

FAITH LEADERS CHAMPIONING FOR FAMILY PLANNING IN DESIP SUPPORTED COUNTIES



A family planning outreach at a beach in Lake Victoria, organized by Faith Leaders and the Ministry of Health in Homa Bay County

Building the Confidence of Faith Leaders to Advocate for Child Spacing

The Kenya National Census (2019) reveals religion as an embedded element into the Kenyan social fabric with 85.5% of the population identifying as Christians and 11% as Muslims.

It is therefore no surprise that the Faith Leader is a key influencer in decision making at the individual, household, and community level, as a Pastor Noah Imonje from Migori county put it, "Mchunganji akisema ni hivyo!" [Whatever the Pastor says, goes]. As part of the DESIP Programme, Faith to Action Network (F2A) has built the capacity of Faith Leaders in Homa Bay and Migori to clarify misinterpretations of religious scriptures pertaining to Family Planning (FP), equipping them to become child spacing advocates.

As a result, Faith Leaders now have skills and confidence to address matters of child spacing from a theological perspective.

Pastors Martin Ombok and Rhoda Akacha from Homa Bay county affirm this when they say, "I went to the training without any knowledge on FP; I also thought it is a sin to do FP" and "the training gave me more understanding and courage to talk to church members on Child spacing."

Leading by Example

Faith Leaders in Migori and Homa Bay have put their new skills to work, passing messages on the importance of child spacing from a scriptural perspective to community members.

This has seen them reaching out to community members to have candid family level discussions. For example, Lydia Kivuva, a Church Leader from Migori county, opens to the congregants, telling them that she used the implant for seven years and was able to get pregnant within two months after she stopped using it.

Hearing of personal examples from Faith Leaders, allays fears and dispels the myth that using FP causes infertility.

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%



From the CEO, PS Kenya

Given the important role that Faith Leaders play in the community, it is imperative that they have a positive attitude to Family Planning.

Dear Readers,

Religion has often acted as a barrier to the uptake of FP services due to misinterpretations of scripture, as well as myths and misconceptions about Family Planning. As authoritative sources of information, Faith Leaders can either be barriers or facilitators in the uptake of FP services. Given the important role that Faith Leaders play in the community, it is imperative that they have a positive attitude to Family Planning. In addition to service barriers like limited-service coverage, long distances, incomplete method mix, low quality of

care and provider bias, we look forward to continuing the working partnership with Faith Leaders to eliminate the entrenched sociocultural barriers such as the desire for large families, patriarchal decision-making, faith-motivated opposition, high poverty, illiteracy, myths and misconceptions that create demand-oriented barriers to Family Planning uptake. Faith Leaders have become a beacon of hope to clarify the scriptural basis for child spacing to improve uptake of Family Planning services by their followers. DESIP leads this learning space.

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

To this effort, the model continues to clarify the scriptural basis for child spacing by Faith Leaders to improve the up-take of FP and RH services by their followers.

Dear DESIP family,

In implementing the Programme, DESIP hypothesizes that Faith Leaders (FLs) can either be barriers or motivators in the uptake of Family Planning (FP) and Reproductive Health (RH) services, by navigating their followers through patriarchal decision-making, faith-motivated opposition, high poverty, illiteracy, myths and misconceptions which are demand-oriented barriers to FP & RH uptake. It is my pleasure to mention that DESIP continues to demonstrate winning approaches, one of such is the continuous engagement with Faith Leaders to reach their followers with messages of family planning (FP) and child spacing. DESIP implements a faith-driven and client centred approach by partnering with five faith organisations, namely, The Supreme Council of Kenyan Muslims, Christian Health Association Kenya, Council of Anglican Provinces of Africa, Anglican Development Services of Mt. Kenya

