

Multimedia Reaching Millions with Family Planning Information During COVID-19



Dr. Amina (County Reproductive Health Coordinator, county) and Guyatu Elema (radio presenter) discuss access to family planning services during COVID-19 on Radio Angaaf

Systemic Barriers that Hinder Access to and Utilization of Family Planning Services

When a crisis like COVID-19 hits the world, reproductive health services, especially those that advance Family Planning (FP) are given second-grade attention, as most of the financial and human resources in the health system are redirected towards the pandemic's response. Such disruption can affect the supply chain of FP commodities to health facilities and disrupt access to FP services and by Women of Reproductive Age (WRA).

Historically, incidences of unwanted pregnancies, increased cases of abortion which have been documented to be fatal and increased unmet need for contraception in general, become the infamous narrations by survivors of catastrophe. DESIP endeavours to stop the storyline by continuing to collaborate with various media-based stakeholders to delivery and ensure continued access of FP methods to WRA.

Family Planning Messages Bombarded by Radio: Reaching 11 Million with Chagua Kipanga Maisha

To ensure conversations on reproductive health and family planning continue and that clients know that the services are still available in the health facilities or through their nearest Community Based Distributors (CBDs), DESIP engaged radio services as a respecter of social distancing, privacy and as an agent of equitable infotainment, to advance the call-to-action of Maisha ni Kujipanga, Chagua Kipanga Maisha (Swahili for: plan your life, take a family planning initiative), which focuses on communicating the social economic benefits of FP.

While planning for radio engagement, DESIP acknowledged the possible shift in media consumption patterns, as Women of Reproductive Age would be looking out for information on COVID-19 mode of spread, signs of a symptomatic persons, and keep track of government

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ABOUT THE DESIP PROGRAMME

DESIP is a five-year (2019 to 2024) UK Aid-funded programme focused on Delivering Sustainable and Equitable Family Planning Increases (DESIP) in low Contraceptive Prevalence Rate (CPR) Counties in line with Kenya's 'Vision 2030' as well as the Universal Health Coverage (UHC) 'Accessible quality healthcare for all Kenyans.'

DESIP is implemented in a consortium led by Population Services Kenya (PS Kenya), in partnership with AMREF Kenya, Options Consultancy Services Limited, Faith To Action Network (F2A), HealthRight International (HRI), Voluntary Service Overseas Kenya (VSO) and Population Services International (PSI).

The country's long-term development blueprint has progressively realised a skilled and healthy workforce. Gains in Family Planning (FP) uptake have been considerable, with the 2018 modern Contraceptive Prevalence Rate (mCPR) amongst married women at 59%, exceeding Kenya's FP2020 target of 58.3%.

Despite the progress, many women and girls are still left behind, notably, the 19 Counties where DESIP is implemented (Baringo, Elgeyo Marakwet, Garissa, Homa Bay, Isiolo, Kajiado, Kilifi, Kwale, Lamu, Mandera, Marsabit, Migori, Mombasa, Narok, Samburu, Tana River, Turkana, Wajir and West Pokot). The mCPR in these Counties range from 2% to 45%, as per the 2014 Kenya Demographic Health Survey.

The mCPR in DESIP Implemented Counties range from

2% to 45%

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From the Chief Executive Officer, PS Kenya



“The oak fought the wind and was broken, the willow bent when it must and survived.”

RESILIENCE is the keyword this season, in the face of adversity adaptation, it is the only means for survival; DESIP program has truly embraced it!

In the wake of the pandemic in April/May, it was clear that reproductive health ceased being a priority. Women feared visiting facilities and providers equally deprioritised needed family planning services. The

program had to quickly adapt and find ways of ensuring that women have access to this very critical and basic service – family planning. From strengthening infection prevention in facilities to community-based services to amplified behaviour change communications; these are a few of the strategies that the DESIP team had to deploy. The good news is that it worked!

The program has indeed changed the course and women in all the 19 counties can now access their family planning services when they need them. Get to know more.... from this issue of the newsletter.

Joyce Wanderi.

Religious Leaders Preaching Healthy Child Spacing During the COVID-19 Epidemic

The Faith is ‘Grounded’

On 15th March 2020, all religious gatherings in Kenya were banned and movement in and out of some Counties restricted. This was the government’s response and mitigation to the increasing number of reported positive cases of COVID-19 in the country. Mosques, churches and other places of worship followed Ministry of Health directives and closed their doors to worshippers. This was not an easy decision according to DESIP faith leaders including Sheikh Lethome from SUPKEM, who during an interview at a community radio station (Radio FM 95 on 31 March 2020) said,

“Allah will give us a solution and a cure to this pandemic. As the religious community, we will follow the instructions and advise that we have received from the medics. Sooner or later, there will be a cure for COVID-19”

The Faith Leaders Package for Healthy Child Spacing

Faith to Action Network works with faith leaders in a transformative process of value clarification of Sexual and Reproductive Health (SRH) and Family Planning (FP). Through this process, faith leaders have become advocates for SRH and healthy timing and spacing of pregnancy and are equipped with scriptural knowledge, skills and confidence to effectively provide advocacy for child spacing through various platforms.

