

Men Mobilising for Uptake of Modern Contraceptive for Healthy Child Spacing



The Saidimu family pause for a photo outside their manyatta in Samburu County

Meet Saidimu Leparlele, the new male champion paving the way for marginalised women to access modern contraceptive methods.

At 54, Saidimu who hails from Bendera Village of Bendera Community Health Unit, Samburu County, is wading through traditional breweries of rumours, myths, and misconceptions to create new frontiers for men in a highly patriarchal community to learn about the availability, usage, and benefits of the modern contraceptive.

Leading by example, this is how Saidimu's informed position on modern contraceptives is building a protective shield for his wife and other women to access, use, and demonstrate the benefits.

The Retooling Point

Saidimu came into our (DESIP's) attention after he attended a male cultural leaders' dialogue meeting, where he advocated for the use of family planning (FP).

At the session, Saidimu criticised men who do not allow women to use modern contraceptives to space children. Contrary to his life, the physically disabled Saidimu, who has had nine births with one woman, now calls for women to be allowed to access and use modern contraceptives.

DESIP is a UK Aid funded programme focused on Delivering Sustainable and Equitable Family Planning Increases (DESIP) in low Contraceptive Prevalence Rate (CPR) counties in line with FP 2020 commitments, Sustainable Development Goals (SGD), Universal Health Coverage (UHC) 'Accessible quality healthcare for all Kenyans, and 'Leaving no one behind.'

"I have had many children because I did not know that a woman can protect herself from getting pregnant. I now understand that people from this region are having unplanned pregnancies because they lack knowledge of how they can prevent unplanned pregnancies. It is difficult to raise eight children while depending on my wife's small-scale charcoal burning business," he said.

Information Catalysing Male Involvement

Saidimu's wife only heard about FP when she attended her first-ever antenatal care clinic during her last pregnancy. She told her husband she needed to seek FP service. Luckily, her husband had heard about modern contraception after he attended a community dialogue.

ABOUT 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 '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 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 Desk of the PS Kenya CEO



When we committed to Delivering Sustainable and Equitable Increases in Family Planning (DESIP), we committed ourselves to leaving no one behind! Inherent in the design of the program are strategies to ensure access of Family Planning services to people living with

disabilities, rural poor women in hard to reach counties and adolescent and young women whose plight is normally neglected.

To do this, we recognise the importance of the voices of these beneficiaries so that we can walk with them through this journey, the program has therefore adopted a co-creation strategy that allows participation of beneficiaries, so that whatever interventions we design resonate with them and therefore more impactful. It has indeed been a learning process with great achievements and this bulletin captures some of the interventions that are making a difference for women in various localities.

Joyce Wardeni

From the Desk of the DESIP Director

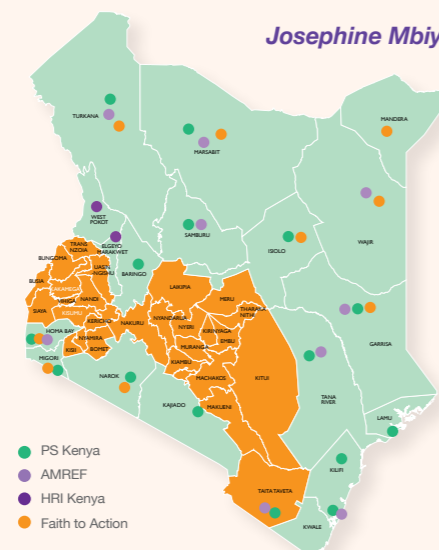


Allow me to mark the 1st year milestone of DESIP programme, a journey that we began in June 2019 to improve access to Sexual Reproductive Health/Family Planning services to the most vulnerable Women of Reproductive Age (WRA): rural women, adolescents, youth, as well as persons living with disability. Our enthusiasm, passion and commitment to the course has led to the achievements highlighted through the stories of the beneficiaries.

