The Kujipanga Bulletin

UKaid from the British people

desip PROGRAMME

Contributing to improving access to family planning services in Kenya

Sixth Edition 2021

CLIENT EXIT SURVEYS INFORMING IMPLEMENTATION OF EQUITABLE FAMILY PLANNING ACTIVITIES

Samburu community is highly patriarchal with cultural practices affecting contraceptives status include beading of girls, female genital mutilation, and early marriages.

The Context of DESIP Implementation

Family Planning (FP) interventions and programs are associated with a decrease in the share of a population living in poverty. Un-met FP need tends to be lower among women who have more education, live in urban areas or are from wealthier house holds than among those who are less educated, rural, and poorer.

In addition, People Living with Disabilities (PWDs) who are disproportionately poorer and more marginalized than their non-disabled peers, are at times excluded systematically from FP programming.

In sub-Saharan African countries, like Malawi, Ethiopia and Rwanda, there has been success in ensuring that contraception is more accessible and affordable to poorer households through various interventions that ensure more widely available and convenient access to contraceptive.

Kenya continues to make strides towards increasing uptake of FP with the country surpassing its 2020 national target of 58% modern contraceptive use by married women. Achieving Universal HealthCare includes ensuring services like FP are accessible and of quality, safe, effective, and affordable for all in the community. However, disparities affect counties decision to direct its efforts towards expanding equitable access to contraception and improving access.

It generally agreed that equity approach to target and reach the poor and PWDs with FP services will enable the efforts to yield the impact on contraceptive prevalence and health outcomes such as maternal and child mortality.

Measuring the impact and reach of these FP interventions is key to showcasing the contribution of programs to reaching the underserved.

The DESIP Client Exit Survey Objectives

With an objective to investigate equity in access to and utilization of Family Planning (FP) healthcare services among the women of reproductive age in the 19

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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), HealthRights 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 CEO, PS Kenya

Access to healthcare is a driver for social development and greater human welfare.

Dear Readers,

At the rollout of the DESIP Programme, the decision to assess the poverty and disability profile of family planning clients was strategically incorporated in the Programme's architecture, to track DESIP progress. Access to healthcare is a driver for social development and greater human welfare. This directly affects DESIP's goal, which is, to increase access to, and use of, modern contraceptives across Kenya, while increasing equity and sustainability, with a particular focus on adolescents, people living with disabilities, and poor rural women. Using the equity approach to target and reach the poor and disabled with family planning services enables the efforts to yield the impact on contraceptive prevalence and health outcomes such as maternal and child mortality. Measuring the impact and reach of these family planning interventions is key to showcasing the contribution of programs to reaching the underserved. Enjoy your read on how DESIP did it!

Joyce Wanderi.

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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

Among women who utilized FP services at the DESIP facilities, a tenth reported any form of disability while one in a hundred had severe disability.

Dear DESIP family,

I wish to celebrate the great success in undertaking the DESIP client exit surveys conducted in year one and two of programme implementation.

The general objective for undertaking DESIP client exit surveys is to investigate equality in access and utilization of Family Planning (FP) healthcare services among the women of reproductive age in the DESIP counties of implementation with a specific attention of the youth, poor and disabled. More specifically the study intended to; assess the FP service utilization of the poor and disabled; assess the level of client satisfaction and to assess attitudes, motivation, needs and barriers to family planning uptake.

The DESIP survey reaches out to Women of Reproductive Age (WRA), 15-49 years, who re-ceived family planning services at the different DESIP service delivery points were targeted. A cross sectional survey used structured client exit quantitative questionnaire programmed for android phone devices was used to collect data. The study utilized specific standardized tools for measuring poverty including the Poverty Probability Index (PPI) and a combination of the Washington Group Disability Questions to assess the extent to which these have affected a client's access to FP services.

This e-bulletin details the findings which cover, ages reached, marital status, level of education, income and spending decision, and disability. In summary, the survey showed that most of WRA seeking FP services at DESIP facilities were aged between 25-49 years. Only a third of there were aged between 15-24 years. One in five women who utilized family planning services at DESIP facilities were from a poor household background. Among women who utilized FP services at the DESIP facilities, a tenth reported any form of disability while one in a hundred had severe disability. Exposure to any FP messages in the past 6 months was modest.

Overall, the knowledge of at least one method to delay or prevent pregnancy was universally high. Client satisfaction with services received at the DESIP facilities was so high that almost all WRA were willing to recommend their friends for FP services. The barriers to FP uptake include male involvement, stigma, and supply chain.

Kindly read on to understand how the various social, cultural political and environmental factors impact on access to and utilization of FP information and services.

Enjoy the read!

Josephine Mbiyu.

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CLIENT EXIT SURVEYS- FAMILY PLANNING ACTIVITIES

DESIP counties of implementation with a specific attention of the youth, the poor and the disabled, DESIP held the Client Exit Interviews (CEI) in each year of the Programme.