Faith leaders play a pivotal role in reaching the client with advocacy messages on child spacing which are delivered through different pastoral platforms such places of worship, youth groups, Madrassas, radio stations, community groups, cultural structures and households. These advocacy messages then influence the client to take up a child spacing method

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From the DESIP Director

Dear All,

Despite the COVID-19 disruption of the health system in Kenya, DESIP (the Programme) endeavors to deliver its goal which is to ensure that women and girls, particularly the young rural woman, marginalized and Persons With Disabilities (PwDs), can safely plan for their pregnancies in line with sexual and reproductive health rights. From the first COVID-19 case reported in March 13, 2020, DESIP continues to operate within the Government of Kenya (GoK) regulations aimed at stopping the spread of the contagion, by adhering to GoK’s COVID-19 Protocols and Guidelines.

The DESIP programme has always embraced adaptive implementation and therefore various interventions were put in place to counter the challenges and ensure that Women of Reproductive Age (WRA) will access services when needed. Key adaptations included; a robust SBCC strategy that focused on local radio stations and Television stations in messaging for COVID-19 and RH/FP. Eleven radio stations and seven local television stations covering 19 Counties were engaged with structured content, drama skits, expert interviews and presenter mentions. An estimated 11 million people were reached across the 19 Counties.

This greatly contributed to re-assuring the WRA that the health facilities were safe to visit and that the infection prevention measures

were in place and also the clarification of myths and misconceptions on FP. The programme also intensified work with CHVs through mapping and ensuring that in each ward there were at least two to three CHVs supporting RH/FP activities. Over 2,000 CHVs were provided with PPEs (re-usable masks, sanitizers) and community messaging materials on RH/FP. The programme also printed COVID-19 IEC materials and distributed to the 19 Counties, provided technical assistance in the finalization of the RMNCAH guidelines, printing and distribution of 3,000 copies to ensure continuity of RH/FP services. Virtual TWG meetings were also initiated and experienced in six of the 19 Counties.

The programme participated in COVID-19 task forces in the Counties to ensure that the RH/FP agenda was discussed and prioritized. In the spirit of “leaving no one behind” the programme also continues to support social inclusion activities by ensuring that IEC materials that support HCW to better serve people living with disability are available in the facilities. The COVID-19 pandemic may be with us longer than we expected and therefore the programme will carry forward all the lessons learned so far and explore other innovations to continuously ensure access to RH/FP services across the 19 Counties.

This bulletin provides details of some of the exciting and promising approaches that programme is using, enjoy the read.

Josephine Mbiyu

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which could be provided at a health facility, during an outreach or provided by a Community Based Distributor (CBD) during a household visit.

Adjusting to the New Normal: Call via Radio, Community Volunteers and Door - to - Door Engagements

In response to the need to reach their worshippers, faith leaders embarked on alternative forums and platforms including sensitization through community radio stations, door-to-door household visits when called upon and offered couple counselling during weddings, to disseminate information and messages on COVID-19 and healthy timing and spacing of pregnancies. These approaches were executed in line with the government directives of limiting social gatherings, observing social distance, and use of personal protection equipment when engaging worshippers.

Notably, through vernacular community radio stations, DESIP faith leaders in Homa Bay, Mandera, Migori, Narok and Turkana County successfully passed information and messages on healthy timing and spacing of pregnancies with scriptural basis. The vernacular radio stations, namely, Radio Sunset in Homa Bay, Radio Rameny and Radio Togotane in Migori, AIC Bibilia Husema in Turkana and Sidai FM Narok, each ran an hour interactive sessions with listeners calling in and sending messages requesting for information and clarification on family planning and COVID-19.

The faith leaders' efforts were collaborated with community health workers (CHWs) and youth champions effort who created awareness on the interactive radio segment through door-to-door mobilization and on social media platforms such as WhatsApp and Facebook.

Continuity in Messaging: Evidence of Engagement

The interactive radio shows had several listeners calling in to seek information on reproductive health matters and family planning. To address these call-in questions, county health teams



SUPKEM Leaders, Faith leaders and CHMT call for observation of COVID-19 by religious groups during Mandera County press conference

participated in these talk shows in collaboration with DESIP trained faith leaders who used scriptural backing from the Bible and Qu'ran to pass information on healthy timing and spacing of pregnancies. For example, at a 2 pm session on Sunset Radio, a caller's question of conceiving was tackled.

"What happens to women who have been using these modern contraceptives when they are ready to conceive? What side effects are there and how can we help these young women?"

