

THE DESIP LEARNING CONFERENCE

Theme: Leaving No one Behind; Expanding Sustainable Access to Contraceptive during Covid-19 Pandemic



L-R: Jesphine Mbiyu (Desip Director), Akaco Ekirapa (Health Adviser, Human and Social Kenya), Joyce Wanderi (CEO, PSK), and Dr. Richard Erlebach (Deputy Development Director, FCDO) pose for a photo at the DESIP learning Conference.

The DESIP Learning Conference held in September 2021, provided a platform to share learnings from the programme, which depicted the need for partnership with both the County and National Government, to reach a broad spectrum of donors, partners (existing and potential ones) and other stakeholders seeking to implement similar programs, and call to action for continued learning.

The conference attracted stakeholders in health particularly those implementing SRHR programmes, that is, the Ministry of Health, researchers, development partners, policy makers, donors, among others. The conference package comprised of keynote speeches, presentations, pre-formed panels, and other interactive online question and answer sessions.

The presentations were done under the following sub-themes:

Sub-theme 1: Ensuring greater availability of Family Planning commodities.

Learning Area 1.1: How Does Community-based distributors linkage to Health Facilities influence uptake of long-acting reversible contraception (LARC)?

Learning Area 1.2: Community Health Volunteer's demand creation initiative of the manyatta model to promote uptake of family planning in Samburu north-sub-county, Samburu County.

Learning Area 1.3: Uptake of a Structured On-Job-Training Mentorship Approach for Increasing Long-Acting Reversible Contraception (LARC) Service Delivery and Coverage by Health Care Workers in Narok County.

Sub-theme 2: Creating Greater Family Planning Demand for Commodities.

Learning Area 2.1: Does capacity strengthening in social inclusion positively influence health providers attitudes and behaviour towards service delivery to persons with disabilities?

Learning Area 2.2: Does modification of the community dialogue model based on audience socio-demographic segmentation improve effective referrals for SRH services for girls under 19 years in Narok and Homa Bay County?

Learning Area 2.3: Does clarifying the scriptural basis for child spacing by faith leaders improve the uptake of Family Planning services by clients in Isiolo, Migori and Homa Bay counties?

Sub-Theme 3: Strengthening public and private sector engagement for sustainable ownership of Family Planning services.

Learning Area 3.1: Lessons from Policy-based Learning Labs Approaches for Strengthening Family Planning County Health Systems.

Learning Area 3.2: How Does Investing in Policy Frameworks Help Sustain the Gains Made in Family Planning Investment?

Sub-theme 4: Strategic information on Family Planning activities

Learning Area 4.1: The Role of Client Exit Surveys in Informing Implementation Family Planning Activities: Case of FCDO Funded of DESIP Programme in Kenya.

Learning Area 4.2: Maintaining Equity in Family Planning During a Pandemic; DESIP Programme COVID-19 Adaptations.

LEADERSHIP TRANSITION



I take this opportunity to thank you all for the progress we have made in Year Three - adapting and delivering great results despite the resource envelop size, and COVID-19 that continues to affect health service delivery. As the year closes, DESIP leadership changes as Josephine will be transitioning from the project by end of the year (2021). As you all know, Josephine has managed DESIP from the onset and has steered the partnership successfully over the years. She has been exceptional, and PS Kenya (and other DESIP partners) appreciate the time that she has committed to this program.

For continuity, Sylvia Wamuhu, who has also been part of the design and implementation of DESIP will take over. Sylvia is experienced in strategy design, program management, health systems strengthening, service delivery, health financing, BCC, county and national engagement, having managed several grants of similar scope and scale for PS Kenya. DESIP is grounded on a great partnership and very effective structures, and I am confident that the transition will be seamless. I believe that we will all provide Sylvia the necessary support and cooperation. Please join me in wishing Josephine the very best in her next assignment and to welcome Sylvia to this new role.

With Regards,
Joyce Wanderi, Chief Executive Officer



OUTGOING DESIP DIRECTOR

I take this opportunity to thank you all for your support and positive energy. It has been a great pleasure working with you all. The DESIP programme would not have been successful without everybody's contribution. You are in good hands as Sylvia takes the programme to the next level.

