

THE NEST.

PLAN YOUR FUTURE, PLAN YOUR FAMILY

ISSUE 001

DECEMBER 2023



A WOMAN'S JOURNEY WITH FP

As an immensely effective method, BTL grants individuals control over their reproductive choices, providing both peace of mind and lasting assurance. PAGE 24

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What family Planning is not

Our modern families confront an array of challenges, shadows cast by the persistent foes of poverty, ignorance, and disease. These three adversaries, identified by our nation's visionaries, still haunt us today. In response, the Family Planning Program was conceived, a visionary initiative aimed at fostering happiness within families - a key ingredient for a prosperous society. PAGE 06



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CONVERSATION

Nurturing *Happy Futures*: The Journey of Family Planning in Kenya

Greetings from The Nest! In the symphony of life, we all share a common melody—the pursuit of a good life. A life adorned with comfort, good health, wholesome meals, and the warmth of loving company. The quest for happiness weaves through the fabric of our existence, and we find solace and joy in the embrace of a harmonious family, our very own nests. The family, the cornerstone of society, is a haven where dreams are nurtured, and futures take flight. A society can only flourish when its families thrive, standing resilient against the adversities that life throws their way.

Yet, our modern families confront an array of challenges, shadows cast by the persistent foes of poverty, ignorance, and disease. These three adversaries, identified by our nation's visionaries, still haunt us today. In response, the Family Planning Program was conceived, a visionary initiative aimed at fostering happiness within families - a key ingredient for a prosperous society.

The roots of family planning in Kenya trace back to the ardent vision of our nation's founders. In their commitment to conquering poverty, ignorance, and disease, they sowed the seeds of a program that would transform the very fabric of our society. Over the years, this program has burgeoned, achieving remarkable milestones. Notably, on average, the number of children a woman has in her life time, a litmus test for reproductive health, has plummeted from eight in the 1970s to a commendable three in the present day.

The Nest emerges as a testament to the triumphs and trials of the family planning program. It is a chronicle of the lives touched, a mosaic of successes and challenges. We strive to illuminate the path taken, showcasing the resilience of families and the transformative power of informed choices. The magazine serves as a beacon, not just for Kenyans but for the world, heralding the success of a program that has become a shining example across Africa.

As we delve into the heart of our magazine, we uncover stories of hope, determination, and progress. Through the lens of *The Nest* we witness the metamorphosis of families from struggle to strength, embracing the possibilities that family planning affords. We spotlight the voices of those whose lives have been touched, amplifying their testimonies to inspire others on this journey.

Our commitment is unwavering. We will continue to toil, shoulder to shoulder, to fulfill the dream envisioned by our forefathers - a society that is not only free from the shackles of disease but also educated and abundantly resourced. The pages of *The Nest* will remain a canvas for these aspirations, an echo of our collective pursuit of a better tomorrow.

In closing, from my nest to yours, I extend heartfelt wishes for happiness and fulfillment in the new year and beyond. May the stories within these pages inspire you, fuel your aspirations, and remind you that within the folds of family planning lies the key to unlocking a brighter, more prosperous future. Together, let's nurture happy futures, for every family and every nest.

THE NEST EMERGES AS A TESTAMENT TO THE TRIUMPHS AND TRIALS OF THE FAMILY PLANNING PROGRAMME. IT IS A CHRONICLE OF THE LIVES TOUCHED, A MOSAIC OF SUCCESSES AND CHALLENGES ■

PARTNERSHIP

Kenya's history and achievements of family planning (FP) are documented and shared globally in international, regional and country level meetings and conferences. In these forums, Kenya has showcased policy development and programmes in matters FP, capturing the progress made so far. This magazine seeks to spread the scope of documentation of Kenya's efforts and progress in FP policies and programmes. The idea of having a magazine dedicated to FP matters was mooted by the Director General of the National Council for Population and Development (NCPD), Dr. Mohamed Sheikh. Subsequently, NCPD collaborated with the Division of Reproductive and Maternal Health (DRMH), Ministry of Health (MoH) to produce the magazine. Aptly called *The Nest*, this magazine demonstrates the importance of FP to families, communities and the country. This first issue of *The Nest* was developed with the support of the United Nations Population Fund (UNFPA) under the 10th Country Programme.

THE BRIEF

What Family planning *is Not*: Setting The Record Straight

Dr. Albert Ndwiga, Ministry of Health

Few subjects are debated as emotionally as family planning. Whenever an issue on family planning arises, almost everyone seems to have a strong opinion; while some people would be vehemently opposed to any idea regarding family planning, others become committed “champions” of the idea. In other instances, serious issues in family planning have been reduced to jokes, with vasectomy being the pet subject for the family planning jesters. The outcome of all these dynamics has been the clouding of family planning issues in myths that the general public mistake for truths. It is, therefore, necessary to delve into what family planning is not.

Family Planning is NOT about Having Few Babies

One common misconception is that family planning means having fewer children. The truth is that family planning is about empowering individuals and couples to make informed choices on the timing and spacing of their children, regardless of the number of children they want. Family planning helps to ensure that every child is a wanted and cherished addition to the family. Therefore, family planning is used to help persons and couples to actualise the decisions they have already made, based on their preferences and circumstances.

Family Planning is NOT Population Control

Some people fear that family planning aims at controlling population growth; hence they oppose it. However, such a fear is unfounded, because

family planning is a matter of individual choice, not coercion. Family planning about providing access to information, resources, and contraceptives to enable individuals to make the best decisions in the context of their personal circumstances. The goal of family planning is to promote reproductive autonomy, not to control populations.

Family Planning is NOT a Threat to Cultural or Religious Values

Does family planning really contradict our deeply held religious values? Is it against our beliefs? These questions signal common myths that some opponents of family planning use. But in reality, family planning respects diverse beliefs and traditions by acknowledging that individuals and families have unique circumstances. This means that family planning can be adapted to align with cultural and religious values to grow responsible and conscientious families even within one's cultural and religious beliefs.

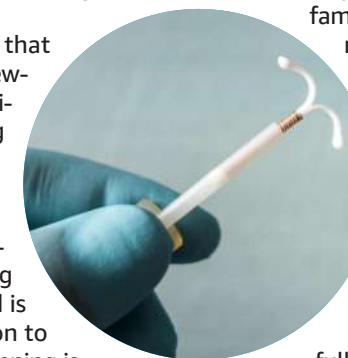
All religions agree that children are a precious gift from God. Hence, a gift from God should be nurtured and supported to reach its full potential. The gift also has the right to nutritious food, comfortable clothing and shelter, healthcare, education and protection from harm and exploitation.

Family Planning is NOT Gender Bias

Some critics argue that family planning disproportionately affects women, thus perpetuating harmful gender stereotypes. In truth, family planning seeks to empower both men and women by involving them in joint decision-making processes. Family planning advocates for gender equality by ensuring that both partners have the information and resources needed to plan their family according to their shared aspirations.

Family Planning is NOT Limited to Contraception

Contrary to popular belief, family planning extends beyond contraceptive methods. It encompasses different services, including education on reproductive health, counselling, and access to



Whenever an issue on family planning arises, almost everyone seems to have a strong opinion; while some people would be vehemently opposed to any idea regarding family planning, others become committed “champions” of the idea. In other instances, serious issues in family planning have been reduced to jokes, with vasectomy being the pet subject for the family planning jesters. The outcome of all these dynamics has been the clouding of family planning issues in myths that the general public mistake for truths. It is, therefore, necessary to delve into what family planning is not.

FAMILY PLANNING IS USED TO HELP PERSONS AND COUPLES TO ACTUALISE THE DECISIONS THEY HAVE ALREADY MADE, BASED ON THEIR PREFERENCES AND CIRCUMSTANCES ■

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various contraceptive options. The emphasis is on holistic family well-being, addressing the number of children and their health, education, and overall quality of life.

Family Planning is NOT a Luxury for the Rich

Some people believe that family planning is a privilege accessible only to the rich. However, all family planning programmes aim to provide affordable and accessible reproductive health services, including family planning, to all regardless of their economic status. This way, family planning contributes to breaking the cycle of poverty and promoting economic stability. This is why the Kenya Health Policy includes family planning commodities as strategic national commodities, which ensures that the service is available to all that demand it.

Family Planning is NOT a Western Imposition

There is a misconception that family planning is a Mzungu imposition on other cultures. On the contrary, family planning has been happening in Africa

AMONG THE MAA, ONCE A WOMAN GOT A BABY, THE MAN WOULD WAIT UNTIL "HE CAN SEND THE BABY FOR SOMETHING" ■

since time immemorial. Many African communities had natural family planning methods (please take a few moments to read about them) that they used for centuries.

For example, among the Maa people, once a woman got a baby, the man would wait until "he can send the baby for something" – meaning until the child grew to about three years – before the man could even think of "returning to the manyatta", euphemism for attempting to get the wife pregnant again. Granted, the modern methods are largely from the West. But what isn't? Does the fact that the mobile phone was developed in the West mean that we can't use it, that we should invest in smoke signals and talking drums?