East and Organisation of African Instituted Churches, by diving into the faith sector's untapped potential in both demand creation and service provision. Demand creation is integral to improving the uptake of modern contraceptive methods and decreasing the unmet need for FP. A successful demand creation strategy requires critical examination of the socio-cultural landscape in the areas of implementation and identifying barriers that hinder the uptake of FP services, as well as opportunities that could be exploited to increase the uptake of FP services. To this effort, the model continues to clarify the scriptural basis for child spacing by Faith Leaders to improve the up-take of FP and RH services by their followers. Some of the intermediate outcome in engaging Faith Leaders are the introduction of outreach platforms like religious Umbrellas Bodies which enables the assembly and connection of interfaith across the counties, as it breaks the interfaith boundaries, creating collation

bridges for teams engagement. Faith Leaders have shown mastery in co-planning and coordinating outreaches at beaches (in Lake Victoria) and bars (mostly reaching men) with the Ministry of Health staff, efforts that have created new frontiers in reaching followers - while Faith Leaders communicate to their followers the Nurses provide services. Through their networks, Faith Leaders have consistently utilized mass engagement via local radio stations in vernacular languages, with messages on importance of child spacing. In this edition, DESIP attribute seamless coordination between Faith leaders and the healthcare workers as the success factor to improved knowledge and confidence on matters of family planning and healthy child spacing by Faith Leaders. Enjoy the read!

Josephine Mbiyu.

Continued from page 1

CHAMPIONING FOR FAMILY PLANNING

Engaging Church Umbrella Bodies

The Faith Leaders are taking advantage of Church Umbrella bodies to cascade messages of the importance of child spacing to other Faith Leaders. For example, Pastor Noah Imonje, is leveraging on his position as the point person for Organisation of African Instituted Churches (OAIC) in Migori, which has a membership of 120 churches in the county, to pass FP messages to other Faith Leaders in this platform. Faith Leaders are also using the Interfaith Council as avenues to pass FP messages.

Using these platforms, scriptural misinterpretations that have been a barrier to uptake of FP are being addressed, resulting in more Faith Leaders with improved knowledge of the scriptural basis of FP. This contributes to sustainability by inculcating positive messages on Family Planning/child spacing in religious spaces.

Exploring Uncharted Territories

Faith Leaders in Homa Bay have made the bold move to reach out to the community members in beaches and bars to pass information on FP and HIV prevention. Working closely with the F2A team, healthcare workers from link health facilities and the sub-county MOH team, Faith Leaders have been able to pass FP messages during outreaches held at the beaches.

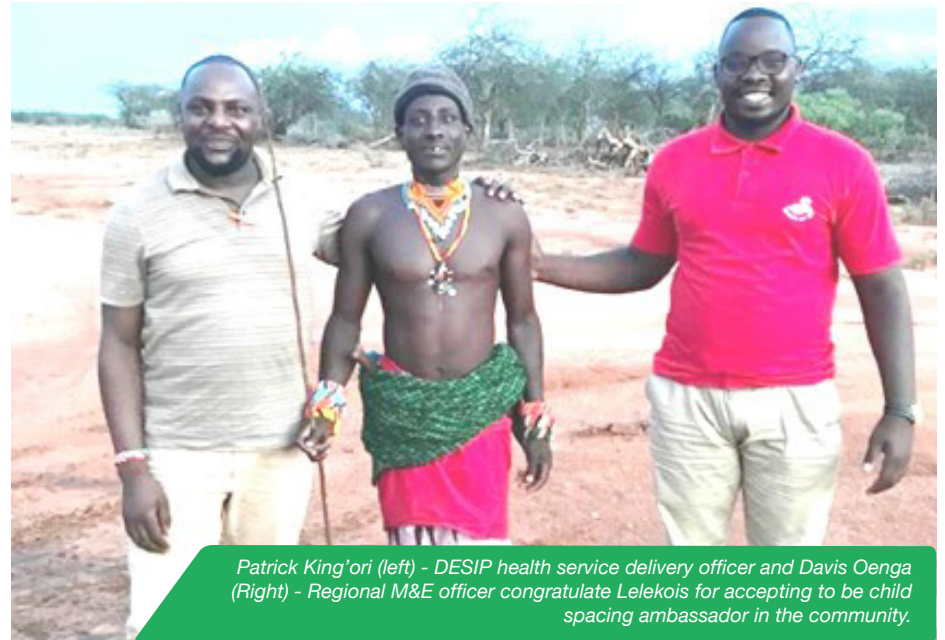
Pastor Martin Ombok from Homa Bay county explains that he conducts 8 to 10 outreaches in the beaches in Homa Bay, which have the highest yield. The Faith Leaders have taken it a step further, recognising the need to integrate HIV messaging, and ventured into bars along the beaches to talk to men about HIV prevention, child spacing and to load condom dispensers.