As a programme, we acknowledge the Ministry of Health, Council of Governors (Health Secretariat), and the 19 counties (see map) for their collaboration and support to DESIP activities - together we have positively and constructively indulged in reviews of institutional structures and related laws, frameworks and policies that catapult DESIP's efforts.

I would also like to record my appreciation to the Department for International Development (DFID) for providing the very needed funding for this noble course, the leadership of the DESIP consortium implementing partners for their support and contribution to the strategic direction of the programme. Year one closes with the challenge of COVID-19 on the table, which calls for continuous learning, innovation and adaptation of the programme activities to the changing environment. In year two we continue to keep to our goal of ensuring that all WRA can safely plan their families. Enjoy the read on some of the communities that have been touched by the DESIP activities.

Josephine Mbiyu



From the Partners

Population Services International (PSI) is excited to be part of the exciting DESIP journey. This journey began way back in 2018 during the development and co-creation stage of this project. Fast forward to today the DESIP program is live and has already made tremendous progress in significantly improving FP access to underserved communities across Kenya. With just a year of programming, the DESIP program has also made significant investments in strengthening the GoK's National and County capacities, ownership and stewardship in this area.

We are proud to be part of a program that started with the sustainability in mind right from inception. We are also proud to be part of a program that understands the importance of co-creation with its target audience and collaboration with multiple stakeholders. This is the reason why today, even under such a short period of time, DESIP is an A+ rated program. What a start! We look forward to the second year of programming under PS Kenya's great leadership hand-in-hand with DFID, the GoK, partners and of course our beloved Sara.

FARAI CHIEZA,
Kenya Country Representative:
Acceleration Market Intl. Population Services International.

The consortium partnership has made it possible to collaborate and learn from each other's expertise since they share a common objective and speak in one voice. This has been beneficial to all as we leverage each other's resources (both financial and technical expertise) to implement activities aimed at strengthening national and sub-national role in improving family planning services. Being each other's representatives has translated to increased exposure and appreciation for the DESIP project impact by both donor and counties who are our clients.

DR. GEOFFREY OKUMU,
Sustainability Lead,
Options Consultancy Services Limited.
Healthright Kenya is happy to reach

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out to the vulnerable and marginalized communities in West Pokot and Elgeyo Marakwet Counties through the DESIP Consortium. Working in this consortium has enabled us to leverage resources including technical expertise from different partners leading to increased access to sexual and reproductive health services.

VINCENT IBUORO,
Associate Programmer Director,
HealthRights Kenya.

It has been a remarkable first year of partnership in the DESIP consortium. The backbone of this partnership has been expanding access to contraceptives and health services at the community level as well as effective referral, achieved through technical support to health facilities in the development and implementation of facility-specific plans. Through Executive Coaching, we increased the capacity of county leadership and technocrats to provide effective leadership, management and governance to ensure the sustainability of the project gains. Continuous and adaptive process of

targeting men and cultural leaders/elders at the community level has seen their increased acceptance and commitment to modern contraceptives, e.g. the Tree Men in Turkana County. Intensified and targeted processes of addressing knowledge, attitudes and practice about modern contraceptives through interpersonal communication and group approaches continue to provide opportunities for program responsiveness to the real needs of the community.

DR. MESHACK NDIRANGU,
County Director,
Amref Health Africa in Kenya.

Year one of DESIP has been a wonderful experience working with very experienced partners, who are committed to learning and deepening social inclusion in family planning and sexual reproductive health services for the most marginalised. The DESIP leadership has been inspiring, and has challenged our approaches, and thinking on a variety of issues enabling critical reflection and promoting adaptive programming. Voluntary Services Overseas

(VSO) have been supporting partners to develop interventions that promote the inclusion of the most marginalized especially persons with disabilities.

The social exclusion and gender analysis conducted across half of the DESIP programme counties is already giving us a snapshot of the unique needs of persons with disabilities across various counties. It is also inspiring to see persons with disabilities being involved as champions and facilitators in creating awareness on social inclusion in family planning. In year two we do look forward to engaging actively in inclusive policies work, and in enabling the voice of our primary actors (beneficiaries) to inform the design of inclusive SRH and FP policies that empower persons with disabilities and the other marginalized groups, Voluntary Services Overseas Kenya.