In conclusion, family planning is not the divisive and controversial issue it is often made out to be. Rather, it is a crucial component of public health and individual autonomy. By dispelling the myths around family planning, we can foster a more informed and constructive dialogue around family planning, and ultimately contribute to the well-being of individuals, their families, and our societies.

COMMODITY FINANCING

NCPD Leading The *Family Planning Commodity Financing* Advocacy

Beatrice Okundi, NCPD

The advocacy effort also entails development of policy briefs, concept notes for the FP programme for use during the Medium-Term Expenditure Frame (MTEF), and participation in MTEF sector working group meetings where resources from the exchequer are shared

Family planning (FP) commodity financing is an annual activity coordinated by the National Council for Population and Development (NCPD). This is done through various forums, mainly advocacy meetings with the National Treasury, Ministry of Health, development partners and parliamentarians.

The advocacy effort also entails development of policy briefs, concept notes for the FP programme for use during the Medium-Term Expenditure Frame (MTEF), and participation in MTEF sector working group meetings where resources from the exchequer are shared.

Advocacy for these activities is normally an expensive endeavour, which is only made possible with help from NCPD's development partners. These include the Clinton Health Access Initiative (CHAI), United States Agency for International Aid (USAID), and United Nations Population Fund (UNFPA). The ultimate goal of the advocacy is that FP commodity financing is prioritised in the national budget in an increasing and sustained manner as envisaged in memoranda of understanding between the Government of Kenya and development partners supporting FP commodity procurement.

The process of engagement in FP commodity domestic financing has seen the achievement of continual increase in budget allocation from 550 million shillings during the 2016/2017 Financial Year to 1.2 billion shillings for the 2022/2023 Financial Year. The increased allocations reflect goodwill in government in terms of supporting FP. However, the challenge has been on the full disbursement of the allocated funds as Kenya aims for full domestic financing of FP commodities.



The Director General, NCPD Dr. Mohamed Sheikh, addressing the Development Partners Reproductive Health Commodity Security coordinated by NCPD

RESOURCE ALLOCATION

Forecasting and Supply Planning in Aiding Advocacy for *Increased Resource Allocation* for Family Planning Commodities

Dr. Joseph Mwangi, Afya Ugavi

Accurate quantification of commodities depends on the accessibility of reliable data, a knowledgeable workforce, and seamless coordination of key stakeholders. Successful quantification exercises often lead to precise forecasts of commodity needs, ensuring the consistent availability of essential products.

Without doubt, efficient health supply chains play a crucial role in enhancing healthcare accessibility and ensuring the availability of health products in the right place and at the right time. Accurate quantification of commodities depends on the accessibility of reliable data, a knowledgeable workforce, and seamless coordination of key stakeholders.

Successful quantification exercises often lead to precise forecasts of commodity needs, ensuring the consistent availability of essential products.

To realise universal access to quality, affordable, and equitable healthcare services, it is necessary to maintain an uninterrupted supply of family planning (FP) commodities. The FP 2030 commitments emphasise the significance of increased domestic financing for FP commodities, aiming to cover 100% of Kenya's requirements by 2026.

The commitments also emphasise sustained availability of FP commodities to the last mile, and targets to increase modern Contraceptive



Prevalence Rate (mCPR) for married women from 58% to 64% by 2030. Another commitment is the reduction of unmet need for FP for all women from 14% to 10% by 2030.

Notably, the successful achievement of these commitments depends on the availability of FP products at the last mile. This in turn depends on effective procurement and distribution of the FP products throughout the healthcare supply chain.

All these require critical interventions to address gaps in health supply chain management. Such interventions ideally encompass various elements at the core of the logistics management cycle. This cycle involves procurement, warehousing, distribution, and client service.

The quantification process also plays a pivotal role by availing essential information, including specific quantities required annually, optimal stock levels for each month within the supply pipeline, procurement quantities, and anticipated delivery

timelines. Moreover, quantification is also a valuable tool for informing managers about health financing shortfalls, as well as providing accurate details on the required resources.

To support the annual quantification processes in April 2022 and April 2023 as well as the mid-year review in September 2023, Afya Ugavi employed a broad-based methodology to. The quantification was a multi-stakeholder engagement involving the Division of Reproductive and Maternal Health, the Kenya Medical Supplies Authority (KEMSA), the United States Agency for International Development (USAID), UNFPA, Afya Ugavi, Clinton Health Access Initiative (CHAI), in Supply Health, and other partners. The methodology used for the quantification applied both consumption and service data reported from health facilities, demographics and other survey data.

The approach led to a number of achievements. For instance, each quantification process resulted in a summary of quantities required per fiscal year and their corresponding costs. The charts below summarise the cost of fiscal year requirements from the April 2022 and April 2023 requirements.

The national requirements represent what is needed for service provision in all sectors, while the public sector requirements are for service provision in government facilities. Figure 1: Chart showing annual require-



ments for FP products Using these outputs, the government and its development partners allocated resources for procurement of contraceptives. Both the annual requirements and the allocation by the funding entities for FY2022/2023 and FY2023/2024 increased, compared to the funding for FY2021/2022 as illustrated by the chart below.

However, for each of the years, there was a financing gap. Therefore, there is need to address the increasing funding gap. This also points at fundamental challenges related to processes and procurement.

Regarding process related challenges, it is clear that data quality gaps affect the applicability of some of the reported consumption and service data. Previously, this necessitated validation and clean-up of

the data where errors were noted. Quality gaps included missing data, inconsistencies across months and when consumption was compared with service data for some facilities. Another quality challenge was on mix-up of data for different products.

Procurement related challenges included misalignment of the procurement to the timelines specified in the supply plan, although this only affected some products leading to stockouts. The affected included the injectable contraceptive and the standard days method.

Some of these challenges arose due to failure of potential suppliers to respond to procurement tenders and in other cases from delayed disbursements of allocated funds.

In all these, there were some lessons learnt. First is that achieving successful and sustainable quantification processes require allocation of sufficient financial, human, and time resources. Second, it is necessary to invest in systems that provide essential data for quantification.

Third, it is important to involve all key stakeholders, including top leadership from the ministries of health, finance ministries, as well as from the Division of Reproductive and Maternal Health (DRMH), development partners, and implementing partners dedicated to systems strengthening for the health supply chain.

TO REALISE UNIVERSAL ACCESS TO QUALITY, AFFORDABLE, AND EQUITABLE HEALTHCARE SERVICES, IT IS NECESSARY TO MAINTAIN AN UNINTERRUPTED SUPPLY OF FAMILY PLANNING (FP) COMMODITIES. THE FP 2030 COMMITMENTS EMPHASISE THE SIGNIFICANCE OF INCREASED DOMESTIC FINANCING FOR FP COMMODITIES ■





THE ILMIS ALLOWS HEALTH CARE MANAGERS IN CHARGE OF FAMILY PLANNING COMMODITIES AND OTHER ESSENTIAL MEDICINES TO UNDERTAKE A FASTER AND LESS TEDIOUS ORDERING SYSTEM ■

TECH FOR FP SUPPLY CHAINS

How technology influences the family planning supply chain space

KEMSA has now gone paperless in processing orders. This development came after decades of using a manual ordering system that required health facilities to send hard copies of their requirements to KEMSA

Dr. Heather Njuguna & Dennis Ndwiga, KEMSA

KEMSA has now gone paperless in processing orders. This development came after decades of using a manual ordering system that required health facilities to send hard copies of their requirements to KEMSA.

In January 2023, KEMSA launched an online system, the Integrated Logistics Management Information System (ILMIS) to replace the old method. The ILMIS allows health care managers in charge of family planning commodities and other essential medicines to undertake a faster and less tedious ordering system. The system also allows KEMSA precise visibility of what is available at the facility level. This eases decision making at all levels, with the ultimate goal of eliminating stock outs and wastages.

Ultimately, ILMIS solves a long-standing problem of a tedious manual system, lack of visibility for CPs, time wastage. Reduction of avoidable drug expiries, and attendant costs. This is borne out by reviews from users of the system. One of them is Dr. Titus Isoye, the County Pharmacist for Meru County, who says that “the beauty of the system is that at the touch of a button, I am able to see how much stock each of my health facility holds and therefore quickly make a decision on how much to order from KEMSA and what needs to be redistributed as being excess stock within the county. With this, I am happy that each client that visits a health facility will have access to family planning method of choice. I am also confident that all orders will get to KEMSA immediately as transmission is digital.”

Seeing this as a great development, Dr Isoye recounts how “in the past, we sent hard copies which could easily get misplaced in the process. We have also saved quite an amount because we no longer have to buy printing papers or incur printing and photocopying costs”

Initially, ILMIS was piloted in four counties. This helped to identify gaps and improve the system before it was fully rolled out to the rest of Kenya. In an interview published online, Dennis Ndwiga, the KEMSA Business Development Coordinator, stated that “Digital systems are now the way to go” On the strides made in regard to ILMIS, Ndwiga recounted the background to ILMIS, noting that “The Ministry of Health already had the Kenya Health Information System (KHIS2) which health facilities use to report on monthly consumption.

