

FAMILY PLANNING COMMODITY SECURE: COUNTIES DELIVERING SUSTAINABLE SERVICES



Equipment supply to private facilities ensures continued FP service delivery

Why a Sustainable Family Planning Commodity Secure County?

The DESIP Programme goal is to ensure greater and more equitable access to and uptake of Family Planning (FP) services across the 19 priority Counties that have low Contraceptive Prevalence Rates.

Strengthening the management of health commodities is a key objective to attain this goal. To have optimal stock levels aligned with county needs across all levels of care, health workers and managers require appropriate skills to accurately forecast and quantify the FP needs for a more equitable and efficient distribution of quality reproductive health commodities, thus ensuring commodity security.

Informed by the Landscape Analysis done by DESIP and the needs raised during the county entry meetings conducted in 2019, many barriers across the focus Counties

that inhibit accurate and effective supply planning were identified. They include limited technical expertise to use FP dashboard for real-time monitoring of commodity stock status, lack of capacity to develop accurate supply plans, untimely preparation of forecasting and quantification plans outside the planning cycle, limited knowledge and applicability of available methodologies and tools to inform their quantification activities, poor access to quality data for accurate forecasting and inadequate coordination mechanisms to discuss and address commodity security issues and challenges at county and Sub-county level.

The landscape analysis also revealed that while most health facilities offered FP services, the types of methods available varied and stock-outs remained a major challenge, particularly for more effective provision of diverse methods to end-users in the private sector. This could be attributed to the limited collaboration amongst the private and public sector, noted by the limited reporting from the private sector.

Continued on page 3

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%

Continued on page 2



From the CEO, PS Kenya

Dear Readers,

Welcome to this issue of Kujipanga that shines a spotlight on Investing in Policy Frameworks. Family Planning is a central pillar of Kenya's Reproductive Health programme and the wider national health priority as outlined in the Constitution of Kenya 2010, Health Act 2017, Kenya Health Sector Strategic & Investment Plan (KHSSP) 2013-17, Kenya Vision 2030 and Kenya Health Policy 2014-2030. The government is committed to realizing Universal Health Coverage (UHC) and ensuring Universal Access to Family Planning as a key component of Sexual and Reproductive Health. This is achieved through designing programmes and policies to place family planning

and reproductive health services close to where disadvantaged groups live and work. The guiding policies are aimed at accelerating the achievement of the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) outcomes towards realizing the Sustainable Development Goals including target 3.7 of ensuring universal access to sexual and reproductive health services. DESIP continues to focus on investing in Policy Frameworks through sustainable health financing, commodity security and accountability of Family Planning investment in DESIP Counties.

Enjoy your read!

Joyce Wanderi.

Continued from page 1

About The DESIP Programme

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.

The programme impact will contribute to reduced maternal mortality, newborn and child mortality,



From the DESIP Director

Dear DESIP family,

Since Kenya was classified as a middle-income country, donor support is declining, there is a need to identify longer-term sustainability of FP services which will require stronger government stewardship. DESIP program while working with government and other stakeholders provides technical assistance to strengthen service delivery and institutional capacity of county health systems in the use of data and evidence in formulating effective new reproductive health policies and laws and establishing effective and efficient financing mechanisms to sustain and improve access and utilization of quality family planning services.

The development of overarching guiding documents are critical drivers of change

for building an enabling policy and planning environment framework in which national and county sexual and reproductive health and advocates operate in. These documents strengthen the utilization of evidence in lobbying efforts towards influencing the prioritization of Family Planning in the national and sub-national planning process, increasing allocation of domestic resources and in the formation of effective multi-stakeholder coordination mechanisms to strengthen program implementation.

Through improved policy and strategy development and political goodwill, there has been a steady increase in domestic resources for the Family Planning program by both the Government of Kenya and the donor community. Moreover, since devolution, there has been an effort

DESIP continues to work with the Government of Kenya and the donor community to ensure existence of guiding policies and strategies...

by the Government of Kenya and the donor community to make clear lines of accountability for FP commodity purchasing and distribution, and FP commodity security throughout the country.

