

# Leave No One Behind

## Equip Decisionmakers with Data on Family Planning Among Young People

### ACCURATE AND RELEVANT DATA ABOUT YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH HELPS DECISIONMAKERS DEVELOP BETTER POLICIES AND PROGRAMS

Many health patterns tend to be established during adolescence; those patterns can therefore have impacts lasting into adulthood.<sup>1</sup> Understanding youth family planning needs can help civil society organizations and government agencies provide family planning services that are specialized for young people. Understanding youth family planning needs starts with high-quality data that accurately accounts for differences by age, sex, and other relevant characteristics.

#### High-quality data on youth family planning can:



Improve decisionmakers' ability to track progress in reaching policy commitments.



Be shared across sectors to help inform decision-making related to other programs and policies that impact youth well-being.



Help Kenya prepare for future public health crises.

### DISAGGREGATED DATA ON YOUTH FAMILY PLANNING ARE MISSING FROM KENYA'S HEALTH INFORMATION SYSTEMS

Over the past decade, Kenya has committed to strengthening its health information systems (HISs) “to provide equitable and affordable quality health services to all Kenyans.”<sup>2</sup> In 2011, Kenya was the first country in sub-Saharan Africa to deploy a completely online national HIS—District Health Information Software 2 (DHIS2).<sup>3</sup> DHIS2 was recently renamed the Kenya Health Information System (KHIS) to highlight the national nature of the system. KHIS monitors established health indicators at the county and national levels. It connects all Ministry of Health (MOH) public health facilities, from local to national levels. Despite this progress, a 2017 study found that family planning data in general is poorly integrated in the HIS, especially compared to HIV and immunization data.<sup>4</sup> For example:

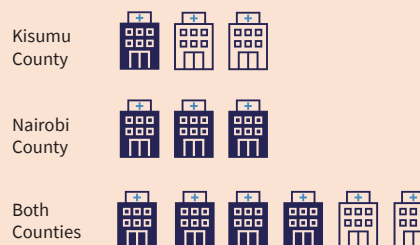
- KHIS may not accurately capture family planning data from communities because tools for reporting data are not comprehensive; data in subcounty- and facility-level systems are not adequately reported up to the KHIS.<sup>5</sup>
- Different MOH divisions and partners collect and report data in parallel systems, including KHIS, so health-sector information is held in different databases and can be redundant, difficult to harmonize, and decentralized.<sup>6</sup>

## INFORMATION GAPS ARE EVEN MORE PRONOUNCED FOR YOUTH FAMILY PLANNING DATA

From January to March 2021, Organization of African Youth Kenya conducted a rapid assessment in Kisumu and Nairobi counties that found that not all health facilities surveyed in Kisumu have a system in place to collect data on service utilization that is disaggregated by age, sex, and other relevant sociodemographic characteristics (see Figure).<sup>7</sup> The assessment also revealed that the Kenya Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition (RMNCAH+N) Investment Framework published by the MOH does not explicitly outline specific adolescent and youth indicators in its implementation and monitoring and evaluation structures.<sup>8</sup> Additionally, KHIS only collects data on the number of women of reproductive age receiving family planning commodities, without disaggregating by age.

### Figure. Data Collection on Youth Service Use Varies by County

Number of health facilities surveyed that have a system in place to collect data on service utilization and disaggregate it by age, sex, and other relevant sociodemographic characteristics:



Source: Organization of African Youth Kenya, *Assessment of RMNCAH+N and Meaningful Adolescent and Youth Engagement Global, National and County Policies and Their Effect on Access to AY Services and Information in Nairobi and Kisumu Counties, 2021*, <https://docs.google.com/document/d/1cFuT5bGG72-ueNcp80mdXNM3RvMlbzBm/edit#heading=h.gjdgxs>.

When data is not disaggregated by age, sex, and other relevant characteristics, the specific needs of marginalized and vulnerable youth may be concealed. Without an intentional focus on data that tracks and measures youth family planning outcomes and progress, Kenya risks neglecting young people when it comes to family planning service delivery and decision-making. **Disaggregating data is critical to ensuring that no one is left behind.**

## RECOMMENDATIONS

To equip decisionmakers with the data they need to provide age-appropriate family planning services and information, the **Permanent Secretary for Health, the Council of Governors, the County Executive Committee Members for Health, and the County Directors of Health** should:

- **Develop specific youth indicators that are disaggregated** by sex, age, geography, and disability in the RMNCAH+N investment framework, KHIS, and national and county development plans.
- **Streamline youth family planning indicators captured at both the facility and community levels** through community health volunteers.
- **Provide technical support to facility-level staff** on standard data collection tools and data management procedures and how to use KHIS.
- **Create a youth data dashboard** that integrates data from different agencies and sectors.
- **Publish an annual youth family planning report**, to include data on access and use of family planning information and services, expenditures on youth family planning, and identified challenges and opportunities.

## REFERENCES

- <sup>1</sup> Susan M. Sawyer et al., "Adolescence: A Foundation for Future Health," *Adolescent Health* 379, no. 9826 (2012): 1630-1640, [https://doi.org/10.1016/S0140-6736\(12\)60072-5](https://doi.org/10.1016/S0140-6736(12)60072-5).
- <sup>2</sup> Ajwang' Bernadette et al., *Enhancing Health Information System for Evidence Based Decision Making in the Health Sector* (Nairobi: Health Sector Monitoring and Evaluation Unit, Ministry of Health, Kenya, 2019), <https://www.health.go.ke/wp-content/uploads/2019/01/HIS-POLICY-BRIEF-.pdf>.
- <sup>3</sup> Aga Mitoko et al., *Integrating Family Planning Data in Kenya's DHIS 2* (Chapel Hill, NC: MEASURE Evaluation, 2017).
- <sup>4</sup> Mitoko et al., *Integrating Family Planning Data in Kenya's DHIS 2*.
- <sup>5</sup> Bernadette et al., *Enhancing Health Information System for Evidence Based Decision Making in the Health Sector*; and Mitoko et al., *Integrating Family Planning Data in Kenya's DHIS 2*.
- <sup>6</sup> Bernadette et al., *Enhancing Health Information System for Evidence Based Decision Making in the Health Sector*; and Mitoko et al., *Integrating Family Planning Data in Kenya's DHIS 2*.
- <sup>7</sup> Organization of African Youth Kenya (OAY Kenya), *Assessment of RMNCAH+N and Meaningful Adolescent and Youth Engagement Global, National and County Policies and Their Effect on Access to AY Services and Information in Nairobi and Kisumu Counties, 2021*, <https://docs.google.com/document/d/1cFuT5bGG72-ueNcp80mdXNM3RvMlbzBm/edit#heading=h.gjdgxs>.
- <sup>8</sup> OAY Kenya, *Assessment of RMNCAH+N and Meaningful Adolescent and Youth Engagement Global, National and County Policies and Their Effect on Access to AY Services and Information in Nairobi and Kisumu Counties*.

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