Client Exit Interviews tracked progress towards reaching the underserved by assessing the poverty, disability, and age profile of DESIP clients, which provided crucial information used to de-sign and improve services.

Specifically, the CEI assessed family planning service utilization of the poor at DESIP support-ed service points both in the community and facility levels of care, and family planning ser-vice utilization of Persons with Disabilities in DESIP supported service points both in the com-munity and facility levels of care.

The client exit surveys investigated satisfaction of clients accessing FP services at DESIP sup-ported service points both in the community and facility levels of care, as well as provider attitudes, motivation, needs and barriers to behavior change to offer FP services at DESIP supported service points both in the community and facility levels of care.

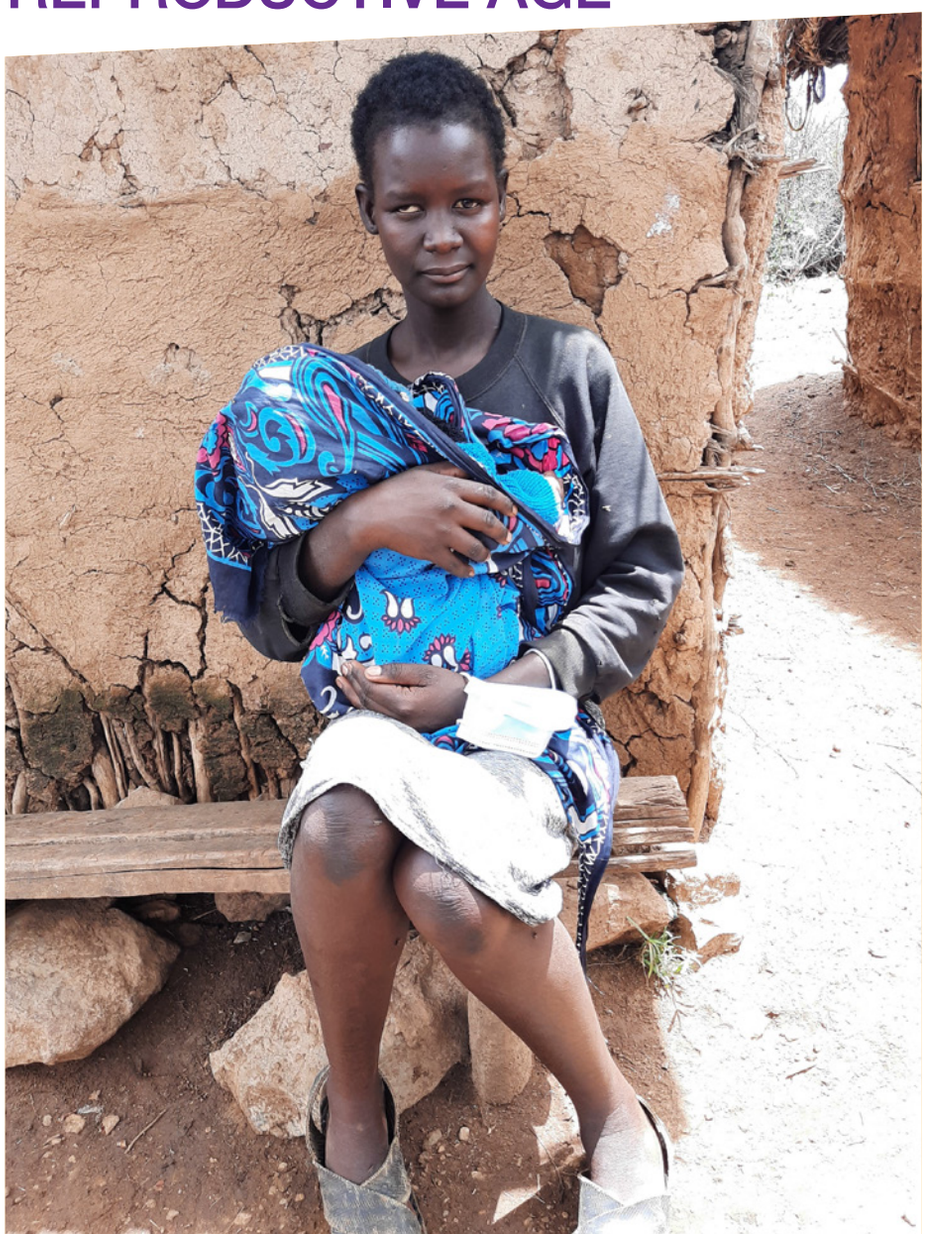
The CEI were conducted in Baringo, Elgeyo Marakwet, Garissa, Homa Bay, Isiolo, Kajiado, Kilifi, Kwale, Lamu, Mandera, Marsabit, Migori, Mombasa, Narok, Samburu, Tana River, Turkana, Wajir and West Pokot counties.