Pastor Ombok is happy to announce that, "even people know I am helping them, not to get AIDS, not to get STIs, not to get pregnant, to space pregnancies."

Using these approaches, Faith Leaders have been able to reach out to 1,616 persons with FP information resulting in 985 clients taking up FP services in the period July to December 2020.

Article by:
Faith to Action Network

MALE INVOLVEMENT IN SUPPORTING CHILD SPACING AND FAMILY PLANNING



Patrick King'ori (left) - DESIP health service delivery officer and Davis Oenga (Right) - Regional M&E officer congratulate Elekois for accepting to be child spacing ambassador in the community.

In many communities in Kenya, men have been edged-out of the child spacing and family planning (FP) discussions. As structured over the years, through government and by those supported by development partners, intervention mostly target women and by large do not see space for men to play a role on matters child spacing and FP. This has since posed a challenge in ensuring women of reproductive age are consistently reached and communally supported to practice child spacing and take up FP methods of their choice, especially in communities that are considered highly patriarchal, like the Samburu, leading to incidences of protracted misunderstanding and mistrust between the community and the health system when it comes to matters of child spacing and family planning (FP).

How Do We Change the Tide?

DESIP observed through feedback from men at community dialogue sessions, that the unwritten laws of reaching out to women only on matters of family planning is a precursor to creating fertile grounds for home-based violence. Men feel side-lined and shortchanged on their desire to grow their community population, where children are counted as wealth. This is one of the causes for conflicts of proportional magnitude in families, leading to discontinuation of family planning use by women in such communities.

DESIP also observed that if left unaddressed, there would be a risk of women having to hide to access these important commodities, and continuously suffer violence as well as lack consistency in use of their methods of choice.

DESIP, through the County Government of Isiolo, continued to employ strategies to ensure that uptake of child spacing services improves at the facility level. The deliberate plans include equipping clinicians with the required skills, supporting provider behavior changes and encouraging male involvement in the process.

At second level, DESIP continued to deploy and strengthen different approaches, raising awareness and demand for modern contraceptive methods among the Samburu community through social mobilization, with structured dialogue held with different groups; men, women as well as youth and adolescents. DESIP also undertook Manyatta outreaches and Community Based Distribution of FP Commodities, to sustained provision of FP services closer to the people at Manyatta level based on demand.

Health facility linkage was intensified and timed referrals of identified clients by Community Health Volunteers and Champions to Health facilities through Manyatta-based referral system. DESIP also ensured community

Continued on page 4

Continued from page 3

advocacy was continuous and adaptive, targeting men and cultural leaders/elders at the Manyatta level with FP information to advocate for their social acceptance and commitment to modern contraceptive.

Is the Tide Changing?

Mr. Lelekois (not his real name), a young Samburu warrior who walked through the gates of health Tuale dispensary in Isiolo County, to find out about child spacing and family planning. For the love of family, he did not want to stop the wife from accessing healthcare – all Lelekois needed was assurance that no harm will befall his wife, and that following the use of a contraception their future is secured in the event they desired a child. As a way of

changing the tides, fortunately for Lelekois, at Tuale dispensary, he met the Nurse-In- Charge, who engaged him and provided answers to his questions.

"I am pleased at the information I have received today. I mean why not reach out to all men," said a satisfied Lelekois. "From today, I shall not force my wife to seek permission to get a family planning method of choice. I am happy and reassured that child spacing is a good thing," he added.

