



A section of DESIP and the Hera team review the DESIP Theory of Change and the Monitoring and Evaluation framework

Increasing the Availability and Access to Family Planning Information and Methods

DESIP's operating environment supports continuous learning—a principle that led to a review of its theory of change (ToC) and the monitoring and evaluation (M&E) framework. The exercise included a review of DESIP planning and monitoring instruments to accurately capture current and future activities, as well as a description of the program's new scope, which aims to ensure that women and girls, particularly the young, rural, marginalized, and disabled, can safely plan for their pregnancies in accordance with sexual and reproductive health rights.

The review of the ToC and M&E framework is in line with DESIP's scaled back operations, which reach 12 out of the original 19 Counties, with service delivery, demand creation, social inclusion, learning agenda, and policy technical assistance – with a focus on how to make them more cost-effective and sustainable.

The Learning Moments: Reviews, Ideas and lived experiences

The workshop was divided into two, that is, a pre-workshop session that was virtual and an in-person session. The participants (representatives of the consortium members) had an opportunity to be introduced to what a ToC and a Logframe are and a revisit of similar documents serving the DESIP program.

Facilitated by hera—right to health and development, the in-person workshop was a two-day participatory session with a hybrid of individual and group activities. The “World Café” facilitation design, whereby the different stations are “added to” every time a new group visits that station, enabled a more concise and well-articulated outcome of the workshop.

Kashi Barbara Carasso and Ronald Horstman of hera (the Third-Party Monitor for DESIP) displayed high facilitation skills that harnessed documented evidence from reviews, ideas, and lived experiences of participants from the DESIP consortium. In attendance were the Population Services Kenya leadership and the FCDO representation.

Increase Awareness and Acceptance of Family Planning (FP)

DESIP intends to increase awareness and acceptance of FP. Among other activities, DESIP will undertake capacity-building initiatives through structured mentorship and activity follow-up by the provision of technical assistance to health care workers at supported facilities. The program will support Technical Working Groups, Stakeholders, Performance Review, and In-Charges meetings, ensuring the attendance and participation of key county health team members and religious leaders to disseminate information, review best practices, and develop action plans for project improvement. DESIP will continue to conduct data quality exercises, triangulating data from facility registers, reporting tools, and data from DHIS2 for completeness, timeliness, accuracy, and integrity, among other data quality parameters.

To Create Greater FP Demand for Commodities

The program will provide technical assistance on demand creation to healthcare workers and engage demand creators to review performance trends and share challenges, which include persistent myths and misconceptions about FP and cultural barriers, among others. The program will continue to engage young people at world days and local events to display products and services that help youth deal with a variety of issues affecting their sexual and reproductive health.

Improve the Quality of FP Services

DESIP will continue to check on and improve the quality of care by ensuring standard training, supervision, equipment, and data are of high quality. In the equation is the Kenya Quality Model for Health (KQMH), which aims to integrate evidence-based medicine through the wide dissemination of public health and clinical standards and guidelines embedded with total quality management and patient partnership. DESIP will also continue to undertake routine data quality assessments to assess the quality of data and underlying systems related to indicators to measure success in program areas.

Improved and Sustainable National Ownership

Family Planning is a crucial investment for Kenya's health and development, and the poor quality of FP services deters women from accessing FP services, thus being a hindrance to achieving the Universal Health Coverage and Sustainable Development Goals. DESIP will continue to support both national and county-level activities aimed at improving and sustaining national ownership and strengthening the public sector.

Post-DESIP Learning Conference

DESIP plans to take the learning curve to counties for the spread of what works for FP. DESIP will provide technical assistance to counties to further examine the evidence from field documentation, debate and agree on the relative importance of each learning question to the issues of interest in their counties, examine the perceived difficulty or complexity in implementation (factoring potential collaboration and partnerships), and grade the scalability (considering policy environment, cost, human resources, and time) in readiness for adaptation.

Leaving No One Behind

DESIP will continue to work with the partners and health care workers to integrate and mainstream social, gender, and disability inclusion to ensure that poor rural women, adolescents, and people with disabilities can access FP information and services across the 12 Counties. Lessons from successfully implemented strategies of capacity strengthening of the consortium partners, County Health Managers and Health Care Workers, in embracing and institutionalizing inclusive strategies for SRH/FP information, demand creation and service delivery in both public and private health sectors, will continue in the 12 Counties of the project.

Futuristic: Delivering the DESIP Mandate

With a refined ToC and a logframe, DESIP endeavours to continue fashioning its engine to contribute to reduced maternal mortality, newborn and child mortality, and increased mCPR in Kenya. The program implementation approach maintains systems strengthening at policy and service delivery levels to ensure sustainability, working with public, private, and faith-based health facilities.