The DESIP 2020 CEI survey (baseline) was conducted between December 2019 and March 2020 across 5 DESIP clusters; South West 1, South West 2, North Rift, Upper Eastern and Coastal Region. North eastern cluster (Garissa, Madera & Wajir counties) was not surveyed due to security concerns during the time of data collection. A total sample of 2,150 respondents was interviewed.

This bulletin provides insight to findings that have impacted on DESIP approach to implementing activities and services.

Article by:
Population Services Kenya.

MANAGING THE DESIP CLIENT EXIT SURVEY ON WOMEN OF REPRODUCTIVE AGE



One of the traditional practices that fuel teenage pregnancies is the culture of beading where young girls as young as nine years are assigned male partners by use of red traditional beads.

DESIP sought informed consent from the 2,150 respondents to ensure and with utmost care protect their rights. Data collection was done using a structured client exit quantitative questionnaire, to targeted clients who received family planning services at a DESIP facility. The survey questionnaire was administered at the facility level to women of reproductive age in the 19 DESIP counties of implementation with a specific attention of the youth, poor and disabled.

The DESIP CEI tool assessed and measured key indicators of attitudes, perceptions on uptake of family planning and aided in responding to the research questions linked to equitable access to family planning.

The tool included a 10-item standard questions that are used to estimate the prob-ability that any individual respondent is above or below the $1.90 (approximately Kes. 200.00) per day threshold. The tool also captured indicators on disability,

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social behavior change and communication and basic demographic information such as age, marital status, and religion and education level.

The survey used research assistants with a minimum requirement of a diploma or undergraduate university degree. Other requirements included relevant experience in data collection and the use of handheld devices for data collection. The training consisted of an introduction to research objectives, effective interviewing skills, field data management, and the necessary ethical considerations. It also included a detailed review of the study objectives, field procedures and of the questionnaire, including translated versions.

Data was submitted to a password protected server at the end of each working day. Data was backed up on daily basis and appropriate quality checks incorporated. At the end of the survey, data was imported from the central server into STATA program, reviewed for completeness and consistency and cleaned accordingly. Descriptive analysis was completed and summary measures including proportions, frequencies, counts and measures of central tendencies obtained. The results were further stratified by DESIP Clusters.

The Planning Process

Client exist surveys are complex as they require a field researcher to wait at a health facility for clients seeking services and as they exit approach and consent them and only conduct an interview when consent is provided.

DESIP CEIs are even harder to conduct as the program is being implement-ed in hard-to-reach counties where use of family planning is quite low–this means that an interviewer must be stationed at a health facility for a significant amount of time to potentially secure a respondent. For such a survey to be successful, there is need for good planning.

The DESIP research team thus puts in place a number of mechanisms as they plan to implement each CEIs, including:

- Using routine service uptake data, the team samples the potential respondents for reach facility – this approach allows the team to adequately plan an adequate personnel and budget to execute the study. The service uptake data serves as a planning tool as one can determine the possible number of women to be available for the survey given the uptake of FP methods from each individual facility.
- Draft or revise the study's protocol, submit it to an ethical review board.
- Ensure the survey has an adequate budget to execute it.
- Given that the project conducted two studies – in 2020 and in 2021, the preparations for the 2021 survey varied due to considerations for COVID-19. The 2021 CEIs required a revision of the protocol to detail how research participants would be protected from COVID-19 infection. In addition, during data collection PPE was availed to both research assistants and respondents.
- Before every CEIs is conducted, approval is sought from all the counties. This entails writing a letter introducing the study and sharing the research protocol and tools.

Once permission to conduct the study is granted, the field research team reports to the county to pay a courtesy call and if interested, a few members of the health committee at the county accompany the researchers to the field.