As part of the continued effort to reach women of reproductive age with messages on healthy child spacing, the DESIP trained faith leaders conducted door-to-door household visits in the months of May

and June and successfully reached 70 households and sensitized 644 clients on healthy timing and spacing of pregnancies in Mandera county.

"I wish this information on healthy and timely child spacing was shared with us a long time ago as lives of mothers and their children have been lost, this includes my close friend. I like your approach of working with faith leaders. Topics on family planning were taboo and any person found using the services were considered outlaws," said Mama Halima (not her real name) of one of the households visited.

DESIP continues to ensure equitable access to family planning services to women of reproductive age, the poor and marginalized.



SUPKEM Leaders, Faith leaders and CHMT call for observation of COVID-19 by religious groups during Mandera County press conference

Article by: **Faith to Action Network**

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regulations like curfew and cessation of movement. Tactfully, DESIP adopted an edutainment approach with mixed method which allowed for the passing of messages on sexual and reproductive health as well as behaviour change information on prevention of COVID-19.

To execute this approach, DESIP leveraged on eleven community radio stations and seven national television stations covering the 19 Counties of focus, and structured content with drama, skits, expert interviews coupled with presenter mentions regarding family planning and COVID-19 interventions during their shows, such as morning and evening drive talk that attract a large following.

The implementation was collaborative and adaptive, whereby on-air content was co-created between the radio stations and DESIP team and weekly reviews carried out to ensure we are adapting the messaging and engagements as we go in response to the listeners. Through radio, at least 11 million people were reached, who activity participated at an average of 116 calls and 222 short text messages (SMS) per 60 minutes show.

Radio stations also engaged social media as away of reaching the younger generation. Use of structured social media platforms to pass messages on healthy timing and spacing of pregnancies benefited DESIP

beneficiaries. For instance, in Narok County, DESIP developed age appropriate WhatsApp messages targeting adolescent and youth, where through 40 community distributors, 15 community health volunteers and 39 faith leaders.

Strategic Wall Mural and Branding: Covering 55,308.20 Sq. feet

To capitalize on creating a visual connection to the Chagua Kipanga Maisha social and behavior change communication campaign DESIP utilized unconventional branding opportunities such as wall branding at busy shopping centres and at DESIP focus clinics to reinforce the call to action on contraception use visually and through key messages tying in the radio, and unconventional branding communication through a common thread of messaging and visual recognition.

In addition, DESIP continues to distribute IEC materials on COVID-19 to both service providers and consumers. DESIP supported Counties COVID-19 containment efforts by distributing 2,200 Provider IEC materials, 300 Consumer IEC Materials, 100 Sanitizers for CBDs, 150 reusable Masks for CBDs, 100 DESIP T-shirts; 100 Counselling cards for the CBDs, Masks for project staff, 60 sanitizers for the FP/MCH departments, 100 sanitizers for project staff and 150 DESIP Lessos (khangas). The PPEs and IEC materials both for the provider and the community were greatly appreciated by the Counties and the request for more support especially on the PPEs is being made for the health care providers and community health volunteers during this period of covid-19 pandemic.

The Rise of Digital Platform for Sara: Connecting with the Consumer



DESIP started the implementation of the digital strategy dubbed - Connecting with the Consumer (Sara) – that is aimed at improving the health outcomes of the clients visiting the DESIP supported facilities by providing them with an opportunity to give real-time feedback and insights on the provision of health services that they have received. As such, the health providers can resolve customer complaints real-time and analyse crucial data for decision making leading to improved services and quality of care. The digital platform creates an opportunity to engage the clients further, especially the ones that have rated the facility negatively. Additionally, the providers get to understand their clients better thus enabling adaptive implementation.

As COVID-19 numbers continued to surge, DESIP mapped out and recruited the facilities that would participate in the digital platform system with all the 19 Counties being represented and the type and number of facilities being as follows: three Public, two Private and one FBO. For the public and private facilities, both high and low volume facilities were included.

The platform will compare whether there is any difference, for example, in customer service between big and small facilities and Public and private facilities. Eventually, the action points developed because of the findings from these facilities will be applied across the DESIP facilities.



Photos of before and after of a health facility that benefited from wall branding with messages on family planning

Article by:
Population Services Kenya

Why We Continue to Invest in Family Planning During COVID-19: Meeting DESIP's Goal is Paramount

The world has experienced various outbreaks from Yellow Fever Spanish Flu, H1N1 Swine Flu, HIV and AIDS, Ebola, Zika Virus and to the present Coronavirus (COVID-19). Historically pandemics have ravaged civilizations, often changing the course of history with governments taking robust actions to contain their impact on population and economies. Global experience and lessons learnt from each outbreak shows there is a strong nexus between public policy, economy and disease outbreaks.

Inadequately prepared health systems with every emerging outbreaks experience shocks which could lead to its collapse. This necessitates for increased investments in the health system to ensure it is strong and responsive to deal with emerging threats. The current COVID-19 pandemic has exerted pressure on the health care systems which has seen Countries put efforts towards enhancing the various building blocks to ensure It is adequately prepared to respond and continue offering other essential services.

