

KUJIPANGA BULLETIN

DECEMBER 2023 IMPROVING ACCESS TO FAMILY PLANNING SERVICES IN KENYA



Edition 15



Directors Statement



Dr. Charlotte Pahe
Reproductive Health Program Director

Welcome to this quarter's edition of the Kujipanga Bulletin. We have just completed implementation of the activities that were projected and planned for Quarter 3, Year 5 of the DESIP programme.

In the quarter, DESIP was heavily involved in the planning and execution of the National DESIP Family Planning Learning Conference that took place on November 27 & 28 2023, at the Radisson Blu Hotel, in Upper Hill. The conference was attended by 285 and 264 experts and health specialists on day one and day two respectively, with representation from various implementing partners, health

facilities, counties and the National Program, including the National Council of Population Development (NCPD) and Division of Reproductive and Maternal Health (DRMH). The opening remarks were led by high profile leaders in the country and included insights by Dr. Margaret Njenga, CEO of PS Kenya, Ms. Eduarda Mendonca-Gray, UKAID FCDO Deputy Development Director, Dr. Sheikh Mohamed, Head NCPD Mr. Anders Thomsen, UNFPA, and Dr. Edward Serem Head DRMH (who also gave apologies on behalf of Dr. Issak Bashir-Head, Family Health) They all lauded the country for the progress made towards increasing the modern contraceptive prevalence rate (mCPR) while reducing the unmet need for Family Planning (FP). The speakers also called on additional support and commitment in ensure continuous supply of FP commodities to minimize stockouts while reiterating the government's commitment to take up 100% support for FP commodities in 2026. Counties and panelists took a deep dive into unique strategies and context-based interventions that were designed with the support of DESIP to ensure that each county moves towards its target mCPR. Panel and breakout room discussions took an in-depth look into the successes and learnings of various DESIP interventions in the counties and nationally.

Earlier in the quarter, DESIP participated in

the support of primary health care launch of universal health coverage in the country during the mashujaa week health October 2023. This culminated in the launch of various bills and policies that aim to ensuring every Kenyan has access to quality health care services when they need them at a cost that they can afford, including reproductive and family planning needs.

We were also privileged to host the Community-Based Distribution of FP webinar which had over 110 in attendance. Internally, programme staff took time to assess the progress made in the past quarter in the implementation of the program workplan while utilizing data to identify gaps and design targeted interventions to ensure that programme beneficiaries continued to access family planning services when needed.

In the next quarter, we look to fast track and finalize the Year 5 workplan. The exit strategy is on track to ensure sustainability and support the landscape to concretize the transition of FP support to the Ministry of Health in Kenya. We will also continue to leverage the primary care network to ensure access to FP services.

Strategic Approaches Driving the Success of Family Planning

In a world where numbers often tell tales of triumphs and challenges, the figure 7,273,907 resonates not just as a numerical value but as an indicator of the DESIP Programme's impact, progress, and steadfast commitment to empowering healthy lives.

As the curtains drew open on the National DESIP Family Planning Learning Conference held on the 27th and 28th of November 2023, it wasn't just an assembly of reproductive health experts waiting to learn about the Delivering Equitable and Sustainable Increases in Family Planning (DESIP) Programme best practices; it was a collective celebration of milestones that echo the resilience of Population Services Kenya's (PS Kenya) commitment to family planning.

- 2,740,724 Family Planning Services
- 2,834,370 Couple Years of Protection
- 1,384,216 unintended pregnancies avoided
- 310,965 unsafe abortions averted
- 3,632 maternal deaths were averted.

Every figure is a testament to the lives touched and the resounding success of a programme that goes beyond numbers, reaching into the very fabric of societal well-being.

In attendance were officials from the Foreign, Commonwealth, and Development Offices, the Ministry of Health, the Council of Governors, the National Council for Population and Development, DESIP-implementing county governments, and DESIP-implementing partners.