So, all we did was to integrate the KEMSA LMIS with that. We sought assistance from our strategic partners such as In-Supply, USAID, CHAI and UNFPA to support the trainings as it was resource intensive. In this digital era, most people, if not everyone, has access to a laptop or some sort of mobile device and therefore, even in cases where resources for physical trainings were limited, online sessions were held with great success.”

The benefits of ILMIS are experienced at the counties and at the KEMSA headquarters. According to Veronica Sande, a customer service analyst, “at the KEMSA level, there is very little human intervention.

Artificial intelligence is used to calculate resupply to the health facilities based on the stocks available nationally and consumption patterns of health facilities. There is a national order management team that meets orders to analyse the orders and pick out any obvious anomalies but other than that, the system is fully automated.” Indeed, this development resonates with global best practice.

As a bonus, ILMIS also works to boost Kenya’s credentials on reducing climate change. By being ILMIS contributes greatly to the sustainability agenda by adopting what has recently emerged as another best practice.

Coordinating Kenya FP2030 commitments

Beatrice Okundi, NCPD

The National Council for Population and Development (NCPD) is a semi-autonomous Agency of Government in the State Department for Economic Planning. The NCPD has spearheaded advocacy for a sustained family planning programme to actualise the vision of a prosperous population that enjoys quality lives.

In this regard, Kenya joined other countries by making eight commitments on family planning (FP) towards the year 2030. NCPD coordinated the development of the commitments in a process that took five meetings. By mobilising stakeholders from government, civil society organisations and development partners, NCPD led discussions to determine the wording of the objectives of the commitments, their justification and the strategies for actualising the commitments. This was a follow-up on the FP2020 commitments, whose realisation was expected by 2020. The Kenya FP2030 Commitments were developed and launched in November 2021.

The commitments were then reviewed by the Kenya FP2030 Commitments focal points involving government, CSOs, development partners and youth representatives. This process was then validated by the FP stakeholders who approved of the commitments. After the launch, NCPD again engaged stakeholders to formulate action plans to guide each commitment area so as to ensure that the commitments are actionable.

Today, NCPD is building consensus around the commitments through stakeholders’ discussions. FP remains a ‘best buy’ for Kenya; it is a socio-economic agenda whose benefits transcend health to impact food security, climate change, maternal and neonatal health, education, and labour.

SPECIAL FEATURE

Sunrise in Madiun:

Indonesia's Success Story in Family Planning
Makes for A Learning Pilgrimage

Madiun, a small city with a population of 201,760, has emerged as a success story in population management with a Total Fertility Rate (TFR) of 2.2%, and an annual population growth rate of 1.8%. The city's holistic approach to family planning encompasses reproductive health as well as community empowerment.

By Beatrice Okundi and Albert Ndwiwa

In the heart of East Java Province of Indonesia lies Madiun City, a hidden gem that has become a beacon of success in population management.

To learn from Madiun, the Director General of the National Council for Population and Development (NCPD) requested the Indonesian government for assistance, which came in the form of Training on Family Planning and Reproductive Health for the Government of Kenya, funded by Indonesia Aid. The training took place from 17th to 23rd September 2023 in Madiun City.

Eleven Kenyan officials, drawn from NCPD, the Ministry of Health (MOH), the County Government of Embu and Midwives Association of Kenya participated in the event.

The training had a huge impact on the participants, all of whom were adequately inspired to initiate transformative changes back in Kenya.

Our journey began with a whirlwind reception at Soekarno-Hatta International Airport in Jakarta, the capital city of Indonesia. At the airport,

we were received with exceptional warmth and hospitality that were a prelude to the seamless organisation and commitment we would witness throughout our week-long training at Madiun.

We had visited Indonesia to participate in the National Population and Family Planning Board (BKKBN) of Indonesia, as part of an exchange learning programme. The BKKBN event showcased Madiun's enviable strides in Family Planning and Reproductive Health, something that had earned them the prestigious UN Population Award in 2022.

Led by the Mayor of Madiun City, H.E. Dr. H Maidi, we embarked on an exhilarating journey, racing at 180 km/h on the expressway towards an unknown destination. The eerie experience soon gave way to awe as we entered the majestic gates of Madiun, greeted by school children in vibrant uniforms waving both Kenyan and Indonesian flags.

Madiun, a small city with a population of 201,760, has emerged as a success story in population management with a Total Fertility Rate (TFR) of 2.2%, and an annual population growth rate of 1.8%. The city's holistic approach to family planning encompasses reproductive health as well as community empowerment.

One remarkable achievement is the prevention of child marriage – a mere sixteen cases are reported annually. Madiun achieves this through education, empowerment, and premarital counselling. Schools actively guide and counsel students on healthy dating, and public gardens are well-lit with CCTV cameras to prevent unbecoming behaviour. Additionally, Madiun's comprehen-

THE TRAINING HAD A HUGE IMPACT ON THE PARTICIPANTS, ALL OF WHOM WERE ADEQUATELY INSPIRED TO INITIATE TRANSFORMATIVE CHANGES BACK IN KENYA

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sive programmes combat stunting, focusing on preconception nutrition, balanced nutrition at birth, environmental care, and community gardens. Other initiatives include insurance support for families, care for the elderly, and collaborations with Google to provide computer literacy for all learners.

Family values play a pivotal role in Madiun, where community vigilance ensures proper moral upbringing, addressing issues like child marriages and early motherhood.

Overall, the city's emphasis on health and a clean environment has resulted in low maternal and child mortality rates.

Madiun City's uniqueness also lies in its eight functions of a family: culture, religion, love, protection, social protection, economic empowerment, environmental knowledge, and education support. The city boasts 940 hotspots providing free internet, supporting a 24-hour economy and promoting awareness.

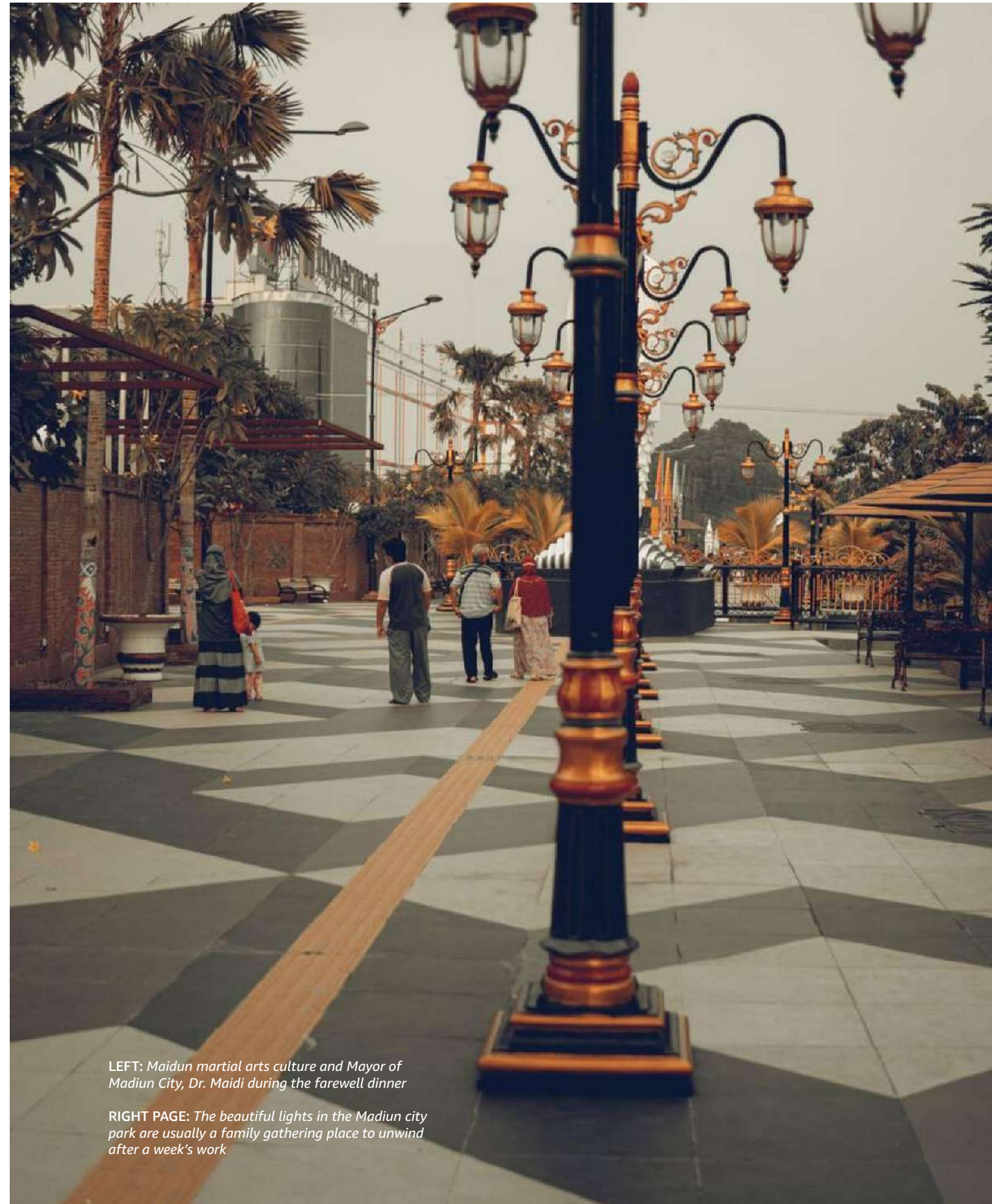
Collaboration is a critical aspect in Madiun's service delivery, with private sectors contributing 3% of profits to corporate social responsibility



