

KUJIPANGA BULLETIN

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IMPROVING ACCESS TO FAMILY PLANNING SERVICES IN KENYA



EDITION 12





Sylvia Wamuhu,
DESIP Director

DIRECTOR'S STATEMENT

I would like to begin by thanking all the DESIP partners for their effort and dedication over the last four years of the program. Through your commitment and dedication, DESIP, the largest family planning program in Kenya, has had an incredible impact on the people of Kenya. During the last quarter of Year 4, the project held cluster meetings within the five DESIP clusters to share learnings over the last 4 years in the counties of implementation. DESIP concentrated on project learning dissemination to relevant stakeholders during the cluster meetings. In this bulletin, we present contributions by DESIP towards ensuring a seamless transition as the program comes to an end.

As we enter Year 5, DESIP hopes to collaborate closely with county governments to ensure the adoption of viable sustainability plans through successful project approaches. The project will also focus on the dissemination of lessons learned during Year 5, which is the last year of the program.

Thank you, FCDO and DESIP partners: Faith to Action Network (F2A), Health Right International (HRI), AMREF, Options Consultancy, Voluntary Services Overseas (VSO), Population Services International (PSI), UNFPA, and our Third Party Monitors, Hera.

FCDO Donations to DESIP Program

FCDO donated 60,000 Levoplants to DESIP in Q.1 who through the field teams ensured that the donated commodities were distributed, prioritizing areas with the highest commodity stock-outs. The project leveraged sub-county commodity technical working group meetings and support supervision sessions to distribute the commodities. Thanks to FCDO's donation, reported commodity stock-outs have reduced in all counties of implementation.



Maternal and Newborn Health Knowledge Management and Learning Event



DESIP Program took part in a panel discussion on the interlinkage between maternal health and family planning at the event held on 8th March.

"Family planning has saved the lives of women and children by helping to avoid unsafe abortion, limiting the risk of pregnancy and childbirth, reducing the number of births and limiting pregnancy to the healthiest ages and desired points in time." Sylvia Wamuhu, DESIP Director.

Utilization of Existing County Government Health Systems to Ensure Sustainability of Family Planning Services

After five years, DESIP has reached the end of its implementation period and there is a need to ensure that the programs gains are sustained and even improved on. To ensure this, the team aligned DESIP activities with the County activities and were supported by County and Sub-County Health Management teams (CHMTs/SCHMTs) through lobbying the counties to support FP services in their Costed Implementation Plans and Annual Workplans.

DESIP has four main outputs:

1. Increased awareness and acceptance of family planning
2. Improved availability of family planning services
3. Improved quality of family planning services
4. Increased capacity to plan, finance and coordinate family planning

The teams also ensured that the CHMTs and SCHMTs were trained to become Trainer of Trainees (TOTs) in family planning and provided technical support in support supervision and data quality audits. They were also given access to PS Kenya's Routine Data Quality Assessments (RDQA) and support supervision tools to ensure continuity.

To further ensure continuity of services DESIP trained mentors through structured mentorship process to ensure continuity of sharing of service provision skills and also kept an eye on community-based distributors, to ensure FP messages and services are reaching the last mile. These interventions have been put in place and prove to be working sustainably as they use government employees and systems to ensure continuity. In Baringo a bill has already been passed for CHVs including CBDs to get monthly stipends and the team shall continue lobbying for this to happen.



Dummy practicals on implant insertion and removal at Torongo Health Centre

Quality FP Service Delivery in Kilifi County

DESIP introduced a structured Family Planning (FP) mentorship program in Kilifi County to ensure that quality services are provided in a continuous process. For a balanced sharing of activities, we identified mentors from five sub-counties in the county, then each sub-county identified five mentees on need basis thus a total of five mentors and twenty-five mentees.

A three-day meeting between the mentors and mentees was held on November 2022 where discussions on planning the event, sharing of roles and expectations and assigning responsibilities were held. Relevant mentee documents were also shared, that is, the log books for proper record keeping and training manuals.

