



Ministry of Health launch 14 Reproductive and Maternal health documents.

Fostering an Enabling Policy Environment Drive for Provision of Family Planning Services

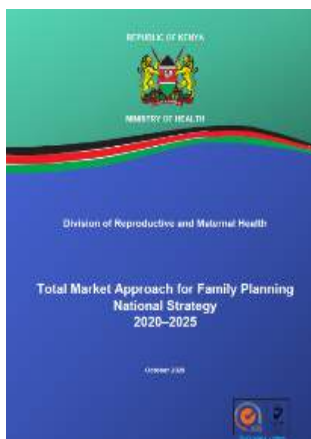
On June 7th 2022, Kenya's Ministry of Health, through its Division of Reproductive and Maternal Health, with support from donors and partners including DESIP, launched several strategies and guidelines on reproductive health. In the event presided by Dr. Andrew Mulwa, Director of Medical Services/Preventive and Promotive Health and joined by other senior Ministry of Health staff and development partners, DRMH was able to launch 14 documents following a culmination of years of programmatic effort by DESIP and other partners in the development of key guidelines and strategies aimed at strengthening FP services in the country.

Financing for family planning continues to be a thorny issue in the country following the promulgation of the constitution in 2012, which saw the health sector devolved to the county level. There is still a lack of clarity on who is accountable for FP commodity purchases and distribution, as demonstrated by the worsening FP commodity security throughout the country. While counties are responsible for identifying priorities and allocating health budgets, variable capacity on

supply planning and suboptimal prioritization of family planning have posed challenges that have resulted in only a few counties allocating FP commodity budgets, and the amounts allocated are grossly inadequate. Moreover, despite the progress made in implementing a total market approach (TMA), challenges remain when it comes to harnessing partnerships with the private sector and strengthening the Government of Kenya's (GOK's) stewardship role in coordinating and incentivizing market players, particularly at the county level.

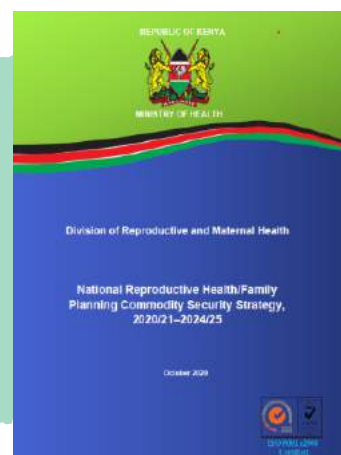
Since the inception of the DESIP project in 2019, Options has continued to work with the Kenyan Ministry of Health to undertake a policy review identifying policy priorities, taking into account the changes in the FP financing landscape and normative guidance on family planning. Through this process, we identified and helped develop four family planning guiding documents in a period of two years. These documents were among the 14 reproductive health documents that were launched by the Ministry of Health.

The Kenya's Family Planning Costed Implementation Plan 2021-2024 (FP-CIP) sets forth the strategic direction, areas of investment, implementation framework and resources that are required in the National Family Planning Programme between 2021 and 2024. It is the third FP-CIP under the Kenya Health Policy 2014–2030.



The Total Market Approach (TMA) for Family Planning Strategy 2020-2025 seeks to provide guidance on addressing FP market distortions and creating a balanced market for FP in Kenya within its devolved structure. The strategy will guide the national government in providing overall stewardship of the FP market to all sectoral players and stakeholders.

The National Reproductive Health/Family Planning Commodity Security (RHCS) Strategy 2020/21 to 2024/25 is a revision of the National Contraceptive Commodities Strategy (2013 to 2017) and considers emerging issues and challenges. This five-year strategy has been developed to guide the planning, implementation, coordination, supervision, monitoring and evaluation of RH commodity management in Kenya to ensure access to high-quality reproductive health products and technologies to all clients.