Resource constrained health settings like in Kenya are already over-stretched and are experiencing unprecedented challenges while responding to the outbreak. This huge strain has forced the government to shift focus and direct resources to mitigate against the implications of the outbreak. Further, National and County level prioritization of human and financial resources to the Corona Virus (Covid-19) has presented an obstacle in securing adequate funding for other health sector needs. This has contributed to the disruption of other essential health services including maternal, newborn, children, adolescents health and family planning services (MCH/FP), potentially leading to increased preventable maternal, newborn and child mortality and morbidity cases.

Evidence shows that concerted response on averting pandemics such as Malaria, HIV and AIDS, and Ebola negatively disrupts the health system maintaining provision of routine services and also experience a decrease in utilization of essential health



Religious leader Pastor Samuel Odhiambo at an outreach talking to women about child spacing in Kuria West sub-County

services such as RMNCAH. This could potentially reverse the gains made in reducing maternal and child mortality. For instance, the Ebola outbreak in Sierra Leone 2014-2016 showed a considerable increase in maternal and neonatal deaths as a result of the outbreak and that between 42-44% of these were due to reductions in FP uptake (Sochas, 2017). During the 2015-16 Zika outbreak showed a considerable increase in unintended pregnancies due to women being unable to access long term family planning contraceptives in public facilities.

The lessons from the outbreaks demonstrates the harmful impacts the current pandemic could have in the absence of focused government response to ensure the health system is able to absorb the shocks, operate effectively within the resource constrained environment and continue offering the regular services. Notably, during pandemics not everyone is affected equally as marginalized communities are more affected by government measures such as curfew restrictions, closure of public health facilities, suspension of services, health care worker withdrawal and commodity supply disruption.

Kenya's COVID-19 control measures introduced a national curfew with cessation of movement which unfortunately led to disruption and a stepdown in access to maternal, child health and family planning (MCH/FP) services by women of reproductive age (WRA) including young women, adolescents, People with Disability (PwD) based in rural and informal settlements especially during the night. This is further coupled with stigma and fear which has contributed to the decrease in people accessing health services.

Further, the Government has reported an increase in the number of sexual gender based violence, violation of children's rights and teenage pregnancy cases amongst the 10-19 age groups. The president has also raised concern on the rising number of cases and called for stern action to be taken to address the emerging problems alongside COVID. The above challenges highlight vulnerabilities women and girls are exposed to during pandemics and the urgency to mitigate and prevent them.

The above resulted in the Ministry of Health introducing guidelines for continuity of essential services including MCH/FP services alongside the direct COVID-19

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response. The guidelines are to help in directing service provision in the current context and address critical barriers impeding access such as stigma and fear. These new measures require government to safeguard continuity of offering essential services by ensuring community health needs are addressed when demanded. This requires government to increase public investment commitment towards the overall health system and its priority areas to ensure provision of equitable, accessible and cost-efficient services

DESIP project in support of the government's efforts above, is simultaneously engaging the National and County Governments to maintain continuity and increase demand of essential sexual reproductive health services. The activities supported include sensitization exercise of the Ministry of Health (MoH) Health Care workers, Civil Society Organizations and Community Health Volunteers on the National MoH guidelines on continuity of FP service at health facilities, LARC mentorship sessions for health care workers reaching house-holds and maintaining the COVID-19 prevention measures, hold virtual Reproductive Health Commodity Security technical working group meetings to discuss stock status and service gaps, community sensitization through mass media engagement (radio and TV) to propagate FP messages in local languages targeting women and girls, particularly the young rural woman, marginalized and persons with disability.

The joint efforts between government and private sector will assist in leveraging the available resources to support the health sector to maintain essential services. By doing so, the health system will guarantee marginalized communities' access to essential Sexual Reproductive Health Services in the background of COVID-19 without incurring catastrophic health expenditures if forced to seek alternative health care providers.

*Article by:**Options Consultancy Services Ltd.*

Appreciation certificate by Narok County to DESIP for contribution towards COVID-19 response

DESIP Support Towards Improving Commodity Supplies Management During COVID-19

Making sure facilities have the right drugs and supplies at the right time and that patients can access affordable products when needed is important to delivering high quality primary health care and achieving the Sustainable Development Goals; this is a core element of a functioning health system.

Kenya's commodity supply chain is managed centrally by the Kenya Essential Medical Supplies Authority (KEMSA) which is responsible for the purchase, warehousing and distribution of health commodities to all public health facilities across the country without any interruption. KEMSA has adopted a pull system (demand-driven) requiring requests informed by projected consumption to be made by health facilities at county level moving away from the previous push system in which KEMSA (supplier-driven) determined what it was supplying irrespective of the consumer needs.