The DESIP Programme, funded by the Foreign,

Commonwealth, and Development Office (FCDO), is a five-year programme whose aim is to aid in the reduction of maternal, neonatal, and child mortality through greater and more equitable access to and uptake of Family Planning (FP) in Kenya, with a focus on rural women of reproductive age, including rural adolescents, poor women, and people with disabilities. DESIP is currently being implemented in 12 counties where less than 45% of women use any modern contraceptive method.

The programme has successfully led to a significant increase in public awareness and acceptance of family planning, breaking down barriers and creating opportunities for open conversations within communities. Moreover, it has played a pivotal role in enhancing the accessibility of family planning services, ensuring that individuals can easily access the support they need. DESIP has empowered communities with enhanced capacity in planning, financing, and coordinating family planning efforts, marking a substantial leap towards a more informed and better planned society.

As Kenya propels forward in its pursuit of Universal Healthcare Coverage, the emphasis on inclusive family planning services stands as a cornerstone for building a healthier and more resilient nation, a point that was clearly emphasised by PS Kenya's CEO during the conference.

"We are here because we want every woman and girl to have the power to access family planning when it's right for her. There is no Universal Healthcare Coverage without family planning," stated Dr. Margaret Njenga, CEO, PS Kenya. Her thoughts were echoed by Dr. Edward Serem,

Head Division of Reproductive and Maternal Health, as he reminded us of the government's commitment to UHC and asked all stakeholders to leverage the community health promoters and empower them, as they will be the drivers of change at the community level.

The DESIP Programme recognizes the significance of leveraging the community and fostering collaborative partnerships as a means of dispelling myths and ensuring that family planning becomes an inclusive and well-understood aspect of public health.

"DESIP has demonstrated that myths and misconceptions about family planning can be demystified by strong engagement with community leaders, strengthened public and private partnerships, and developing policies and guidelines that are accessible to everyone," stated Edwarda Mendonca, Deputy Director, FCDO. In order to ensure that no one was left behind in its quest to provide information and services on the uptake of family planning, the DESIP Programme leveraged the following key concepts and thematic areas: religious leaders, social inclusion, adolescent and youth sexual and reproductive health, structured mentoring, and male involvement.

Recognizing the significant influence of religious leaders, the programme has utilised their advocacy to shift perceptions around family planning, fostering a more supportive environment. In hard-to-reach areas, Community-Based Distributors have emerged as crucial agents of change, delivering essential services to remote populations.



NATIONAL DESIP FAMILY PLANNING LEARNING CONFERENCE 2023

Theme: Succeeding Together in Creating Impact Through Localizing Global Solutions



27th - 28th November 2023



To address socially inclusion, and reduce stigmatisation, healthcare workers have undergone targeted training, ensuring that Persons with Disabilities (PWDs) receive dignified care. Moreover, infrastructural enhancements, such as ramps in health facilities, have been implemented to facilitate accessibility. Through structured mentorship initiatives, the programme has embraced on-the-job training, with mentors and mentees forming a dynamic network to disseminate knowledge effectively. Engagement with adolescents and youth is championed through youth-led organisations and peer-to-peer education, tailoring information to resonate with younger demographics. Finally, male involvement was promoted in the male-

dominated regions with the understanding that it contributes to informed decision-making, ensuring that both partners have a say in matters of contraception, pregnancy planning, and overall reproductive health.

However, as the DESIP Programme celebrates its accomplishments, it is crucial to recognise that sustaining these gains requires continued investment and support. The call for domestic resource mobilisation becomes imperative in ensuring the longevity and effectiveness of the programme. While foreign funding has been instrumental, a shift towards local financing will enhance ownership, resilience, and adaptability to evolving challenges at the county level.

As Kenya moves forward in its pursuit of UHC, the DESIP Programme provides a blueprint for success, emphasising the pivotal role of family planning in building healthier and more resilient communities. The success achieved thus far is a testament to what can be accomplished with dedication and strategic partnerships. It is now incumbent upon all stakeholders, including the government, communities, and private sector, to rally behind this success story and commit to furthering the transformative impact of the DESIP Programme for the benefit of present and future generations in Kenya.