Joyce Wanderi,
Chief Executive Officer

PS Kenya-CEO Statement

As a learning institution, DESIP, through the support of the Foreign, Commonwealth, and Development Office FCDO (the donor), used its learning to review the DESIP Theory of Change, the Logical Framework, and the M&E framework to capture the results chain of the DESIP program and work streams, including inputs, outputs, outcomes, and impact, their relationships, the assumptions, and contextual factors, and to monitor the DESIP program. The changes were intended to match the amended scope of the program both technically and financially. I appreciate the DESIP and HERA teams (consultants) making modifications to the results chain in the frameworks. The process sharpened and guided review of indicators, targets, and means of verification. DESIP understands that family planning is critical to development, economic growth, and environmental sustainability, and also perceives it as a cost-effective way to break the cycle of poverty and make families healthier. It also empowers women and girls. Such an investment in refocusing the Theory of Change, the Logical Framework, and the M&E Framework will ensure DESIP's effort translates into saving lives as millions of unintended pregnancies and abortions are prevented; fewer women die from unsafe abortions or giving birth; and more children survive. Let's wish DESIP a fruitful and rewarding journey as they embark on their journey to improve lives.



Sylvia Wamuhu
DESIP Director

DESIP Director Statement

Adaptive learning at DESIP creates spaces for refined pathways to maximize and achieve the DESIP goal: to ensure that women and girls, particularly the young, marginalized, and disabled, can safely plan for their pregnancies in accordance with sexual and reproductive health rights. The timely review of the theory of change and the monitoring and evaluation framework responds to program changes. DESIP's scope is now 12 Counties instead of the previous 19, resulting in a scale back in coverage by consortium partners. However, support for the private sector, adaptive learning agenda, and social inclusion continues as designed. DESIP will continue to focus on more cost-effective and sustainable interventions like mentorship/on-the-job-training, coaching and online learning, and engaging community health workers and conducting training of community-based distributors for the last-mile distribution of family planning commodities. DESIP continues to be implemented in a consortium led by Population Services Kenya, in partnership with AMREF Kenya, Options Consultancy Services Limited, Faith To Action Network, Health Rights International, Voluntary Service Overseas Kenya and Population Services International. Let's celebrate DESIP's learning curve as we enter another year of great results!

Improving Data Reporting Quality for Decision Making

“Founders Syndrome” Challenge of Private Health Facilities

At the onset of DESIP in Mombasa County, upon recruitment of health facilities for program support, it was noted that the private facilities had challenges with submitting monthly reports to the Ministry of Health. Some owners of the private facilities did not prioritize reporting and, thus, did not allocate time and manpower for the exercise. To them, the process was tedious and time-consuming with no direct benefit. This was coupled with a lack of data tools for reporting. Some private facilities operate as “one-man-shows” where the owner runs the facility by themselves, leading to a shut down when they are unavailable. These circumstances have led to a low county reporting rate, an unacceptable rate of 80% (as indicated by KHIS).

The Initiative to Improve Data Quality

To address the challenge, DESIP, with collaboration with Sub County Health Records and Information Officers (SCHRIOs), supported the running of reports every



SCHRIO, DQA exercise at St. Valeria Medical Clinic

Receptive Facilities: Making Family Planning Choices Available

The supply of family planning (FP) commodities was a welcome development to private facilities since they would save on the cost of buying the commodities. It would also help them lower the costs charged to the clients, thereby making FP accessible and affordable to the poor and marginalized, who are the intended beneficiaries of DESIP. The County and Sub-County Health Management Teams (CHMT) were tasked with conducting support supervisions and data quality assessments (DQAs) in these facilities as part of the program. In addition to checking on data quality, the teams (CHMT) emphasized the importance of data for planning and decision making across all levels of the health facility as a significant contributor to forecasting and quantification throughout the country and national government. The CHMT also provided mentorship to the facilities on filling registers, compiling reports, and commodity management, among

month for all facilities (public and private) and checked on missing ones. Continued follow-up was conducted by the SCHRIOs to ascertain whether facilities had submitted accurate, valid, timely, and complete reports. In the event of any challenges (systemic or managerial), DESIP in collaboration with the SCHRIOs would visit the facilities to address them. The providers were mentored on filling out the data tools, including the registers and monthly summaries. They were also sensitized to the importance of data to the government and the program for planning and decision-making. This was aimed at sensitizing the owners of private facilities to commit the necessary resources towards supporting the reporting exercise. In response to the lack of reporting tools, DESIP was printed and, with the help of the CHRIOs, distributed to facilities in the county. Among the tools printed was a tool for reporting and requesting family planning commodities; facilities were encouraged to compile and submit these reports consistently so that they would get commodity supplies.



