

# KUJIPANGA BULLETIN

DECEMBER 2022 IMPROVING ACCESS TO FAMILY PLANNING SERVICES IN KENYA



Edition 11







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### Director's Statement

DESIP continues to ensure that girls and women particularly people living below the poverty line, adolescents, and people with disabilities can safely plan for their pregnancies to ensure they fully realize their sexual and reproductive health needs.

In the 3rd quarter, the project was able to share some of its learning at global conferences; the International Conference for Family Planning which was held in Pattaya, Thailand from 14<sup>th</sup> to 17<sup>th</sup> November 2022, and the International Social and Behavior Change Communication (SBCC) Summit, 5-9 December 2022 in Marrakech, Morocco. During these two global conferences, over 50,000 community members from around the globe benefited from DESIP presentations thus increasing the programme visibility.

DESIP continues to ensure that all individuals have access to high-quality contraceptive services, including choice of methods and availability of those methods, regardless of age, sex, disability, religion, economic status, or other factors.

In this bulletin, we present contribution through the DESIP programme to advance equity in family planning services.



## Mainstreaming Equity in Family Planning through Policy Documents

The principles of equity in Family Planning (FP) demand that all Kenyans have unhindered access to family planning information and services and that all methods of contraception are available to all when and where they need them regardless of their location, gender, race, age, disability, and socio-economic status. DESIP has been supporting MoH to ensure that there is an enabling policy environment that allows for the achievement of equity in the utilization of family planning. Specifically, the project has supported the development of the following policy documents; The National Reproductive Health (RH) Policy 2022 - 2032, Total Market Approach (TMA) for Family Planning 2020-2024, Reproductive Health Commodity Security (RHCS) Strategy 2020/21-2024/25, National Family Planning Standards for Health Care Facilities and National Family Planning Costed Implementation Plan (FP-CIP) 2021-2024.

The **National Reproductive Health Policy** is the main reference policy on reproductive health in Kenya, with its main goal being to minimize the burden of preventable morbidity and mortality related to reproductive health. The policy also mainstreams special RH needs including FP of marginalized populations specifically Persons living With Disabilities (PWDs), people in humanitarian settings, and correctional institutions while promoting gender equity. The policy gives special attention to the needs of adolescents intending to improve their reproductive health outcomes by promoting the provision of age-appropriate RH information. However, the policy imposes parental/guardian consent required for those under 18 years to access FP. Based on existing literature, the requirement of parental consent for adolescents to access contraceptives creates additional barriers for adolescents. There is a need to develop guidelines on how consent will be sought given that adolescents under the age of 18 are a heterogeneous group including those who are married, those with kids, and those in and out of school. DESIP will actively be watching for these opportunities to ensure appropriate adolescent access to FP services.

The **FP Costed Implementation Plan** guides the implementation of FP in the country with the provision of equitable services being its mission. In its implementation framework, some of the planned activities that will facilitate equity include, capacity building of healthcare workers on equity and non-discrimination. Secondly, the plan recognizes the need for the development

of a transition plan from free supplies to for-pay products through a phased approach and identification, engagement, and support to diverse stakeholders to support the use of modern contraception.

Availability of FP commodities is essential to equitable access to FP by all. Consequently, the MoH with support from DESIP and other stakeholders supported the development of two strategy documents i.e. **Total Market Approach and Reproductive Health Commodity Strategy (RHCS)** to ensure the availability of FP commodities in all health facilities. The RHCS that spans from 2020/21 to 2024/25 has outlined interventions that are geared towards ensuring there is adequate financing, robust commodity management mechanism implemented, safe products availed, and institutional capacity strengthened. The **Total Market Approach for FP National Strategy 2020-2025** contributes to equity by ensuring that there is limited market distortions occasioned by the government's provision of free FP services and that this only goes to those who are not in a position to pay and those who can pay for FP do pay thus ensuring that limited government resources are prudently used.

To ensure that quality services are being provided, all the FP Standards (2012) were reviewed in line with current FP practices and Kenya Quality Model for health (KQMH-2018) with DESIP assistance. The resultant tool for assessing the quality of FP services also evaluates the availability of amenities in the facility to support clients with disability/differently-abled in accessing FP services with ease.