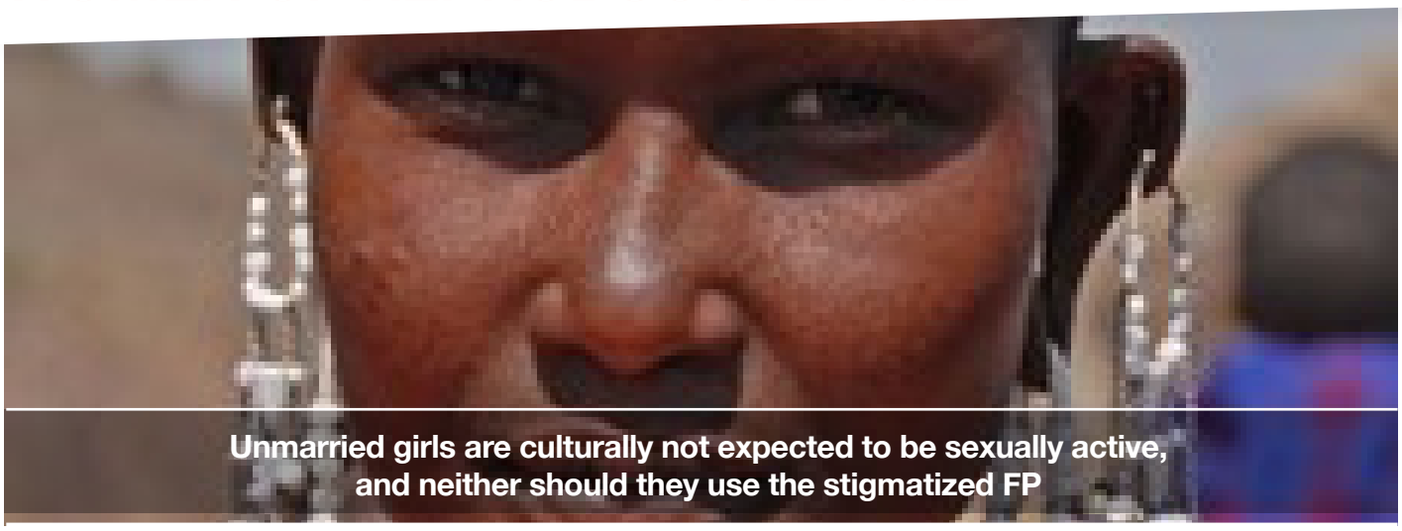
Article by:
Population Services Kenya

Client exist surveys are complex as they require a field researcher to wait at a health facility for clients seeking services and as they exit approach and consent them and only conduct an interview when consent is provided.

The Respondent

- **REACH:** DESIP completed 2,148 interviews for women aged between 15 and 49 years, from the 19 counties of focus.
- **AGES:** Most (66%) were aged between 25-49 years, followed by those aged between 20-24 years (28%). Only 6% of family planning visits were by WRA aged between 15 - 19 years.
- **EDUCATION:** Most (47%) reported having attained primary school education, followed by 32% who had attained secondary school education, while 11% and 10% reported having not attended any school education or attained college level education, respectively.
- **RELIGION:** majority of the respondent, 62%, were Protestant Christians followed by Muslims at 20% and Catholics at 16%
- **MARRIAGE:** Majority (84%) of WRA who sought family planning services were married or were living together with their partner as if married. About 1 in 10 women, 11%, were never married, while only 4% and 1% were divorced/ separated and widowed, respectively.
- **BREADWINNER:** Other main household bread winners included the respondents themselves (7%), their parents (4%), other relatives (1%) and other persons (2%).
- **MONTHLY INCOME:** WRA reported that their average monthly household income was KES 12,128.94.
- **EXPENDITURE:** They spent on average KES8, 253.16 on all goods and services as a household of which KES1, 229.23 was spent on health services.
- **EXPENDITURE DECISION:** About a quarter (24%) of the WRA mentioned that they were the main decision makers, while the remaining reported that their parents (4%), relatives (1%) and others (3%) were the main decision makers.

ACCESS TO AND UTILIZATION OF FAMILY PLANNING INFORMATION AND SERVICES BY WOMEN OF REPRODUCTIVE AGE



Unmarried girls are culturally not expected to be sexually active, and neither should they use the stigmatized FP

How do Women of Reproductive Age Access and Utilize Family Planning Information and Services?

The DESIP survey revealed that the majority (85%) of the Women of Reproductive Age (WRA) who sought for family planning (FP) services at DESIP facilities received a FP method while 15% received only FP counselling. Similar results were observed across the counties in focus. The survey also revealed that most WRA (60%) had received injectable contraceptive as a FP method of choice.

A quarter of the women (25%) received an implant. Contraceptive pills, intra-uterine system or device were less often reported (range 2% - 8%). No woman reported receiving emergency contraceptive pills or male condoms. A similar trend was observed across the clusters although it was noted that more women (32%) in Upper Eastern Cluster received implants.

The women were then asked whether the method they had received was their preferred method. Overall, almost all (95%) of the WRA reported that they had received their preferred methods. This was however lower in Upper Eastern areas with 89% reporting to have received a preferred method.

Reason for not Receiving Preferred Family Planning Method

A few (5%) of the women reported that they had not received their preferred method. These women were asked why they had not received their preferred method. It was noted that two out of three (68%) women reported that their method of choice was not available on the day of the survey. Other reason including lack of equipment to administer method, being given referral or provider recommending against a method were less often reported (range 1% - 12%).

The barriers to use of FP among WRA cut across individual reservations, cultural and societal norms, and structural barriers.

The barriers for unmarried girls and married girls and women differ especially due to cultural influence, are described as perceived low risk of pregnancy due to irregular sex; perception that contraceptives are for married couples only; limited support by sexual partner to access and use contraception; provider bias and lack of youth friendly services and information and; misinformation from friends and social media on FP methods.