DESIP continues to work with the Government of Kenya and the donor community to ensure the existence of guiding policies and strategies which marks a good step in the right direction in addressing the gaps currently existing that inhibit the provision of quality reproductive health services and information to those who need them.

This edition of Kujipanga details DESIP effort in on Investing in Policy Frameworks.

Josephine Mbiyu.

Continued from page 1

COUNTIES DELIVERING SUSTAINABLE SERVICES

Capacity Building for Sustainable Family Planning Commodity Secure County

In consultation with the Department of Reproductive and Maternal Health (DRMH) and county governments, DESIP supported training on forecasting and quantification (F&Q) of FP commodities to enhance the knowledge and capacity of health personnel to conduct accurate F&Q and effective supply planning. Apart from Kilifi, Samburu and Mombasa, which had sufficient capacity to do F&Q, 120 healthcare workers comprised of pharmacists and reproductive health coordinators drawn from the county, sub-county and facility levels of 16 focus Counties: Elgeyo Marakwet, Narok, West Pokot, Kajiado, Garissa, Baringo, Homa Bay, Marsabit, Lamu, Wajir, Mandera, Migori, Kwale, Isiolo, Turkana and Tana River, were reached.

The Programme has also supported the county teams in establishing or revitalizing coordination mechanisms such as Reproductive Health and or Commodity Security Technical Working Groups (TWG) to utilize the FP dashboard as resources for increasing visibility on the FP commodity landscape and to inform decision making in the everyday implementation of the FP Programme to avert stock-outs. This helps to ensure the long-term sustainability of Kenya's FP program as DESIP works with county and sub-county managers to build capacity to forecast, quantify, distribute, monitor and evaluate commodity utilization and improve their overall effectiveness in the last-mile distribution of the FP products from the central store to the service delivery point (SDP) with minimal disruption.

The Programme has also supported the county teams in establishing or revitalizing coordination mechanisms

Continued Support for Family Planning Commodity Secure Counties

DESIP continues to participate in the monthly FP Logistics TWG meetings at the national level where discussions are held on the commodity situation. Through the Logistics TWG, the Programme monitors the stock level of various FP commodities at the national warehouse to effectively advise and support Counties to correctly order the available commodities to avoid stock-outs. This team has also been involved in the development of the Family Planning Commodities Quantification and Supply Planning (2020-2022) which quantifies the commodity and funding need for the country inclusive of the supply plan and has done its mid-year review.

Article by:
Options Consultancy Services Limited

INCREASING NATIONAL FINANCING FOR FAMILY PLANNING COMMODITIES

Observing Family Planning (FP) commodity funding in the country for the last ten years, between Financial years 2010/11 and 2012/13, The Government of Kenya (GoK) contributed significantly by directing US\$10 million to the Ministry of Health (MoH) for the purchase of FP commodities.

However, from the onset of devolution in Financial Year (FY) 2013/14, that money was redirected to Kenya's 47 newly created Counties, leaving the national budget without a dedicated line item for the purchase of FP commodities. Because there was no guidance to county governments to make provisions for FP commodities, there was a decline in funding in 2014/15 until the national government picked up the responsibility of acquiring FP commodities in 2016/17.

This was basically a casualty of devolution in the sense that there was confusion regarding who was responsible for funding FP commodities assumed that FP was still a national programme like HIV/AIDS and Malaria, whereas the central government had already devolved it together with the other health functions.

This situation resulted in an erratic FP commodity funding landscape, with GoK completely halting its funding for FP commodities between FYs 2013/14 to 2015/16. This worsened the funding gap, from more than \$12 million in FY 2013/14 when there was still a budget line for commodities, to around \$1.5 million between 2014/15 and 2017/18 thus development partners had to step in and fill the funding gap for FP commodities year on year.