## Family Planning Services for Persons With Disability: A case of Likoni Sub-County, Mombasa County

The DESIP Programme continued to implement activities that are geared toward increasing access to FP amongst Women of Reproductive Age (WRA), particularly adolescents and youth, poor and marginalized rural women and persons with disability (PWDs). Likoni sub-county is one of six sub-counties of Mombasa county. The sub-county has seven government facilities, and just like many other facilities in Kenya, they are not fully disability friendly. The facilities have service delivery points not accessible to PWDs who use a wheelchair, some lack adjustable coaches, only two nurses have been trained in sign language, and out of the pool of 565 Community Health Volunteers (CHVs), none of them have been trained in sign language. The visually impaired people are not able to access the IECs materials. These inequities are worsened by inadequate training among healthcare workers on disability mainstreaming in health.

To address these challenges, the project has been supporting several activities to promote family planning access to PWDs. Furthermore, DESIP has built the capacity of County and sub-county health management teams and healthcare workers, and youth-led CBOs on social and disability inclusion. At the county level, the project is also closely working with government departments and the ministry of gender, sports and youth, and other partners to strengthen networks and advocacy in influencing policy decisions around the inclusion of PWDs accessing health services. The project is currently a member of the County person with disability (TWG) and is providing technical assistance in the development of the Mombasa county PWDs policy. The policy will hold county departments and partners accountable to ensure the inclusion PWDs in all sectors.

At the sub-county level, the project is working closely with sub-county health management teams to advocate for disability mainstreaming in all the facilities. The project has built the capacity of health care workers through CME on social inclusion and disability mainstreaming sensitized the health care workers on the use of the Washington group of questions, a tool that is able to assess the hidden types of disability and support the health workers to offer support based on the needs. Furthermore, to ensure improved quality services for PWDs the project procured adjustable coaches for a few facilities, availed inclusive SRH posters that have a few basic reproductive words in sign language for the health

care workers to use, and the Sign language pocketbook for the health workforce to learn. The project has also provided technical assistance to facilities on the improvement of disability reporting using the Washington Group of questions and disaggregation of service data to include disability. The outreach and in-reach documentation tools have been modified to include PWDs reached with information and services. All the DESIP-supported facilities are using the outreach documentation tool to document PWD reached with services and family planning daily register (MOH 512) remark section to document services for PWDs

Following this engagement efforts, the Likoni sub-county partnered with amazing group of PWDs, a CBO that promotes the well-being of PWDs. They work with PWDs to empower them to participate in all spheres of life, advocate disability rights and inclusion, advocate for disability mainstreaming in all sectors and advocate against (SGBV) among PWDs.

The project is also working closely with CHVs who are the first contact for clients at the household level. The CHVs have been sensitized on social inclusion and disability mainstreaming. The outcome has been impressive because currently, they are referring PWDs for services. Moreover, some CHVs have also gained interest in learning sign language so that they can provide services to all. The community health services have also appointed PWDs in several facility committees to provide technical support for PWDs. The community units trained on community QMH have a PWD as a member of the committee to support advocating for PWDs.



*A PWD client receiving family planning method*



To increase visibility on the importance of disability inclusion in family planning, DESIP project held a social inclusion webinar in September 2022. The webinar provided an opportunity for the project to share progress towards making services inclusive for PWDs with stakeholders beyond the DESIP-focus counties such as from the Council of Governors, the national MOH, and other implementing partners. We recommend more health workers and CHVs be trained on social inclusion and disability mainstreaming. There is also a need to capacity-build PWDs to allow meaningful participation in CIDP and policy formulation process. We also recommend that all development partners target PWDs with integrated services.



*CHVs conduct registration for PWD client during an outreach*

## **CBDs changing cultural and social norms that affect uptake of family planning.**

Access to reproductive information and contraception (RIC) continues to be a critical unmet need in Narok and impedes the realization of reproductive health rights. While family planning programs mainly focus on facilitating women's access to contraceptive information and services, some cultural norms also affect the social acceptability of FP. For instance, men's decision among Maasai community is key especially because they are often considered

the custodians of culture and tradition. In such a community men have an important role to play in family planning, both to meet their own reproductive health needs and to support and facilitate their partner's access and use of family planning services. Historically, men in this community don't engage in family planning conversations since it's a woman's 'business'. To others, family planning is still a taboo and should not be practiced. In fact, their women should not dare uptake any method without their permission.