Best Regards,
Josephine Mbiyu



INCOMING DESIP DIRECTOR

Sylvia Wamuhu is not new to PS Kenya. She has held several positions at the organization, with the most recent one being the Health Systems Lead for PS Kenya where she was supporting several projects, including DESIP. Previously Sylvia was the Director for Health Service Delivery and Partnerships, and before that, she held the position of Director, Sales and Distribution at PS Kenya. She has a wide experience in leading health projects where she has worked with both the private and public sectors. Additionally, she is an expert in social franchising, social marketing and the Total Market Approach. She holds a Master's degree in Business Administration with a specialization in Strategic management from the University of Nairobi.

Congratulations Sylvia!

LEARNING HIGHLIGHTS: SOCIAL INCLUSION



The Isiolo County Health Management Team participated in a virtual training held by DESIP programme to learn the approaches that work for delivering family planning.

In Kenya, over 1.3 million people have a limiting long-term illness, impairment, or disability. Challenges accessing quality care are particularly acute for young women living with disabilities seeking to exercise their right to sexual and reproductive health services.

These include:

- Structural barriers limiting physical access to health facilities,
- Lack of information and communication materials tailored to meet their needs,
- Health care providers' negative attitudes,
- Lack of knowledge and skills about persons with disabilities.

To demonstrate that capacity strengthening on social inclusion can positively influence Health Care worker's attitudes and behaviour towards service delivery for Persons with Disabilities (PWD), the DESIP programme committed to enhance the capacity of Health Care Workers (HCWs) and County Health Management Teams (CHMT) as key actors during the first year of project implementation (2019/20). Various cadres of HCWs in the 19 DESIP counties were reached with social inclusion and gender training. DESIP also supported the mapping of Disabled Persons Organizations (DPOs) and developed disability mainstreaming guides.

Participants of the social inclusion and gender training, from the 19 DESIP supported counties reported initiatives aimed at improving access to care for Persons with Disabilities and an increase in the number of PWD reached with Family Planning (FP) services. Between April 2020 and February 2021, health facilities undertook self-initiative for staff sensitization on social inclusion and training on Kenya Sign Language, facility improvement for accessible health care services for Persons with Disability, targeted in-and-outreaches community mobilization for Persons with Disability and the Marginalized, and allocated resources and budgets towards facilitating mobility and access to FP for Persons with Disabilities.

Despite COVID-19 affecting FP service delivery to PWD due to cessation of movement and curfews, and fear of contracting the contagion, DESIP provided information, educational and communication materials in braille format with messages on basic SRH/FP information and COVID-19 prevention and response for both HCWs and PWDs.

The DESIP training also led to facility discussions on reduction of stigma and negative attitude among health service providers towards Persons with Disabilities, demystifying myths, stereotypes and misconception about disability and FP/SRH, and enabling adequate skilled health service providers to provide disability-inclusive FP/SRH services.

LEARNING HIGHLIGHTS: THE LABS

DESIP with support from the Ministry of Health adopted a cluster-based Learning Lab Approach (LLA) targeting five counties (Kilifi, Narok, Isiolo, Garissa, Elgeyo Marakwet), placed on pathways for sustainability, which are:

- **policy and planning**
- **financing for family Planning**
- **family planning commodity Security**
- **leadership and governance**
- **evidence and accountability**