Linkages were done to the County Health Management Teams (CHMT) and Sub-County Health Management Teams (SCHMT) for support and data maintenance for the trained mentors.

Training sessions are currently ongoing and the mentees are being prepared for national assessment early next quarter, that is, the first quarter of the fifth year. This will ensure continuity of services and the availability of more trained providers and will be a continuous process.



Mentors and mentees meeting



Narok East SCHRIO and SCRHC sensitizing facility-in-charge at Suswa health centre over the revised RH tools.

Data Quality in Narok County

Data quality is one of the outputs of the DESIP program. Over time, the registers and reporting tools have had a challenge with consistency in that some indicators could be in the data capture tools but be missing in the reporting tools. However, through the advocacy of the DESIP program at the National level, PS Kenya monitoring and evaluation team were able to update the tools to capture people living with disabilities and also the segregation between implants 2 rods for 3 years and 5 years, as this was a gap in the register. In the months of January and February 2023, through a partnership with the county government of Narok, PS Kenya successfully sensitized service providers on current tools and supply them with the same, which will be in use in the month of April. The county has acknowledged that it is a milestone in enhancing data quality since the discrepancies caused by a lack of segregation, especially with the implants, will now be a thing of the past.

Family Planning Tools Dissemination in Isiolo County

Following revision of Family Planning (FP) data tools in late 2022, there was need for the health providers to be trained on how to use the new tools for recording and reporting on FP services offered. DESIP had pushed for the new tools to have additional indicators, for example on Persons with Disabilities (PWDs) so as to ensure social inclusion.

The program in collaboration with the Isiolo County Department of Health organized a one-day training for health providers, mainly nurses and County Officials working in reproductive health. The training would ensure that health workers report accurate and reliable data for use to inform programming.

The first session was conducted by the County Health Records and Information Officer (CHRIO) who took the team through the Family Planning Register and The Integrated Program Summary Report Form (MOH711). Emphasis was placed on the new data elements that were added following the revision as well as the need to follow the operational definitions provided in the register as a guide.

A representative from the pharmacy department took the health workers through a session of family planning commodity management. They were taken through the commodity management tools including the Stock Control Cards, FP registers and the Facility Contraceptives Consumption Data Report

and Request (FCDRR) which feeds into Kenya Health Information System (KHIS). The pharmacist stressed the importance of reporting accurate commodity data since the data reported in KHIS is integrated into the KEMSA LMIS (Logistics Management Information System) which is used for determining a facility's commodity needs & supplies. Incomplete, inaccurate and inconsistent family planning data was a contributing factor to commodity stock-outs.

After going through the different tools, participants were given practical exercises to fill the tools in order to allow them gain the hands-on experience in filling them. The trainers were on hand to support and guide participants with the practical. At the end of the training the health workers requested more trainings on different family planning services and cervical cancer screening so that they can offer these services to the community. The health workers present were issued with tools to take back to their facilities and to start using them immediately. The County Reproductive Health Coordinator urged the health workers to share the knowledge from the training with their colleagues at their facilities who had not attended the training.



DESIP Program's Contribution to Preventing Maternal and Child Deaths in the Country



The 10th anniversary of the Preventing Maternal and Child Deaths (PMCD) initiative took place on April 5th, 2023, and was hosted by UKAID, USAID and PS Kenya. The main objective of the event was to showcase Kenya's investments in maternal and child health. This is in line with Sustainable Development Goal (SDG) number three: Ensure healthy lives and promote well-being for all at all ages. The SDG is further broken down into different measurable targets including reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 and ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030.

Different stakeholders all over the world are working towards an efficient and sustainable solution that would lead to an improvement in the chances of survival and quality of life for women, newborns, and children. PS Kenya's Delivering Equitable and Sustainable Increases in Family Planning (DESIP) program is funded by UKAID and works towards increasing family planning uptake among poor rural women, adolescents, youth, and persons with disabilities. The program is currently in 12 counties across the country.

It has been proven that an increase in the contraceptive prevalence rate causes the direct impact of a low maternal and child mortality rate because it prevents high-risk births, that is, births that are too close together or by

women who are too young or too old.