SCHRIO, DQA exercise at Seaside Medical Center

others. Engagement of CHMTs helped build a positive relationship between the private facilities and the county teams, which is key to ensuring continuity even beyond the program. The County values the contribution of private facilities, which provide nearly half of all FP services in the County.

Mombasa County family planning coordinator remarked, “I’m happy and shocked at the same time that DESIP is contributing a lot towards the attainment of Mombasa County family planning numbers.”

These efforts have helped to bring the reporting rate to 95% currently.

Since DESIP started supporting DQAs in Mombasa, we have seen a lot of improvement in performance across all the sub-counties since the DQAs have helped minimize data loss, “added the deputy CHRIO.

Collaboration of the program and county teams with the private health providers to address the issues contributing to low reporting rates has helped overcome this challenge.

Reaching Poor Rural Women with Family Planning through the Manyatta Model



Nkimat Eleribongan and her children pause for a photo outside their manyatta.

The DESIP project aims to enhance equitable access to and uptake of family planning (FP) services in Kenya. The Manyatta model approach, working with Community Health Volunteers (CHVs), which endeavors to create demand for FP at the household level, has played a pivotal role in creating awareness and benefits of FP among community members. This has contributed to enhancing uptake of FP services among poor rural women in hard-to-reach areas, such as Samburu County. The Manyatta Model comes to life when the story of a female champion who has been reached with FP services and has embraced it narrates her story. Nkimat is her name.

The 38-year-old Nkimat Eleribong is married and lives in one of the “mobile” villages within Nachola Community Health Unit in Samburu North sub-county, Samburu County. The mother of eight children and her family depend on livestock for a living. Accessibility to health

services is affected by nomadism, which builds into long distances to the health facilities.

Nkimat learnt about modern FP from CHVs who conduct sensitization at household level and at community dialogues in her village. She found the FP sessions very educative and, in her view, important and helpful to her life and that of her children, who were barely spaced. Nkimat and her husband made the choice to plan and space their children after she faced severe pregnancy complications.

“I became pregnant within 4 months after delivery of my 7th child. It was the most difficult pregnancy full of complications and I almost lost my life. I was looking after the animals while carrying a child on my back and at the same time pregnant and having other babies at home,” she said. Nkimat was referred to Maralal County Referral Hospital after she developed severe pregnancy complications with excruciating pains, leading to a miscarriage. She had suffered previous complications and miscarriages, which had put her life at risk. It was at this point that the health providers and CHVs advised her to take FP services to save her life. She then started using the FP method and is happy with her good health.

“ I wish I had known about modern family planning sooner so that I could space my children and improve my health; I’ve even gained weight and am looking more youthful, ”

Nkimat is positive about family planning and shared that she is now able to carry out her chores well and her children are healthy and less sickly.

“ My children are no longer in malnutrition programs; they are healthy. ”

Nkimat is an example of many poor rural women struggling with access to and utilization of reproductive health services due to lack of knowledge, poor access, cultural barriers, and other challenges affecting mothers and children’s health. She stands as a champion by helping other women embrace child spacing.

“ I serve as an example to fellow women; they have seen how my health has changed positively and they are learning from me. ”

Provision of Socially Inclusive Family Planning Services



Members of the DESIP Consortium visit the Watamu Healthcare Facility

Provision of Socially Inclusive Family Planning Services

Earlier in the DESIP program roll-out in Kilifi County, most health facilities assessed were categorized as inaccessible to persons with disabilities (PWDs). In addition, health care workers and the community had inadequate information on disability awareness and engagement, making it a challenge for PWDs to access and utilize family planning (FP) information and methods of choice. For instance, the Watamu community holds derogatory beliefs and stereotypes against PWDs, leading to negative engagement outcomes, especially towards women with intellectual disability in need of FP. Women are vulnerable to sexual gender-based violence. Also, the youth in Watamu felt insecure and uncomfortable about accessing FP services at facilities—Kilifi County reports high teenage pregnancies.

Use of Technology to be Provide Quality Inclusive Health Service

Responding to the restrictive environment caused by COVID-19 and in attempt to reach more persons in need of FP services, Dr. Shindo uses technology to reach out to the most vulnerable. He uses telemedicine to disseminate FP related information to a magnitude of youthful population. His social media wall also educate the followers on how to use various USSD codes that compliment access to health information. This approach has enabled him reach more young people who would typically shy away from in-person visits to the facility.