However, with Kenya's economy being rebased and the country being classified as a low middle-income country, the result has been a reduction in donor commitment and contribution since 2018. This has seen various donors, with efforts such as USAID's 'Journey to self-reliance', pushing for the country to reduce donor reliance and for government to take up roles previously played by donors.

This requires the government to improve and sustain national ownership through strengthening the public sector involvement in especially ensuring adequate domestic financing for procurement of family planning commodities are factored in the national budget and sub-national level factor budgets for delivery of quality services.

Continued on page 4

Continued from page 3

To sustain the gains made in the uptake of family planning there is a need to effectively and efficiently coordinate activities towards securing adequate financing, commodity security working group was formed bringing together key donors including the Bill and Melinda Gates Foundation (BMGF), United Nations Populations Fund (UNFPA), the UK Department for International Development (DFID) and USAID under the leadership of Ministry of Health and Nation council of population and development (NCPD). USAID, Gates and FCDO joined forces to engage in high level advocacy with GoK to take a leading role in funding the FP program and enter into a memorandum of understanding (MOU) where the donor community committed to match the funding allocated by the Kenyan government towards procurement of family planning commodities for an agreed period. The MOU stipulates a graduated reduction in investment on the development partners' side as the government increases its investments (as is in the table) speaking to the commitment of increased national ownership of family planning domestic financing and sustainability beyond 2024.

Year	Matching Ratio
2020	1:1.5
2021	1:1
2022	1:0.5
2023	1:0.5
2024	1:0.25

While the MOU has not been officially signed by the government as it is awaiting cabinet approval, its implementation has already begun with positive responses on both sides. The high-level advocacy and consistent dialogue with the MoH and National Treasury is yielding fruits, evidenced by reintroduction of a FP budget line and the allocation of domestic resources to procure FP commodities, in the national budget. In 2019/20, the GoK allocated a total of KES 785 million and in FY 2020/21, allocated a total of KES 1.2 billion for the procurement of contraceptives. Also, the Family Planning Commodities Quantification and Supply Planning (2020-2022) was developed, with

DESIP participating, to inform resource allocation (GoK, NGO and private sector) for reproductive health (RH) commodities. A review of this plan of which DESIP was involved in was done to align to the forecasts to the prevailing circumstances such as the COVID 19.

In order to sustain domestic financing, DESIP is supporting the Department of Reproductive and Maternal Health under MOH to come up with Reproductive Health Commodity Security (RHCS) and total market approach (TMA) strategies. The RHCS is a Five-Year guides the planning, implementation, coordination, supervision, monitoring and evaluation of RH commodity management in Kenya in order to ensure "a country where high-quality reproductive health products and technologies are available and accessible to all target clients" while the TMA Strategy will support a stronger and diversified supply chain that is more efficient, follows good market principles and reduces distortions and stockouts of FP products, technologies and health technologies across Kenya. If well implemented the hope is that Kenya will have sufficient funding for acquisition of family planning products.

The high-level advocacy and consistent dialogue with the MoH and National Treasury is yielding fruits...

Article by:
Options Consultancy Services Limited



DESIP sustains national ownership through strengthening the public sector involvement in adequate domestic financing for procurement.

INVOLVING CIVIL SOCIETY ORGANIZATION NETWORKS IN BUDGET ADVOCACY FOR SUSTAINABLE FAMILY PLANNING



Garissa Civil Society Engagement forum on child spacing and investment case finding

The rights guaranteed in the constitution of Kenya, various Ministry of Health reproductive health policies and commitments made at the global and national level i.e., FP 2020, ICPD-25 conference, require that reproductive health services including family planning be prioritised and financed to ensure greater and more equitable access to and uptake of FP services. This however can only happen when there is demand from local stakeholders and greater accountability on the part of Government.

Civil Society Organizations (CSOs) are a critical component in ensuring that citizen's voices and views are taken into consideration during the budget making process as well as ensuring that quality service is accessible to those who need them without exposing them to catastrophic health expenditure. Equally important is the realisation that CSOs by themselves, focusing on different aspects of health, require constant capacity building to carry out their role of advocacy and accountability optimally.