The country's change from the "Pull" to the "Push" System of distributing essential medicines and health supplies in Kenya has greatly enhanced efficient allocation of medicines and met the specific needs of health facilities by supplying according to their requested needs at very competitive rates. Additionally, the centralized commodity supply chain system provides the country with the right incentive by take advantage of economies of scale when procuring drugs in bulk on behalf of the Counties it serves.

The effectiveness of the pull system requires county commodity managers to have the essential knowledge, skills, access to accurate data, and the coordination of key stakeholders involved in health commodity procurement. If not well addressed, gaps in these areas will lead to poor quality forecasting and quantification contributing to inadequate commodity needs, resulting from under or oversupply.

DESIP Counties face numerous challenges under Family Planning Commodity Security. For instance, they face delay in supply of FP commodities by KEMSA; stock-outs of family planning commodities especially long acting reversible methods, inadequate funding for FP commodities resulting in constant stock-out, inaccurate and erroneous data reporting on consumption and stock by the facilities thus cannot inform decision making.



PS Kenya joined hands with Rotary International donation for COVID-19 response

To ensure the above is not the case, DESIP informed by landscape analysis findings collaborated with the Department of Reproductive and Maternal Health (DRMH) to improve forecasting and quantification capacity and ability to prepare adequate plans. The sole intent being to ensure there is effective monitoring and availability of family planning contraceptives at service delivery points that meet clients' needs and choice.

DESIP as part of its efforts to strengthen commodity management has supported various technical working initiatives at national and county level to ensure commodity security.

In the current context, the government's response to the global COVID-19 pandemic is likely to shift the focus and possibly reverse the gains made in commodity management leading to disruption of services at the client end. This focus could result in resources been shifted to address the emerging disease, and could disrupt the regular supply of family planning contraceptives.

To mitigate against this requires a robust commodity management system and coordination mechanism in place for

coordinating these efforts and mitigating against the implications caused by the new pandemic.

DESIP as part of its efforts to strengthen commodity management has supported various technical working initiatives at national and county level to ensure commodity security. At national level, the programme, as part of the National Family Planning logistics Technical Working Group (TWG) supported the FP stock verification exercise in various hospitals in 20 Counties with the aim to assessing the quality of FP commodity data reported in the Kenya Health Information System before the National Forecasting and Quantification exercise is done.

At county level, the programme supported the operationalization of virtual county commodity security reproductive health TWGs to ensure their continuity during this (COVID-19) period. The forums provided an avenue to discuss the finding from the stock verification exercises and addressing service gaps. The Counties (Narok, Elgeyo Marakwet and Isiolo) also discussed the FP commodity situation in their Counties and formulated strategies to avert facility stock outs.

The commodity security working group provided an opportunity to explore and leverage on available resources and identified key actions for all stakeholders,

including conducting rapid assessments on commodity management needs within their operation area to inform evidence based decision-making processes.

The process also aimed at informing accurate commodity forecasting by service delivery points at subnational level. Additionally, assignment of tasks to existing commodity management subcommittees at sub-national levels ensures timely preparation and submission of commodity requests to KEMSA to be processed and leading to adequate stocking of health facilities.

In the context of responding to the current COVID situation, there is need to ensure commodity managers have appropriate skills and advocate for adequate resources to be availed to ensure consistent commodity supply at service delivery points and minimize disruption.

In addition, use of quality data will ensure timely last mile commodity redistribution as and when needed according to consumption demand.

The colossal benefit of effective commodities supplies management is the enhanced right quantification and timely supply of contraceptives in both public and private health facilities in a more efficient arrangement which benefits the end user without exposing them to catastrophic health expenditures.

Article by:
Options Consultancy Services Ltd.

ABOUT THE DESIP PROGRAMME | *Continued from page 1*

The goal of DESIP is to ensure that women and girls can safely plan for their pregnancies in line with sexual and reproductive health rights particularly the young rural, marginalized, and persons with disability.

The programme impact will contribute to reduced maternal mortality, newborn and child mortality, and increased mCPR in Kenya. The programme implementation approach is systems strengthening at policy and service delivery levels to ensure sustainability, working with public, private, and faith-based health facilities.

Health Workers Service Delivery Experience: Supporting Continuity of Family Planning Services During COVID-19



Margaret Nabei, the Sub County Reproductive Health Coordinator, inserts Implant (NXT Implanon) to a client at Baragoi Sub County Hospital, in Samburu North sub-County

Service delivery within government parameters

Despite the COVID-19 disruption of the health system in Kenya, DESIP endeavours to deliver its goal which is to ensure that women and girls, particularly the young rural woman, marginalized and persons with disability, can safely plan for their pregnancies in line with sexual and reproductive health rights.