For the married girls and women, the most prominent barriers include influence from husband, mother and co-wives; co-wife competition with regards to number of children; limited access to reliable information on method importance; fear of side effects; fear of infertility or delayed fertility; fear of giving birth to babies with deformities; low affordability of contraceptive methods in private facilities; and limited access and availability of FP.

There are cultural influence on matters sex and sexuality, and on use of FP. Unmarried girls are culturally not expected to be sexually active, and neither should they use the stigmatized FP. There is also limited male involvement in matters concerning contraceptives; the influence of husbands and mothers in law is critical in FP use; high stigma is also associated with FP. There are several myths and misconceptions around FP with regards to causing infertility.

Another contributor is the documented frequent stock-outs of FP methods in government facilities; poor accessibility to service providers; skills gaps among service providers; low provision of youth and adolescent friendly services; poor physical access to facilities owing to long distances; lack of harmony on contraception policies and laws especially for adolescents; and FP positioning and messaging that is old fashioned, mechanical and unappealing to the targeted audience.

How did DFESIP Strategically Respond to the Challenges?

DESIP responded by prioritizing areas of interventions that will achieve the greatest FP impact for WRA. The interventions were alignment to respective county

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strategic plans and considered what would increase more equitable and sustainable access to modern contraceptives among adolescents, persons with disabilities and resource-limited rural women.

The DESIP strategy aimed at increasing demand and utilization of FP commodities among the targeted rural WRA and increasing access and availability of FP commodities among primary target audiences of WRA. Also, the strategy delved into in-creasing knowledge, capacity and skills of service providers to provide quality FP services.

To reach the WRA by eliminating social and cultural barriers, DESIP engaged male community health workers to talk to men on benefits of healthy timing and spacing. The approach also ensured peer role models acted as peer champions to deliver message on contraceptive use.

It was important to pump targeted and enough information, education and communication materials on FP in the social places such as churches and entertainment areas, as well as utilize the power of reach by social media to youthful population on Facebook and Twitter.

Working with Change Agents

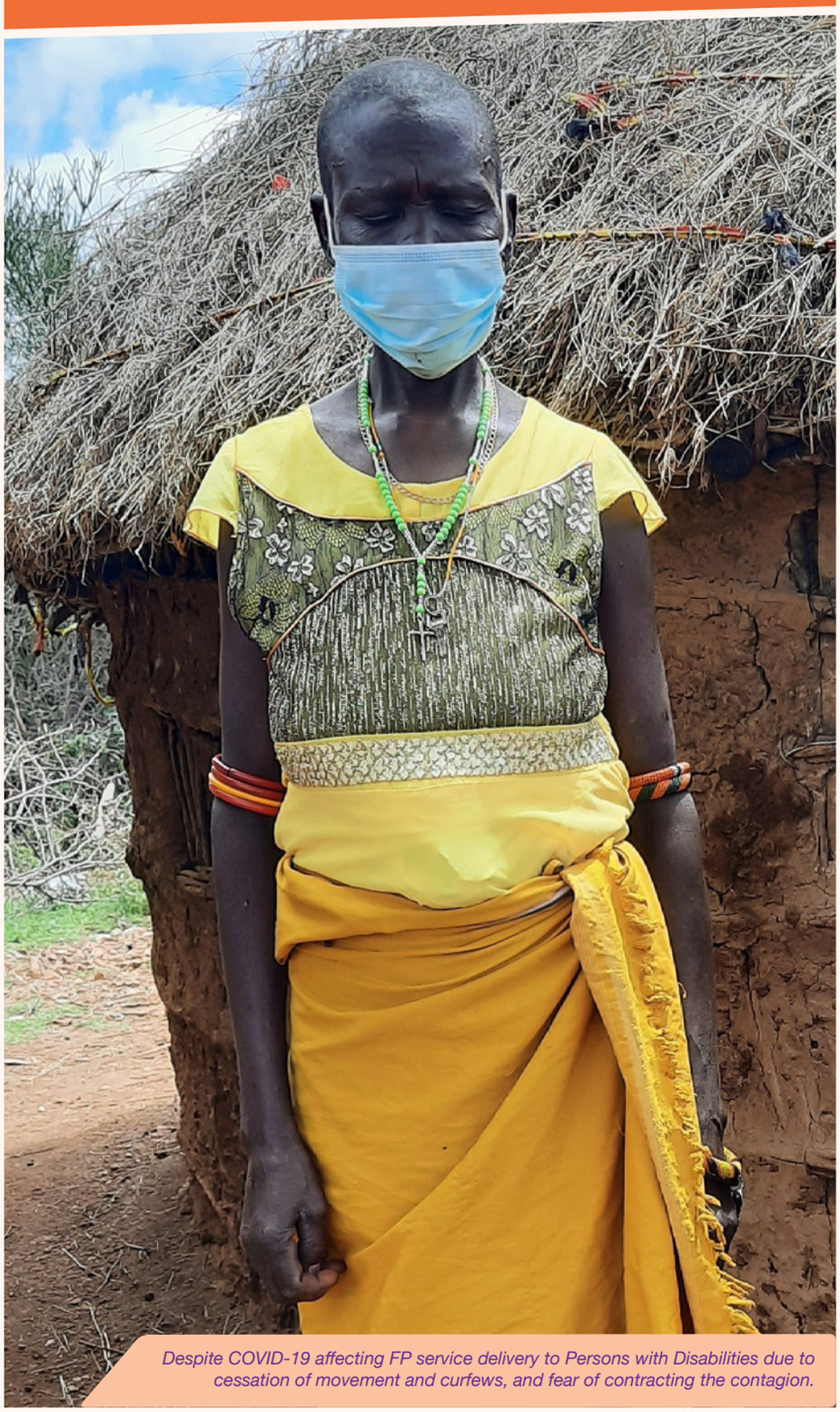
The Programme also trained and engaged religious and com-munity leaders to advocate for FP in the community and congregations. This was supported by formation of social clubs and groups where FP information can be shared as part of other social activities.