The National Family Planning Standards for Health Care Facilities will support the ongoing quality improvement in FP service provision in Kenya. Conducting ongoing quality improvement processes will ensure that the essential infrastructure is in place so that FP services are available and accessible at health care facilities. The standards will also enable the training of healthcare Providers so that they have the skills to deliver high-quality, respectable, appropriate and timely FP services. The standards have also captured emerging evidence-based interventions that align with current FP practices, and their output and outcome indicators will help assess the provision of family planning services.

The launch of these documents represents a commitment to action by the Ministry of Health on behalf of the Government of Kenya to achieve zero unmet need for family planning and increase modern contraceptive coverage among all women. The Implementation of the FP-CIP, RHCS Strategy, TMA for FP Strategy have been included as part of Kenya FP 2030 commitments to advance the delivery of universal rights-based family planning for all, including marginalized populations.

We are hopeful that these policies and strategies will provide a supportive environment to ensure that citizens have access to quality, affordable, safe, comprehensive, and equitable family planning services.

PS KENYA DESIP LEADERSHIP



Joyce Wanderi
Chief Executive Officer

In the last three years, DESIP has made great achievements, with the main goal being to ensure that women and girls, particularly the poor, adolescents and youth, and people with disabilities, can safely plan for their pregnancies in accordance with sexual and reproductive health rights.

We enter year four with reproductive health documents that were launched in the month of June. The journey now begins to determine operationalization of these documents at the county level in order to benefit communities. DESIP heavily supported the development of some of the documents that were launched and will now move to the next step of disseminating them across the 12 DESIP supported counties.

I am optimistic about the year ahead we have a strong consortium and adequate support from the government. I wish you a successful year four.



Sylvia Wamuhu
DESIP Director

First, I would like to register my appreciation to Foreign, Commonwealth & Development Office (FCDO) for continuing to fund the DESIP project, which has had a positive impact on the people of Kenya in recent years.

Secondly, my appreciation goes to all DESIP partners—AMREF Kenya, Options Consultancy Limited, F2A, HRI, VSO, PSI, HERA, UNFPA and PS Kenya for their commitment and hardwork that has greatly contributed to the successful implementation of the project in the last three years.

Finally, I want to acknowledge the Ministry of Health, both at National and county levels, for our collaboration and consistently supporting and taking ownership of DESIP activities.