Family planning helps prevent unwanted pregnancies, thereby reducing the number of unsafe abortions and offering women more reproductive health choices. The program seeks to break the barriers that hinder the uptake of family planning in different communities in the country by using avenues such as religious and cultural family planning champions, peer-to-peer groups where women and adolescent girls can inspire each other, and male involvement during in-reaches and outreaches where they are sensitized on the importance of child spacing.

In order to achieve the set goals by 2030, all stakeholders need to prioritize equity, quality, and coverage to measurably improve health outcomes for women and children. PS Kenya's DESIP program uses innovative and evidence based targeted service delivery to pass the message of family planning uptake to the poorest of the poor in the hardest to reach areas. The program works closely with government structures at both the national and county levels to ensure that no one is left behind, regardless of their physical or financial capabilities.

PS Kenya remains committed to preventing child and maternal deaths by ensuring that the country continues making gains in family planning uptake and that women and girls can safely plan their pregnancies and improve their sexual reproductive health, thereby working towards Vision 2030.



Structured Mentorship: A Sustainable Model for Increasing Long-Acting Reversible Contraception (LARC) Service Delivery

According to World Health Organization (WHO), Family planning is part of primary health care and availability of these services is critical for achieving universal health coverage. Yet, many women in Kenya lack these services, and even when they are available, they are not always accessible, effective and respectful. Competent health care workers play a crucial role in bridging the gap. However, in most Counties in Kenya health care providers lack the relevant skills and knowledge to be able to provide evidence-based as well as client centered services in this area. This narrative report highlights the program's interventions in addressing delays in receiving adequate primary healthcare services, particularly modern Family Planning at the health facilities in Narok County.

The DESIP project, funded by FCDO aims to reduce maternal, newborn and child mortality by increasing modern contraceptive prevalence rate in Kenya. During inception, the project in collaboration with the Ministry of Health in Narok County conducted a Service Availability Readiness Assessment (SARA) in 25 health facilities. Common challenges identified during assessment included; insufficient number of trained personnel, high turnover of skilled staff, and inadequate funding for provision of consumables and contractive including Long-Acting Reversible Contraception (LARC). To address these skills gaps, DESIP introduced a Structured mentorship program which is a competency-based on-the-job-training (OJT) that uses a mentor-mentee approach adapted from the Kenya National Mentorship Guidelines.

Our focus is to ensure HCPs both Public and Private have the updated Knowledge & Skills to offer quality Family Planning services to the population of women of reproductive age with special focus on; Adolescent, People Living with Disability (PWD) and the marginalized communities.

The structured mentorship has 10 sessions that covers basic anatomy and physiology of the reproductive system, infection prevention, counselling, insertion and removal of an implant, insertion and removal of Intrauterine device (IUD), practical sessions, documentation, record keeping and monitoring and evaluation. Family Planning Mentors who are already trained and are hands on were identified with the help of County Reproductive Health

Coordinators were mapped and paired with Mentees who were within their locality. Both the mentors and the mentees underwent a one and a half days orientation of the process as per the RMNCAH Mentorship Guidelines. The mentorship program takes about 3 months but can take less or more time depending on their workplans. At the end of the 10 sessions, the mentees were assed by external assessors from the National government and from



Photos of our beneficiaries during an out-reach activity

their respective counties. Those who passed the assessment graduated and were issued with certificates.

To assess feasibility and fidelity of the implementation, DESIP reviewed program materials and routine monitoring data for all program participants in the mentorship. This included reviewing mentorship booklets and hospital FP records to verify sessions attended and completion of the hands-on training (completed FP insertions and removals). Findings were cross checked with KHIS reports. To assess acceptability of the model, DESIP conducted in-depth interviews with mentees after participation in the program

RESULTS

Mentors and mentees honoured the structured mentorship sessions in both counties, making the model feasible. Of the 40 mentees enrolled in the program in Narok County 35 (87.5%) completed the expected 10 sessions respectively. Mentees successfully gained LARC insertion and removal skills. A total of 360 and 78 Implants were inserted and removed and 112 and 25 IUCDs were inserted and removed. Successful outcomes for uptake of a structured mentorship approach for increasing service delivery and coverage by HCWs was anchored on: The provision of arm models and Madam Zoe to the teams to practice provides avenue for building confidence on Mentees to conduct insertion and removal techniques on Women of Reproductive Age, High traffic health facilities of clients during the mentorship days, making it easier for Mentees to practice counselling for FP methods and insertion and removal techniques, 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 honoured. This is coupled with flexibility of the Mentors and Mentees willingness created an enabling learning environment.