Ministry of Health



Youth-Centric Reproductive Health Interventions: Boosting Contraceptive Service Demand Among Adolescents and Youth

Authors:

S. Juma¹ C. Orara² L. ngesa³

Background

Homa Bay county experience high level of poverty, both in rural and informal urban settlements. Almost half of teenagers that were born, bred, and currently reside in rural set-ups have at least one child, live in widely scattered homesteads, live below the poverty line and have low family planning (FP) knowledge. Teenagers and young women in urban and rural setting have challenges accessing FP services. COVID-19 exacerbated adverse problems to adolescents and youths across Kenya. Movement restrictions made it harder for girls to access contraceptives and reproductive health services. This resulted to high rates of teen pregnancies, school dropouts, unsafe abortions, psychological torture to adolescents and youth. Young people play key role in the delivery of health services, as they have unique advantages in advocacy, demand creation and the linkage of communities to services. However, their inadequate involvement in the formal health system continues to weigh down effective responses to priority health challenges.

Implementation

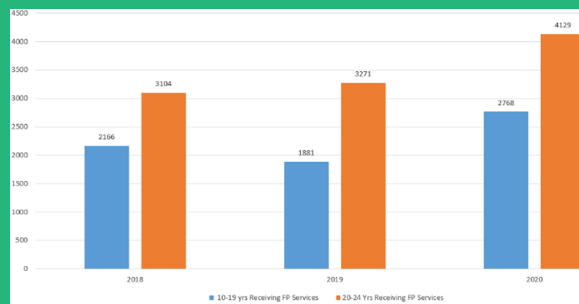
The program engaged youth led and youth focused CBO, built capacity and offered technical advise. Through a meaningful youth engagement strategy, youth champions were trained on:

- community dialogue methodology Education Through Listening (ETL)
- Basic sexual reproductive health technical information
- Peer Education
- Use of social media to create demand for services

- Social media engagement and target group mapping and reporting.
- ❖ They also conducted theatre plays, which were then recorded and shared on digital platforms to facilitate demand creation.
- ❖ The participants who enrolled and engaged online were recruited through:

- one-on-one/door-to-door visits
- small and large groups, through (ETL)
- In-and-out reaches, and champions also facilitated referrals to mapped health facilities and outreach sites

Results sites



Suba Sub-County Adolescent Family Planning Clients

Recommendation

- To intensify community youth engagement, there is need to use youth champions model. This should be coupled by tailor made capacity building and technical support
- There is need to leverage on existing technology to improve meaningful youth engagement in health development agenda.



- Modification of social media engagement and community dialogue model improves effective referrals for SRH services for young people within the community.

Acknowledgements

- Population Services Kenya
- Foreign, Commonwealth and Development Office (FCDO)
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Ministry of Health



Structured On-Job Training Mentorship Approach for Increasing Long-Acting Reversible Contraception (LARC) healthcare Service Delivery

Authors:

Teresia Mutogia¹; Sylvia Wamuhu¹; Francis Kiio²; Bill Okaka³ Patrick Boruett⁴

Background

Family planning is one of the backbone of safe motherhood globally. The use of long-acting reversible contraceptives (LARC) has been commended as one of the most effective and safest methods of contraception. However, the uptake of LARC remains low in the world, including sub-Saharan Africa. Knowledge and skills have been identified as key barriers and promoters of improved uptake of LARC in Kenya. This paper endeavors to assess the effectiveness of structured on-the-job training mentorship for increased uptake of LARC in Narok and Baringo Counties.

Methodology

Population Services Kenya (PS Kenya) in partnership with the Ministry of Health, Division of Reproductive and Maternal Health (DRMH), and other partners developed competency based on-the-job-training (OJT) and support materials using the National RMNCAH Mentorship Guidelines. In 2019, The DESIP program mapped and assessed 514 health facilities (162 public, 86 FBO, and 266 private) for readiness to provide quality family planning using the Service Available and Readiness Assessment Tool (SARA). Insufficient number of trained personnel, high turnover of skilled staff for the delivery of the full range of contraceptive methods, and inadequate funding for the provision of consumables and contraceptive including Long-Acting Reversible Contraception (LARC) were identified as the major challenges for effective delivery of FP. With support from the county reproductive health coordinators, the program identified and recruited 65 mentors and mentees for half-day training and later each mentor was allocated 5 mentees for continuous mentorship.