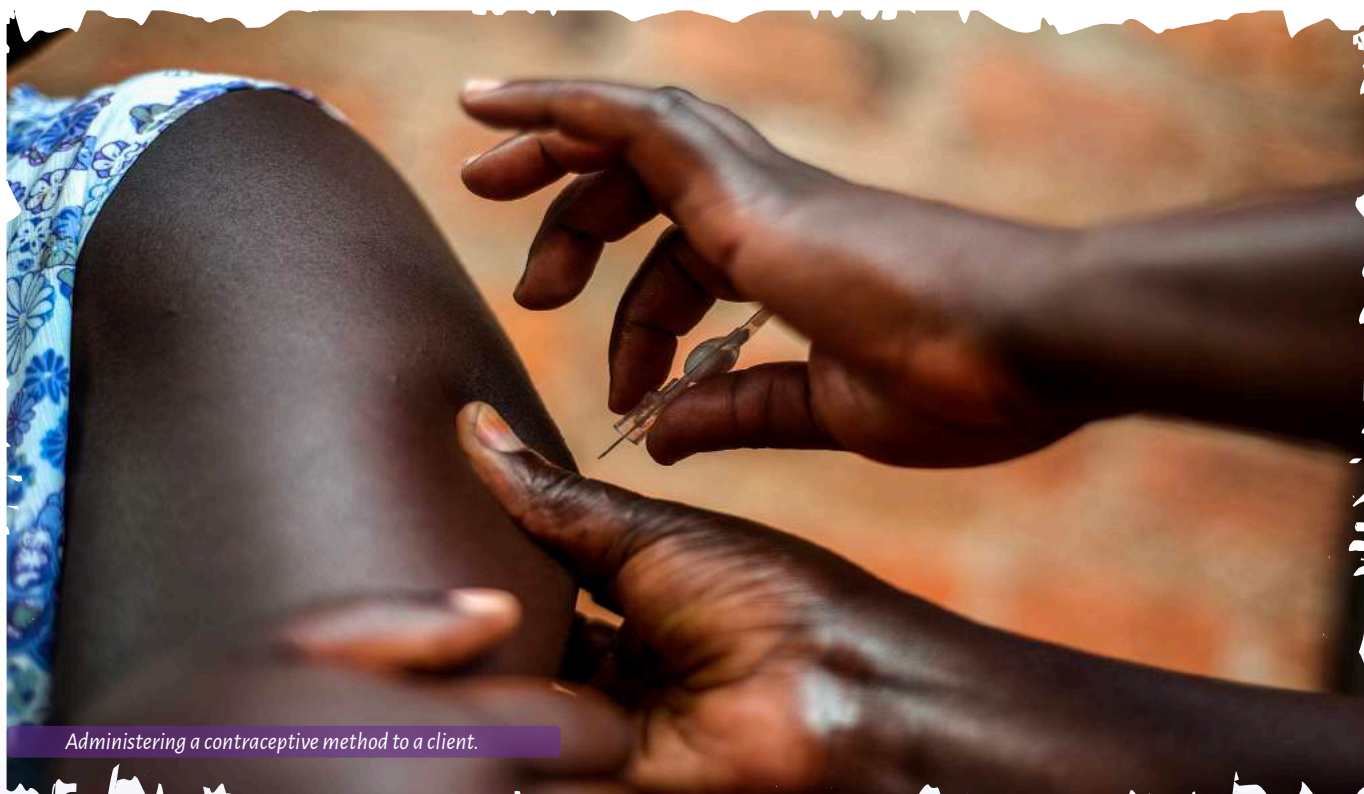
We are now in year four, where DESIP will embrace more sustainable approaches and cascade best practices and key learnings that can influence family planning programming in Kenya and beyond. We look forward to a successful year four!

Case Study: Community-based distribution programs change cultural and social norms that affect uptake of Family Planning

Access to reproductive information and contraception (RIC) continues to be a critical unmet need in Narok and impedes the realization of reproductive health rights. While family planning programs mainly focus on facilitating women's access to contraceptive information and services, some cultural norms also affect the social acceptability of FP. For instance, men's decision in Maasai community is key especially because they are considered the custodians of culture and tradition. In such a community, men have an important role to play in family planning, both to meet their own reproductive health needs and to support and facilitate their partner's access and use of family planning services. Historically, men in this community don't engage in family planning conversations since it's a woman's 'business'. To others, family planning is still taboo and should not be practiced. In fact, their women should not take up any method without their permission.

For Simon Ntuke, a trained community-based distributor (CBD) by DESIP- the above societal norms are history. "I can comfortably say that that's not the true scenario in Narok North the situation has changed," says an enthusiastic Simon. On a normal morning, you would find him at Fountain Mission Medical Centre preparing his 'instruments of work'. Simon is attached to this facility and reports to the facility in charge, Madam Jane. She describes him as the 'community nurse' as a result of his interaction with the community members, while

referring to him as the 'daktari'. Simon is among the 37 CBDs trained through DESIP and attached to the various health facilities to support access to FP, especially to rural WRA. Through these CBDs, women are able to access contraceptives without traveling long distances to the facilities. There is also a reduced workload at the facility as the visits are minimized. For Simon, it goes beyond service provision, He has positioned himself as a male champion, developing an interpersonal relationship with the clients thus gaining the trust of those he has reached through house-to-house visits. He says that his main target is to reach women through his fellow men. He creates comprehensive awareness through one-on-one discussions with men in the community on-the-need to support their wives' uptake of contraceptives, emphasizing the benefits of family planning. This has made him gain the trust of the husbands, allowing him to visit their wives for family planning and referrals to those who wish to use long-term methods. Through their interactions, men can engage in FP conversations, something that was traditionally considered taboo. He has convinced men to create an enabling environment for their spouses to take care of their sexual reproductive health. Through the community forums and outreaches, Simon is slowly changing the cultural norms, replacing them with safe spaces where women can feel supported to practice child spacing.