DESIP sought to identify CSOs, assess them and strengthen their capacity and ensure stronger literacy of influencers and leaders from 25 CSOs from the 5 Counties namely Elgeyo Marakwet, Narok, Isiolo, Garissa and Kilifi in Family Planning/Sexual Reproductive Health (FP/SRH) specifically looking at service delivery, Policy and Planning, Health Finance, Commodity

Security and Evidence and Accountability. The trainings resulted in CSOs developing advocacy action plans.

The capacity building initiative was followed by joint engagement forums involving CSO and County health management teams with the aim of establishing technical coordination structures to strengthen the accountability mechanisms available at County level. The objective was to create CSO networks that will generate and analyse data, package and utilise evidence to tactfully conduct budget advocacy efforts targeting policy and decision makers to ensure improved FP prioritisation within the Counties.

The involvement of the CSOs is critical as they represent the community voice on health matters and them being adequately prepared will ensure the family program is prioritized and the right investments are channelled to areas of need. The end goal is to enhance the CSO's ability to work in a responsive coalition network engaging policy and decision makers on various RMNCAH issues affecting the community and lead to influencing the increase in RH/FP budget allocation and tracking of expenditures for delivery of SRH/FP services.

Having a robust coalition network will provide a platform for constructive dialogue between civil society and government on prioritising FP investment and programme

The involvement of the CSOs is critical as they represent the community voice on health matters

activities. Moving forward the CSOs will be supported to engage in advocacy efforts especially targeting the budget processes to advocate for allocation of more resources towards reproductive health/ Family planning program. In Kiliif, Elgeyo Marakwet, Garissa the CSO teams were further sensitized on each county's investment case report findings, policy and programmatic recommendations to be taken into consideration. In addition, they received further guidance and capacity building on the preparation of budget memo's which were shared with CHMT members for consensus and further inputs. The final approved memo proposals were then presented to county assembly health committee members for buy-in.

Article by:
Options Consultancy Services Limited

INVESTING IN POLICY FRAMEWORKS TO SUSTAIN FAMILY PLANNING

The Implementation Plan

The Delivering Equitable and Sustainable Increases in Family Planning (DESIP) in Kenya programme is funded by the United Kingdom's Foreign, Commonwealth and Development Office (FCDO) and seeks to ensure greater and more equitable access to and uptake of Family Planning (FP) services in 19 priority Counties in Kenya.

The FCDO DESIP project was specifically designed to strengthen the use of data and evidence in formulating effective new reproductive health policies and laws while working with government to develop effective and efficient financing mechanisms to improve access and utilization of quality family planning services through strengthened service delivery and institutional capacity of county health systems.

The need to strengthen the family planning systems was guided by research evidence from the DESIP landscape analysis report (2019), which showed a lack of capacity at individual, institutional and systemic levels of the county health systems to fully support the implementation of the family planning program to realize the project outputs.

The project adopted the “pathways of change” approach as shown in the framework to help achieve the four key program outputs, namely, Greater availability of FP commodities, Greater demand for FP commodities, Sustainability of the private sector and Improved and sustainable National Ownership



Narok County and sub-County Reproductive Health and Commodity Security Technical Working Group meeting.

(strengthened public sector). To achieve the programme goal requires significant investment be made in developing policy frameworks towards creating the conducive environment for the program.

The policies and frameworks aim at sustaining health financing, promoting commodity security and building the culture of accountability, as detailed in this section.

For Health Financing, through the policies and frameworks, Government of Kenya (GoK) has reinstated the FP budget line in the national budget and developed a Gok/Donor matching fund arrangement memo. The Gok has allocated 785 million in 2019/20 and allocate an indicative budget of 1.26 billion towards procurement of family planning contraceptive commodities. The

policy has enabled the diversification of FP funding sources, which are, TMA, UHC, Linda mama, public and private health insurance schemes.