GEORGE AWALLA,
County Director,
(VSO) Voluntary Services Overseas Kenya.

Faith to Action Network and the Faith Consortium Downstream Partners register their greatest appreciation to the richness and value of the DESIP consortium. This programme is indeed

unique in its collaboration, experience sharing and learning. Its also very unique in its involvement of County governments, religious leaders, community health volunteers, community-based distributors,

persons with disabilities, youth (peers) and women. From Faith to Action Network, we can witness **No One is Left Behind.**

PETER MUNENE,
County Director, Faith to Action Network.



DESIP engages Turkana County health teams in the development of Social Behaviour Change strategy to propel family planning initiatives in the county

Men Taking Lead in Mobilising Uptake of Modern Contraceptive for Healthy Child Spacing

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“When my wife approached me to discuss FP issues, I was not only delighted but felt confident because I had gained information about FP at the dialogue meeting. I told her to go for FP. She was a little surprised at my take, but I assured her that I am a new knowledgeable man, and would not have any more children,” he said, “My wife opted for the long-term contraception, implant.”

The Yield in DESIP’s Investment in Male Involvement

Saidimu is among the cultural leaders who benefited from FP sensitisation organised by DESIP through a male dialogue meeting done quarterly at the community unit. He now teaches his peers on the importance of family planning as a male FP champion.

So far, dialogue meetings have reached 4,206 people, including People with Disability, adolescents and youth in school.

Article by:
Faith to Action Network

ABOUT DESIP PROGRAMME

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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.

DESIP Advocates for Allocation of Funds to Family Planning Commodities

Kenya’s “Vision 2030,” which outlines the country’s long-term development blueprint, has moved Kenya towards a prosperous country where the workforce is skilled and healthy.

Gains in FP uptake have been considerable with the 2018 modern contraceptive prevalence rate (mCPR) amongst married women close to 59%, exceeding Kenya’s FP 2020 target of 58.3%.

Despite the progress, many women and girls are left behind, notably those in the 19 of the 47 counties whose mCPR range from 2% to 45%, as per the 2014 Kenya Demographic Health Survey (KDHS).

One of the key challenges has been reduced availability of family planning (FP) commodities. Through the 2010 constitution review, Kenya adopted devolution resulting in creation of 47 counties, after 2013 general elections. One of the key roles for the counties was provision of health services including family planning.

The transition did not favour resource allocation for family planning commodities thus recurrent stockout that have been subsequently experienced.

The UK Government, as signatory to the global Family Planning (FP) 2020 agreement and a supporter of the SGDs is committed to significantly scale up Family Planning around the globe with Kenya being one of the selected countries.

The UK Aid funded Delivering Sustainable and Equitable Increases in Family Planning in Kenya (DESIP) Programme (2019-2024) has one of its key mandates to advocate and support processes that would result to FP commodities security.

The Intervention

The donor community (DFID, USAID, BMGF) that had been supporting availability of FP commodities, under the leadership of DFID, came together to remind the government of its commitment during the London Summit on Family Planning on 11th July 2012, that reproductive healthcare, FP information, services and supplies are a right to every individual.

They emphasized the need for the government (MoH) to consider FP commodities as strategic and essential commodities to be procured and distributed from the national level.

DESIP project has been participating in this advocacy group. The GoK and donors agreed on an MoU that development partners would match MOH financing on a decreasing ratio up to June 2024 where the GoK will fully finance and sustain FP commodities and services.

The Promising Results

The GOK has committed funds for procurement of contraceptives as follows: KES 245 million (USD 2,298m) under the FP program for procurement of 10,500 DMPA kits; 139,000 doses of EC pills; 89,000 sets of 2-rods and 377,934 IUCD sets.

