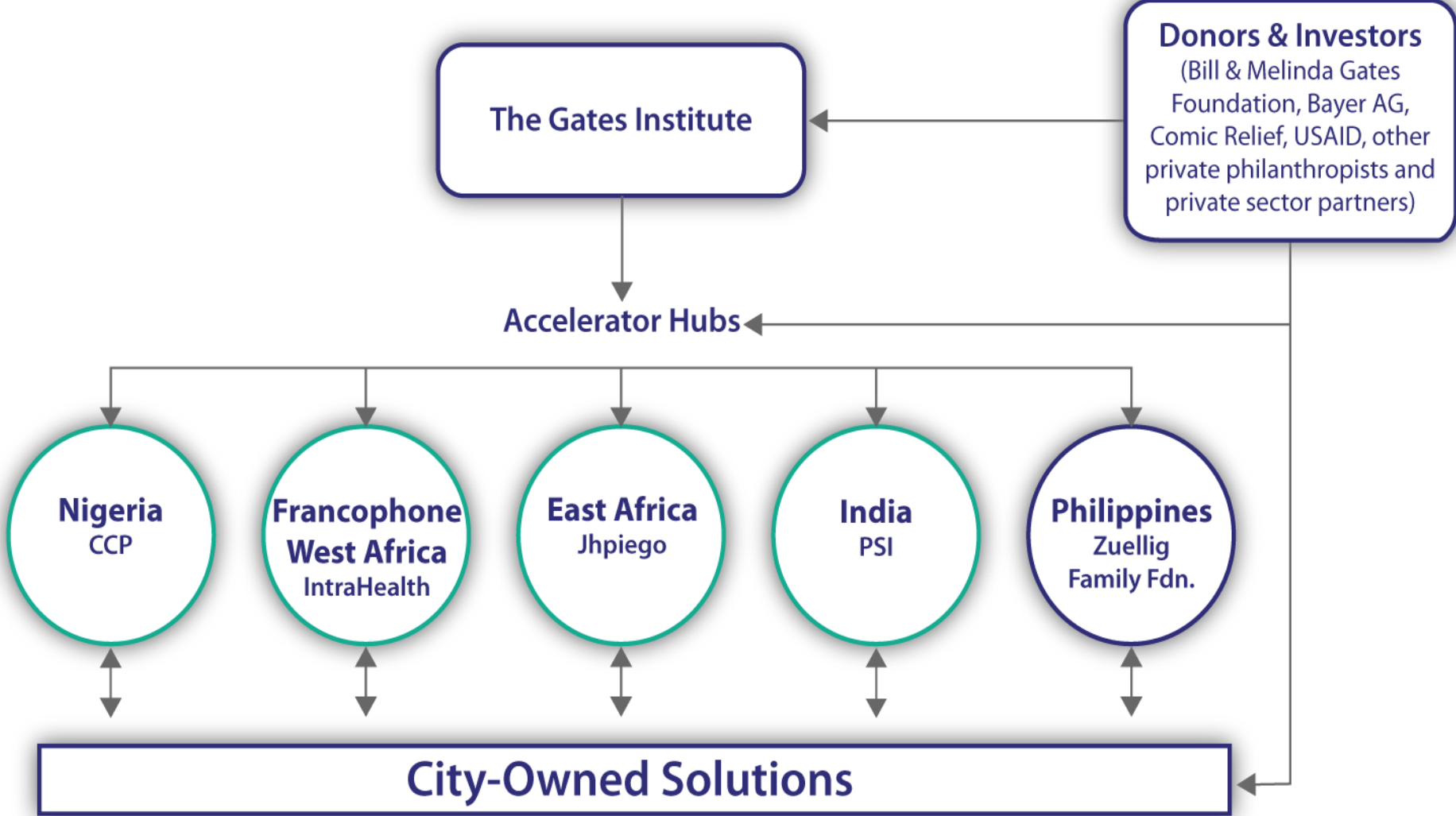




Building Sustainable Family planning programs for Cities in East Africa

Dr Njeri Nyamu

How TCI Is Organized?