FAMILY VALUES PLAY A PIVOTAL ROLE IN MADIUN, WHERE COMMUNITY VIGILANCE ENSURES PROPER MORAL UPBRINGING, ADDRESSING ISSUES LIKE CHILD MARRIAGES AND EARLY MOTHERHOOD

initiatives and communities actively participating in city cleaning. The waste management system, including recycling and methane gas production, are part of Madiun's commitment to sustainability. Inspired by Madiun's success, the Kenyan delegation resolved to establish a family planning centre of excellence in Embu County, improve the integration of reproductive health services, engage with religious leaders, and adopt a holistic approach to reproductive health for all age groups.

As we returned to Kenya, we came with invaluable lessons from Madiun – a testament to the power of collaboration, innovation, and community engagement in building a healthier and more sustainable future for all.



LEFT: Madiun martial arts culture and Mayor of Madiun City, Dr. Mairi during the farewell dinner

RIGHT PAGE: The beautiful lights in the Madiun city park are usually a family gathering place to unwind after a week's work

TECHNOLOGY

Improving Family Planning Data Quality, Visualization, and Use

Daniel Mumbia, Track20

The FP dashboard has been operational since mid-2021. Kenya was the second country to embed the FP dashboard within the national health information system.

Although practical and affordable strategies exist for generating routine data on public health programmes, data quality and use have lagged behind data availability, especially in national family planning (FP) programmes.

To address this mismatch, Track20 developed an FP dashboard that can be incorporated directly into a country's health information system. The module is designed to encourage data utilisation for decision-making at national and sub-national levels.

The FP dashboard has been operational since mid-2021. Kenya was the second country to embed the FP dashboard within the national health information system.

In 2021, a national orientation was provided to government and implementing partner organisations supporting the national FP programme. There were county level trainings that followed the national orientation. Thanks to a combination of government, Track20 and implementing partner support, teams from 32 of the 47 counties have so far been trained on the FP dashboard, as summed up in the table.

The FP dashboard has empowered subnational teams with data-driven insights through customised reports in the summary and analytical components. Figure 001 on the right shows patterns of user engagement with the dashboard.

Counties Trained	Partner
Embu, Isiolo, Kakamega, Kericho, Kilifi, Laikipia, Nairobi, Nyandarua, Taita Taveta, Tana River, Muranga	Track20
Baringo, Elgeyo Marakwet, Kajiado, Migori, Narok, Marsabit	PSK
Meru, Mombasa, Nakuru, Nandi, West Pokot	DSW
Homabay, Vihiga	MCGL
Kisii, Kisumu	CHAI
Nyamira	Nyamira County
Bomet, Bungoma, Garissa, Machakos, Trans-Nzoia	MSK

Teams from the counties that have so far been trained on the FP dashboard

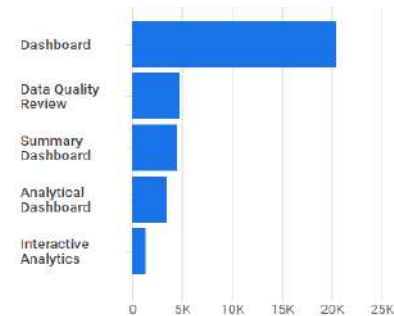


FIG 001: Patterns of user engagement with the dashboard

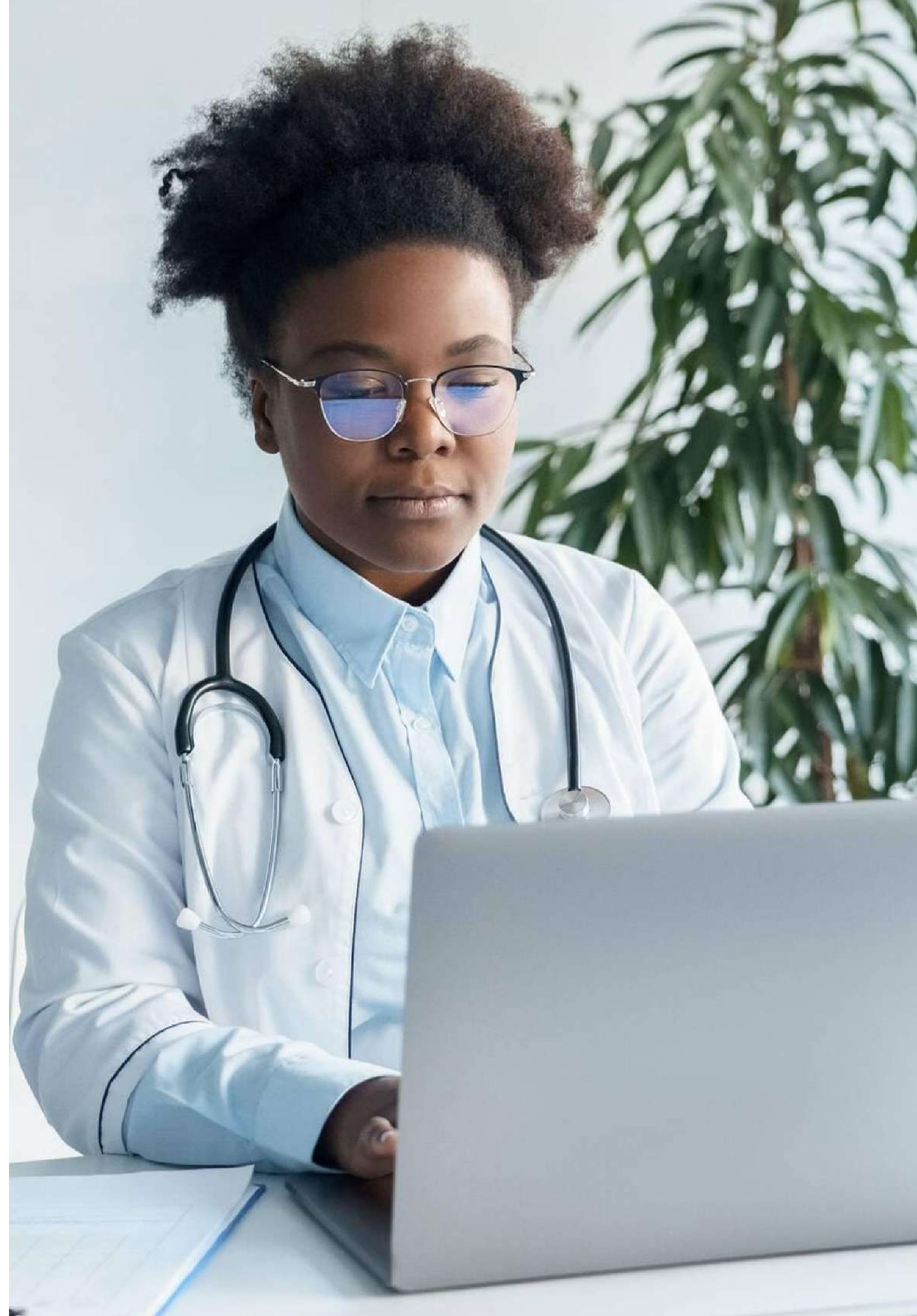
Clearly, there has been improved data quality monitoring using the data quality review scores for reporting rates, timeliness, internal consistency, internal consistency correlation and external consistency with highlights on data discrepancies. This development has allowed for review and correction of data errors before higher-level analysis. Feedback from users has also been favourable.

For instance, the Reproductive Health Coordinator Kilifi North

stated "I personally have been using (the dashboard), as the reproductive health coordinator of Kilifi North. It has been of great help to me because any time, maybe for example, if I want to make a presentation, I don't need to go to the DHIS, it is easier for me sometimes to just extract data direct from this family planning dashboard on performance."

Similarly, his counterpart from West Pokot County noted "I've been just using the dashboard regularly and in every meeting. I can usually download my FP Presentation in two minutes. Most of the TWGs (Technical Working Groups) have been just using it when there is a maybe partners meetings to present the data."

In conclusion, 32 counties have been trained on FP dashboard and as a result, data quality and use have improved. Therefore, FP dashboard training should be scaled to the remaining 15 counties.



COMMODITY SUPPLY

Improving Access to Family Planning Information and Services in Isiolo County

Dr. Joseph Mwangi, Afya Ugavi

Improving systems that ensure continued supply of commodities to all health facilities in Kenya should include forecasting, supply planning, data management, capacity building, support supervision, and monitoring.

