

Value of Service Statistics Data in Understanding the Patterns of Implants use at the Sub national level in Kenya

This analysis shows the value of service statistics data in understanding the patterns of implants use at the sub national level that will contribute to the development of county specific interventions to promote increased uptake of Long Acting Reversible Contraceptive (LARC) methods including implants. Since the 1990s when the implants program began in Kenya, there has been focused strategies by the government and development partners to promote access and uptake of implants in the country. The investments were followed by significant expansion in method mix, from short-term methods to greater use of LARC, with the uptake for implants increasing from 5% in 2008-09 to 19 % of the method mix in 2022 (KDHS,2022). The Government of Kenya is interested in understanding how implant use has changed over time and if trends from service statistics provide reliable signals on implant use at the county level in the years post-DHS surveys.

Main Question

From the Kenya Demographic and Health surveys, between 1993 through 2022 by region, classified by their distribution along the family planning "S" curve. The highest increases in mCPR were seen in Rapid-Growth and Low-Prevalence counties. The highest rates of increases in implant prevalence are also seen in regions with counties with rapid-growth potential in the S- Curve. This analysis seeks to evaluate the reliability and interpretation of the changing trends in implants insertions from the Kenya Health Information (KHIS) post-survey and explain what is expected in terms of patterns of uptake at different levels of mCPR growth.

Methodology

Service statistics data from the Kenya Health Information (FP clients visits data) at the county level was compiled and compared based on distribution along the S-Curve using county level modern contraceptive prevalence rate (mCPR) estimates from the 2022 KDHS. Counties were split into three groups; high prevalence counties (top of the S-Curve), counties in the rapid growth stage(middle of the S-Curve) and counties with low prevalence/slow growth stage (bottom of the S-Curve). Patterns among counties at each stage was observed and explained based on general characteristics of growth during the identified S- Curve stage. Two comparisons were made for implant uptake and changes in prevalence from surveys with DHIS2 trends to understand how implant use has changed over time and if trends from service statistics provide reliable signals on implant use in the years post the 2014 KDHS.

Results

County level mCPR comparisons were done by group for changes in overall prevalence and prevalence of implants between two surveys (KDHS 2014 and 2022). The results showed that the highest increases in mCPR were seen in Rapid-Growth and Low-

Prevalence counties. The highest rates of increases in implant prevalence are seen in regions with counties with rapid-growth potential.

Since 2018, service statistics data shows a declining trend in implants insertions for most of the counties at high mCPR levels. At these high levels of prevalence it appears that counties may have reached saturation with only a few counties continuing to show modest expansion in implants. Substitution of implants for other methods rather than growth in overall use is anticipated. For the counties in the second group : rapid growth potential counties, service statistics trend show that implants insertion grew only in a few counties although we had expected growth in most of these counties. The counties that continue to have an increased use implants include: Bungoma, Migori, and Tana River, a more in-depth analysis show that these counties have a lot of implementing partners, the results therefore shows a mixed pattern in terms of use.

Knowledge and Contribution of the Analysis

The analysis found out that implants trends from Kenya service statistics data are similar to survey trends and can be relied upon post-survey. Declining trends in high prevalence counties may be as much a function of saturation of the market, to supply side constraints.

Additional data from the Health Facility Assessment report showed that Stockouts of Implants and inadequate training of service providers on insertion and removal of implants may have constrain growth in "Rapid-growth" counties. There is need to address declining trends in counties with potential for rapid growth where uptake is slowing or declining. Issues relating to stockouts and availability of trained providers need to be addressed to support potential for growth.