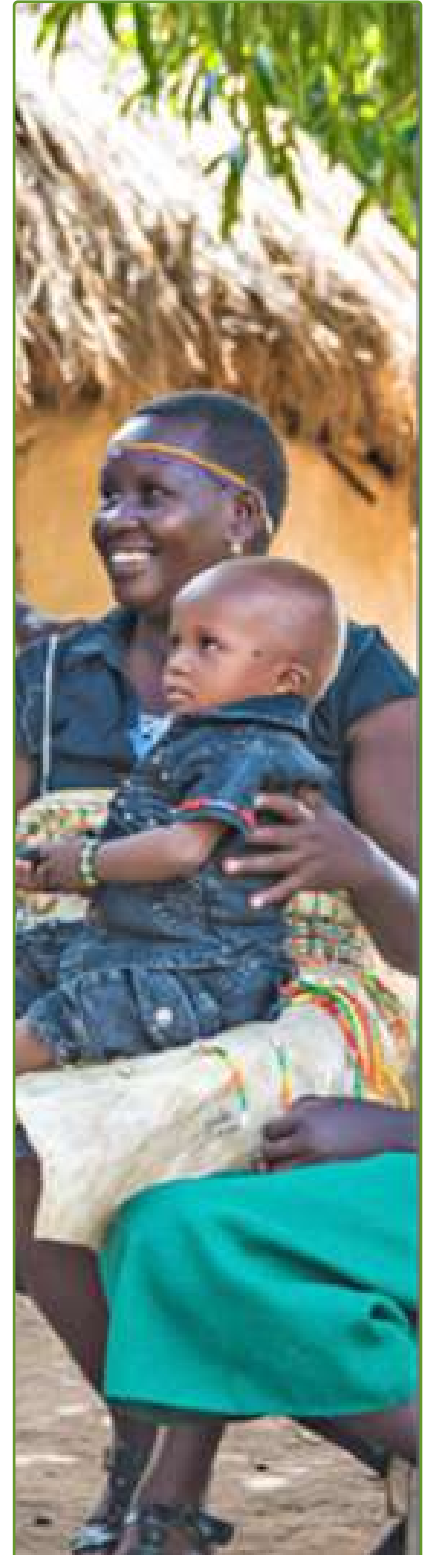
The selection matrix of the LLA counties factored competing local development priorities, emerging health needs, the local political economy, stakeholder relationships, governance and accountability, and the institutional capacity to deliver equitable and quality basic health services. This guides DESIP engagement with the counties and stakeholders, to tailor evidence-based interventions to enhance the capacity of local governments (LG) to deliver quality basic health services which leave no one behind.

Through the LLA, DESIP focused on aligning resources to achieving improved and sustainable ownership of FP services, develop learning, and foster cross-country diffusion of learning that can be applied to other counties through accessible documentation, strategic dissemination of policies, lessons, and tools, including through exchange visits. Key outcomes from the LLA are:

- i. Creation of partnership arrangement that facilitated leadership and health management teams to create mechanisms to identify gaps, and develop a joint work plan detailing expected roles.
- ii. The establishment of FP stakeholder mechanisms (Reproductive Health, Commodity Security TWGs) responsible for monitoring and evaluating programme performance and formulating action plans at county and sub-county, which improved overall coordination across the five learning labs.
- iii. Pathways for sustainability attained 76% for Family Planning Commodity Security, 70% for Leadership and Governance, 68% for Evidence and accountability, 56% for Policy and Planning, and 45% for Financing for Family Planning, and
- iv. The creation of enabling environment for implementing FP programs across the five learning labs where Kilifi has achieved 70%, Isiolo 68%, Narok 65%, Elgeyo Marakwet (61%), and Garissa 58%. There was a significant improvement in health facility reporting from about 45% in 2013 to 90% in 2020.

DESIP noted that the gradual change management process and the long implementation time frame is a challenge to the county's continuous financing of such activities. The county governance, accountability, and coordination mechanisms are heavily dependent and reliant on partner support to hold regular forums. Key learnings and adaptation from the LLA are needed for:

- Knowledgeable FP managers who understand and use the documents to guide implementation.
- Conducive policy and public expenditure environment for family planning program.
- Strong county capacity to undertake FP commodity forecasting and quantification, conducts annual commodity forecasting and quantification, a mid-year F&Q review, and quarterly pipeline monitoring.
- Strong county government stewardship of FP services, with partners playing a supportive role as opposed to driving the agenda, and
- FP data meets quality standards and is used for planning and decision-making.



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

LEARNING HIGHLIGHTS: YOUTH ENGAGEMENT



The Homa Bay County Health Management Team virtually join the DESIP programme to learn the approaches that work for delivering family planning.