Administering a contraceptive method to a client.

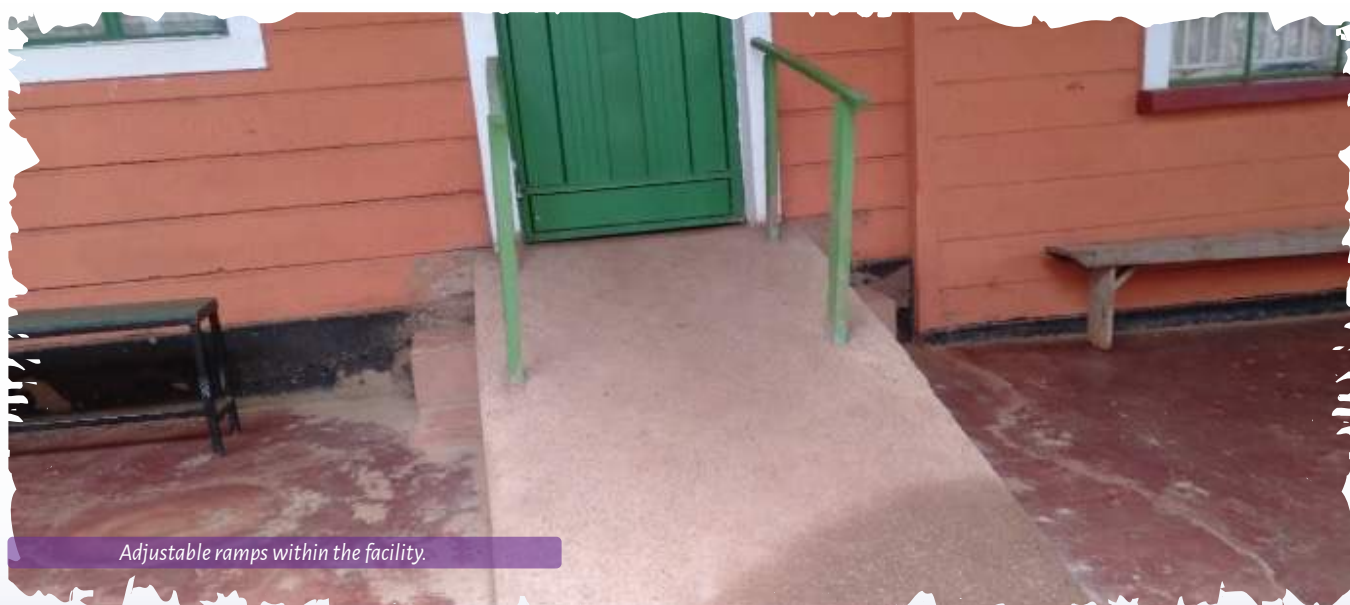
Case Study: Accessibility for All at the health facility level

The DESIP project has been very active in Homa Bay county and there is evidence of its reach to the target groups. Homa Bay County has a high rate of teenage pregnancies and a large population of people with disabilities, making this an area of focus that needs support to ensure access to services. During the training of SIG champions in 2020 in Homa Bay, the nurse in charge of St. Teresa Asante Nagoya health center was among the trainees. She shared that the facility was yet to be accessible for people with disabilities and in her action plan, she promised to give feedback to the facility management and to follow up.

In early 2022 VSO together with the implementing partners in Homa Bay visited the facility. A lot of adjustments had been made to make the facility accessible to people with disabilities.

Some of the structural adjustments that were made during the visit were; the building of ramps to make access to the facility easy. This included both permanent and movable ramps, which makes it easy to get around with a wheelchair and to access all the facility departments. Due to limited resources to purchase an adjustable coach, the facility came up with their own type of adjustable coach that is used in the maternity wing. The facility nurse in charge shared that they had observed an increase in the number of adolescents who went to seek services. The CHVs attached to the facility shared that they were able to reach people with disabilities to come for the services and this was captured in their records.