The Learning for Improved Male Involvement Intervention

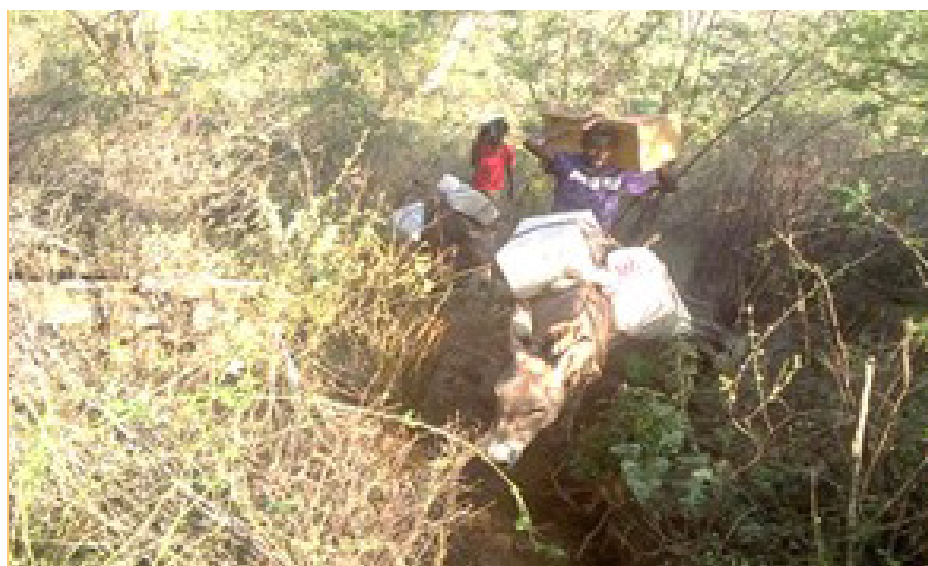
Men involvement in the reproductive health provision is an important process, especially

in communities with strong cultural beliefs that place women as 'second-class' residents with no decision-making rights. Over and above, equipping clinicians with the right knowledge and having the right attitude ensures that men are met by individuals that will be resourceful in their knowledge quest. Initially, it is confusing on the process to engage men but when you initiate the conversation it is much easy at the end of the day.

Article by:

Faith to Action Network

DONKEY OUTREACHES TO HILLS & VALLEYS: REACH POOR RURAL WOMAN



In the outskirts of Marsabit County, lies Uran ward which is among the seven wards in Moyale Sub-County. Uran ward is home to 9,754 people as per KNBS 2019 and approximately 184 kilometers from Marsabit County. Uran ward is made up of seven sub-locations namely: Lataka, Rawana, Uran, Walda, Golole, Banale and Karbururi. Uran health Centre is one of the major health facilities in Uran sub-location with a catchment population of 3,031 within 106 households that are in the Health Centre's outreach sites of Qicha and Qiltipe. The two outreach sites are special in that they are located atop a hill, the area is bushy, hilly with very poor terrain. There are no vehicles or motorcycles that can move up the hill to transport goods or services.

Modern contraceptive use remains an important public health intervention and a cost-effective strategy for preventing unintended pregnancies and reducing maternal mortality. This, among other health services in the remote areas of Qicha and Qiltipe, has been a pipe dream. Inspired by the wise saying that "over every mountain there is a path, although it may not be seen from the valley", the health care workers in Uran Health Center had to become innovative and thought of utilizing donkeys to ferry medical drugs and commodities to the community in need up the hill. Through DESIP programme support, HCWs have been able to scale up the hill to conduct Donkey Outreach activities through which they deliver preventive and curative health services to the community

members in their location despite being considered hard-to-reach areas. According to the Community Health Assistant, Galgallo Dida, outreaches also provide a platform for the health care workers and CHVs to deliver health talks including on Sexual and reproductive health; COVID-19 awareness and do defaulter tracing. One of the reasons the community members default is due to distance and the rough terrain to the health facility.

The Donkey Outreaches have contributed to an improvement in most reproductive health indicators, including immunization and family planning. The Nurse In-Charge shared that there was still a knowledge gap in regard to family planning with a high demand for mainly condoms and that there is need for continued outreaches to provide consistent information on alternative or complimentary forms of family planning and to have the services closer to the community.

Through DESIP programme support, HCWs have been able to scale up the hill to conduct Donkey Outreach activities

Article by:

Faith to Action Network

FAMILY PLANNING ADVOCACY THROUGH THE EYES OF A FAITH LEADER IN ISIOLO

The need for Family Planning in Isiolo County

As divulged by the 2019-2024 DESIP Social and Behaviour Change Strategy, health seeking behavior in Isiolo County is largely affected by the indigenous cultural practices, which encourage high birth orders, early marriage, teenage pregnancy, and female-genital mutilation leading to poor demand for services for health and particularly family planning (FP) services. The contraceptive prevalence rate for Isiolo stands at 27% compared to a national rate of 58% making it one of the counties with low mCPR in Kenya. Faith to Action Network through Anglican Development Services Mt. Kenya East (ADSMKE) is working to increase availability and demand for FP services in Isiolo County by engaging faith-based health facilities and religious leaders.