Teenage pregnancies in Homa Bay and Narok counties are attributed to early marriage, unmet need for contraception, limited information and knowledge on Family Planning (FP), fear of side effects, cost of service and low male involvement in both urban and rural settlements.

To reach teenagers and young mothers, with support of the Ministry of Health (MoH) Youth and Adolescent Department, DESIP identified Youth Champions and Young Mothers Champions from registered youth groups in Sindo (County Youth and Adolescent Network (CYAN) - Suba sub-county, Homa Bay) and Narok (Narok Girls Club (NGC) - Narok East sub-County, Narok) to continuously engage young people through various platforms to provide information and service through youth and young mothers community dialogues and interpersonal sessions, community dialogue methodology, basic FP technical information, target group mapping and reporting, and facilitate assisted referrals. To answer the learning question, the study identified:

(i) Unique youth group structure which provides a better sustainable approach to managing young people as well as an increase in FP mobilization output. The tier system provides a critical mass for capacity building on technical aspects of social behavior change and cascades it to their organized sub-groups, who in turn, facilitate a wide coverage with common contraceptive messaging;

(ii) Tactful evolution of mobilization activities that has been applied at pre-and-during the COVID-19 epidemic, like the application of satisfied clients to mobilize the peers, one-on-one engagement, initiation of online services to reach young people from the comfort of their locality, and the introduction of table banking for the cohesion of the group,

(iii) The Demand Creation/Mobilization Strategy Mix of tact as identified in (ii) for advancing both demand creation and sustainability of the youth groups.

The DESIP strategy to work with young people has been successful due to accurate mapping and implementation in areas of need. However, due to COVID-19 and government regulations on the contagion, youth groups reported challenges in ensuring mobilized young people access FP services. In addition, online services were limited due to financial strain to keep with endless online streaming of interactive sessions.

Reports of low male involvement led to pockets of home-based violence. Nonetheless, DESIP proposes the findings as easy to undertake, easily replicable, scalable, and the limited scale implemented by CYAN and NGC is evidence of ideas that can modify community dialogue sessions to improve the decision making of girls aged under 19 years to improve uptake of modern FP methods.

LEARNING HIGHLIGHTS: COMMUNITY-BASED DISTRIBUTION



The West Pokot County Health Management Team virtually join the conference to learn approaches that work for delivering family planning.



Hawa Abdillahi, a DESIP Staff in West Pokot makes her point during the DESIP programme learning Conference.

West Pokot County (WPC) in Kenya has huge disparities in the unmet Family Planning (FP) needs, with a fertility rate of 7.2% compared to the national average of 3.9%.

Women of Reproductive Age (WRA) in the County are faced with poor road networks and high cost of transport, lack of formal education, low employment opportunities, which collectively impact negatively on access to and utilization of FP information, services and methods.

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

The CBDs took a three-week training using the national curriculum for DMPA (Depo-Provera) and undertook a competency test before certification. The process of community-based selection, training and graduation of CBDs has contributed to the acceptance of CBDs and build into communal accountability to delivering FP to WRA by CBDs. Specifically, the strong foundation for community engagement and accountability came from open community-based recruitment of CBDs followed by the intensive CBD training which has facilitated efficacy in

delivering FP services by CBDs who understand the social-economic dynamics of their communities.

At the facility, the CBDs are equally recognized and valued as important actors in health systems structures, with an appreciation for each referral they make. Important to note is the male involvement through efforts made by the public administration, their male spouses (in the case of female CBDs), and the integration of male CBDs to reach Women of Reproductive Health with FP information, services and products in their communities.

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

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

LEARNING HIGHLIGHTS: SPIRITUAL BASIS FOR FAMILY PLANNING

Despite Kenyans identifying with religion for guidance on decision making, misconceptions on Family Planning (FP) and Reproductive Health (RH) prevail in religious circles, representing barriers due to misinterpretations of scripture, as well as myths and misconceptions about family planning. DESIP hypothesizes that Faith Leaders (FLs) can either be barriers or motivators in the uptake of FP 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.