One of the facility directors further indicated that in the new building, they had made provisions for clients with disabilities to ensure they could access it.



Success Story: Religious leader and spouse become great mobilizers for FP outreaches in Marsabit County

Marsabit County is one of DESIP's counties of implementation. DESIP and the county government sought to improve access to both family planning and other health services, focusing on benefiting poor women, PWD, and adolescents in hard-to-reach areas. This has been accomplished by facilitating access to family planning information and services through integrated outreaches, a strategy that connects community units and the healthcare system. This has eased the burden of long walks for community members to health facilities and contributed to improved health outcomes for women and children. Outreaches have significantly reduced the number of people who do not use short-term FP methods, immunizations, and ante-natal care.

Misconceptions about family planning and religious barriers were found to negatively influence the use of family planning in the communities of rural Namarey and Korr Community Units. Stigma levels were high, and women were reluctant to access FP services during outreaches. This is being addressed through religious leaders' support of family planning use, backed by religious texts promoting family planning principles.

The Reverend Geoffrey Baraza and his wife Janet

have always been part of outreach to reach out to the community, sharing with them how they used contraception to space their three children with at least 2 and a half years spacing and the positive impact on their quality of life. They understand well the connection between the church's role in spiritual matters and health matters like healthy timing and spacing of children.

The couple, who are also family planning champions and role models, have challenged families to accept family planning. They have achieved this by raising awareness about the benefits of birth spacing, dispelling misconceptions about contraceptive side effects, and addressing women's trust in natural methods of birth spacing. Women's confidence in taking up modern contraceptives has been boosted by Rev. Geoffrey and his wife Janet who are normalizing discussions and use of family planning and thereby reducing its stigma in their community.

Womens' motivation to attend family planning service delivery sites was also increased by the delivery of multiple health services at a single point of care. Ntito, a community birth referral agent and FP champion in the community, had this to say concerning the outreaches.



Geoffrey creating awareness on child spacing.

“ Women, despite being overwhelmed by daily house chores, can easily access FP, ANC, immunization services, and information. Young mothers who had CS are relieved from the danger of early pregnancy. ”

Case Study: Data for decision making after improving the reporting rate

The Challenge

In Mombasa County the DESIP project works with both public and privately owned facilities. At the inception a lot of private facilities were recruited into the project. Private facilities have many challenges especially with submitting monthly reports to the MoH. Some facility owners don't see reports as a priority for them and therefore they don't allocate time and manpower needed for report compilation. Lack of data tools is also another challenge that prevents private facilities from reporting. Some private facilities operate as 'one-man-shows' where the owner runs the facility by him/herself, which is a challenge because when the owner is unavailable, the facility is shut.

The Initiative

Due of these and more challenges, the program's reporting rate for the county was as low as 80%, To address this challenge, the regional M&E officer (RMEO) developed a strategy where he would run reports every month for all facilities and check on missing reports once the Sub County Health Records and Information Officers (SCHRIOs) completed data entry. Follow up would be made with the SCHRIOs to ascertain whether the facilities had submitted the reports or not; in case the reports had not been submitted follow up would be done with the providers of the affected facilities. The RMEO, the regional program team and SCHRIOs would call or visit the facilities to identify the challenge.

The providers were mentored on filling out the data tools, including the registers and monthly summaries. They were also sensitized on the importance of data to the government and the project for planning and decision-making so that they would commit the necessary resources for compiling and submitting reports. Taking into consideration the lack of tools in some facilities, the project printed and distributed to facilities in the county with the help of the county health records team.

Facilities were encouraged to compile and submit these reports consistently so that they would get commodity supplies.

Key Result

The supply of family planning commodities was a welcome development to private providers since the facilities would save on the costs of buying the commodities with their limited resources. It would also help them lower the costs charged to the clients, thereby making family planning accessible and affordable to the poor and marginalized, as the project hopes to achieve.