Mission



Greater **self-reliance** of local governments to scale up family planning and AYSRH high-impact interventions, leading to **sustained improvements** in urban **health systems** and increased use of modern contraception, especially among the urban poor.

Why Invest in Family Planning?

Family planning is a development 'best buy'

- 1. People:** advances human rights, prevents unintended pregnancies, reduces abortions, maternal and under 5 child deaths.
 - Yet, 225M women in the developing world have an unmet need for modern contraceptive method
 - SDG 3.7 supports universal access to sexual and reproductive health care services, including family planning.
 - SDG 5.6 supports universal access to sexual and reproductive rights
- 2. Planet:** Climate control and sustainable natural resources use
- 3. Prosperity:** Economic development, education status

Maternal and Child Health demographics of EA

	Kenya	Tanzania	Uganda
Women of reproductive age (15-49 years)	14,055,000	14,113,000	10,939,000
Median age of population (years)	20.1	18	16.7
Modern Contraceptive prevalence rate (MCPR) among Married Women	61%	32%	43%
Unmet need for FP (limiting & spacing)	11	23%	15%
Unintended pregnancies (%)	41%	31%	46%
Maternal Mortality Ratio (MMR) (Maternal mortality per 100,000 live births)	342	524	375
Total fertility Rate (TFR)	3.52	4.92	5.01
Teenage pregnancy rate (%)	18%	25%	27%
Infant Mortality Rate (infant deaths per 1,000 live births)	36	41	46

Core Package of Family planning and Adolescent Youth Sexual Reproductive Health (FP/AYSRH) Interventions

Program Management

- Data for decision making
- Effective leadership and FP programs management
- Resource mobilization

Demand Generation

- Use of community Radios
- Use of CHWS
- Community dialogues



Advocacy

- Use of Family planning champions
- Advocacy for institutionalization of the high-impact interventions
- Advocacy for increased FP/AYSRH resources

Service Delivery

- Integrated outreaches
- In reaches/youth days
- Whole site orientations
- Onsite mentorships
- FP integration
- 72hr facility makeover

Success 1: Scale and commitments



- 59 TCI supported cities/geographies
- Over 38 million Population coverage

OUR FOOTPRINT

Uganda

Busia*
 Mukono*
 Kampala Central*
 Nakawa*
 Rubaga*
 Wakiso DC*
 Kawempe***
 Makidye***
 Sabagabo***
 Entebbe***
 Buikwe***
 Iganga***
 Kira***
 Nansana***
 Lira**
 Kabarole**

Graduated cities *
 New cities **
 Continuing cities ***

Kenya

*Kericho
 *Kilifi
 *Migori
 *Mombasa
 Nairobi
 *Uasin Gishu
 Nyamira
 **Vihiga

**Dodoma
 *Ilala
 Kigamboni
 Kinondoni
 *Temeke
 Ukerewe
 Ilemela
 Nyamagana
 Ubungo
 Arusha
 Tanga
 **Geita

Tanzania



Local Government Financial Commitments



	YR 2	YR 3	YR 4	YR 5
KENYA	\$ 1,014,973.49	\$ 844,406.44	\$ 1,043,780.91	\$ 979,955.00
UGANDA	\$ 102,688.56	\$ 750,691.83	\$ 744,875.38	\$ 749,737.62
TANZANIA	\$ 759,376.08	\$ 505,517.83	\$ 616,594.08	\$ 667,909.49
TOTAL	\$ 1,877,038.13	\$ 2,100,616.10	\$ 2,405,250.37	\$ 2,397,602.11

- Over **\$8m** mobilized from domestic resources at local government level.
- Continuous advocacy with local government key decision makers required to ensure sustained commitments towards implementation of FP interventions



