almost constant since 2005/06

- The public and private sectors (including households) were the primary sources of RH financing in 2009/10, contributing 40% and 38%, respectively.

- Overall, 57% of THE_{RH} passes through the public sector, primarily through the Ministries of Health

- Public facilities utilised 65% of THE_{RH} in 2005/06, but were used far less in 2009/10, at 55%.

- Resources used to purchase inpatient curative services declined from 62% in 2005/06 to 30% in 2009/10