To answer the learning question on ‘what works for clarifying the scriptural basis for child spacing by faith leaders to improve the uptake of Family Planning services by clients in Isiolo, Migori and Homa Bay counties,’ DESIP engaged FLs in a follow-up feedback forum, where intermediate outcomes were:

- i. Engagement with religious Umbrellas enables the assembly and connection of interfaith across the counties, as it breaks the interfaith boundaries, creating collation bridges for teams engagement,
- ii. Co-planning and coordinating outreaches at beaches and bars with MoH staff created new frontiers in reaching followers, while Faith Leaders communicate to their followers the Nurses provide services, talking about their families as role models in child spacing and uptake of FP, their adequate knowledge on FP, contraceptive and child spacing, and their continued training which builds their capacity to address myths and misconceptions on FP and child spacing, and
- iii. Mass engagement via local radio stations in vernacular languages, with messages on importance of child spacing. Faith Leaders attribute success factors to improved knowledge and confidence on matters of family planning and healthy child spacing, in addition to good relationships and collaboration between DESIP, the Faith Leaders, County Health Management Teams and the health facility management.

Despite COVID-19 government prevention measures that disrupted the DESIP programme, FLs continued to reach their faithful in smaller groups with messages on Family Planning.

The intermediate outcomes are classified as easy to undertake, easily replicable, scalable, and the limited scale implemented by the Faith Leaders from the Migori and Isiolo Counties present evidence of an idea that can work. DESIP will facilitate an adaptive learning event where learnings will be consciously and collectively agreed upon for integration of the FLs initiatives to other DESIP counties.



Dr. Richard Erlebach, the FCDO Deputy Development Director addresses participants at the DESIP learning Conference.



The Mombasa County Health Management Team virtually join the DESIP programme learning conference.



The Marsabit County Management Team virtually join the DESIP programme learning Conference.

LEARNING HIGHLIGHTS: MANYATTA MODEL



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

DESIP hypothesized that the Manyatta Model will contribute to increased uptake of FP services among the hard-to-reach communities of Samburu North sub-County by bringing together all practical social partners at the homestead and targeting them with a set of culture-sensitive essential family planning interventions.

The model enlisted the participation of women, adolescents and youth, men and elders at the Manyatta in identifying barriers to FP services and developing homegrown solutions including strengthening linkage to service provision points and community-based referral system.

The model took a more structured planning and mobilization strategy dubbed Tag-Team approach, where a mixed gender of CHVs work as a team to enable them to reach the Manyattas and its members more effectively, moving away from random approaches that were time-consuming and culturally less effective. Using a concerted effort, under the Manyatta Model, CHVs worked in Tag-Teams of three to four to target pre-mobilized Manyatta reaching 15 to 20 beneficiaries. At the Manyatta, the CHVs held general talks on healthcare with members of the manyatta, ahead of homogeneous group sessions with specific beneficiary groups, which are, women, teenagers, and elders.



The Model targeted males (especially the elders) with accurate culture-sensitive health information and education leading to improved male participation in decision making regarding family planning and reproductive health. Elders began to demonstrate acceptance of the child spacing concept, and teenage mothers increased access to contraceptives and other reproductive health services, resulting in increased referrals (from 78 in 2019 July to 225 in 2021 July) and improved uptake of FP services (from 299 in 2019 July to 475 in 2021 July).

Despite the geographical vastness to be covered on foot by CHVs, the fear of contracting COVID-19, as well as perennial insecurity issues, DESIP proposed the adaption of Manyatta Model Tag-Teams, an approach which was made possible by engaging communities in designing their trajectory to better healthcare.

Samburu County has a high Total Fertility Rate (TFR) of 6.3% and a Maternal Mortality Rate (MMR) of 472 deaths per 100,000 live births, high compared to the national rates of TFR 3.9% and MMR of 362/100,00 live births. The county has a low modern Contraceptive Prevalence Rate of 20% and the unmet need for contraceptives is estimated at 50%. Adolescent SRH data indicate a high teenage pregnancy level at 25.7%, the second highest in the country, with an early sexual debut median age of 15.7% for girls (KNBS and ICF International, 2015).