Success 2: Sustainability

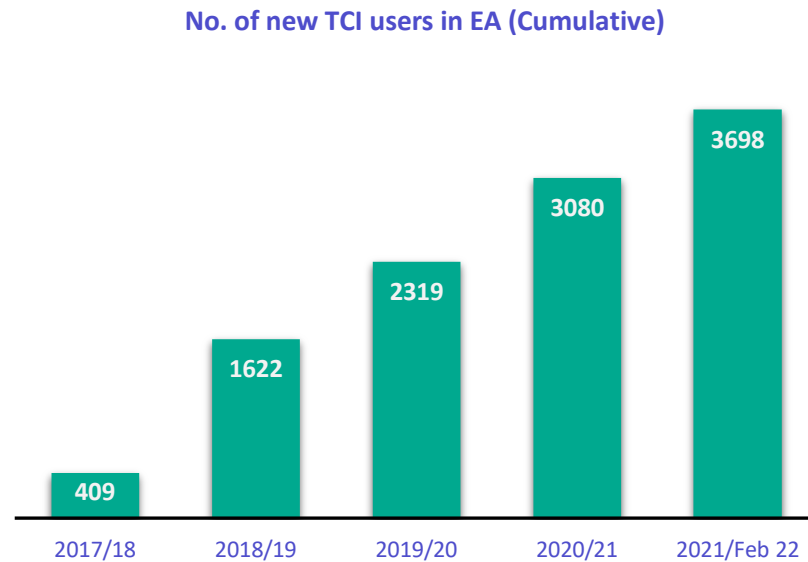


Building capacity to implement sustainably

- TCI University (<https://tciurbanhealth.org/>):
 - **Toolkits** - how-to guidance for implementing HIIIs
 - **Community of Practice (CoP)** – knowledge sharing and learning

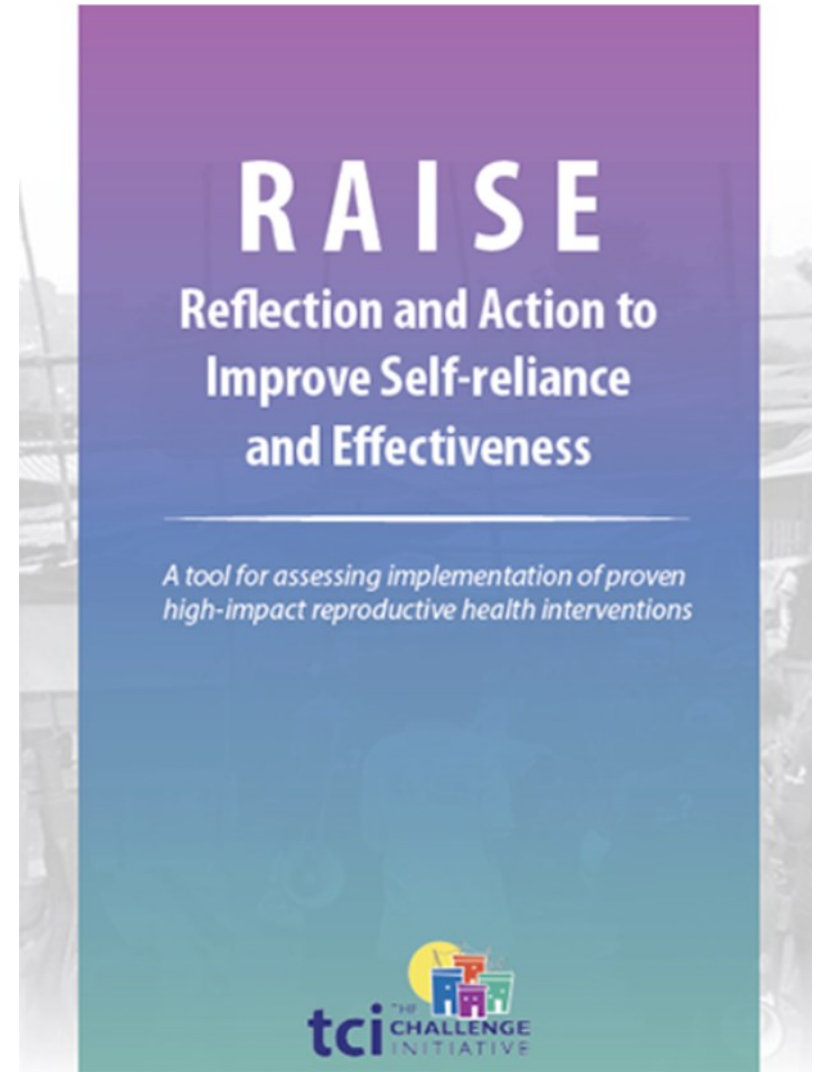
Sisi-kwa-sisi coaching- (Swahili term loosely translated “from us by us”) coaching is an innovative peer-to-peer learning strategy