At the same time, KES 540 million (USD 5,037m) has been set aside under Universal Health Coverage allocation for procurement of 4,290,000 vials of DMPA; 10,000 sets of 1-rod implants and 150,000 doses of EC Pills. USAID and DFID have committed \$ 3.2 million and £2million respectively.

Ksh 794 million
(USD 7.448m) Committed for
Contraceptives

Other development partners have expressed willingness to provide additional funds equivalent to the GoK allocation. In Summary the GoK has been able to allocate 46% of the needed funding for FP commodities for the year 2019/2020.

DESIP programme, working with the donor group, will continue to advocate for allocation of funds to FP commodities as per the MoU agreement in the subsequent years and support monitoring of stocks and FP service provision in the 19 DESIP counties.

Article by:
Options Consultancy Services Ltd

Find Grace in Healthy Timing and Spacing of Pregnancies, Says Faith Leaders



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

At a Sunday sermon delivered in Homa Bay County, Vicar Phelix Odhiambo of Ogade Anglican Church of Kenya said...

“As the church, we are not saying that you cannot have more than ten children if that is your desire, all we are asking is that you give the mother time to heal and gain her strength back before her next pregnancy.”

This is the new script congregants are treated to in Migori and Homa Bay County, which, as of 2014 had total fertility rate of 5.3 and 5.2 respectively, against the nationals 3.9. DESIP has entered new heights, to answer the question, will clarifying the scriptural basis for Family Planning (FP) improve attitudes and acceptability of FP by religious leaders?

Is it Religious Stagnation?

Religion is an important part of the socio-cultural fabric of many communities. Faith Leaders (FLs) have the power to inhibit or facilitate effective adoption of contraceptive methods to support family health. However, despite multiple supply and demand interventions aimed at increasing contraceptive uptake, by 2014, the modern contraceptive prevalence rate (m-CPR) in Migori and Homa Bay remains low at 43% and 44% compared to the National 53%.

DESIP has set foot in the two counties, with a mission to influence social norms through FLs. DESIP’s foot soldiers, among others, are Vicar Phelix Odhiambo of ACK Ogade church, Pastor George Okello of

This has been demonstrated through their HTSP advocacy messaging delivered at various platforms such as church sermons, radio spots, community mobilisation activities. Also, important has been the participation in affiliated health facilities’ integrated outreaches with focus on FP services as well as actual FP method counselling and dispensing for those with health background.

Delivering the Sermon

During the International Women’s Day celebration on 8 March, ACK Ogade held a sermon promoting HTSP and conducted an integrated outreach on its grounds to 150 congregants. During the outreach, 27 clients received FP methods and referred 20 clients to St Luke’s Ogade dispensary. The Faith Leaders’ child spacing advocacy messaging and FP outreaches, as well as referrals for contraception counselling yielded 218 new modern FP adopters and 225 revisits in March 2020, this was two weeks after completing the faith leaders training.

Evidently, faith-based organisations and FLs have an immense opportunity to facilitate adoption of modern contraception among the community to achieve healthy and desired outcome for women, newborn, infants and children.

Article by:
Faith to Action Network



Faith leaders sensitising women in church on child spacing. Women faith-based conferences have proved useful in targeting women of reproductive age.

Advancing Social Inclusion at Health Facilities: Leaving No One Behind on Family Planning Access



Nurse Rael Lumumba attends to a deaf patient at Jomvu Health Centre in Changamwe Sub-County, Mombasa County

Rael Akinyi Lumumba, a Nursing Officer at Jomvu Health Centre in Changamwe Sub-County, Mombasa County, was raised by deaf parents. Growing up, she vividly recalls the unending queues at the hospital. At one point it took the attention of a cleaner to realize that Rael and her mother had not been attended to.

On realising the mother was deaf, the cleaner alerted the nurse who was about to finish her day's chores. This is a glimpse of what Persons With Disabilities (PWDs) face when seeking health care services.

Fortunately, Rael has vowed to leave no one behind in accessing health care as her childhood experience triggered her passion to be a health care provider.