From the first COVID-19 case reported in March 13, 2020, DESIP has operated within the Government of Kenya (GoK) regulations aimed at stopping the spread of the contagion, by adhering to GoK COVID-19 Protocols and Guidelines, kept abreast with the continued to COVID-19 Situation Reports, observed implementation of programmes within the national curfew hours and kept the regulations of cessation of movement in Counties enforced by GoK.

Proud of efforts made in Samburu North sub-County, DESIP worked closely with the health management team (SCHMTs) in implementing activities

aimed at improving family planning (FP) uptake among women of reproductive age (WRA). To ensure continuity of FP services amidst COVID-19 through distribution of Information Education and Communication (IEC) materials, supported SCHMTs to sensitize healthcare workers on COVID-19 response and distributed hand sanitizers and masks to the SCHMT, health care workers and Community Health Volunteers (CHVs).

Supporting continuity of family planning service delivery at health facilities

DESIP implementation approach is systems strengthening at policy and service delivery levels to ensure sustainability, working with public, private and faith-based health facilities. It is therefore given, that in the face of the spread of the novel Coronavirus, the Programme's (DESIP) impact will continue to contribute to reduced maternal mortality, new-born and child mortality reduction, and increased mCPR in Kenya by ensuring data generated by

the programme meets the six dimensions: accuracy, completeness, consistency, timeliness, validity, and uniqueness.

Led by Margaret Nabei, the Coordinator Reproductive Health activities in Samburu North sub-County, DESIP supported Data Quality Assessments (DQA) in 14 public health facilities in the sub-county and conducted COVID-19 sensitization to health care workers. During the activity, the Ministry of Health (MoH) assessed commodity management practices, storage, inventory management, and checked drug expiry dates to avoid wastage. Additionally, the team conducted physical counts for commodities and computed the average monthly consumption to determine the months of stock for each FP commodity. This guided the team to either supply or redistribute the commodities, leaving each health facility with the recommended 3-6 months of stock for each commodity.

DESIP further supported the supervision team in conducting on-job-training (OJT) and mentorship sessions to healthcare workers on filling the FP registers and summaries. The sub county health management team also mentored new staff on the insertion of long-acting reversible contraceptives (LARC). The County benefitted from IEC materials with health messages to stop the spread of COVID-19 and as such all 18 public health facilities in the sub-county have received posters with COVID-19 messages. This included 50 Sign Language Booklets meant to reach Persons with disability. The community units also received disposable masks and hand sanitizers for COVID-19 prevention.

Despite the challenges brought up by the pandemic in the last four months, FP services remain an essential service in healthcare delivery. FP sensitization integrated with COVID-19 messages has been ongoing through the support of the DESIP programme, therefore, strengthening the uptake of FP services.

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Supporting continuity of family planning service delivery at the community: the Manyatta Model

The COVID-19 pandemic scare reduced the number of family planning clients to the facilities, thus, the activation of community-based services became a necessity in reaching women of reproductive age. At the community level, Community Health Volunteers (CHVs) continue to conduct household visits at the Manyattas using the Manyatta Model, while observing government COVID-19 prevention protocols.

The Manyatta Model of implementation involves enlisting the participation of women, adolescents and youth, men and elders at the Manyatta level in identifying barriers to FP services and developing home grown solutions including strengthening linkage to service provision points and community-based referral system.

The CHVs were sensitized on COVID-19 and use of the booked-in client approach to ensure continuity of FP services, for instance, CHVs continue to sensitize households on RMNCH/FP issues to avoid



Alex Leleina, a Community Health Volunteer from Bendera Community Unit, in Samburu North sub-County, demonstrates how he attends to a client at their Manyatta

in the unit on the FP technical module by DESIP early this year before the outbreak of COVID-19 pandemic. He is equipped with knowledge on modern contraceptive methods and this improved his capacity

“We identify FP clients, counsel, and mobilize them during in-reach and clinic days to the health facilities,” said Alex.

Every month, each CHV refers at least a client. The DESIP project has also supported the community units in creating awareness to mitigate the spread of COVID-19. DESIP continues to provide IEC materials, including posters with Coronavirus prevention messages, and disposable masks and hand sanitizers for CHVs.

“We have received learning materials from DESIP, all CHVs from our unit have received masks, sanitizers and posters with COVID-19 sensitization messages, which we use to educate the community during our Manyatta model household visits”, he added.

DESIP continues to play a great role in contributing to the uptake of FP in Samburu. The Manyatta Model has proved effective as between April to June 2020, it has steadily increase the number of WRA on FP methods.

Article by:
Amref Health Africa

Despite the challenges brought up by the pandemic in the last four months, FP services remain an essential service in healthcare delivery.

large gatherings of community dialogues. Undertaking a double assignment, CHVs have been tasked to ensure all households have improvised hand-washing facilities to minimize spread of COVID-19.

The Link Between Community Units and Manyatta Model in de-livery Family Planning services at the community

Mr. Alex Leleina is a Community Health Volunteer (CHV) from Bendera Community Unit (CU) in Samburu North Sub County. He was trained together with other CHVs

in conducting health education at the community level.