But for one Simon Ntuke, a trained CBD by DESIP. 'I can comfortably say that that's not the true scenario in Narok North, the situation has changed' Says an enthusiastic Simon. On a normal morning, you would find him at Fountain Mission medical Centre preparing his 'instruments' of work. Simon is among the 37 CBDs trained through DESIP and attached to various health facilities to support FP access especially to rural WRA. Through these CBDs women are able to access contraceptive (Short term and referral for long term) without travelling for long distances to the facilities. There is also reduced workload at the facility as the visits are minimized. But for Simon, he goes beyond service provision. He has positioned himself as a male champion getting interpersonal relationships with the clients thus gaining trust to those he has reached through house to house visits. He says that his main target is reaching the women through his fellow men. He creates comprehensive awareness through one-on-one discussions to men in the community on the need to support their wives uptake family planning emphasizing on the benefits of family planning. This has made him gain trust from the husbands allowing him to visit their wives for family planning and referrals to those who wish to use long term methods.

Through the community forums and outreaches, Simon is slowly changing the cultural norms replacing them with safe spaces where women can feel supported to practice child spacing.

## Family Planning distribution to West Pokot remote areas

Sekerr Dispensary is a faith-based facility founded in 1980 by the Evangelical Lutheran Church of Kenya. The facility serves a population of 10,400 people and is one of West Pokot County's most remote facilities, located about 17 kilometers from the Eldoret -Turkana highway via a narrow winding road up the escarpment. Mr. Joseph Losiakori who is a nurse was seconded by the Ministry of Health to run the facility. DESIP Programme has been sponsoring in-reach/outreach activities there since 2019. In one of these outreaches, Mr. Joseph met a client who shared her story.

Mrs Cheptana Chelimo is from Temau village in Sekerr ward, which is 15 kilometers from the facility. Because motorbikes are the only mode of transportation, most villagers are used to walking long distances for services. She is a 35-year-old housewife and mother of nine. She is in a monogamous marriage with Mr. Chelemu, who is 44 years old. They are both primary school dropouts who are neither employed nor own a business. They make a living by tiling a small plot of land owned by the family.

Mrs Chelimo came to Sekerr dispensary for delivery, and this is when the health care worker, Joseph, first interacted with her. After taking the client's medical history and performing a physical examination, the staff realized that the client had a large family and that the children were not well-spaced, with most of them aged only a year apart. Further probing revealed that Mrs. Chelimo had never used any form of contraception in her life, and it was at this point that the healthcare worker initiated the conversation about birth spacing and contraception. Her main reason for having never used any contraception was the feedback she received from her peers in the village; some told stories about people they knew who had difficulty conceiving after contraceptive use.

This discouraged her, and even after delivery, she was adamant about not using any hormonal FP. The healthcare worker then decided to counsel her on Lactation Amenorrhoea method, this was also an opportunity to keep the contraception conversation going on, he also continued to follow up on the client.

At five months postpartum, after a conversation with the husband, she came to the facility for LARC during a facility in-reach service. The healthcare worker counseled her and since she fit the criteria for the method, Implanon NXT was administered. Less than a week later, Mrs. Chelimo came back complaining of excessive bleeding, and she was treated for this. She is currently still on the method and has not had any other side effects and is going about her life. The health care worker continues to engage her as a change agent and is working with her on reaching out to other women with similar misconceptions in her village.

Sekerr is one of many health facilities that continue to receive DESIP support to ensure that the last mile population receives quality FP/SRH services through outreach and outreaches, with the hope that the programme can reach out to more clients like Mrs Chelimo, who would otherwise be denied the right to her reproductive health options due to misconceptions about FP and contraception.



*Joseph Losiakori taking the vitals for a potential FP client*



## The Power Of Male Involvement: A Case Of Wajir County

One of the main challenges contributing to the low uptake of family planning services in Wajir and Mandera Counties has been the low decision-making power of women. Wajir and Mandera Counties are inhabited by the Somali who are a patriarchal community. A woman is fully accountable to her husband, and she's prohibited from making major decisions including on contraception without her husband's consent. For many years there was the misconception that family planning was a Western ideology intended to reduce the community's population and that family planning was prohibited by Islam, the predominant religion among the inhabitants of the two Counties.