- **10-15** master coaches per city
- **1, 265** Total coaches

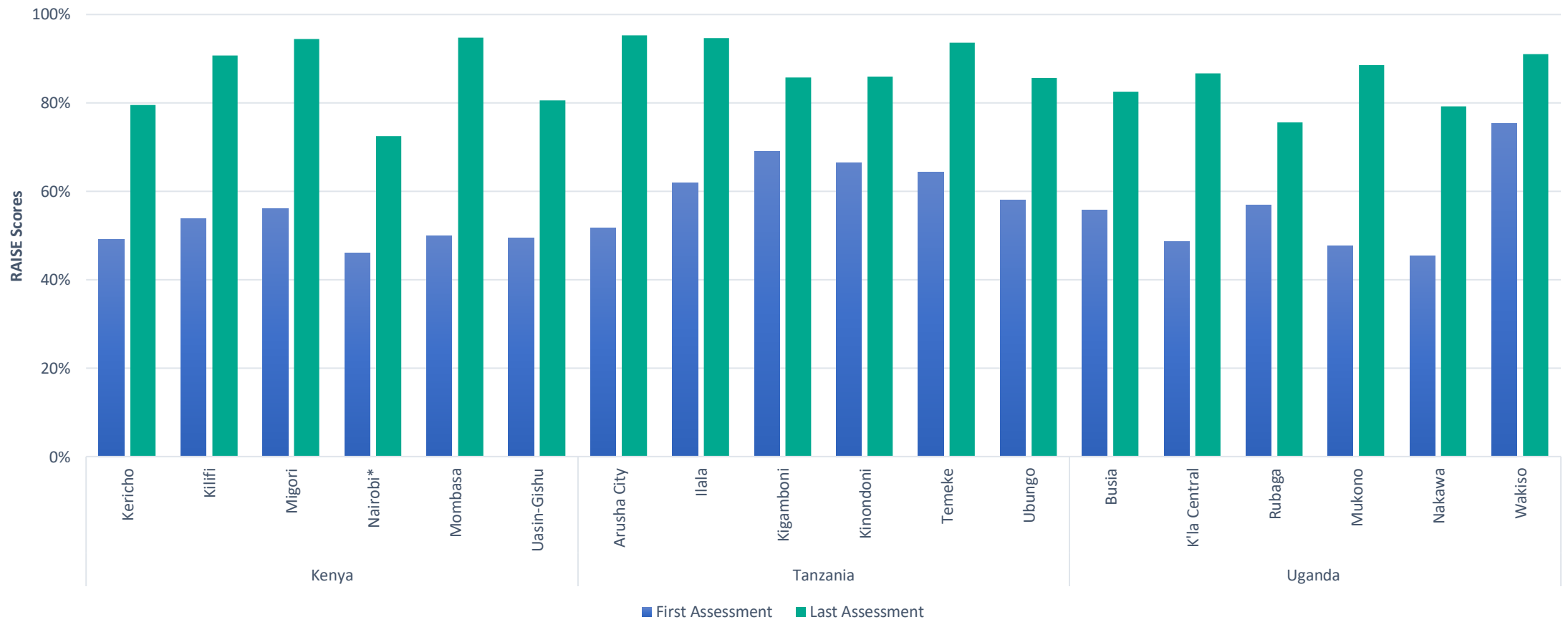


RAISE tool

- Pillar 1: Increased political and financial commitment
- Pillar 2: Capacity strengthening (knowledge and skills)
- Pillar 3: Institutionalization of TCIs HIs
- Pillar 4: Sustained demand