DESIP, through Faith to Action Network, works with faith leaders in transformative processes 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 child spacing and are equipped with scriptural knowledge, skills and confidence to effectively advocate 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 as places of worship, youth groups, Madrasahs, radio stations, community groups and cultural structures in Isiolo County. These advocacy messages then influence the client to take up a child spacing method, which could be provided at a health facility, during an outreach or provided by a religious leader during a household visit.

Through the Eyes of the Religious Leader

Among the religious leaders that DESIP works with, is Pastor Emmanuel Ngambori a resident of OI Donyiro in Isiolo County. Pastor Emmanuel works in Full Gospel Church of Kenya and is attached to OI Donyiro Dispensary as a demand creation agent. At the health facility, Pastor Emmanuel works closely with the health care provider and community health volunteer to advocate for child spacing through pastoral platforms



such as community fellowships and door-to-door household visits to reach clients.

The OI Donyiro catchment area is a predominantly patriarchal society with the Samburu tribe-forming majority of the community members in this area. The Samburu people have a strong socio-cultural structure, which encourages high birth orders, early marriage, and female-genital mutilation in the community. Polygamy is also generally practiced in Isiolo, causing competition among co-wives on who has more children; furthermore, children in this community are viewed as an indication of wealth and status. This affects reproductive health decision-making abilities and health seeking behaviors at individual level.

Adjusting to the New Normal, door-to-door pastoral visits

In response to the need to reach their worshipers, 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. Pastor Emmanuel quickly took up the pastoral door-to-door pastoral visits that he described as... “...the perfect means to deliver the message because of the one-on-one interaction with a congregant. It gives you the privacy to pass the message to couples in their house.”

The door-to-door pastoral visit starts with a pastoral fellowship or home visits in what they refer to as ‘cell groups’. The religious leader then identifies households to visit after the fellowship in order to have a one on one with couples.

During these couples counselling session, Pastor Emmanuel refers to scripture to advocate for child spacing. In particular, Genesis 1:26.” Man was given dominion over the world to manage its resources, managing the earth means planning it,” says Emmanuel. This gives him an opportunity to clarify scripture in relation to healthy timing and spacing of pregnancies.

Compared to passing child spacing messages through sermons in places of worship, Pastor Emmanuel states that the Samburu culture does not allow children to listen to SRH/FP messaging together with their parents. The pastoral visits give him the opportunity to pass SRH/Child spacing messages to the couples in the privacy of their house.

Continuity in Messaging: Evidence of Engagement

Through the household visits, Pastor Emmanuel has been able to refer 30 couples for family planning methods at OI Donyiro Dispensary with 5 clients completing the referral process and receiving family planning services at the facility. This has proven to be an effective strategy in advocating for child spacing and more religious leaders in DESIP are adapting this household visit approach.

Pastor Emmanuel and his pastoral teams have also adopted the use of visual aids in child spacing advocacy where they use portable LED projectors to highlight the benefits of child spacing by projecting videos of families with spaced pregnancies and those without planned pregnancies therefore highlighting the economic and health impacts on the family structure.

RESTRUCTURING ACCESS TO HEALTH FACILITIES FOR SOCIAL INCLUSION: LEAVING NO ONE BEHIND



Persons with disabilities are defined in the new Convention on the Rights of Persons with Disabilities as “those who have long- term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”.

This includes persons who are blind, deaf, or have other physical impairments, intellectual impairments, or disabilities related to mental health. Persons with disabilities can be found in every age group and among both men and women. Over 1 billion people are estimated to live with some form of disability. This corresponds to about 15% of the world’s population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning, often requiring healthcare services.

Despite the large numbers, the needs of persons with disabilities are often overlooked or neglected. There is a common expression in among marginalized populations, “Nothing about us, without us.” Unfortunately, many sectors seem not to recognize the need to reach out to persons with disability through their programming. SRH services are often inaccessible to persons with disabilities which includes physical barriers, lack of disability-related clinical services, stigma and discrimination.