Results

Of the 40 mentees enrolled in the program in Narok County and 25 in Baringo County, 35 (87.5%) and 22 (91.7%) in Narok and Baringo counties completed the expected 10 sessions, respectively.

A total of 360 and 78 implants were inserted and removed, respectively in Narok, and 112 and 25 IUCDs were inserted and removed, respectively in Narok, while in Baringo County, a total of 218 and 68 implants were inserted and removed, respectively and 111 and 20 IUCDs were inserted and removed, respectively.

The modern contraceptive prevalence rate (mCPR) rose from 38.1% and 33.1% in Narok and Baringo, respectively in 2019 to (mCPR) 52% and 48%, respectively, according to KDHS 2022.

Conclusion

To improve contraceptive uptake, which is crucial for reducing teenage pregnancy rates and reducing maternal and neonatal mortality rates in Narok, Baringo, and other counties in Kenya, the structured-on-the-job training (OJT) mentorship approach is an essential, effective, and sustainable model for increased LARC service delivery and coverage by healthcare workers.



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Ministry of Health



Strengthening Social Inclusion Proficiency to Improve Delivery of Family Planning (FP) Services to Persons Living with Disabilities

Authors:

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Background

Persons living with Disabilities (PWDs) generally experience greater or more barriers when seeking healthcare services than the general public, and this may be due to challenges in the structural design of the facilities, thus limiting physical access, a lack of information, knowledge, and skills on how to handle PWDs, linguistic barriers as a result of no material tailored towards the PWDs needs and negative attitudes among the general population and Health Care Workers (HCWs). PWDs may feel reluctant to seek health services, including Sexual Reproductive Health and Rights (SRHR) services, thus the need to introduce social inclusion information and sensitizations to HCWs. The program aimed at promoting inclusive provision of family planning services to PWDs with demand-creation strategies targeting the PWDs.

Methodology

Through training, various cadres of HCWs were reached, Reproductive Health (RH) coordinators, nurses, facility in charge, pharmacists, NCPD, PWD coordinators, youth representatives, religious leaders, Community health promoters (CHPs), County Health Management Team (CHMT), and Subcounty Health Management Team (SCHMT) members, among others. During the training, key concepts like stereotyping, discrimination, racism, sexism, and exclusion were discussed. The DESIP programme also supported mapping of the Disabled Persons Organizations (DPOs) and was key in the development and dissemination of SRHR/FP communication material in Kenya Sign language for use by HCWs so as to facilitate counseling and voluntary method choice and, at the end be able to address the major indicators of implementing health services, including availability, accessibility, acceptability and quality of care.

Results

Following social inclusion and gender training, some of the trained HCWs undertook some activities, which included staff sensitization and training on Kenyan sign language, where some facilities leveraged on staff with knowledge of sign language to support. Including the 35 Health Care Workers trained in Mombasa.

A qualified nurse at Jomvu Dispensary in Mombasa County, immediately after the training, introduced afternoon classes every Wednesday and managed to train 15 fellow HCWs on sign language. 25 healthcare facilities have created ramps and wheelchairs. The DESIP programme also provided IEC material to support in training. Another notable DESIP program has collaborated with National Council for Persons With Disabilities (NCPWD) in planning in-reach and outreach community mobilizations for PWDs.

During the Annual Workplan (AWP) activities, DESIP pushed for the county to include budgets for facility infrastructure improvement and the introduction of a column to capture PWD at the daily activity registers at the FP rooms and other service delivery points.

Conclusion

Social inclusion implementation contributes to the reduction of stigma and negative attitudes among some HCWs towards PWDs. The application of social inclusion helps to lessen stigma and unfavorable views toward PWDs among certain healthcare workers. A shift in provider behavior, adequate and proper documentation, an increase in the utilization of SRH/FP services, and enhanced understanding have resulted from the provision of awareness-raising Kenyan sign language IEC materials, full site orientation, and health managers' capacity building on social inclusion and inclusive budgeting.