RAISE performance in graduated cities



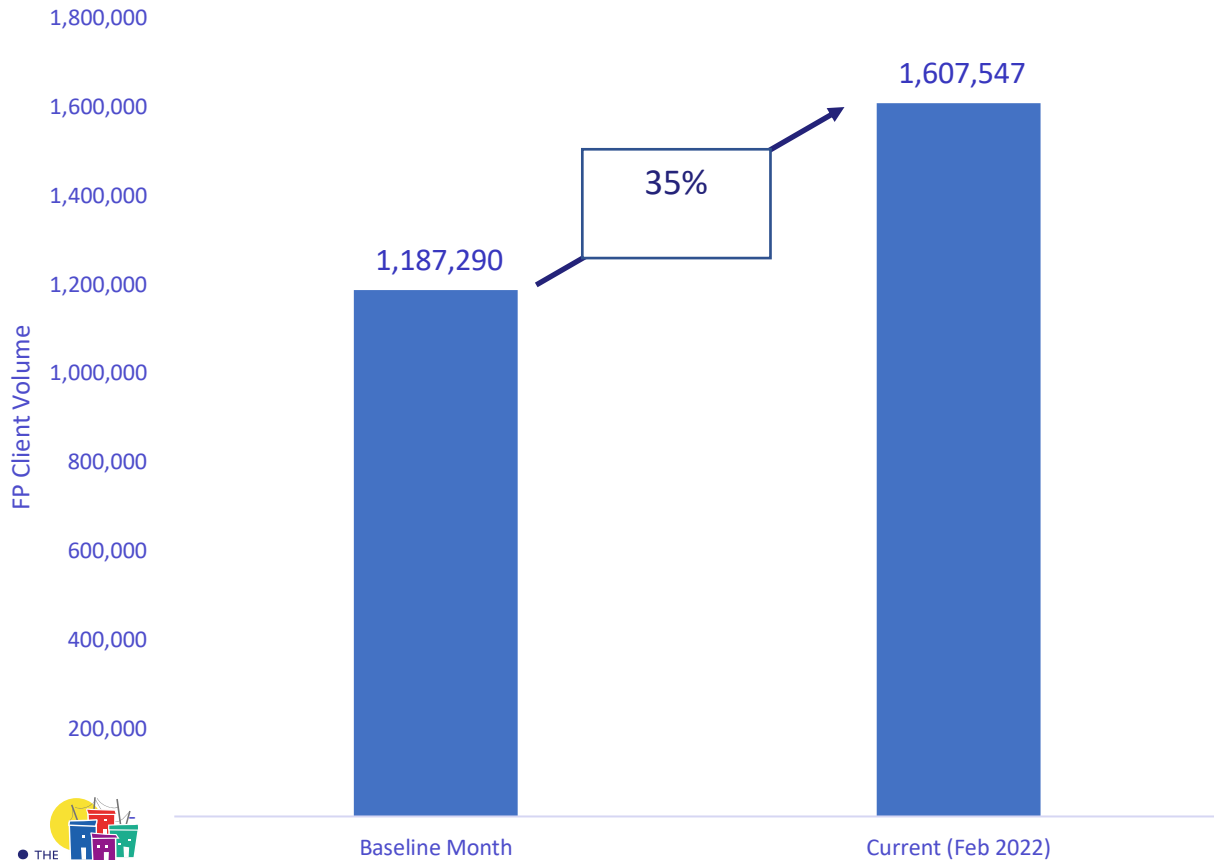


Success 3: Impact

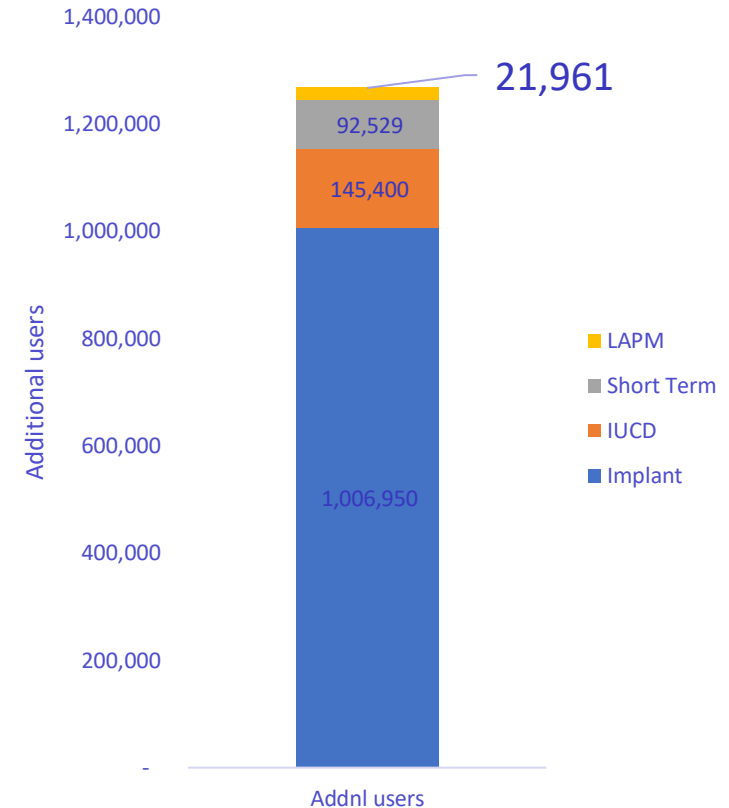


FP Client Volume and additional users (Feb 2022)