IMPACT

The notable results in improved health outcomes attributed to the structured mentorship program include: an increase in the uptake of modern contraceptive methods among women of reproductive age, in 2019, the Baseline for modern contraceptive prevalence rate (mCPR) was 38.1% and currently (mCPR) is at 52% against the national which is at 57% (KDHS 2022), a reduction in teenage pregnancies from 40% to 28% in Narok hence reducing

the number of unintended pregnancies and unsafe abortions. Total cost spent for Narok County was \$16,000 which is less than classroom training which would have costed \$24,000.

The lessons learned from this program are that structured mentorship is a model that can be highly acceptable and can gain ownership across Counties in Kenya as it is a cost effective hence sustainable approach of empowering our health care workers unlike the previously used model of classroom training which is expensive and unsustainable.



Photos of structured mentorship sessions

Health Facilities in the Coast Region Embrace Social Inclusion

The DESIP program committed to enhancing the capacity of health care workers and county health management teams as key actors during the first year of project implementation (2019–2021). Following the health care workers capacity building training, DESIP program carried out support supervision to maintain ongoing mentoring in social inclusion.

To demonstrate that capacity strengthening on social inclusion can positively influence health care workers attitudes and behaviors toward service delivery for persons living with disabilities, Population Services International and Voluntary Services Overseas (VSO) visited selected facilities in Kilifi and Mombasa counties that have exhibited positive outcomes in embracing social and disability inclusion. The facilities visited in Kilifi County were New Heri Medical Clinic, Watamu Community Health Centre, Ebenezer Medical Clinic, and St. Andrew’s Clinic, while those visited in Mombasa County were Meditrust Medical Clinic, Jomvu Health Centre, Shimo la Tewa Annex, and Mlaleo CDF Health Centre.

The health care workers trained in the DESIP-supported counties reported measures targeted at enhancing access to care as well as increasing the proportion of persons living with disabilities who received family planning services. The measures reported by the health care workers include the construction of ramps and accessible rooms within the health facilities, sensitizing colleagues during CMEs, conducting home visits and follow ups with caregivers, improving disability etiquette, and conducting quarterly community dialogues targeting persons living with disabilities.

After the DESIP training, Vespus (a social inclusion champion and psychologist- Kilifi) established a safe space in Ganze to discuss mental health and has made a deliberate effort to ensure persons with disabilities participate in those safe spaces. Through the impact of DESIP and the program’s support, health care workers reported submitting a proposal and winning a grant by USADF + Stanbic (Pamela, HCP from MediTrust Clinic Mombasa) and being nominated by the county to learn sign language with the NCPWD program (Vespus).



Ebenezer Medical Clinic in Kilifi County

DESIP Program Embraces Equity on International Women's Day

Bold. Fierce. Phenomenal.

These are some of the words you can use to describe women all over the world as they wake up on a daily basis to break boundaries and change narratives as old as time. Women have proven time and time again that they too have a voice that matters, but we still have to be continuously reminded of the inequality that plagues the societal system as a whole.

This year's theme International Women's Day was 'Embracing Equity', a call to ensure that there is fair treatment and equal access to opportunity while removing any barriers that may hinder equity for women. PS Kenya embraces equity by working towards reducing the huge inequality in access to quality health services in Kenya. We work in rural and hard-to-reach areas to ensure that even the neediest of women have access to all the health services that they require.

