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

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 Mombasa, 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, Mombasa

	MLE Baseline 2010		MLE Endline 2014		KDHS 2014
	All (%)	In Union (%)	All (%)	In Union (%)	In Union (%)
Any method use	33.7	48.4	47.1	52.8	55.0
Any modern[a] method use	29.3	41.5	43.8	49.7	43.6
Any LAPM[b] use	4.1	5.3	13.5	17.0	16.0
Number of women	1465	837	832	558	537

Table 1: Significant increases in modern method use were observed among all women in the MLE/Mombasa data between baseline and endline; smaller increases in any modern method use were observed among women in union. Similarly, any method use experienced a greater increase among all women and less among women in union. A large increase in LAPM use was observed between baseline and endline for both groups. When comparing the MLE baseline modern method use estimates among women in union age 15-49 to that of the KDHS 2014, a much smaller increase is observed than compared to the endline MLE/Mombasa data. The small 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 Mombasa during the entire implementation period and were potentially exposed.

Josephine stands outside her home in a Mombasa slum with three of her children. She started using contraception after having attended an outreach organized by Tupange in the slum.

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

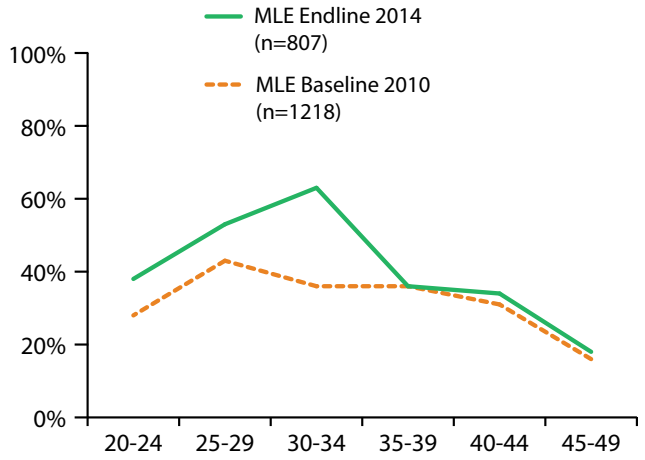


Figure 2: An approach to assessing modern method use in a longitudinal sample is to compare modern use for each age group at baseline with the same age group at endline. Figure 2 demonstrates which age groups were responsible for the increase in modern method use from baseline to endline. At endline, there is a pattern of increased use, particularly among women ages 30-34; 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=832), Mombasa

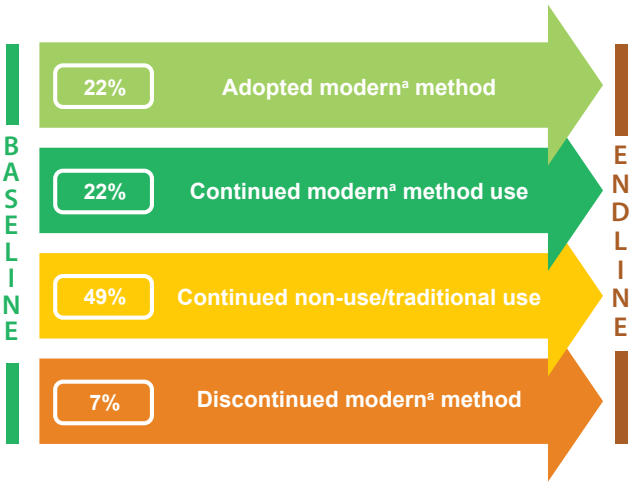
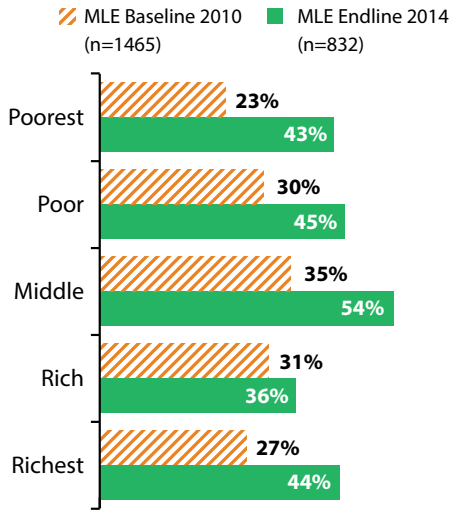
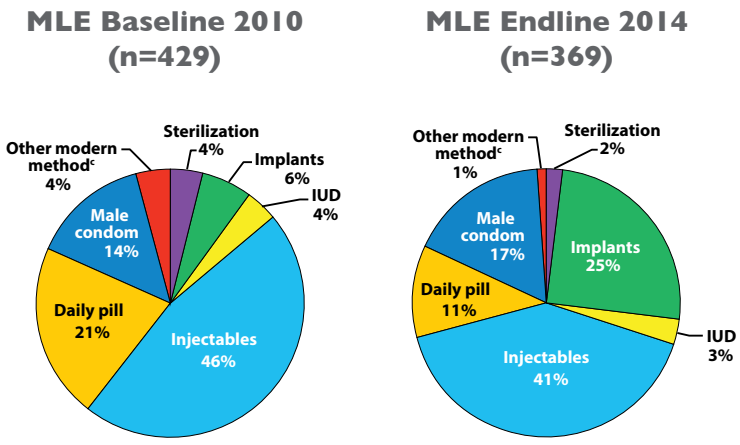