Comparison of FP clienty Volume and Baseline and Feb 2022

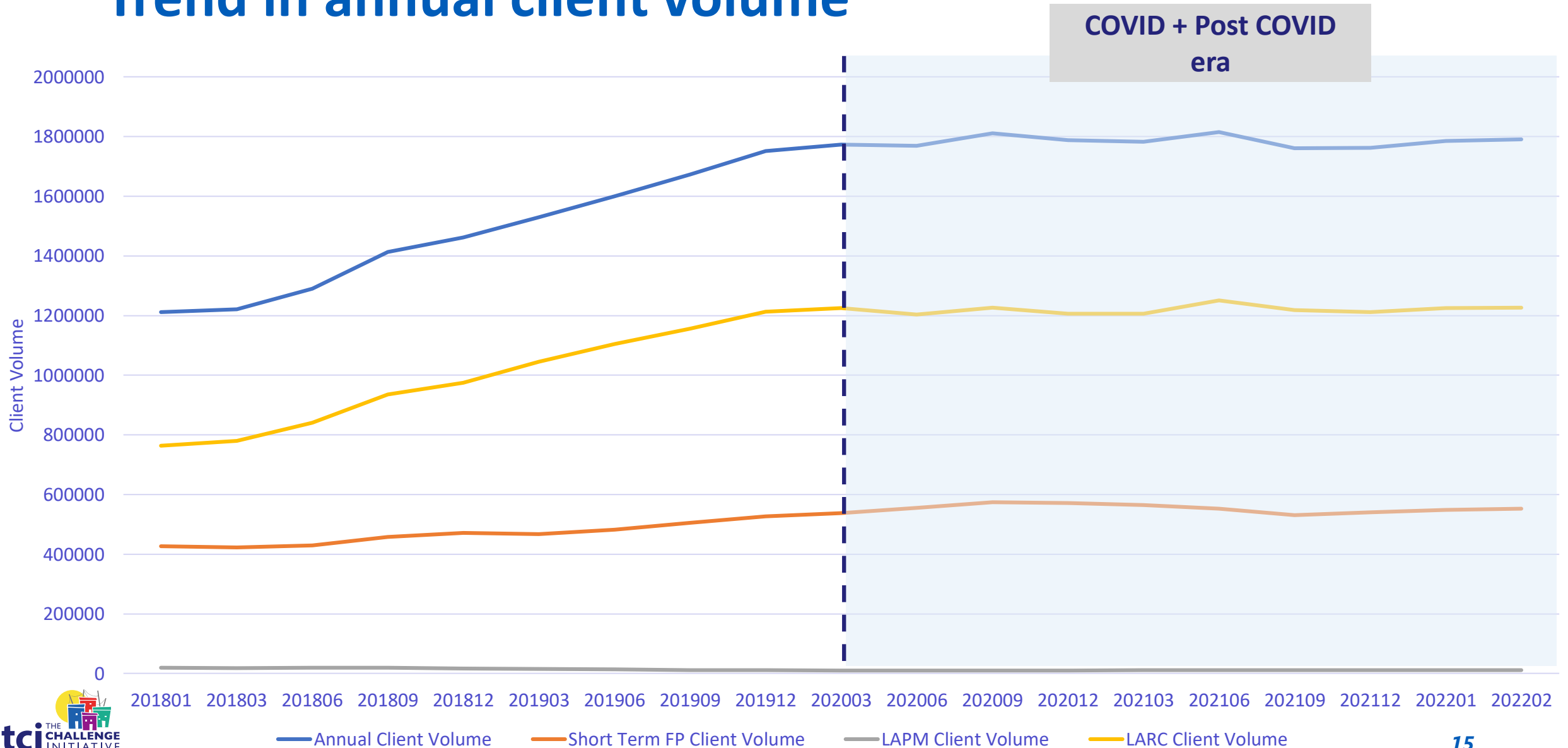


Total Additional users Feb 2022 (n=1,266,840)