DESIP also engaged male champions who have experience with FP and its benefits, who collaborate with Health Care Workers to share their personal stories and experiential messages to other men, on the benefits of FP.

To ensure a stable market in terms of sustainable demand supply, DESIP standardized training for Community Health Volunteers and developed consumer-led IEC materials to aid demand creation in the communities and across various channels, including radio. DESIP used local radio stations and TV to promote interactive sessions that are adolescent and youth friendly with appropriate messaging on FP.

Article by:
Population Services Kenya

HOW DO PERSONS WITH DISABILITIES ACCESS FAMILY PLANNING?



Despite COVID-19 affecting FP service delivery to Persons with Disabilities due to cessation of movement and curfews, and fear of contracting the contagion.

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Examining the domains: seeing, hearing, walking or climbing steps, remembering or concentrating, self-care and communicating

DESIP operations are guided by the Washington Group (WG) Short Set of disability questions—a set of questions designed to identify people with a disability. Consistent with the purpose of the WG questions these are people at greater risk than the general population for participation restrictions due to the presence of difficulties in six core functional domains. In terms of difficulty functioning across these domains, difficulty is operationalized through a range of descriptors from no difficulty at all, through some difficulty and a lot of difficulty to completely unable to carry out the action.

The DESIP survey indicated 10% of the family planning clients reported they had some difficulty in any of the assessed functional domains. These domains are seeing, hearing, walking, or climbing steps, remembering or concentrating, difficulty with self-care and difficulty in communicating.

Severe functional limitations or disability was defined as either experiencing 'a lot of difficulties' or 'cannot do it at all' in at least one of the six functional domains. Overall, 1% of the WRA who sought family planning services at DESIP facilities reported they had severe forms of disabilities.

Important to note was that slightly more than half (57%) of the women who had severe disability reported to have a lot of difficulty in seeing, while 22% reported difficulty in walking. One in ten women had a lot of difficulty in hearing or communicating, and 4% of the women reported difficulty in remembering or concentrating.

DESIP's Plan to Reduce Barriers to Access Family Planning Information and Services by Persons with Disabilities

DESIP initiated and facilitated a capacity building session, promoting inclusive delivery of FP to Persons with Disabilities through the adoption of inclusive demand creation and service provision strategies.

The capacity building initiative, led by Voluntary Service Overseas (VSO), aimed at ensuring participants understood the social inclusion model and its application to DESIP programme context and the county health systems and the key concepts relevant to social inclusion and oppression including stereo-typing, discrimination, sexism, racism and exclusion. The training also fos-tered understanding of systemic nature of inequality and exclusion in person-al and institutional processes and the need to challenge this status quo.

The capacity building initiative facilitated the process of identifying areas of action in DESIP counties to enhance access to and utilization of inclusive SRHR/FP information and services for all with a special focus on those most often marginalized/left behind: adolescents, the poor rural woman and Per-sons with Disabilities.

As part of the capacity building initiative, participants identify challenges faced by Persons with Disabilities in accessing FP services and adopting their desired contraceptive method. Non-facilitative facility infrastructure (such as lack of ramps, no wheelchairs, lack of disability friendly toilets), and communication barriers between health care workers and deaf clients, reflecting the near absence of health practitioners skilled in Kenya Sign Language, topped the list.

In addition, lack of ability to utilize information on SRHR by the visually impaired due to unavailability of information in accessible formats, and challenges in decision making by clients with psychosocial, developmental, or intellectual disabilities due to the inability to contextualize information in simple and easy to understand language/terms, were cited.