The Challenge Plays Out

Jomvu Health Centre is lucky to have Rael as a practitioner. Rael has exceptionally supported PWDs, particularly the deaf, in accessing health services. However, an unfortunate event played out when Rael was off duty, her colleagues with no sign language communication skills turned away a deaf client. The patient was requested to come the following day when Rael is present.

“In addition to communication barrier, not having a disability friendly-environment, equipment and infrastructure pose a great challenge for most health care providers attending to persons with disabilities,” said Rael Akinyi Lumumba.

Infusing Social Inclusion for Healthcare Workers

Invited by DESIP, Rael was trained on Social Inclusion, Gender and Disability awareness. Held in Mombasa County, graced by the

County Director of Health Services, the training aimed at enhancing the capacity of Health Care Providers (HCPs) and County Health Management Teams (CHMTs) to embrace and institutionalize inclusive health demand creation and service delivery for all including rural poor women, adolescents, youth and PWDs without **leaving no one behind**.

The training focused on how HCP's actions can exhibit exclusion and discrimination, the barriers faced by PWDs accessing health service and the power differences in society. To reinforce training messaging, a roleplay enacted the challenges faced by HCPs when providing services to the marginalized groups. At the training, to the amazement of the participants, Rael took the opportunity to demonstrate and talked about the benefit of learning sign language.

Creating the Wave for Social Inclusion

With structured information on social inclusion, gender and disability awareness, Rael took the initiative to sensitize her colleagues.

To date, Rael teaches her colleagues basic Kenyan Sign Language whenever they have their Continuous Medical Education (CME). She has also reprinted sign language materials she received during the social inclusion training and has placed them at strategic points within the hospital.

“We have to get it right. Deaf patients need to know how and when to use FP methods. We have to be clear to mean morning and not evening, or when directives require both times,” said a determined Rael Akinyi Lumumba.

Rael started by teaching her colleagues how to sign their names which made her colleagues very intrigued and interested in learning sign language. Since then, they look forward to every CME and they always ask *Tutafanya lini sign language?* (Swahili for when is the next sign language class?). Rael is often stopped by her colleagues at the facility corridors to crosscheck the right representation of certain words and or actions.

“I have seen the enthusiasm my colleagues show in embracing social inclusion. Soon, we shall have all the cadres of health care providers in the facility sensitized on social inclusion. I also advocate health care managers to create a disability-friendly environment in our health facility, while I sensitise our community on social inclusion during the outreaches,” she said.

The social inclusion training is making health care workers more empathetic and sensitive to the needs of PWDs. Patients (PWDs) are now linked up with the National Council of Persons with Disabilities and can help them get prosthetic limbs.

Supporting the Wave for Social Inclusion

DESIP will provide disability learning materials like braille and sign language for the HCPs to catalyze the excitement which leads to embracement and better engagement of PWDs.

Article by:
Voluntary Services Overseas
(VSO), Kenya.

PICTORIAL



Notes: In addition to working with community units to conduct community mobilization activities, DESIP has (and continues to) trained faith leaders who act as demand creation agents at outreaches. The trained faith leaders play a crucial role in addressing negative perceptions and attitudes towards family planning using scriptural messages. Religious and cultural beliefs are still deeply rooted in our communities, there are a lot of myths and misconceptions associated with family planning. DESIP Partners in Garissa include; the SUPKEM office, CIPK, Council of Preachers- Kenya, Young Muslim association, Mustaqbal university, Umma university, Allhsan, Madrasatul (Najah, Khadija, Salam), Imams of prominent Mosques and other Islamic scholars from the county.

Notes: Male involvement is key in improving the uptake of FP. In Turkana County a men only dialogue forum is held in Kanakurudio, Turkana North dubbed tree of men. In the community, it was noted that most men do not have adequate knowledge of FP due to the bias created by those entitled to give health education. These sessions empower men through the provision of adequate and right information, to support FP services. At the session, men cited social-cultural factors like women competing to have children to capture the attention of their husbands in a polygamous marriage as bad practice as it doesn't have the woman's nor the child's health at heart.