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Ministry of Health



Promoting Family Planning in Samburu County, Kenya A Manyatta Model Approach

Authors:
Lennox Kinyua¹ Purity Koech²

Background

The Manyatta Model is a community-focused initiative enhancing family planning services in the hard-to-reach Samburu North. This approach unites diverse community segments in Manyattas, engaging men, elders, women, adolescents, and youth in culturally sensitive discussions. Notably, it empowers communities to develop customized solutions for family planning issues, reinforcing a sense of ownership. The model strengthens links to service delivery and establishes a seamless community-based referral system. By fostering collaboration, dialogue, and cultural sensitivity, it bridges gaps in family planning, promoting informed choices and improving overall well-being. This community-driven approach showcases sustainable change potential in family planning

Methodology

Facility Selection Criteria:

- Utilized 2019 Family Planning (FP) data to categorize facilities as high or low volume.
- Reviewed monthly facility reports to assess timeliness, completeness, and data accuracy.
- Evaluated staffing levels and capacity to provide FP services.
- Ensured the presence of a functional Community Unit (CU) to engage Community Health Volunteers (CHVs).

Introduction of Manyatta Model:

- Implemented the Manyatta Model in six selected facilities.
- Conducted community dialogues as a key component of the model to create demand for FP services.

Baseline Data Analysis:

- Utilized 2019 FP data to establish baseline statistics, considering catchment population and facility workload.
- Leveraged DHIS2 data to refine facility selection and monitor progress.

FP Commodities Assessment:

- Assessed FP commodity availability, including months of stock per facility.
- Regularly reviewed reports on commodity stock status to ensure consistent service provision.

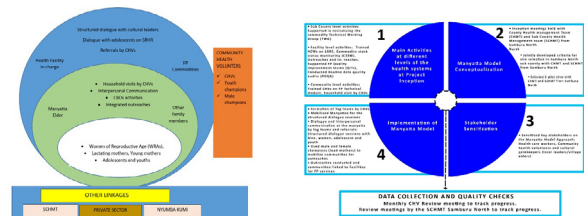


Figure 1&2: – Manyatta model logical framework and a stepwise approach on implementation of the project.

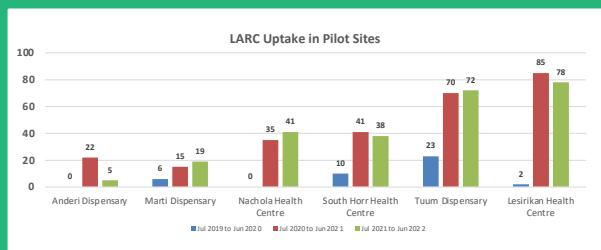
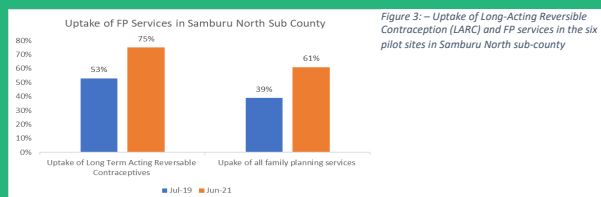


Figure 4 – Uptake of Long-Acting Reversible Contraception (LARC) in the six pilot sites in Samburu North sub-county

Results cont'

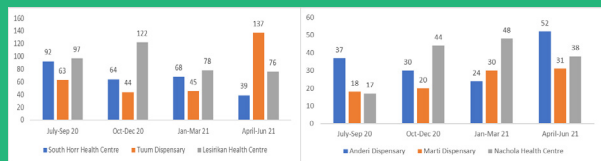


Figure 5&6: – CYPs High and Low Volume health facilities respectively.

Lessons Learnt

Tag-team participation with healthcare workers in Manyatta planning increased the reach of FP information and services. Joint household visits reduced community hostility towards healthcare workers and enhanced community appreciation of health education. The Tag-Team approach unexpectedly reduced gender-based violence by involving men in FP decision-making. Reduced stigma around teenage mothers accessing FP services was observed. The composition of male and female CHVs in Tag Teams helped address insecurity threats and allowed for more efficient work in challenging terrain. Monthly data reviews improved data collection and commodity security at facilities. Male engagement challenged social norms on sexual reproductive health and respected community practices in Samburu County.