Through the male engagement strategies supported by DESIP, men are now realizing that family planning facilitates the growth of a healthy population. DESIP-supported activities have included male-only dialogues, sensitization by highly respected and influential male religious leaders, and peer-to-peer influence by the men who have already accepted and supported their partners to take up a family planning method. According to healthcare workers, many men are now approaching healthcare workers and seeking information about FP so that they take their wives for the service.

*"Men are nowadays approaching us and asking for FP methods available in the facility so that they can bring their wives for service. For example, this teacher constantly asked me if there was NXT Implanon available so that he could bring his wife. I told him there is only Jadelle for now and that NXT Implanon is out of stock. He asked me to look for it as that is what his wife preferred and that they would wait," Ahmed, nurse -in-charge, Dadajabula Sub- County hospital.*

This is a complete shift from the previous scenario where most men completely avoided talking about SRH issues and more specifically discouraged their women from taking up an FP method. This improvement is associated with the male engagement interventions supported by DESIP and the involvement of the religious leaders who have clarified that the Quran promotes child spacing and that modern contraceptives are an acceptable way of ensuring spacing. Men have now realized the importance of family planning to their households and they are taking a leading role in the uptake of FP.



*Pastor Mutiwa, the AIC dispensary chairman conducting the male session participants at the facility.*

According to Adan Ibrahim, a Clinical Officer at Blue light Hospital ,

*"Men used to be harsh to women for using a method but nowadays things have changed, and they are coming with their wives where we give health talk and they decide to take a method while together."*

Women used to use FP services without the knowledge of their husbands in some cases this would result in gender-based violence (GBV) and even in divorces when the men discovered it.

DESIP has been conducting regular FP promotion community dialogues and specific sessions for engaging men on the importance, methods, and access to FP to promote acceptance of family planning. Many of the myths and misconceptions surrounding FP that create fear in men have been demystified, and an increasing number of poor rural women of reproductive age in those Counties are now freely taking up FP services.



## CBDs in Tiaty reaching out to men to be partners in Child spacing

When Sarah Chepkomen Chelimo was chosen by her community to be a CHV she took it as a call to help her people in the best way she knows by promoting healthy behaviors. Sarah is from Kolowa location in Tiaty West Sub County in Baringo County. The village is approximately 160km from Kabarnet town which is the headquarters of Baringo County. It is famous for the prone to banditry attacks that are common in the Kerio Valley and not accessible for long periods of time.

Sarah knew the many challenges that were ahead of her but she took it all which included harmful cultural practices e.g. FGM and early childhood marriages, she also knew that the challenges came with the community having limited information on child spacing and the high poverty levels in her community. Her role required her to support her community to increase knowledge in pregnant mothers going for ANC, skilled birth deliveries in health centers, joining the healthcare workers during outreaches, sensitizing the community on nutrition's, promoting under 5 immunization and having community sessions on Child spacing. Sarah was also selected to be a Community Based Distributor for Family Planning commodities she took it as a call to further her support to her community.

The training took place in April 2021 and she was certified as a CBD in September 2021. Sarah had a huge role because her community looked at Family Planning as a plot to control the population rather than the other health benefits that come with well-spaced out child births. In her community children are considered a blessing and the more either a one had the more blessings they have. The quality of life in Kolowa is extremely low with immediate need being peace which has eluded this community for generations. As a CBD she supported health care and the community by taking the child spacing commodities to the households and giving the 3-month DMPA injections at households level, during her home visits she also checks on other health needs i.e. availability of pit latrines in the community, if the WRA in the homestead are pregnant and refers pregnant mother for Pre-natal services, she also checks on nutritional needs in the family and availability of clean water in the homestead.

Sarah skills as a CBD were highly needed and she offered them religiously until the elections were over and restrictions eased out, in September 2022 she was invited to join the Kolowa Health Center for an Integrated outreach in Tiaty which included having pre-service counselling on FP, Health education on FP and offering FP services.

The Integrated Outreach went on well until when men in the community got word that the WRA attending the outreach were getting information on use of FP and getting FP services and all hell went loose. The Health Center was informed the outreaches were not welcome in the far-flung wards in the location. The elders also learnt that the CHV involved was Sarah whom they had selected to join the Community Strategy and so to learn more on what exactly is happening during the outreaches they summoned her. The elders were a group of older men who held the cultural belief that children are a blessing in high esteem and anything against big families or child bearing was looked more from a political angle rather than the health benefits of child spacing or the economical benefits that come with smaller manageable families.