DESIP has supported several CUs in the sub-county to improve the uptake of modern contraceptives even amidst the pandemic. This has been achieved through supporting the CHVs to conduct their monthly review meetings, Book In Clients (BIC) for FP services during inreaches, and at controlled community dialogues to ensure social distancing.

CHVs conduct referrals of FP clients to the nearest health facilities regularly depending on the clients' needs.

Delivering Social, Gender and Disability Inclusion Capacity Building During Covid-19 Pandemic



Keeping the Call - 'leave no one behind'

In the times of Coronavirus (COVID-19) pandemic, the DESIP programme is designed to **'leave no one behind'** by factoring age, gender, social status and disability needs of persons to deliver sustainable and equitable Family Planning (FP) in low Contraceptive Prevalence Rate Counties in line with Kenya 'Vision 2030' as well as the Universal Health Coverage 'Accessible quality healthcare for all Kenyans.'

Despite disruption in year two's (starting April 2020) DESIP programming for social inclusion due to Government of Kenya response to reduce the risk of COVID-19 infection across the population which included travel interaction restrictions, like travel ban in-and-out of most affected Counties such as Nairobi, Kilifi, Kwale and Garissa, observing social distancing and curfew hours, DESIP continued to train its staff on social and disability inclusion and facilitated cascade training to all the 19 DESIP supported Counties.

Delivering the Call in 'New Normal'

Targeting 12 staff of the Health Rights International, Amref Health Africa and Faith to Action Network (members of the DESIP consortium), who expected to understand the scope of disability, ways of supporting persons with disabilities in accessing health care services and involving them in the community-based activities, in doing things differently, DESIP undertook a virtual training with the partners on Social and Disability training. Prior to this, and as part of the training, the identified project staff went through a three-day training on how to design and deliver a virtual training.

The 'new normal' three-hour training aimed at ensuring participants understand social and disability inclusion, key concepts relevant to social and disability inclusion such as disability etiquette, exclusion, mainstreaming, barriers, rights,

among others, and how this can be applied in DESIP. Important to note is that sections on disability etiquette were delivered by a facilitator with hearing impairment, giving the participants the true picture and sense of inclusivity.

The Pre-COVID-19 social and disability inclusion training was designed to be participatory and practical with various activities done face-to-face. Innovatively, and in an attempt to deliver the same quality of package during the COVID-19 period (in addition to multiple facilitators) DESIP conducted the training through the Zoom platform utilizing whiteboard and breakout sessions where participants annotated on and interacted with one another in a more structured way, enabling the training to be participatory, practical and interactive.

The Call in 'New Normal' Continues

In Year one (November 2019 to March 2020), using the classroom-based approach, DESIP trained 194 health care providers from both public and private sector, and 108 from National Council of People With Disabilities (PwDs) and Disabled Persons Organization. In Year two, during the COVID-19 period (April to June 2020) DESIP trained 12 staff of the DESIP consortium, who have cascaded the training to 225 community health workers, with 18 persons with disability receiving FP services.

Feedback on 'New Normal' Delivery

Both the participants and facilitators indicated excitement in learning how to do this differently.

"The pandemic has made things to be very challenging and has forced us to embrace a 'new normal'. Technology has played a big role and has helped to overcome some of the challenges," said Norah Omollo a participant from Faith to Action Network.

"With the virtual training, it was not possible to tell the mood of the participants, nonetheless, we were able to use e-forms to help get feedback from them. Being the first-time training that we had conducted virtually, the response was quite positive. The participants reported that their expectations were met, and most felt that they were confident enough to deliver the same training to their colleagues, health care providers and the Community Health Volunteers," said Hezron Ochieng one of the facilitators.

Participants' feedback included confidence in coming up with solutions to challenges in implementing social inclusion activities, for instance, data collection of persons with disability. In this case, participants came up with ways of using data collection at the health facilities for decision making, which includes sensitizing the health care providers on social and disability

Article by:
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Community-Based Distributors and Health Facilities: Link to Availability of Contraception During COVID-19



Benson Domokong, demonstrates a counseling session on cycle beads in Lomut Village of Central Pokot Sub County, West Pokot County

The Setting for Community-Based Distributors and Health Facilities Linkage

There has never been a need like today, where the spread of COVID-19 in Kenya has pushed for the need to continue offering comfortable, private and safe community-based family planning

services at the household level and refer clients to health facilities for long acting reversible and permanent methods. Community Based Distributors (CBDs) are drawn from the existing pool of CHVs in a Community Unit and are linked to a health facility. They are then taken through a comprehensive curriculum developed by the Ministry of Health following this they are then attached to a facility for clinical

Retrogressive and dominant patriarchal cultural practices make women of reproductive age avoid FP services and methods.

services to hard-to-reach populations of the women of reproductive age, namely, the young, adolescents, poor of women (earning < \$ 1.90 per day) and People with Disability (PLD).