Discussed in detail was the lack of adequate knowledge by the health care workers on supported decision making, bodily autonomy of people with disabilities, and challenges in using some forms of FP by some clients due to the types and severity of disability.

Strategic Partnership to Increase Access to Family Planning Information and Services by Persons with Disabilities

DESIP extended social gender and disability inclusion training to additional Health Care Workers (HCWs), supported mapping of Disabled Persons Organizations (DPOs), and developed disability mainstreaming guide for use by consortia members.

Both the HCWs and DPOs are key in supporting the mobilization of the community to access SRH/FP information and utilize services to reach out to Persons with Disabilities and help in the development and dissemination of SRH/FP communication materials in Kenya Sign Language for use by HCWs.

The DESIP approaches to social inclusion are in line with the United Nations Convention on the Rights of Persons with Disability which calls for policy makers to promote and guarantee the right to equality and non-discrimination, access to justice, inclu-sion, respect for privacy, equal access to education and health care services.

DESIP also works within Article 54 of the Constitution of Kenya 2010 makes provision to equal enjoyment of rights by persons with disability to access facilities that are accommodative and compatible.

This includes easy access to all places including physical structures, public transport, information, use of Sign language to communicate, access to braille or other appropriate means of communication; and to access materials and assistive devices to overcome constraints arising from the person's disability. Further, Article 43 (1)a, of the Constitution of Kenya 2010 makes provision to every Kenyan having the right to the enjoyment of the highest attainable standard of health including reproductive health.

Article by:
Population Services Kenya

WHAT IS THE MOST EFFECTIVE WAY TO REACH WOMEN OF REPRODUCTIVE AGE WITH FAMILY PLANNING MESSAGES?

Community-Based Distribution programs have expanded in sub-Saharan Africa over the past two decades, with acceptable safety and efficiency in contraceptive services in their communities.

The DESIP survey indicated that Women of Reproductive Age (WRA) reported exposure to family planning messages, and also recalled they had seen or heard messages focused on the benefits of family planning. Also, WRA had seen or heard information about family planning methods available in the marketplace.

Information Sources for Family Planning

Among the WRA who reported exposure to family planning messages, overall, more than half were reached through the community health worker channels, including Community-Based Distributors and Village health workers.

Others were reached through advertisement billboards, while TV and radio sources. Other sources were uncommonly mentioned, including, social media platforms, mobile phone (SMS) and newspaper or magazines.

Most Effective Way to Reach WRA with FP Messages

Overall, WRA reported that radio was the most effective way of reaching them with FP messages while others reported small group sessions and village health workers, respectively.

Other means of reaching women were uncommonly mentioned, including Mobile phones (SMS), TV, Community Based Distributors, Internet like WhatsApp and Facebook, promotional materials, leaflets and billboard.

Barriers and Motivation to Uptake of Family Planning

Despite heavy investment in knowing what communicates the WRA on matters FP, DESIP also looked into the barriers and how communication about them would reduced the vulnerabilities experienced by WRA in need of FP information and methods.

The respondents were asked to report what they considered the greatest barrier to uptake of family planning. Overall, the majority of WRA reported that unavailability or inaccessibility was their greatest barrier, followed by prohibitive cost, fear of side effects.
What is the Most effective Way to Reach Women of Reproductive Age with Family Planning Messages?

Women of Reproductive Age report what they considered spacing of children as the greatest motivation or benefit for using FP, while some reported pregnancy prevention and need to gain better economic control over life and better health for the children.

Response to Communicating Uptake of Family Planning

Using the Keystone Design Framework - an approach to Shaping Health Markets to Deliver Consumer-Powered Healthcare - DESIP carried out six Social Behavior Change and Communication (SBCC) cluster workshops covering the 19 Counties. The six clusters were paired according to similarities in geographic coverage, social cultural practices, religion and lifestyle.

DESIP's process of developing the SBCC strategy used a-three key step. The first step focused on building consensus on the need for FP and review of county statistics, consumer characterization and need identification for each category, discussion of the barriers to access of FP services by the consumers, the strategies of reaching the consumer, and identification of the social behavior change communication messages that are appropriate for the target consumer.

The second and third steps involved prioritization and testing the different prototypes, refining from the consumer feedback and use this feedback to finalize the written SBCC strategy for each county.

Each strategy was disseminated in the respective county and partners encouraged to adopt it for use in the wider county context.

Article by:
Population Services Kenya

WHAT SATISFIES A WOMAN OF REPRODUTIVE AGE FEEL WHEN SEEKING FAMILY PLANNING INFORMATION AND SERVICES?

Understanding What Satisfies Women of Reproductive Age: Access to and Utilization of Family Planning Services

Despite DESIP conducting the social be haviour change and communications strategy workshops, recruiting and training demand creation agents and conducted demand creation activities, the Programme was keen on what would ensure a Woman of Reproductive Age (WRA) remains satisfied throughout her life while seeking family planning information and services.