In Narok County, DESIP Programme has been instrumental in reaching PWDs with SRH information and services. The Project adopted the slogan “leaving no one behind” to advocate for equal rights, resources and access to services while addressing barriers to access to services and participation to ensure a dignified life for PWDs.

The Programme also utilizes the social model of disability towards changing of people’s attitudes, practices and policies to remove barriers to meaningful participation and access to information and services. Through DESIP, Project staff, County and Sub-county Health Management Teams, health facility staff, CHVs

Continued on page 8

According to WHO Persons with disabilities (PWDs), especially in rural areas, generally experience greater barriers in accessing primary healthcare than the general population and as a result often experience less favorable health outcomes than people without disability. Young women with disabilities face different challenges in accessing quality care in sexual and reproductive health services.

These challenges are not limited to structural barriers limiting physical access to health facilities, lack of information and communication materials tailored to meet their needs, and health care providers’ negative attitudes and lack of knowledge and skills about persons with disabilities.

DESIP is addressing these challenges by capacity strengthening health care providers in social inclusion to positively influence their attitudes and behaviour towards service delivery for persons with disabilities.

In collaboration with Voluntary Services Oversees (VSO) conducted capacity building sessions to Health Care Providers (HCPs) and County Health Management Teams (CHMT) in Homabay County in August 2020. In this workshop, participants from Faith Based, Public and Private health facilities were taken through capacity building sessions promoting inclusive planning, availability and Family Planning (FP) service delivery to PWDs through institutionalization of inclusive demand creation and service provision.

As part of the training, participants were asked to identify challenges faced by PWDs accessing FP services and adopting their desired contraceptive method at their health facility and develop SMART action plans to address these challenges.

Ogande ACK Dispensary is located in Homa Bay County, Rangwe Ward. The dispensary provides preventive, promotive and curative health services to community members in its catchment population. Following their participation in social inclusion training, Ogande ACK Dispensary has reported initiatives on the way to improve access to care for persons with disabilities and an increase in the number of PWD reached with FP services. The participants developed a SMART action plan which included addressing the inaccessibility of the health facility for persons with physical disability. These initiatives included the allocation of resources by the facility administration for the construction of ramps at the entrance of the health facility to improve accessibility for PWDs.



A family planning outreach at a beach in Lake Victoria, organized by Faith Leaders and the Ministry of Health in Homa Bay County

Continued from page 6

ONE STEP AT A TIME: THE REAPS AND BUNDLES OF MALE ENGAGEMENT AMONG THE RENDILLE - MARSABIT COUNTY



Marsabit, the cradle of mankind

Marsabit County is vast and sparsely populated. It has myriad of challenges such as inter-community conflicts, harsh and unpredictable weather patterns, high levels of poverty, lack of access to health services, food insecurity among others. A travel to the deep rural areas is often both long and arduous but at the same time beautiful with sceneries of wildlife.

The vastness and long distances to health facilities has been a barrier for women living in hard-to-reach areas from accessing family planning services. This is in addition to the socio-cultural barriers. Physical access and socio-cultural barriers have been the main challenges to the DESIP programme as we provide ser- vices.

The Community

Among the many ethnic groups living in Marsabit County are the Rendille. Women in the Rendille community are open to infor- mation and services for family planning but acceptability is further influenced by a multitude of factors including fear of stig- matization, myths and misconceptions about the purpose and side effects of contraceptives, cultural traditions and the level of male support.

Low male involvement is one of the key compounding factors that impede the demand for and utilization of FP/RH services. According to the 2014 National Survey by NCPD on Male involve- ment

in FP and RH in Kenya, inadequate and incorrect information and Knowledge on FP/MCH; Health concerns and Myths and Misconception on certain methods of family planning; opposition from male peers and mothers-in-law; desire for more children, sex preference for male child, and survival of more children; Religion and traditional beliefs were mentioned across the regions as barriers to male involvement in FP/RH.

In the Rendille community, men are the main decision makers about sexual activity, and the desired number of children. Their level of knowledge on the health benefits of planning and spacing pregnancies for mothers and children is low. The main myths and misconceptions are that some methods may harm the

woman's health and that women using family planning are more likely to be promiscuous. Many Rendille women have reported lack of support from their partners and prefer confidentiality when accessing and taking up family planning ser- vices.