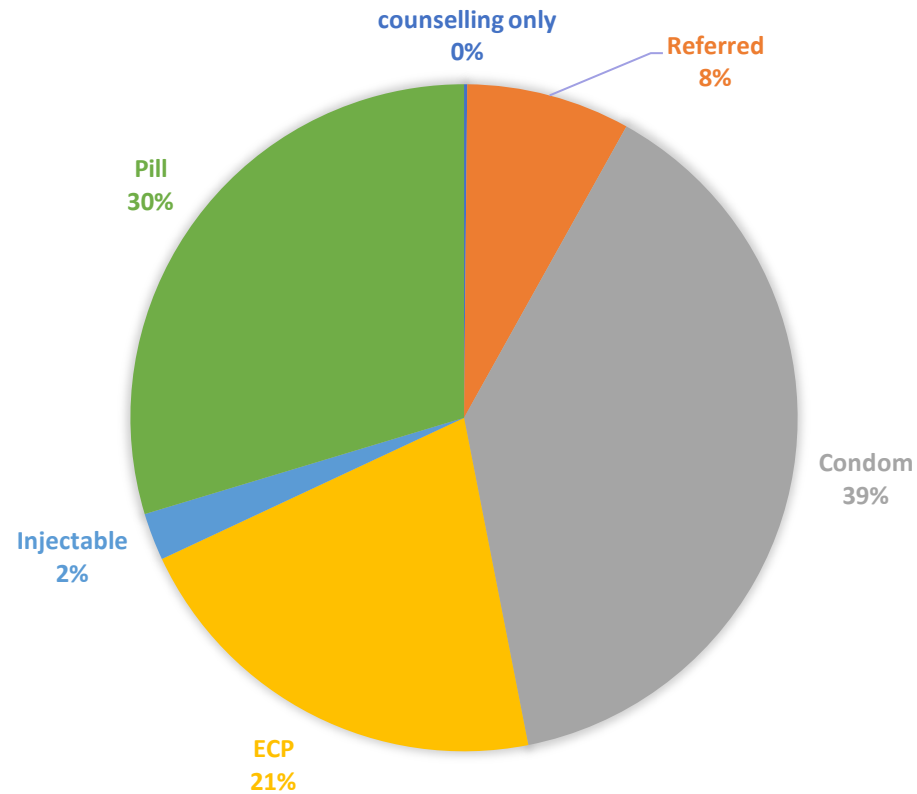
Modelled MCPR 3.8%

Trend in annual client volume

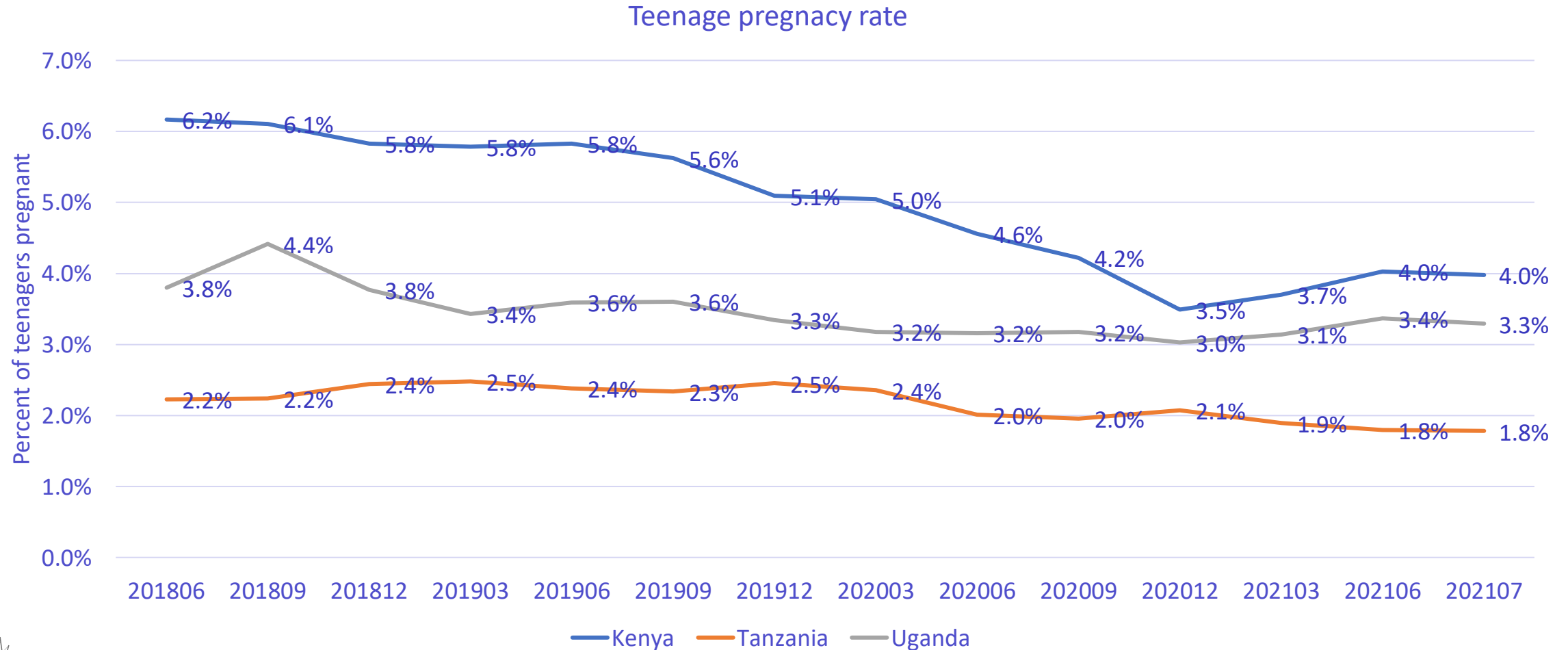


Community pharmacy engagement

TOTAL CLIENTS REACHED (N=523,683)



Reduction in Teenage pregnancy rates



Conclusion

- Investing in Family planning for urban poor is viable for local governments and with the right approaches, yields tremendous success
- City dwellers benefit when there are inclusive market system approach to delivering family planning services e.g. involving of private sector

Our local governments possess the potential to implement and lead successful, impactful and cost-effective urban health programs.

The key, is in finding the right partnership that capacitates and facilitates them to do so.



Asante/Thank you



Bill & Melinda Gates Institute for
Population *and* Reproductive Health