This led to an in-depth engagement with WRA to understand their needs and the environmental dynamics that affect quality of services rendered to WRA at the health facilities.

Overall, there was a high level of satisfaction with the services received at the DESIP county-supported health facilities. Friendliness and respect received upon arrival at the facility. Majority of WRA reported that they were treated with respect and in a friendly manner upon their arrival at the health facility.

The WRA reported great friendliness and respect received from the health care providers. Most of the women interviewed reported optimum privacy during the time spent with the health care provider. Due to affordability, quickness, quality and availability of services, the WRA were willing to recommend a friend to the DESIP County-supported health facilities.

Response to Ensure Quality of Family Planning Services

DESIP supported the capacity building of health care workers to support availability of FP commodities, by facilitating training sessions on Family Planning, Post-Partum Family Planning, conducted executive coaching sessions and supported mentorship and on-job-training, and enabled community-based distribution of FP commodities.

The Programme also supported Commodity Security and Technical Working Groups to ensure tracking of commodity flow, timely ordering and appropriate forecasting and redistribution within the sub-counties of need.

The Commodity Security and Technical Working Groups meetings provide an opportunity to strengthen the existing structures to ensure there are optimal stock levels at targeted health facilities and utilization of FP dashboard and uptake of FP services normalizes during the COVID-19 period.

DESIP considers the availability and accessibility of FP commodities essential to the utilization of contraceptives and FP services.

Spreading the Wings of Social Inclusion for Quality Family Planning Services

To support the process of ensuring quality of services to WRA, DESIP organized and hosted virtual meetings for progress monitoring for Health Care Workers.

Participants of the said training were identified as champions for advocacy on social gender and disability inclusion based on their exemplary work in implementing and influencing adoption of inclusive strategies for SRHR and FP services targeting the adolescents, youth, rural poor women and persons with disability in their communities.

DESIP further incorporated from feedback from the training for adaptive responsive interventions towards reaching the marginalized and vulnerable groups including persons with disability, adolescents and rural poor women.

In addition to procurement and distribution of assorted FP equipment, DESIP ensured continuity and sustainability of FP service provision at private health facilities, by capacity building of service providers, undertaking quality assurance and quality assessments, designing and distributing of information, educational and communication materials on FP and COVID-19.

Also DESIP facilitated the utilization of technology and supporting and educating health care providers, including catalyzing the empanelment of health facilities to the National Health insurance fund.

Article by:
Population Services Kenya

DESIP strengthens the readiness of facilities to offer quality family planning through distribution of equipment.

Serving Women of Reproductive Age During the COVID-19 Pandemic: Lessons Learned in Family Planning Adaptations

As COVID-19 spread around the world, the DESIP programme rapidly adapted implementation approaches to maintain family planning (FP) programmes and continue equitable service deliv-ery while keeping their clients, communities, and staff safe.

To document and share crucial lessons learned, from May–November 2020, the USAID-funded Research for Scalable Solu-tions Project had supported the documentation of DESIP's COVID-19 programme adaptations in Kenya.

There were key insights in COVID-19 adaptations across the FP High Impact Practice categories, in the areas of, social behavior change, service delivery, and enabling environment. While COVID-19 is still impacting FP programmes, based on the potential for operating efficiencies and increases in reaching young people and women with disabilities, DESIP has identified adaptions that will be maintained in a post-pandemic setting.

In the social behaviour change setting, COVID-19 presented with lowered demand for FP services. DESIP adapted by investing in mass radio and social media campaign for youth. In April 2020, DESIP started broadcasting FP promotion shows coupled with COVID-19 prevention messaging. Since the onset of COVID-19, youth mobilizers have been reaching out to their peers with information on the availability FP services and access to counselling via DESIP's social media platforms, including WhatsApp, and SMS.

To enhance and sustain service delivery, DESIP intensified door-to-door service delivery. In April 2020, community health volunteers (CHVs) started community-based distribution of FP products and services for rural women to reduce barriers to access for FP. During the pandemic, village heads mobilized women of reproductive age to welcome the new CHVs.

To create an enabling environment which supports uninterrupted FP supply chain, DESIP supported dissemination of government guidelines for continued provision of FP services during COVID-19. DESIP engaged and collaborated with the county and sub-county Pharmacists to improve forecasting of FP products. DESIP offered technical support to help facilitate redistribution of FP commodities between neighboring counties.

Article by:
Population Services Kenya

Adaptation:
Any modification made to a planned programme's activities, interventions, approach or funding due to COVID-19.

NUMBER OF ADAPTATIONS IN KENYA

4 Social Behavior Change
5 Service Delivery
II Enabling Environment

During the pandemic, village heads mobilized women of reproductive age to welcome the new CHVs.

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