For Commodity Security, the national Technical Working Groups (TWGs) and technical committees meets monthly, where it advocates for allocation of resources by both the government and donors. The team reviews the commodity status in the country alongside the supply plan. National FP logistics TWG discuss the commodity situation in the country and come up with strategies to avert stock outs, and at the county level, functional Commodity Security (CS) and Reproductive health technical working groups has been established.

For accountability, the CS TWG monitors the GoK/Donors Memorandum of Understanding match funding arrangement, and the social accountability mechanisms established at county level, helps advocate and monitor FP programming at devolved levels.



DESIP Director Josephine Mbiyu at the National Contraceptive Day

The need to strengthen the family planning systems was guided by research evidence...

Continued from page 6

Challenges in policy formulation and implementation

The main barriers to policy formulation and implementation were limited stakeholder consultation, limited resources and disjointed enforcement by county governments. This is evidenced by the lag in enforcing some of the policy recommendations and limited financing causing the slow progress in implementation. It is therefore crucial that those engaged in policy formulation consider engaging political support in the early phases of policy development.

Not all Counties had operational family planning plans which were aligned to the

national and there was still some looming confusion on whose responsible for family planning program from the onset of devolution. In some Counties, FP is still not factored as a priority program as a result it was neglected and did not received much attention in terms of funding and in other Counties the program was operational due to partner support especially during integrated support supervision activities.

At both national and county level, Sustained engagement with all stakeholders during policy formulation and validation processes ensures there is already good political will emerging at devolved levels evidenced by Counties developing county-specific plans and capture within the annual work plans activities with corresponding budgets for implementation. This provides the right

impetus to the implementation process of the nationally developed strategies.

Table below gives an overview of policies or strategies, their objectives and outcomes.

Sustained engagement with all stakeholders during policy formulation and validation processes ensures there is already good political will...

Article by:
Options Consultancy Services Limited

POLICIES / STRATEGIES	OBJECTIVE	OUTCOMES
National Reproductive Health Policy (2018 - 2030)	To guide the country's investments in the health sector and beyond, to improve quality, efficiency, and harness synergies and economies of scale in the delivery of comprehensive universal reproductive health services for all Kenyans.	Overarching guiding policy framework that accommo-dates progressive scientific reproductive health advances to operationalizes the Constitution right of en-suring every Kenyan access the highest attainable standard of reproductive health.
National Family Planning Costed Implementation Plan (2021 - 2025)	Details the country's plans to achieve its FP vision and goals to improve the health and well-being of its population and the nation through providing high-quality, right-based FP information and services. The plan provides critical direction to Kenya's FP programme, ensuring that all components are adequately addressed and budgeted for. More specifically, provide a framework for inclusive participation by providing a clear framework for broad-based participation of stakeholders within and outside of the MoH.	<ul style="list-style-type: none"> • Ensure a unified country strategy for family plan-ning is followed. • Define key strategies, activities, inputs and an im-plementation roadmap. • Determine demographic, health, and economic impacts of the FP programme. • Define a national budget for FP. • Mobilize resources to secure donor, government and private sector commitments for the FP pro-gramming. • Coordinate activities and monitor progress of activ-ities implemented by multiple stakeholders
Reproductive Health Commodity Security (2020 - 2024)	The Reproductive Health Commodity Security strategy strives to achieve universal access to quality Reproductive Health (RH) products and technologies.	Ensure all clients obtain and use quality reproductive health products and technologies when and where they need the product.
\Total Market Ap-proach Strategy (2020 - 2025)	Operationalization of the TMA Strategy for FP will provide an opportunity to reorient the country to shift from a single-sector focus to a total market perspective to improve the overall cost and supply chain efficiency of the supply chain that follows good market principles and reduces distortions and stock outs of quality FP products, health technologies and services across Kenya.	It supports a stronger, diversified and more efficient FP market to ensure contraceptive commodity security by encouraging growth and diversification of key mar-ket players (public, private for-profit and social mar-keting), while at the same time expanding greater ac-cess to quality FP products, technologies and services and increase the choice to consumers.
FP Standards	The standards are to equip and guide FP service providers with the tools required to provide consistently high-quality, client-sensitive professional services and maintain comprehensive care for clients who are seeking family planning health services.	Ensure all clients access quality reproductive health Services, information and products when and where they need and are satisfied.