Notes: A community health volunteer leads a community dialogue on family planning. The dialogue sessions have become popular in Turkana at Lotubae, Lopur, and Natira dispensaries and in Isiolo Nanam, ACK, OI-donyiro, Waso, APU and Ariemet dispensaries, among other places. The communities discuss reasons for low uptake of modern Family Planning methods. Across-board causes identified were: negative perceptions of FP, cultural practices, the lifestyle of pas-toralists and myths and misconceptions. Collectively, and with support of DESIP, the community agreed to use church meetings, conferences, Mother to mother groups, chief baraza, men groups and mobile out-reaches to address the low uptake of FP.

Making New Imprints: Intelligence Report on Operation Maisha ni Kujipanga, Chagua Kipanga Maisha

The following takes place between July and August 2019: all events occurring in real-time. DESIP's social and behaviour change communication intelligence worked round the clock. The mission: Rebrand Family Planning to ensure that women and girls, especially the young, rural and marginalized, can safely plan their pregnancies and improve their Sexual and Reproductive Health. The tact: shifting community's mindset to demand for modern contraception. Surveillance: on all human interactions shaped by behavior and social environment. The term Family Planning is exclusive and appeals to a narrow section of the population. To make it accommodative, and palatable, DESIP positioned it as Life Planning or Kujipanga in Kiswahili.

Life Planning speaks to everyone regardless of your age, because we all have life plans whether expressed or desired. DESIP needs you to learn the tact and join the new mind-set!

The Mission Brief: Presupposition and Implication of Semantics

Over the years, 'Family Planning' has largely been understood as only relevant to the married with children. The very word 'family' is understood to be 'the force' behind the perception because, in the Kenyan context, it connotes husband, wife and children.

The absence of the word 'contraception' in previous family planning communication further alienates younger females or males (unmarried) with no children, unmarried older women with no children who are sexually active but do not want to get pregnant presently.

Likewise, the word contraception is perceived to be clinical and distances itself from the social and economic gains of contraception use to the individual, couple and society at large.

The overarching DESIP contraception communication direction was therefore geared at shifting the mindset on modern



The coastal cluster SBC workshop participants discuss key barriers to access to and utilization of modern FP methods

contraception and rebranding FP as an offering through targeted communication that will position FP in the minds of consumers as fun, inclusive, bringing happiness to the community and to each person in their own way. Enjoying Life.

Creative Expression and Big Idea

The Social Behaviour Change (SBC) workshops held between 23rd of July 2019 and 16th of August 2019 identified peculiarities, behavioral catalysts and barriers to FP service uptake from a context specific lens.

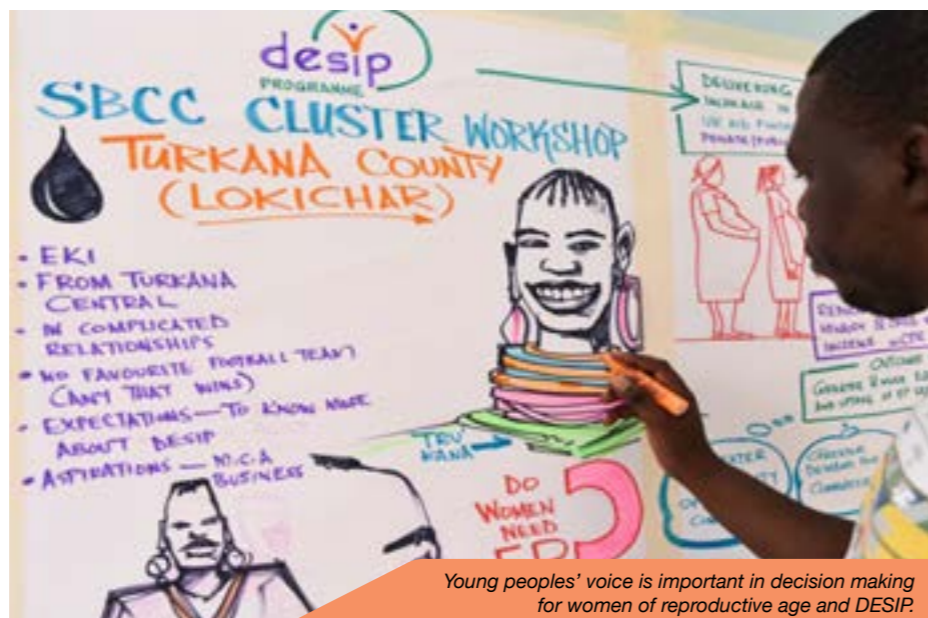
Directed by insights from immersions exercise, the design teams which