LEARNING HIGHLIGHTS: STRUCTURE MENTORSHIP



DESIP together with the Ministry of Health – Division of Reproductive and Maternal Health (DRMH) introduced a Structured On-Job-Training Mentorship approach in Narok County to address uneven delivery of family planning (FP) services associated with an insufficient number of trained personnel and high turnover of skilled staff able to provide consistent quality care and a full range of contraceptive options, including Long-Acting Reversible Contraceptive (LARC) methods.

To improve the overall quality of care, uptake, and utilization of LARC methods, healthcare workers in Narok County participated in a competency-based mentor-mentee program based on the National RMNCAH Mentorship Guideline that typically takes three-to-six months to complete. To assess the uptake and outcomes associated with the Structured On Job Training Mentorship approach, DESIP and the Narok County Health Management Teams, and in the presence of the National Evaluation Team, conducted an evaluation exercise which looked into mentees participation in the mentorship process.

Findings indicated skills gained with 212 implants inserted and 78 removed, and 39 IUCD inserted and 18 removed by 22 mentees over ten months. The assessment indicates both Mentors and Mentee honored the mentorship sessions, the majority (63.6%) had completed one to three mentorship sessions, and 36.4% completed between five to eight. Of the targeted ten sessions per mentee, only 8 out of 22 have managed 5+ sessions.

Management of Mentorship Sessions favored both Mentor and Mentee by factoring in availability, the

distance between facilities, and the time it takes to travel. Both Mentors and Mentees arranged for insertions and removes of FP methods during market days through booked-in clients, which assures high traffic of Women of Reproductive Age (WRA) in need of FP. The provision of equipment and conducting OJT on targeted high traffic days reached a number of WRA.

Also, the County and Sub-County health management teams allowed the rotation and switching of duty roster by Mentees to allow for mentorship schedules to be honored. Due to contracting COVID-19 at the health facilities, Women of Reproductive Age have kept away from mobilization exercises for the uptake of FP services, as HCWs have been relocated to man COVID-19 treatment centers.

Lessons learned include creating an enabling learning environment where both Mentors and Mentees do not feel intimidated or harassed and have opportunities to practice insertions and removals and ensuring ownership of the process by hospital and health teams management. DESIP recommends the adaptation idea by Narok County government in all Narok County-based health facilities after sensitization of the prerequisites and processes required.

DESIP further advice that the adoption process will require goodwill by both Mentors and Mentees to undertake the proposed changes, and there is need to avail enough essential equipment to offer LARC services, like, Examination Coach, IUD insertion Kits, Implants Removal sets and Autoclaves, arm models and Madam Zoe.

LEARNING HIGHLIGHTS: INVESTMENT IN POLICIES



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

The development of overarching guiding documents are critical drivers of change for building an enabling policy and planning environment framework in which national and county sexual and reproductive health managers and advocates can operate within.

These documents strengthen the utilization of evidence in lobbying efforts towards influencing the prioritization of FP in national and sub-national planning process, increasing allocation of domestic resources and in the formation of effective multi-stakeholder coordination mechanisms to strengthen program implementation.

However, despite the improved policy and strategy development and political goodwill, this has not resulted in increased domestic resources for FP program. There is over-reliance on donor funding for the national FP program, with more than 80% of financing coming from donors.



Participants of the Reproductive Health legislation alignment meeting. Moreover, since devolution, there remains unclear lines of accountability for FP commodity purchasing and distribution, worsening FP commodity security throughout the country. The existence of guiding policies and strategies marks a good step in the right direction in addressing the gaps currently existing that inhibit the provision of quality reproductive health services and information to those who need them.

DESIP's investment in policies through county governments has:

- (a) Unified country strategy for FP, with defined key strategies, activities, inputs and an implementation roadmap.
- (b) Ensured DESIP counties have functional FP CIP and with FP budget line in the Annual Work Plan, with FP budget allocation and funds accessed for implementation, and
- (c) Improved political ownership and community buy-in of family planning program.

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