The project engaged the County and Sub-County Health Management Teams in conducting support supervisions and Data Quality Assessments (DQAs) in these facilities, where apart from checking on data quality, the teams emphasized on the importance of data for planning and decision making across all levels from the health facility to the national government. The county and Sub-County teams also provided mentorship to the facilities on filling out registers, compiling reports, and commodity management among others.

Impact of Partnerships

The Engagement of county & Sub-County teams helped build a positive relationship between the private facilities and the county teams which is key to ensuring continuity beyond the project. The county values the contribution of private facilities, provides nearly half of all family planning services in the county.

“ I'm happy and shocked at the same time that DESIP is contributing a lot in increasing the uptake of family planning in Mombasa county. These efforts have helped to bring the reporting rates to 95% currently. ”
remarked the County RH Coordinator.

Lessons Learned

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



Changamwe/Jomvu SCHRIO during a DQA exercise at St. Valeria Medical Clinic

From Community Health Volunteers to Certified Community Based Distributors

Baringo county has a contraceptive prevalence rate of 38% compared to the national CPR rate of 61%. This low uptake of FP is attributed to cultural, religious and other beliefs and practices in the community.

There have been security concerns in areas such as Tiaty and a poor road network, making it tough for women and young girls to access health services, including family planning. This led to the establishment of 58 community units with CHVs. The CHVs have been an integral means of reaching out to the community with health messages, but they still needed more information on family planning.

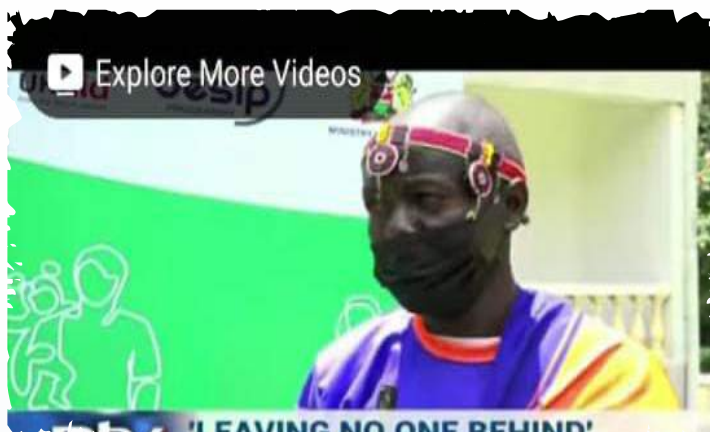
This necessitated the first training of CHVs on family planning in Baringo in 2020 at the Kabarnet hotel. Following the training, improvement in family planning uptake was observed, but all clients had to be referred to health facilities. Some health facilities were far from communities and more had to be done to reach out to women who lived in more remote areas, which is how the idea of having community-based distributors was embraced by the county government and PS Kenya.

After identifying the need to reach out to those in remote areas, the Division of Reproductive and Maternal Health (DRMH), Baringo County CHMT, with support from DESIP, trained 48 Community Health Volunteers as CBDs. At the end of the training, Baringo County established 47 CBDs in 19 facilities/units of Koibatek, Tiaty East and Tiaty West, Marigat and Mogotio: Philip Adoket, who was trained as a CBD said,

Outcome:

1. There was increased provision of short-term methods as CBDs were able to provide 1944 DMPA injections by August 2021.
2. Women in remote areas in Tiaty such as Nakoko were reached with messages on family planning and other SRH services including immunization and maternal care.
3. Health care workers were assigned in areas where healthcare workers were understaffed such as Nginyang that has only one clinician, making it difficult for the clinician to counsel clients on family planning.

“As a male CHV and CBD, I am able to reach out to other men, and slowly introduce them to child spacing and its advantages. Thanks to the CBD training, my knowledge has improved, and I am able to share this with the community.”



Philip Adoket during an interview with NTV.

KUJIPANGA BULLETIN

About DESIP

DESIP is a five-year (2019 to 2024) UK Aid funded project 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.



EDITION 9

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