Challenges in expanding access to family planning (FP) services at community levels in Isiolo County include poor infrastructure, inadequate commodity security, and logistics. Despite these challenges, several opportunities for providing FP services to such communities include the use of data to inform decision making with a view to providing FP services to people in their vicinities.

This picture summarises the story of Susan Apoye, a mother of three living in Eremet, Isiolo County. Eremet Dispensary is approximately 21 kilometres from Isiolo town with no road network to access the facility. Eremet Dispensary offers FP services, home based care, and inpatient services.

However, many times, floods render the few available seasonal roads impassable by motor vehicles. This forces health workers and community members to walk long distances in order to seek or dispense FP services. For this, the residents are truly grateful. Indeed, as Apoye says, "I am very grateful for the health facility staff here. Just like me, they travel from very far to be able to be here and attend to us. It is truly a great sacrifice" says Apoye.

Improving systems that ensure continued supply of commodities to all health facilities in Kenya should in-



A mother walking three kilometers to get medical attention

clude forecasting, supply planning, data management, capacity building, support supervision, and monitoring. So far, this has been the focus of the USAID-funded Afya Ugavi Activity.

Supporting ---+the Ministry of Health's Family Planning/ , Maternal, Neonatal, Child and Adolescent Health (FP/RMNCAH) Programme, Afya Ugavi has built the capacity of facility staff to accurately report on consumption and stock status data. Such reporting informs decision making on restocking of contraceptives in lower-level health facilities,

AFYA UGAVI HAS BUILT THE CAPACITY OF FACILITY STAFF TO ACCURATELY REPORT ON CONSUMPTION AND STOCK STATUS DATA ■

and therefore ensures continuous availability. According to Joseph Mburu, Afya Ugavi's Technical Advisor, "We came in and assisted the county to strengthen data capture, reporting, stock status monitoring and quantification which was aimed at availing all commodities to those in are in need."

Like many other beneficiaries, Susan was presented with the different FP methods available and expected to choose her preferred option. "I have been on the 5-year implant and have not experienced any adverse effects. This has allowed me to space my children, and I am happy with that," she added.

At the national level, Afya Ugavi supports monthly pipeline monitoring for FP commodities with the aim of ensuring commodity security in Kenya. In all, it is clear that accessing FP at community levels is a priority strategy for accelerating progress toward achieving Sustainable Development Goals (SDGs), particularly universal access to reproductive health, including FP.

ANTENATAL CARE

Group Antenatal Care in Machakos County

Daniel Muli, Machakos County & Sharon Nzei, Council of Governors Secretariat

The Machakos County Health Department collaborated with JPHIEGO to design a model-predominant Group Antenatal Care. This model entails putting ANC mothers of the same gestational age in groups of eight to twenty-five and taking the group through appropriate Reproductive Maternal Child Health (RMCH) educational sessions.



Pregnancy comes with its own dance and tune. One finds themselves dancing to the music that normally they would not. Imagine craving a smoky mutura – otherwise called African sausage – that you would normally consider socially beneath you! The need to be among people who understand your cravings is heightened. For expectant mothers, being around other pregnant women provides peer support while enabling one to learn from their experiences and views, including on the potentially contentious topic of family planning (FP).

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Enhancing family planning and male involvement through group ANC in Makueni county

Theresia Maweu, Makueni County

Although there exist various traditional approaches to Antenatal Care (ANC) in Makueni County, these methods have neglected men in addressing challenges in fostering family planning (FP) awareness. To ensure a gender inclusive approach to ANC, Group ANC was introduced, and it has emerged as a transformative solution to the problem of male exclusion from FP discussions.

The traditional ANC method also lacked a targeted approach, often failing to adequately address the unique needs of pregnant women. Group ANC, on the other hand, revolutionises the process by bringing together mothers with similar gestational ages in cohorts. This innovative approach allows these mothers to attend clinics as a unified group, while still receiving personalized one-on-one sessions with service providers.

Aligned with the World Health Organization's (WHO) recommendation of eight ANC visits, the group ANC strategically structures each visit to cover specific topics relevant to the gestation period. The formation of groups, comprising eight to fifteen mothers, aims enhance ease of management and foster a supportive environment for the expectant mothers. During the fourth visit, the women's partners are invited to attend the sessions. This meeting is important because it provides education and empowerment on various FP methods. The meeting is also used to dispel myths around FP. The expectant mothers and their partners are allowed to choose a post-delivery FP method, hence fostering informed decision-making.

The Group ANC approach has yielded positive results. First, all mothers involved in the approach delivered at health facilities. Second, such mothers often leave the facility while equipped with their chosen FP method within six weeks after delivery. This remarkable shift in behavior and uptake of post-pregnancy FP is a success of Group ANC in Makueni County. Clearly, the Group ANC has filled gaps that existed in the traditional ANC approaches.



Ongoing interactive ANC session during the fourth meeting

CONTINUED FROM PAGE 17

Before the 2016 World Health Organisation (WHO) recommendations on antenatal care (ANC), most expectant women in Machakos County would have less than five hospital visits. This would lead to more miscarriages and increased maternal mortality.

Coupled with fewer discussions on matters of FP, there was increased demand for abortions and more children having children. The WHO recommendations for a Positive Pregnancy Experience were therefore timely. The recommendations dictate that the ANC model should include a minimum of eight hospital sessions. These recommendations prioritise person-centered care for improved health and well-being

and highlight communication and support functions at ANC contacts as key to improving the quality of care and utilisation of health care services. To this end, the Machakos County Health Department collaborated with JPHIEGO to design a model-predominant Group Antenatal Care. This model entails putting ANC mothers of the same gestational age in groups of eight to twenty-five and taking the group through appropriate Reproductive Maternal Child Health (RMCH) educational sessions.

The model has eight sessions, four weeks apart, with each focusing on different subjects. These include introduction to group ANC, danger signs in pregnancy, and birth preparedness. In the fourth session, the group focuses on family planning, where the phrase “my family my

choice” is well voiced out. To emphasise the issue of FP, Machakos County has designed various playful methods embracing cards to provoke discussions on various FP methods. At the end of this session, the mother appreciates the importance of FP and choose her preferred method. The Group ANC model has been implemented in thirteen facilities – four high-volume and nine low volume facilities. This has led to increased FP uptake compared to previous years.

Although Machakos County has succeeded in implementing Group ANC Model, there have been lessons learnt. First, there is more bonding among health care workers and expectant mothers. Second, there is proof for greater empowerment on matters regarding pregnancy and FP. There is also, as the third lesson, empathy and improved health-seeking behavior and, fourthly, improvement in indicators in the continuum of care.

In conclusion, the Group ANC model provides pregnant women and their partners with the opportunity to learn, freely interact with health-care workers, ask relevant questions regarding FP, and find peer support during the pregnancy period.

THE MODEL HAS EIGHT SESSIONS, FOUR WEEKS APART, WITH EACH FOCUSING ON DIFFERENT SUBJECTS. THESE INCLUDE INTRODUCTION TO GROUP ANC, DANGER SIGNS IN PREGNANCY, AND BIRTH PREPAREDNESS ■

ANTENATAL CARE

How Innovative Apron Helps in Overcoming Embarrassment During Family Planning Awareness Sessions

Janet Mbugua, Nyeri County

The FPPMD uses an apron as a training tool for community education. This apron is worn by CHPs and health workers during various settings, including health talks within facilities, home visits, and community sessions.

Healthcare workers and Community Health Promoters (CHPs) often encounter challenges during family planning (FP) sessions, particularly when discussing sexual organs in local languages. Mentioning sexual organs can be embarrassing, leading to awkward moments. On the extreme end, some people laugh at such words, either way hindering effective communication.

To address this challenge, Family Planning Pictorial Messaging Diagram (FPPMD), innovated in Nyeri County, is proving effective. Aware that discussing intimate body parts such as the vagina can embarrass some people, with the help of this apron, healthcare providers can now point to the organs and visually illustrate the application of different FP methods. This innovation makes awareness sessions more engaging and devoid of possible embarrassment.

The FPPMD uses an apron as a training tool for community education. This apron is worn by CHPs and health workers during various settings, including health talks within facilities, home visits, and community sessions.

During FP awareness sessions, the CHP or healthcare provider dons the



A healthcare provider wearing the apron

apron and demonstrates how various FP apply to different organs.

The apron can also be used to raise awareness about breast and cervical cancer. For instance, when explaining the placement of an Intra-Uterine Device (IUD), a healthcare provider can use the diagram to show the exact location of the IUD in the uterus, providing the audience with a clear understanding. This innovation breaks the ice during presentations while enhancing the audience's comprehension of each organ's role in

the reproductive system and how it can be used for contraception.

The apron is effective in conveying clear messages clearly while avoiding the use of cultural and social taboo words. This way, the apron enables participants to understand how different FP methods work in body organs. It also demystifies myths surrounding the naming of reproductive organs during health sessions. Lastly, the apron facilitates visual learning, making it easier for the audience to grasp the concepts presented.