Figure 3: Among all women, just over 20 percent were not using a modern method at baseline and went on to adopt a modern method by endline. Similarly, about one-fifth of modern users at baseline continued modern use at endline, and 7 percent discontinued their modern method by endline.

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



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



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

	Baseline		Endline	
	Tupange Supported (%)	Non-Tupange Supported (%)	Tupange Supported (%)	Non-Tupange Supported (%)
No Methods	0.0	5.0	0.0	5.0
1-3 methods	0.0	5.0	0.0	5.0
4-6 methods	47.2	30.0	0.0	30.0
7+ methods	52.8	60.0	100.0	60.0
Number of Facilities	36	20	36	20

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, Mombasa

Method	Public Facilities		Private Facilities	
	Baseline (%)	Endline (%)	Baseline (%)	Endline (%)
IUD	25.0	4.8	8.3	15.9
Implant	37.5	4.5	16.0	6.4
Injectables	31.3	18.2	20.9	7.1
Daily pill	6.3	22.7	16.7	9.8
Emergency contraceptives	31.3	14.3	35.9	47.6
Male condom	18.8	0.0	20.5	5.9
Female condom	25.0	18.2	30.4	26.5

Note: In public facilities, the number of facilities offering these methods ranged from 8-16 at baseline and 21-22 at endline. In private facilities, the number of facilities offering these methods ranged from 23-43 at baseline and 34-56 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 Mombasa 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=868), Mombasa	
Type of Exposure to Tupange Program	**%**
Heard or seen the word "Tupange" in the past one year	57.5
Ever seen "Tupange" program logo	58.8
Heard and/or listened to the Tupange radio program "Jongo Love" in the past one year	4.5
Reported hearing information about family planning at Tupange events in the past one year at a:	
Caravan road show event	29.5
Community meeting	17.9
Public entertainment event	12.1
Read any articles on family planning in newspapers/magazines that talked about the Tupange project in the past one year	6.9
Seen or read a brochure/leaflet on family planning with Tupange Imarisha Maisha written on it in the past one year	21.2
Seen or read a poster with Tupange or 'Celebrate Life!, Use Family Planning' written on it in the past one year	32.5
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	50.3
Attended Community Dialogue Day, Chief Baraza or Community Action Day where family planning was discussed in the past one year	14.0
Attended meeting about family planning that was led by someone wearing clothing with Tupange logo in the past one year	21.2
Visited by a community health volunteer in the past one year	25.8

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 Mombasa, a total of 1,465 women were interviewed at baseline. At endline a total of 939 women were successfully tracked and 868 had a completed interview (overall response rate of 59.5 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 Mombasa, a total of 60 facilities were surveyed at baseline and 81 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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