Identified as a best practice by WHO, partner organizations have come together to compare models for Community Based RH/FP with the goal of identifying an effective practice worth scaling up. Community-Based family planning services is executed through sharing of tasks by Community Health Volunteers (CHVs) who are authorized to provide both Family Planning (FP) messages and

practice under supervision of a facility staff. During this placement they are subjected to a competence assessment test, the CHVs performance based on the cut-off score is then used to determine which CHV qualifies to be a CBD.

Hard-to-reach populations tampered by cultural and systemic barriers

DESIP works with marginalized populations in Elgeyo Marakwet and West Pokot Counties, who share similar retrogressive and dominant patriarchal

cultural practices that make women of reproductive age avoid FP services and methods, poor geographical terrain with an average distance of 25 kilometers to nearest health facility, high illiteracy levels that hinders accurate delivery and interpretation of healthy child-spacing and nomadism that alters service delivery budgets and human resources effort through planned approaches that have to be continuously altered. The two Counties, Elgeyo Marakwet and West Pokot, have low contraceptive prevalence rate of 53% and 19% respectively as compared to the National average of 58%.

Community-based distributors bridging the access to contraceptives gap during COVID-19

DESIP gathers that in line with Government of Kenya (GoK) directives, Elgeyo Marakwet and West Pokot Counties responded by resource pulling for rapid response on COVID-19 which disrupted service delivery. In a bid to keep safe due to fear of contracting Coronavirus, women of reproductive age in the two Counties also avoid the health facilities thus skipping their appointments. For a community that is already poor at seeking health services, the GoK pack of response to COVID-19 had the potential of reversing the gains made. To avert this, DESIP worked closely with the CBDs to ensure that FP messages and services continue to be provided to the targeted populations.

Contrary to the assumption of slow or reduced uptake of FP services and methods made following the emergence of the COVID-19 pandemic, working with the health management teams of Elgeyo Marakwet and West Pokot Counties DESIP reported a significant increase in community-based FP indicators that increased from 7,960 to 9,247 for January-March and April June 2020. Notably, the targeted population receiving social behaviour change messages was

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15,866 up from 12,407, and the number of youth and adolescents reached with services also increased from 1,020 to 1,406 for period January-March and April-June 2020.

Success contributors to greater access to contraceptives during COVID-19

A systematic approach to rolling out CBD included training of CHVs on the National curriculum on community based distribution, integration of FP service delivery to COVID-19 sensitization efforts by CBDs, and ensuring availability of a wide variety of FP methods to allow for method choice following referrals by CBDs. Also important was improved documentation following Routine Data Quality Assessment, feed-back provided during performance review, with an appreciation of CHVs contribution at facility and sub-Counties level, stirred CBDs to work harder.

Community-based distributors (CBDs) serve to reduce the waiting time spent by clients going for FP methods at the facility level, reduces the out-of-pocket expenditure incurred by the client while seeking services, provides a discreet avenue for seeking FP services since the client is not seen by other persons going to or seated at the FP department, fosters peer-to-peer relationship and allows for comprehensive counseling that addresses and demystifies myths and misconception associated to FP. To the health facility staff, task sharing ensures the medical personnel focus on technical procedures and thereby reducing the workload. Task shifting at the sub-county and county level (CBDs) cushions the human resource for health crisis that affects the Counties and improves access to FP methods and services thereby increasing the contraceptive prevalence rate.



Brenda Jebet Segit, a CBD demonstrates FP counseling at a household in Kapsowek Village, Keiyo South Sub county, Elgeyo Marakwet County

Sustaining the 'New Normal' during COVID-19

DESIP in collaboration with the health management of the two Counties, plan to train CBDs on the three-week long revised National curriculum to enable the CBDs to provide both short acting and injectable contraceptives.

To the health facility staff, task sharing ensures the medical personnel focus on technical procedures and thereby reducing the workload.

To ensure DESIP reaches the targeted audience with minimum barriers, the CBDs will be empowered to follow up with defaulters to understand reasons for discontinuation, explore integration to community events such as dialogue days, outreaches and 'Nyumba Kumi' meetings (Swahili for Neighborhood vigilante), to promote community ownership and acceptance of the CBDs as level one health promoters.

It is projected that at the community level, the CBDs will demystify myths and misconceptions around FP and promote male involvement in FP to allow women make informed choices and have authority over their reproductive rights. To promote sustainability, DESIP has standardized stipends for CBDs in accordance with the MoH rates, to allow for seamless transition of the project CBDs to the MOH data-base for retention after DESIP exits the scene.

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This publication is made possible by the generous support of the British people through the UK Aid. The contents of this document are the responsibility of the DESIP Programme and do NOT necessarily reflect the views of UK Aid or the Government of Kenya

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