Building Networks to Increase Access to Family Planning Information and Methods

Equally, PWDs who have mobility challenges enjoy the benefit of getting information in their comfort zone. For young people who can make it to his health facility, a team of young professionals awaits them. At the same time, Dr. Shindo plans to link up with networks of PWDs to expand

The DESIP Intervention: Systems Strengthening for Social Inclusion

To increase access to FP methods, DESIP (through its consortium member VSO) visited one of the facilities in Watamu, the Watamu Community Health Care, a private facility serving a larger population of youth due to the friendliness of the facility.

In February 2020, DESIP, working in tandem with the Ministry of Health, identified proprietor Dr. Shindo of Watamu Community Health Care among others in various counties and trained him as a champion on social inclusion and gender. With the knowledge and skills gained in the training, Dr. Shindo sensitized his team on social and disability inclusion and ensured that his facility was accessible to the community members.

He literally took the slogan “Leave no one behind” and acted on it. From the construction of ramps to ensure accessibility, to having a functional wheelchair, to having a dedicated room to provide PWDs with required services. Dr. Shindo is aware and concerned about the high number of teenage pregnancies within the community and the fear of young people coming to access SRH/FP services. He has ensured that outside his facility, in an almost private corner, he provides free condoms to the community, dispensed at a height that factors in youth with disability.

Notable Social Inclusion efforts in Watamu Community Health Care

- Physical accessibility.
- Attitude of health care workers towards persons with disabilities.
- Basic knowledge of sign language by the health care providers.

his network and reach, as well as find an opportunity to enhance his sign language as he continues not to “**Leave No One Behind!**”

MEN as Change Agents in Increasing Access to and Utilization of Family Planning Information and Methods



On his feet, Letuya telling visitors of change story

Men in Oldonyiro (Isiolo County) are bestowed with the critical role of decision-making at the household level. This is the norm as structured around a patriarchal society. The Samburu man champions more children, which signifies an increase in wealth. Thus, despite the ability to take care of many mouths, a huge family is most appreciated. Unfortunately, the Samburu man does not play a substantial role in the nurturing of children, as that is presumed to be the core business of women. This is the reason for years of disregard for family planning (FP) messages and services. For years, men in Oldonyiro (one of the seven wards in the Isiolo North Constituency of Isiolo County) have interpreted FP to mean “kukata” (Swahili for “stop giving birth”), which they vehemently opposed, a major barrier in reaching Women of Reproductive Age (WRA) with desired FP services.

In reversing the trends of negative indices, Faith to Action Network through the DESIP program has continued to build the capacity of community-based resource persons (CBRPs) to create awareness and dispel myths in the community by giving factual messages about the meaning and benefits of family planning to both the Samburu man and the potential WRA. The CBRPs who are trained CHVs, peer educators, religious leaders and TBAs, disseminated information on child spacing and the availability of contraceptives. This is bearing fruits by creating spaces within the community to both discuss and support access to family planning.

Meet Siret Letuya (standing in the photo) from the Oldonyiro health centre, Isiolo County. He has two wives and, as he puts it, “many children.” As we commonly refer to him, he is among the CHVs that were identified by Nurse Gabriella to undergo training on family planning

during the first year of DESIP. He initially hesitated and did not want to attend or participate in the training because of the cultural belief that FP is a women’s agenda. After the training, he did not actively engage in community sensitization until he had a personal experience that was life-threatening to his family. There was a tribal/boundary conflict between the Maasai from Laikipia and the Samburu from the Isiolo side. For security purposes, this led to the community members’ having to flee from their homes with their families and livestock. Unfortunately for Mzee Letuya, this necessary move was a challenge as one of his wives had 3 children under the age of 5. They all had to be carried as they could not run on their own.

“It was cumbersome to carry the children, small goats, and domestic items at the same time!”

Mzee Letuya lamented.

That is when he understood the benefits of child spacing from his own personal experience. This completely changed his perspective on child spacing. He discussed with his wives about child spacing and when peace and normalcy resumed, he accompanied his wives to the Oldonyiro health centre where they were given a family planning method. Since then, Mzee Letuya has become a family planning ambassador among her peers. He now advocates for FP and has convinced other men in his area to support their spouses by using FP methods. This has been a big milestone for male involvement, and the norms are changing with men embracing child spacing thanks to Mzee Letuya!

KUJIPANGA BULLETIN

About DESIP

DESIP is a five-year (2019 to 2024) UK Aid funded program 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.' The country's long-term development blueprint has progressively realized 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



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