At the helm of PS Kenya's existence sits 'Sara', a woman whose disease burden, family planning needs, and health-seeking behavior make up the organization's strategic plan. Through our reproductive health program, PS Kenya empowers women by providing them with family planning options that facilitate their choice on when to have children, how many, and the spacing between children. This not only contributes to an increase in the country's modern contraceptive prevalence rate (mCPR), but also ensures that both the women and their families have a chance to positively advance themselves.

The DESIP project ensures that women and girls can safely plan their pregnancies and improve their sexual and reproductive health, particularly in rural and marginalized areas, with an aim to reduce the maternal, newborn, and child mortality. The project also works towards the social inclusion of People with Disabilities (PWDs) through community sensitization and the use of outreaches to mobilize PWDs and encourage family planning uptake.

PS Kenya's Accelerate project, funded by DANIDA, aims to contribute towards ICPD 25 promise of zero unmet need for contraception, zero preventable maternal deaths, and zero gender-based violence and harmful practices. The project is active in 13 counties and aims to strengthen women's and girls' rights, reduce GBV, and increase Sexual Reproductive Health Rights



(SRHR) by using Social Behaviour Change Communication (SBCC) techniques to implore for a change in socio-cultural norms, beliefs, and attitudes.

Finally, PS Kenya does not forget about young, adolescent girls; the country's future generation. Through our Binti Shupavu project, we work with adolescents aged 15-19 in four counties, that is: Homabay, Narok, Kilifi, and Migori. The project seeks to empower the girls by educating them on their different contraception choices while providing lessons and avenues for them to earn their living, thereby securing both their futures and those of their children. Binti Shupavu works through community influencers by providing safe spaces where the girls can learn from and through each other while dispelling any myths and misconceptions surrounding family planning. The girls are also taken through vocational training such as hairdressing, tailoring, and even plumbing that links them to economic opportunities.

Positive Influence of Capacity Strengthening on Service Delivery for Persons with Disabilities

Lennox Katana, the proprietor of the New Heri Medical and Reproductive Health Centre, was a beneficiary of the social inclusion and gender training in early 2020. He reiterated that the training was quite beneficial to him as he was able to understand the gaps faced by Persons with Disabilities (PWDs) in accessing inclusive, quality health services. DESIP conducted support supervisions in his facilities, which helped him improve them, especially on infrastructure and mobilization of persons with disabilities to access services.

Lennox was previously renting a premise that was not disability-friendly and made it difficult for persons with disabilities to access certain services. He recently built his own facility and ensured that it was disability friendly by making all his service rooms accessible, especially for wheelchair users. He has also been able to provide mentorship to his staff on disability inclusion.

Lennox recommends that government facilities ensure health care workers also know sign language, as communicating with deaf patients remains a challenge. He gives the example of Matsangoni Health Center, which serves a large number of people within Kilifi. There is a need for the private sector to take full ownership of inreaches: "We should have sign language videos to help Health Care Workers (HCWs) learn sign language rather than the Kenya Sign Language (Kenya Sign Language) chart."

"The support and supervision have been helpful. We have knowledge and equipment to ensure that there is sustainability in social inclusion."



Lennox Katana at his facility in Kilifi County

Photo Gallery



Upper Eastern Region DESIP cluster meeting held in Nanyuki



Coast Region DESIP cluster meeting held in Mombasa



FCDO donor visit at Mulot Hospital, Narok County



North Rift Region DESIP cluster meeting held in Eldoret



DESIP pay courtsey call to the CHMT in Kisumu County



FCDO donor visit at Fountain Mission Hospital, Narok County

Photo Gallery



FCDO donor visit at Narok Sub-county Hospital



FCDO donor visit at Rangwe Hospital, Homa Bay County



FCDO donor visit at Kendu Sub-county Hospital, Homa Bay County



FCDO donor visit at Olchoro Hospital, Narok County



FCDO donor visit at St. Teresa Asante Nagoya Health Centre, Homa Bay County



FCDO donor visit Homa Bay Sub-county Hospital

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About DESIP

DESIP is a five-year (2019 to 2024) UKaid funded project focused on Delivering Sustainable and Equitable Increases in Family Planning (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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