BENEFICIARY OF SUSTAINABLE FAMILY PLANNING INVESTMENT IN COMMUNITY-BASED DISTRIBUTORS LINKED TO HEALTH FACILITIES

Using systems strengthening approach, DESIP implemented a Community-Based Distribution (CBD), DESIP to ensure that women and girls in West Pokot County can safely plan for their pregnancies in line with sexual and reproductive health rights particularly the young rural, marginalized, and persons with disabilities.

The CBDs took a three-week training using the national curriculum for DMPA (Depo-Provera) and undertook a competency test before certification. The process of community-based selection, training and graduation of CBDs has contributed to the acceptance of CBDs and build into communal accountability to delivering FP to Women of Reproductive Age (WRA) by CBDs. Specifically, the strong foundation for community engagement

and accountability came from open community-based recruitment of CBDs followed by the intensive CBD training which has facilitated efficacy in delivering FP services by CBDs who understand the social-economic dynamics of their communities. At the facility, the CBDs are equally recognized and valued as important actors in health systems structures, with an appreciation for each referral they make.

Important to note is the male involvement through efforts made by the public administration, their male spouses (in the case of female CBDs), and the integration of male CBDs to reach Women of Reproductive Health with FP information, services and products in their communities.

Tools for reporting are mostly available and in use at both community and the link-facility. By large, the CBDs understand the data management process and comfortably use tools as required and directed. The CBD process was facilitated by WPC buy-in to try CBD as an extension of services to the community in need, and support from the link facility, with data review sessions, referral of WRA for additional health assistance.

Despite the COVID-19 challenge of WRA fear of contracting the contagion at the health facility or from the CBDs who were conducting in-and out-reaches in the community, the CBD linkage to community-based health facilities has influenced uptake of FP methods.



In Kadokony village, Keringet Constituency of West Pokot County, barely 500 metres from Kadokony Dispensary is Emily's home. Popularly known as Mama Bonnie, Emily, a mother of nine children with the oldest being 21 years and youngest 6, is also a proud grandmother of two lovely grandchildren.

Despite living close to the facility, Mama Bonnie neither learned about nor took FP methods. Mama Bonnie's turning point was when she heard the DESIP trained CBD (Christine) talk about FP methods in one of the gatherings. The homecoming community meeting for DESIP trained CBD assured Mama Bonnie that Christine was authorized to provide injectable contraceptives. Impressed by Christine's presentation, Mama Bonnie approached her after the event for more details and how to access FP services.

Later, Christine invited both Mama and Baba Bonnie to her house and informed them of all the FP methods as displayed on her wall. In the presence of her husband, Mama Bonnie settled on injection.

"I do heavy work with my hands. I do not want anything affecting my work. I prefer injections," said a happy Mama Bonnie. "I was counselled on the

method and I understand the possible side effects," she added.

Mama Bonnie has not reported any side effects and she is happy with the method. As a satisfied client, Mama Bonnie has been a key player in referring her family friends and peers to Christine for FP services.

Article by:
HealthRights Kenya

EDITORIAL TEAM

BILL OKAKA
EVELYN GATHURU
GLADYS SOMEREN
HAPPINESS ORUKO
HAWA ABDILLAHI
JAMES KAMANDE
JAVAN WAITA
JOHN KUTNA
JOSEPHINE MBIYU
JUDY AMOKE-EKASI
SILAS CHEBON
TOM ONEKO
TABBY NYANJUI



PS KENYA | AMREF KENYA | OPTIONS | FAITH TO ACTION | HEALTH RIGHTS INTERNATIONAL | VSO KENYA | PSI

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

Contact us at: info@pskenya.org