They therefore opt for non-visible methods, such as injectables and choose to hide their family planning documentation. To increase male support for family planning, the programme conducts community dialogues led by a team consisting of Religious leaders, CHVs and DESIP Programme officers focusing on gaining support from influential male community members. This strategy has been successful in changing the mindset of men in the

Rendille community as evident with Peter. Peter Lepakajo is a Rendille elder who has one wife with 6 children, 2 boys and 4 daughters. After a Male dialogue session, he had this to say:

"I used to think that for a man to be respected by his family, he did not have any responsibility to take part in household activities, because they belonged to the wife and children. I believed that Children are my heritage and my wife has no part in decision on my desired family size and that a woman on family planning method is unfaithful. After participating in male engagements dia- logue, my attitude changed. I am now supportive partner to my wife actively engaging on child spacing, desired family size and make informed choices. I too openly discuss Social health problems such as HIV/ AIDS and teenage pregnancies with my adolescent children. I also engage my fellow men to be supportive partners Improve healthy communication and joint decision making within couples. sensitize men's knowledge of and participation in their partner's contraceptive planning and use. Increase shared responsibility for decisions around contraception and protection against sexually transmitted infections and HIV."

The DESIP programme staff observed that the attitude among many men is slowly changing and like Peter, they are now participating better in FP/ MCH discussions and supporting their spouses to access and take up modern contraceptives.

Continued from page 6

and Religious leaders have been trained on reaching persons with disabilities.

The training covered identification of PWDs which was the main challenge since many defined disability as only as those with hearing and visual impairments or those with visible physical difficulties. The teams trained on application of the Washington group of questions (WGQs) in identification; Simple sign language and job aids for offering family planning information, counselling and services to PWDs; and IEC materials on PWDs strategically displayed in the health facilities communicating to PWDs and raising awareness on disability to the communities.

The CHVs create awareness and reach out to the PWDs at the community level through home visits, during outreaches and during community dialogues while Religious Leaders use various religious platforms. After identifying the PWDs and their care givers, the CHVs and Religious leaders, give them FP information and refer them to the health facilities for FP services. Community-Based Distributors (CBDs) have also played a great role in offering FP services to the PWDs since they are trained to offer selected contraceptives include DMPA injections at community level.

Through this initiative, DESIP through Faith to Action has in the last two years been able to record a reach to 601 PWDs with FP services across the Counties. There is also increased awareness among HCWs and the community that PWDs have the right to make reproductive decisions for themselves and there is need for inclusiveness in programming.

The DESIP project continues to demonstrate that reaching PWDs with SRH information and services is possible and now advocates for related documentation and reporting at community and facility level so as to provide information necessary to ensure inclusive programming at National level.

MUSLIM RELIGIOUS LEADERS TRAINED AND EMPOWERED TO PROMOTE CHILD SPACING



As part of the DESIP Programme, Faith to Action Network through its local implementing partner SUPKEM applied a triangular model bringing together Religious Leaders, Healthcare Workers and Community Health Volunteers to advocate and mobilize for FP services.

Mandera, Wajir and Garissa being predominantly Muslim counties, Muslim Religious leaders were identified and trained on the role of faith actors in family planning and faith-based advocacy for family planning; role of Ulama and Islamic values on population issues, family, and human rights; Islam and family planning, maternal and child health; reproductive health and rights with an Islamic perspective. With the involvement of the religious leaders, healthcare workers have an entry point into the community as regards the promotion of family planning.

The main message is that Child Spacing is allowed in Muslim. What is prohibited are the permanent family planning methods such as BTL and vasectomy unless for life-saving reasons.

"There are some sheikhs who pass the wrong information to the people. They mistakenly mix religion with culture. But thanks to DESIP for training the religious leaders. Many of them are now respecting the fact that child spacing is allowed and was indeed practiced during the time of our prophet (S.A.W)". Commented Sh. Abdi from Quba Mosque.

According to Abdille, a RL linked to AIC dispensary in Wajir County, he had never imagined working with a Christian faith-based facility. He appreciates the DESIP program for the close working relationship amongst inter-faith leaders in Wajir county and adds that they have formed an inter-faith network where they jointly address various community concerns including promoting the use of family planning as religious leaders.

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