ANTENATAL CARE

A Woman's Journey with a *Permanent Family Planning Method*

Mark Okundi, MarieStopes kenya



As an immensely effective method, BTL grants individuals control over their reproductive choices, providing both peace of mind and lasting assurance.

Mary Naliaka, a 38-year-old businesswoman from Bungoma County, is sharing her personal experience with a safe and effective permanent family planning method called Bilateral Tubal Ligation (BTL).

The process, known in lay terms as “getting one’s tubes tied,” is a surgical procedure offering a permanent solution for contraception by closing or blocking the fallopian tubes. This prevents male and female eggs from

meeting leading to a permanent contraception. The process begins with a comprehensive consultation between the individual and their healthcare provider, ensuring clarity about the procedure, its implications, and alternative options. The surgery, often performed with small abdominal incisions, facilitates a relatively quick recovery, allowing individuals to resume normal activities within days.

As an immensely effective method, BTL grants individuals control over their reproductive choices, providing both peace of mind and lasting assurance. Essentially, his method involves a straightforward procedure with rapid recovery, immediate effectiveness, and a one-time

commitment, eliminating the need for frequent hospital visits. It enables couples to enjoy their sexual life without the fear of unplanned pregnancies.

This is the procedure that Naliaka and her husband chose, and whose experience she shares. Contrary to misconceptions that the method brings back pain and reduces sexual drive, Mary’s experience with BTL has had none of these challenges. Instead, it has been a liberating one, allowing her to focus on the education and well-being of her five children without the constant fear of additional pregnancies. In her words, “I have not experienced any back pain and reduced sexual drive; those are lies. I do my work as usual

and nothing has changed.”

Facing the escalating cost of living and driven by a desire to offer the best for her children, Mary and her husband embraced BTL. She settled for BTL after trying out other methods, such as injectables and Implanon.

Despite opposition from some neighbors and family members, Mary does not regret her decision, emphasizing the importance of informed decisions and dispelling myths surrounding BTL.

“From the day I underwent the procedure, I have enjoyed my life without worries of getting another child, I also forgot about some of the side effects of the other methods. There is some level of freedom that comes with this method” adds Mary. Mary is grateful to her husband who was very supportive. It is a journey they have gone through together and are enjoying the benefits as family.

“We are happy as a family, this was a good decision for us and we don’t regret. We are sure of not getting additional children. For sure it has given us peace,” says Mary’s husband.

FROM THE DAY I UNDERWENT THE PROCEDURE, I HAVE ENJOYED MY LIFE WITHOUT WORRIES OF GETTING ANOTHER CHILD. THERE IS SOME LEVEL OF FREEDOM THAT COMES WITH THIS METHOD

Dr. Boniface Odira of Bungoma County Referral Hospital dismisses common myths associated with BTL, such as lower back pains and body weakness, attributing these concerns to age-related issues rather than the procedure itself. As women increasingly embrace BTL, it’s crucial to debunk myths and encourage open conversations about reproductive health.

According to the Ministry of Health, the number of women who undergo BTL has been increasing since 2021. In 2020, the ministry registered 5,574 women in the country going for BTL. This figure dropped to 3,664 in 2021 and rose to 4,104 in 2022. From January to September 2023, it recorded 3,615 cases. The KDHS Report states that sterilisation accounts for 2% of the contraceptive method mix.

With support from UNFPA, Marie Stopes Kenya has been offering BTL services at government health facilities in Nairobi and Bungoma counties. Through this collaboration, medical personnel has been trained and equipped with material to offer these services.

A Bungoma Man's Choice of Vasectomy Promises to Change Family Planning Conversations in Kenya

Mark Okundi, Marie Stopes

In the heart of Bungoma County lives Boniface Ngashira, a 38-year-old father of twelve daughters, who decided to undergo vasectomy. This bold decision challenged cultural norms that have presented family planning (FP) procedures as a women’s affair. In a society where traditional beliefs often dictate FP choices, Ngashira’s decision to undergo vasectomy, despite the stigma associated with it, is highly commendable.



Ngashira and his wife, Waswa, at their home in Bungoma

Ngashira’s decision, as he would later say, was informed by personal and economic factors – he wanted to provide a better life for his family amid challenging circumstances.

Together with his wife, Lilian Waswa, Ngashira initially had four daughters together. Fueled by the desire for a male heir, he kept getting other children elsewhere in the hope of fathering a son. After eight attempts with different women, however, Ngashira got more daughters. It was then that he decided to undergo vasectomy to plan his family.

In doing so, Ngashira confronted widespread myths around the procedure, including the belief that vasectomy reduces male sexual performance and amounts

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to castration. Undeterred, went for the procedure at a Marie Stopes-supported public health centre in Bungoma.

Marie Stopes Kenya offers vasectomy services with support from UNFPA through partnership with the Ministry of Health and Bungoma County. This initiative involves training healthcare providers to offer the services and provide the requisite equipment. Marie Stopes Kenya works with community health promoters to generate demand and demolish myths and misconceptions about various FP methods, including vasectomy.

Notably, Waswa had faced some challenges with modern FP methods. For example, the depo shot caused excessive bleeding; she also felt constantly unwell when she switched to implants. Concerned about the side effects and the potential for more unplanned pregnancies, the couple explored their options.

Initially hesitant about Bilateral Tubal Ligation (BTL), Waswa worried that her husband might father more children with other women. In a display of commitment and responsibility, her husband, Ngashira, decided to undergo vasectomy.

Ngashira attests that the process was quick, with no adverse effects on his sex life. Despite reservations by relatives and friends, he made his decision. This is the importance of taking control of FP in one's life.

For Ngashira and Waswa, life after vasectomy has brought newfound peace and stability. Waswa, no longer burdened by FP side effects, is happy and healthy. The couple states that its sex life is great.

By challenging traditional beliefs and misconceptions surrounding vasectomy, Ngashira has inspired open conversations about FP choices. He encourages other men to take control of their FP methods, emphasising the positive impact it can have on their lives and the well-being of their families.

In breaking free from cultural constraints, Ngashira is a beacon of change, fostering a future where FP decisions are made based on individual choices rather than societal expectations.

NGASHIRA ATTESTS THAT THE PROCESS WAS QUICK, WITH NO ADVERSE EFFECTS ON HIS SEX LIFE. DESPITE RESERVATIONS BY RELATIVES AND FRIENDS, HE MADE HIS DECISION. THIS IS THE IMPORTANCE OF TAKING CONTROL OF FP IN ONE'S LIFE ■

ANTENATAL CARE

Remarkable Cases: The Story of Belinda in Area 2 of Mathare

Christabel Were, DSW-Kenya

Through the Linda Binti project, DSW and German Doctors aim to reduce incidences of teenage pregnancies in the sub-county by improving the knowledge and agency of young people to make informed decisions about ASRH

In Area 2, a small village in the heart of Mathare Slums in Nairobi, young girls holding hands walk in groups. Their boisterous laughter makes every young person want to be part of the 'cool group'.

In the settlement, life is very tough.

For Belinda, 16, living in a neighborhood riddled with crime, drug abuse, prostitution and teenage pregnancies has always been a challenge. Belinda lives with her single mum and four siblings in a single room partitioned into four sections: a sitting room, kitchen, store and bedroom. The house is sparsely furnished, with only a bed, a table and a cupboard where they keep their

clothes. Her mum relies on casual jobs to provide cater for the family.

"The past three years of my life have been both very difficult and interesting at the same time. Looking back at this period, I felt like I lacked direction. My relatives disowned us and we were left to fend for ourselves after my dad's death. As a young girl, these experiences bottled up and caused an urge for me to work hard, make my mum proud while also gaining control of my life," Belinda narrates.

Belinda has always been a bright student; however, her mum fell sick. This greatly challenged her school life. She had to step up to be the family's caregiver.

She was forced to balance her education, taking care of her siblings, and earning an income by selling chicken parts (locally called 'firigisi') by the roadside. "Education was a priority for

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Figure 1: One of the community peer learning sessions conducted by peer educators such as Belinda.

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me, but I was mostly tired when I got to school and it was hard to keep up with my peers," Belinda says.

Her teacher, Ms. Rose Imbuka, has always been her biggest cheerleader. She resolved to coach Belinda in and out of school. Belinda points out that she would have dropped out of school had Ms. Imbuka not supported her through her challenges.

When an opportunity arose, Ms. Imbuka, who also doubles up as a Linda Binti Contact Teacher at Mathare North Primary School where Belinda attends, recommended Belinda to be trained as a peer educator.

"She had all the qualities of a good peer educator: she is vocal on Adolescent Sexual Reproductive Health and she is part of the Children's Assembly, which has trained her to advocate for children's rights. Her most admirable quality is her confidence," Ms. Imbuka says.

The Linda Binti Project

Through the Linda Binti project, DSW and German Doctors aim to reduce incidences of teenage pregnancies in the sub-county by improving the knowledge and agency of young people to make informed decisions about ASRH.