Conclusion and Recommendations

The Manyatta Model aligns with WHO recommendations to accelerate voluntary rights-based family planning interventions, reaching adolescents and marginalized populations, and enhancing social behavior change communication. It departs from short-term, geographically limited interventions to focus on sustainable behavior change, employing culturally appropriate strategies. In patriarchal societies, male involvement and collaboration between male and female community health volunteers (CHVs) are crucial for success. Effective implementation requires training, close collaboration with CHVs, availability of FP commodities, and support at the county level. Sustainable implementation relies on consistent budget allocation, pandemic preparedness, staff capacity building, message dissemination, and an efficient supply chain. The Manyatta Model, with its team-based, culturally sensitive, and gender-inclusive approach, effectively addresses unmet family planning needs and should be scaled up to achieve FP 2030 goals.



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- Population Services Kenya
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Ministry of Health



Breaking Barriers to Access Family Planning Through the Engagement of Religious Leaders

Authors:

H. Somo¹ A. Adhan² D.Kinyua³ Dr Rotich⁴ Dr Pahe⁵

Background

Mandera County faces significant challenges in ensuring access to family planning services, leading to high fertility rates and limited reproductive health choices. Religious beliefs and cultural norms often influence family planning decisions, leading to barriers in accessing services.

Rationale

A. Importance of Religious Leaders

- Religious leaders are influential figures in many Kenyan communities, and their endorsement can positively influence family planning decisions.
- Engaging religious leaders can help bridge the gap between healthcare providers.

B. Promoting Reproductive Health

- Improved access to family planning services can lead to better maternal and child health outcomes, poverty reduction, and gender equality.
- Engaging religious leaders aligns with Kenya's commitment to achieving Sustainable Development Goals.

Methodology

A. Dialogue and Education

- Facilitated open dialogues between religious leaders and healthcare providers to address misconceptions and concerns.
- Provided religious leaders with accurate information on family planning methods and their benefits.

B. Community Outreach

- Encouraged religious leaders to incorporate family planning messages into sermons, community meetings, and religious teachings
- Mobilize religious communities for awareness campaigns and outreach programs.

C. Training and Capacity Building

- Provided training to religious leaders on reproductive health, family planning methods, and counseling.
- Equipped religious leaders with the tools to address the cultural and religious aspects related to family planning.

D. Collaboration with Healthcare Providers

- Established partnerships between religious institutions and healthcare facilities to ensure easy access to family planning services.
- Promoted trust-building between religious leaders and healthcare providers through joint initiatives.

In Y1, the program targeted 6640 CYPs in Mandera however 102% of CYPs were achieved. The second year, with the interventions; including advocacy by religious leaders, the program raised the target CYPs from 6640 to 10976. 10255 CYPs were achieved from a target of 10976 in Y2 with implants contributing half of the CYPs.

Conclusion

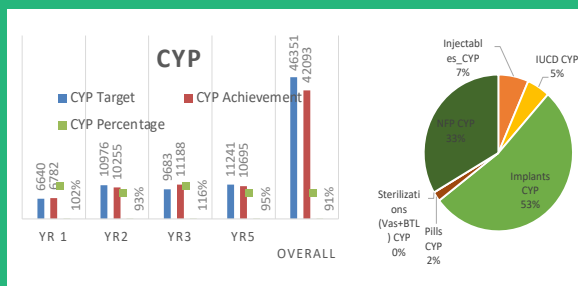
- Engaging religious leaders to support breaking barriers in access to family planning services is crucial step towards improving reproductive health outcomes in Mandera.
- Collaboration between religious leaders, healthcare providers and communities can contribute to achieving Kenya's family planning and SDGs target.

Recommendation

- Establish a task force or working group to coordinate efforts between religious leaders, healthcare providers and government agencies.
- Provide a strategic curriculum to support training of religious leaders on the matters concerning health.

Results

Method mix



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EDITION 15

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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