comprised of the county and sub-county health management teams. Implementing partners and the target audience, fronted messages that focused on the importance of using modern contraceptives to delay, space childbirth while at the same time highlighting the social and economic benefits of using contraception.

This led to the coining of a simple assertive statement that everyone can relate to and aspire to, Maisha ni Kujipanga (Swahili for: You must plan your life) and Chagua Kipanga Maisha (Choose your planner) as the call-to-action.

Using a three-pronged execution approach; amplifying mass media radio/local TV engagements, capitalising on community engagements as well

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Young peoples' voice is important in decision making for women of reproductive age and DESIP.

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Operation Maisha ni Kujipanga, Chagua Kipanga Maisha

as on-ground branding opportunities and leveraging on Social media as and where applicable, DESIP rolled out cross cutting and context specific messages promoting Healthy Timing and Spacing of Pregnancies (HTSP) under the umbrella campaign *Maisha ni Kujipanga, Chagua Kipanga Maisha*.

In the campaign, HTSP is defined as after a live birth, women use a modern contraceptive method to avoid pregnancy for at least 24 months, resulting in approximately three years between births. To capitalize on creating a visual connection

to the social and behavior change communication (SBC), DESIP is using unconventional branding – wall branding, bus branding using the communication campaign messaging *Maisha ni Kujipanga, Chagua Kipanga Maisha*.

To ensure the SBC remains relevant across various mediums, DESIP utilizes various social media properties within the consortium to share communication appropriately. Where possible, DESIP links the online radio activations with social media platforms to push relevant content for this channel, especially campaign

content that is targeted at adolescents and youth.

As part of adaptive programming, the SBC implementation strategy aims to focus on learning by monitored the intended target audience and building the evidence base for 'what works' for communicating contraceptive use in the respective DESIP counties. Overall our approach to social and behaviour change communication is flexible ensuring we are being responsive to the target audience needs.

*Article by:
Population Services Kenya.*

Retooling Health Care Workers to Boost the Mixed Method Narrative

The DESIP program supports 38 facilities in Koibatek Sub-County, 32 being public facilities. Among these facilities is Arama Dispensary, which is a government dispensary located in the rural area of Arama, Lem-bush-Central ward Koibatek sub-county, Baringo County.

The catchment area has an estimated population of 132,649 people of whom 33,161 are women of childbearing age, that is, 15 to 49 years.

The area is served by 14 Community Units with two Community Health Volunteers (CHVs) attached to the facility. Community distributors are yet to be formally trained by DESIP.

The facility is run by three technical staff, a nurse, clinical officer and laboratory technician. This facility is supported by DESIP to offer not only Family Planning (FP) services but also advocate for adolescent and youth health, fight against GBV, assist PWDs access RH services and create demand for RMNCH services.

DESIP in collaboration with Baringo County MOH have been organizing in-reach and outreach activities at the facility to reach poor rural women and adolescents and young women with information, education and services, among them Family Planning.

The nurse, Mr. Tarus, had been trained to offer FP services through classroom

training and provided with FP equipment, but had not practiced offering the methods especially LARC for a while due to lack of demand and attitude. This led to lack of practice which drained the confidence needed to offer the service – leaving the Arama Dispensary catchment area with unmet family planning needs, few clients accessing the methods, especially IUCDs.