This will also improve the provision and utilisation of social support to teenage mothers through school resumption, youth friendly SRHR services, and positive engagement in the community.

Belinda participated in the peer education training from DSW in May 2022. "Through the training, I have gained skills on how to protect myself against gender-based violence; how to remain HIV free and, perhaps the most important, how to abstain so that I do not get pregnant at an early age. I love passing

on these skills to my peers at school," she says.

Belinda has remained committed to attending and moderating Linda Binti Peer Learning sessions at her school. She also doubles up as the Secretary General of the Kenya Children Assembly (KCA) at the county level. At the sub-county level, she chairs the Ruaraka Children Assembly cluster. The KCA is a platform that enhances child participation in voicing the issues that affect them in the country.

With the skills she has gained as a peer educator, Belinda easily discharges her duties at the Children's Assembly. With her enhanced confidence and knowledge of issues affecting young people, she can attend town hall meetings and the Child Justice Summits to advocate for the rights of young people beyond her school.

Belinda says in all her roles, she hopes to create an enabling environment for every girl to be educated. "Education is key to succeed. In my ideal world, no girl drops out of school," she says.

Beyond that, she wants to ensure that families support their children. She believes if communities are more supportive, then the incidences of teenage pregnancies would not be as high. According to the National Council on Population and Development (NCPD), 59% of pregnancies reported are among girls aged from 15 to 19 years. In 2022, for instance, Ruaraka Subcounty recorded a high figure of 1,209 teenage pregnancies to this statistic.

For now, Belinda remains a guiding light where other young girls like her can learn from. "As a young girl, it is hard to grow up in this place, but now I have learnt to influence myself and others. This project has been the light in my community. Is there anyone who desires to live without light?" she asks in conclusion.

SPORTS EDUCATION

The Role of Sports in Spreading Sexual Reproductive Health Information

Christabel Were, DSW-Kenya

The project partners with departments of sports in counties of Nairobi, Mombasa and Kisumu. It operates in forty public health levels two and three facilities. The operation is guided by a framework of a service-level agreement that reimburses the facilities for the FP services provided.

DSW Kenya partnered with the State Department of Youth Affairs in the implementation of Vijana Vuka na Afya (VIVA) project in the informal settlements of Mombasa, Kisumu and Nairobi.

The project targets to reach 60,000 young people with information on Sexual Reproductive Health Rights (SRHR) and create a demand leading to 87,000 individual instances of family planning (FP) service provision over a period of three years from January 2022 to December 2024.

The project partners with departments of sports in counties of Nairobi, Mombasa and Kisumu. It operates in forty public health levels two and three facilities. The operation is guided by a framework of a service-level agreement that reimburses the facilities for the FP services provided

The background to this partnership goes back to 2022. Then, DSW Kenya with the various youth groups began a plan to organise and support grassroots tournaments as mobilising activities.

The initiative sought to recruit young people aged from 18 to 24 years onto the VIVA programme for training on life skills and SRHR. The young people would also share information with the public on ac-



VIVA Sporting tournament ongoing in Githurai. Teams drawn from Githurai, Mathare and Korogocho.

cess points for FP services. Through the VIVA tournaments, DSW Kenya reached an estimated 10,000 people with information on various health services, and directly reached 5,421 youth aged from 15 to 19 years with life skills information. It also targeted young people aged from 18 to 24 with life skills information, including SRHR.

In 2023, the tournaments were scaled-up to include informal settlements in Kisumu and Mombasa counties, and cumulatively reached young people with SRH information. DSW Kenya's community engagement strategy involves using Youth Empowerment Centres (YECs) as knowledge and coordination hubs. Youth groups and youth clubs mobilise and engage in various information sharing activities coordinated from the YECs.

The sporting events were conducted to integrate medial outreaches through linking public health fa-

cilities in partnership with football leagues in the informal settlements of Nairobi, Mombasa and Kisumu counties.

During these tournaments various reproductive health services, including cervical cancer screening, were provided to the public by partner health facilities.

By November 2023, the sporting activities had reached an estimated 8,138 young people; directly recruited 2,717 others into the VIVA programme for peer learning sessions conducted by a team of trained 150 peer educators; and contributed to 337 individual services offered to the target groups.

Once the sporting events ended, the recruited young people would be mapped for later training as peer educators to in turn train their 15- to 17-year-old counterparts on life skills, and the 18- to 24-year-olds on SRH information.

COMMUNITY EDUCATION

Role of Champions in Reducing unmet need for family planning in Kakamega County

Jacinta Angote, Kakamega County

The champions were selected based on their passion in maternal and newborn issues, their experience working in maternity wards, Maternal Child Health Family Planning (MCH/FP) or Comprehensive Care Clinics (CCC).

Kakamega County has made efforts to ensure access and utilisation of family planning (FP) services. However, the county still has a 14% unmet need for FP, according to the 2022 KDHS Report. Post-Partum Family Planning (PPFP), can be used to increase access to quality FP counselling and services. This is doable because expectant mothers have ready access to health facilities in search of skilled delivery, maternal or newborn services.

Regrettably, there has been low uptake of PPFP within 48 hours of delivery, which is associated with low pregnancy risk due to breastfeeding and postpartum amenorrhea – which is the time lapse between delivery and resumption of a mother's menses. Mothers also delay in taking up PPFP for fear of method-related side effects, and poor FP counselling.

Kakamega County sought to address these challenges in both quality and uptake of PPFP by using champions. These champions are frontline service providers, either nurses or clinical officers working in levels four or five hospitals, and in high volume level two facilities. The champions were selected based on their pas-

sion in maternal and newborn issues, their experience working in maternity wards, Maternal Child Health Family Planning (MCH/FP) or Comprehensive Care Clinics (CCC).

After selection, the champions were brought together at county level through sub-county medical officers for health and sensitised on their roles and responsibilities in maternal and newborn health (MNH). During the first three months after sensitisation, the county held monthly meetings with all the champions, where each champion made a presentation in the key reproductive, maternal, newborn, child and adolescent health (RMNCAH) outcome indicators of Antenatal Care (ANC), postnatal care (PNC), skilled birth attendant (SBA), Maternal and Perinatal Death Surveillance and Response (MPDSR), family planning (FP), and post-partum family planning (PPFP).

Kakamega County also shared its county and sub-county performance in these metrics. This data revealed gaps in performance for each of the facilities. Based on the data and with support from USAID Boresha Jamii, the champions were subsequently trained in Kenya quality model for

health approach. The training was designed to build the champions' capacity to form work improvement teams at facility level.

There were also the work improvement teams that identified the low PPFP uptake as a critical challenge. The teams further deliberated to identify possible causes of low PPFP uptake. The deliberations adopted the Five-Whys and documented the consensus on a fish born.

Another method used to generate change ideas to boost the uptake of PPFP is being implemented. Service data shows that so far, there the uptake of PPFP has grown from less than 10% in July 2022 to above 37% by end of 2023.

It also noteworthy that lessons learnt during implementation of change ideas are shared in the monthly county champions meeting. From the lessons as well, teams are supported in areas of need. Data is reviewed by work improvement teams weekly and shared in monthly meetings, which also adopt working change ideas.

The model works on the premise that Work Improvement Teams (WITS) are better placed to identify challenges affecting performance of key indicators. Co-creating solutions to the challenges and supporting them to implement change ideas that improve in PPFP has proven to work. Because of this, Kakamega County is looking towards supporting the use of champions across the county to come up with WITs and strengthen their efforts in improving quality and uptake of PPFP. This is because every woman after delivery or abortion requires time before carrying the next pregnancy.



THE MODEL WORKS ON THE PREMISE THAT WORK IMPROVEMENT TEAMS ARE BETTER PLACED TO IDENTIFY CHALLENGES AFFECTING PERFORMANCE OF KEY INDICATORS ■

COMMUNITY EDUCATION

Journeying Together in Family planning: *Peer to Peer Support* for Sexual Reproductive Health in Rongo, Migori

Samuel Oyugi, Lwala Community Alliance

Just as people thought that health facilities were hot spots for COVID-19 transmission, most young people also view the facilities as 'hot spots' where health providers judge and ridicule them in matters of Sexual and Reproductive Health (SRH). Most young people do not feel free to seek SRH services at nearby facilities.

If you treat this disease normally, it will treat you abnormally'. This was a common pronouncement from the then minister for Health in Kenya during the COVID-19 pandemic that struck Kenya from March 2020. Although the spread of COVID-19 is no longer extensive, the consequences of its earlier ravages remain.

Just as people thought that health facilities were hot spots for COVID-19 transmission, most young people also view the facilities as 'hot spots' where health providers judge and ridicule them in matters of Sexual and Reproductive Health (SRH). Most young people do not feel free to seek SRH services at nearby facilities.

Speaking to Gordon, a Youth Peer Provider attached to Lwala Commu-

nity Alliance in Rongo, Maryann, a Form 2 student at a local day school said: "I will wait until schools close and I go to my grandparent's place to remove this implant. It is giving me problems and [I] am bleeding always. Nobody knows me there and no one will tell my mother that am on a method. The nurses in this nearby facility are not good. Everybody will know what is happening with me."

The story of Maryann resonates with the experience of most young people in Migori County and beyond. While many young people are facing side-effects of some FP methods, they fear approaching providers.

Some walk long distances to faraway facilities to get FP assistance or get the side effects addressed.

According to The Global Handbook for FP Providers, young people are less tolerant to side effects compared to older women. Hence, most young people will discontinue FP methods even with minor side effects.

Maryann had been visited by Gordon as part of his routine work of engaging young people on SRH discussion. Lwala recruits, train and equip young people between 18-24 years as SRH Champions to engage their peers.

They organise youth outreaches and re-fill short term FP methods such as pills, through community-based distribution. They also collaborate with health facilities to make them more youth friendly.

"I can help you. Your case is not unique and we have helped so many young people with such a problem. "Kangeso Health Centre has changed. We have created a youth corner and there is a nurse specifically handling young people.

The staff are nowadays more friendly and they know how to handle young people. Again, your story will not be heard anywhere" says Gordon, trying to convince Maryann.

The following Saturday, Maryann and Gordon went to Kangeso Health Centre and Maryann was attended to. The nurse at the youth friendly corner allayed Maryann's fears, reassured her and gave her some drugs to stop the bleeding. Within a few days, Maryann was well and happy.

Through the Youth Peer Providers, health facilities within Rongo have

been conducting Whole Site Orientation (WSO) on provision of youth friendly services.

The sessions aim at equipping all the staff within the facility with knowledge and skills on how to handle adolescents and youth. Both medical and non-medical staff are involved with technical people facilitating the sessions.

On a specific day every fourth week of the month, all staff converge for a two-hour session and after three sessions, a mystery client assessment is conducted to assess the extent of change within the facility regarding adolescent and youth health.

Kangeso Health Centre is one of eleven health facilities that Lwala has supported to create youth friendly corners where young people get SRH information and services.

The corners also have recreational amenities such as games and reading materials that keep young people busy as they wait for services. On a quarterly basis, the facilities conduct open days where young people come to familiarise with the staff and the services available at the facility.

According to the 2015 Facility Assessment Survey, less than 10% of health facilities are youth friendly.

There is inadequate infrastructure to support provision of youth friendly services, ranging from lack of spaces to equipment. Besides, providers impose their own values and attitude on these young people. Such adverse provider attitude remains a big barrier to the youth accessing SRH services.

Therefore, WSO, value clarification and attitude transformation sessions are essential in changing this phenomenon.

This entails getting more youth peer providers such as Gordon, whose parting shot was "I will volunteer to accompany you when you find time. I hope you will be able to see the difference and give me positive feedback."



I WILL WAIT UNTIL SCHOOLS CLOSE AND I GO TO MY GRANDPARENT'S PLACE TO REMOVE THIS IMPLANT. IT IS GIVING ME PROBLEMS AND I AM BLEEDING ALWAYS. NOBODY KNOWS ME THERE AND NO ONE WILL TELL MY MOTHER THAT AM ON A METHOD. THE NURSES IN THIS NEARBY FACILITY ARE NOT GOOD. EVERYBODY WILL KNOW WHAT IS HAPPENING WITH ME ■

MENTORSHIP

Communities in Uasin Gishu Embracing FP Mentorship

Low FP uptake has been associated with inadequate knowledge and skills due to lack of FP training and updates for FP health care providers Uasin Gishu County

Hellen Chepchumba, Uasin Gishu County & Alice Mwangangi, MoH

Family Planning uptake for the long acting and permanent FP methods has been low. This has been associated with inadequate knowledge and skills due to lack of FP training and updates for FP health care providers Uasin Gishu County.

This necessitated a change in approach to boost the spread of knowledge and skills on matters of FP. Opportunities for skills transfer and growth are identified and built upon for better outcomes. It takes place through a series of time-limited, confidential, one-on-one conversations and other learning activities.

Mentorship is essential for ongoing support, training, and coaching to mentees. In 2021, Uasin Gishu County conducted trainings in FP

trainers of trainers, with technical support from the Ministry of Health (MOH), specifically the Division of Reproductive and Maternal Health (DRMH) and funding support from the National Council for Population and Development (NCPD).

The County rolled out a series of mentorship programmes to increase the number of updated health care providers in FP services. The ultimate goal was to increase the residents' uptake of FP to a full range of contraceptive choices, including the long acting and permanent methods.

Following a training of trainers, top trainees were selected as mentors and attached to some mentees to take them through planned sessions. Key focus areas included the use of



Balanced Counseling Strategy and tools for quality and client-centred FP counselling. The use of these tools ensures provision of comprehensive information and screening for tuberculosis, HIV, cervical cancer, breast cancer, reproductive coercion, and intimate partner violence.

With the aid of this tool all clients were screened, counseled, and offered various services, including referrals. The counseling used discreet methods and potential victims of intimate partner violence referred to a professional counselor for further assistance.

There was also provision of FP contraceptives, including long acting and permanent options. In this, skills building sessions comprised demonstrations and return demonstrations on insertion and removals of implants and intra-uterine devices. This was also done using checklists to ensure the rigorous and detailed step by step insertion processes. This added more details to log books.

To date, the mentorship strategy has been embraced in Uasin Gishu as a best practice. Most health care providers have been updated on FP in a shorter time. Feedback from client exit interviews show that clients

feel appreciated. The use of the balanced Counseling Strategy plus tools during counseling has boosted the quality of counseling, skills acquisition and client- provider interaction. It has also boosted method choice, leading to more clients' retention of their method choice and attitude change for long term methods.

These in turn have increased the uptake of diverse method mix, boosted positive staff attitude in providing long term and permanent methods. There has been minimised method bias, and clients experiencing reproductive coercion and intimate partner violence have been assisted to seek help and method choice. In all, there has been an increased uptake of FP services.

It is clear that impactful mentoring does not just happen. It depends on training of mentors and mentees on their goals and roles, providing tips and mentoring. It also needs broader embrace of best practices throughout the process to ensure mentors and mentees stay on track to get the best out of the programme. It is also important to select the right mentor, as well as recognise and reward good mentors. All these enhance efficiency and create a supportive work environment and adequate resources.

Community based distribution of family planning services

Hambulle Mohamed, MoH

In the vibrant mosaic of Kenya's diverse communities, a remarkable initiative unfolded—a narrative of transformation through the Community-Based Distribution (CBD) of family planning commodities.

If you asked any health care worker anywhere in Kenya to list the challenges they face in the course of service delivery, the number one answer is usually the shortage of staff.

The workers toil for long hours, usually without a respite in sight. In addition, health care seekers wait for services on the long meandering queues for hours.

The scenario is even more dire in certain parts of the nation, the so called "hard-to-reach areas", the areas where the health facilities are scarce and far removed from settlement areas.

These areas are manned by skeleton staff who are always overburdened

and poorly tooled. So, what would a woman do to access family planning services in an area like this?

In the vibrant mosaic of Kenya's diverse communities, a remarkable initiative unfolded—a narrative of transformation through the Community-Based Distribution (CBD) of family planning commodities.

Against the backdrop of communities yearning for accessible and quality family planning services, the intervention aimed to weave a tapestry of support. Its mission: to seize every opportunity, reduce unmet needs, dispel myths, and engage men in the vital conversation around family planning. The journey commenced with a harmonious

prelude—sensitization and planning meetings that garnered the support of stakeholders and community leaders.

Trained Community Health Promoters (CHPs), carefully selected and nurtured through rigorous training, became the linchpin of the initiative. Certification and graduation marked their transformation into champions, and their integration into communities unfolded seamlessly.

The initiative bore fruit as trained CBDs spread their wings across 57% of the targeted 14 counties. Currently 250 determined champions lead candid family planning conversations at the household level. Measurable success echoed in the Kenya Demo-

graphic and Health Survey of 2022, revealing an increased Contraceptive Prevalence Rate (mCPR) across eight counties.

A significant change has been achieved in modern contraceptive use in Narok County increasing from 38% in 2014 to 52 by 2022.

Teenage pregnancy levels reduced from 40% in 2014 to 28% in 2022. Yet, challenges emerged—attrition after training, commodity stockouts, motivation gaps, and community scepticism.

Valuable lessons were learned: stakeholder engagement, continuous monitoring, and empowering CBDs with effective reporting tools be-

came the keystones of success. In the landscape of governmental support for Community Health Promoters (CHPs), the initiative proved not only replicable but also sustainable. A judicious stipend, serving as a cost-effective incentive, aligned seamlessly with broader policy objectives.

The scope of services offered by the CBDs painted a vivid portrait of their role—from offering family planning information and short-term methods to facilitating referrals, tracking defaulters, engaging in community dialogues, and participating in data review meetings.

They emerged not just as agents of change but as multifaceted contributors to community well-being.

World Contraception Day 2023





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For most women, including women who want to have children, contraception is not an option; it is a basic health care necessity

- Louise Slaughter





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