This had been mainly attributed to poor provider attitude as the service provider was not comfortable offering IUCDs, lack of proper information on LARC by the community and a feeling that LARC methods especially IUCD insertions were time-consuming and the facility is busy and understaffed.

Priority was being given to curative services and immunization. FP was deemed an elective service that lacked great health impact. The community lacked information on FP, especially LARC, coupled with misconceptions about FP.

After benefiting from close support supervision and mentorship from DESIP and SCOH teams, which included On-Job-Training on LARC and mentorship, the service providers' attitude towards offering FP services greatly improved, now he is confident in offering LARC services especially IUCD.

The Service Provider was also oriented to counselling for continuation, a new

counselling technique that ensures clients get to make their own contraceptive choice based on their needs and this greatly helped when it came to educating the client on modern FP options.

After gaining the confidence he needed and a boost in positive attitude towards FP, Mr. Tarus, couldn't wait to offer his community the essential services, he worked with DESIP to organize for an in-reach event in his facility.

DESIP utilised the public health officers and community health volunteers to provide information to the community on FP services being offered at the facility and on the day of the activity, many women with unmet needs turned up, the service provider was able to get 28 IUCDs inserted.

Most of the women were poor and did not understand much concerning FP, but due to the efforts of the team, they were able to address their concerns and get their needs for modern contraceptive methods met.

Currently, Mr. Tarus is one of DESIP's FP champions and advocate for FP. He helps service providers understand the need and acts as a mentor to the nearby facilities. He accredits DESIP efforts in retraining him, changing his attitude towards FP and sensitising the community on the services being offered as what truly increased uptake of methods.

*Article by:
Population Services Kenya.*

Increase in access to Intra-Uterine Contraceptive Device: Multipronged approach on course



Health workers training on Long Acting Reversible Contraception (LARC)

Oyani SDA dispensary, a faith-based organization, is in a remote and hard-to-reach area in West Kanyamkago Ward of Uiri Sub County in Migori. The facility has three technical staff, two Nurses and a Clinical Officer. One Nurse and the Clinical Officer have been trained in Family Planning (FP) service provision.

The facility is supported by Faith to Action Network through OAIC under DESIP Project to conduct MNCH integrated outreaches to reach poor rural women and adolescents and young women with information, education and services among them Family Planning.

However, dispensing the IUCD method at the outreach site for women who wish to adopt it as a contraception method has not been possible due to lack of privacy, inadequate infection prevention control equipment and inadequate health care worker competencies.

Women opting for this method have in the past been referred to the facility verbally with no proper referral documentation and

tracking for successful linkage leading to missed opportunities.

The DESIP project supported training of thirty healthcare workers from supported facilities on Family Planning module 1 (New curriculum), among them a Nurse from Oyani SDA Facility. This was closely followed by joint project team and SCRHC onsite support supervision and mentorship on the provision of LARC.

IUCD in the pre and post-intervention period

246%
54 to 133 Clients
Increase

The sub county reproductive health coordinator has worked closely with the facility including attaching a county LARC Mentor to provide on-site mentorship to the trained health care worker. In addition to this, the Sub-County Reproductive Health

Coordinator (SCRHC) has been involved in the outreach planning, coordination, supervision and execution of the outreach.

To reduce missed opportunities for Family planning adoption and use due to incomplete referral mechanism, the facility has engaged a motorbike vendor to transport clients opting for IUCD insertion from outreach sites back to the facility for insertion during the outreach sessions.

At the facility, a MOH LARC mentor works hand in hand with the facility staff, providing mentorship and coaching to dispense the IUCD contraception to the referred clients.

Kenya Health Information system data for Oyani SDA dispensary family planning services compared for two equal periods during pre-intervention (Oct-Dec 2019) and post-intervention period (Jan-March 2020) to assess uptake of IUCD Contraception and this has shown an increase in access to IUCD in the post-intervention period from 54 to 133 clients respectively (246% increase). With corresponding decline in uptake of Depo Provera.

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