In her several years of practice this was the toughest task she had ever undertaken but she was also a practicing CHV/CBD and well trained in communication skills. The elders keenly listened to her and together they agreed that she needed to explain this to the larger men community in the area. The elders organized for Sarah to have these men only sessions in which men explained their reservations with FP and which Sarah explained its not totally closing child bearing abilities or getting extremely small families but its child spacing which a have a lot of health benefits. The men also talked about their reservations in which they believed use of FP in women reduced men libido and ability to impregnate a woman, they also mentioned that women using FP would have low sexual libido causing the men to have to look for other women. In a community that brings up men to defend the community any practice that would diminish any of the strength they had including ability to impregnate women was considered an enemy who required equal force to stop it just as the force used to fight bandits. The men's' only meeting with Sarah was the game changer in Kolowa, in the 4th quarter of 2022, Kolowa Health Center was conducting 4 DESIP supported FP Inreaches per month, the FP uptake at the health center improved significantly and with the supply of



DMPA in the facility in that quarter Sarah's role as a CBD also increased a lot at the households' level. Kolowa now is a recognizable area with good child spacing uptake with a community that accepts the health benefits of child spacing.

Thanks to DESIP which trained and supported CBDs like Sarah and 33 others trained in Tiaty the community is still able to get child spacing services even in times like these when there several bandit attacks going on and the government has put in operations to counter the bandits which include minimal interactions with other areas out of the Keyio valley, which affects supply of food and health supplies, it also means mass displacement of people and disruption of daily life. The CBDs program allows WRA to receive child spacing commodities even in times of high banditry activities.



*A DESIP supported CBDs meeting on best practices in Nov 2022*



*DESIP Supported CBDs Graduation ceremony in Tiaty*

Sub Counties, who assist in ensuring uptake of Family planning goes on even when the Sub Counties are locked due to insecurity.

## Community outreaches: Renewed faith in Family planning

Lack of adequate information creates misinformation and wrong perceptions about family planning especially in the rural areas of Narok County. There is also existence of myths and misconceptions, traditional beliefs about family planning.

*"I was told that family planning (FP) will stop me from having another baby by my friend," says a woman from Olmekenyu health Centre deep in the rural village of Narok South Sub County.*

Over the years, this script is changing through awareness creation during Family planning outreaches at the community by trained health volunteers. This awareness is comprehensive and gives the women a chance to interact with health care providers in a more relaxed setting. In conjunction with Narok County Health teams, the program identified CHEWs and CHVs from existing Community Units in Narok County. The selected CHVs and CHEWs were sensitized on Family Planning basic information (MOH Module 11) and on counselling for continuation at Community level, Community profiling and mobilization for in-reaches and outreaches. The CHVs under close supervision from the CHEWs/CHAs mobilize women to come to the outreaches. The health care provider employs counselling skills for knowledge sharing on family planning giving the women a chance to make informed choice. The health education outlines benefit of family planning and demystifies existing myths and misconceptions surrounding uptake of services.

*"I am told that these clinics are very good and that's why I have come," said another woman from Olmekenyu during an intergrated outreach. "One day as I was going to the market, I came cross an outreach and I was given proper information on how I can plan my family. The person was explaining in such a simple manner that made me understand many things I didn't know," said another woman.*

Through the use of Education through listening, a facilitating technique aimed at equipping the demand creation agents with skills to enable them deliver quality sessions and facilitate behavior change in the community, there has been a lot of change in community perception about family planning and also increase in uptake of the service. At the outreaches, key community

influencers also participate to show support to the program and also pass the message on the benefits of family planning. To ensure that there is equitable access, the outreaches are conducted monthly and mostly targets rural, poor, marginalized women.

*"I met a lot of women during the outreaches and they all assured me that their methods didn't fail and that gave me the courage to try another time since it failed previously", said a woman from Sankale Village, Narok North.*



*An intergrated outreach at Emurua Dikirr Centre, Transmara East*



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## About DESIP

DESIP is a five-year (2019 to 2024) UKaid funded project focused on Delivering Sustainable and Equitable Increases in Family Planning (DESIP) in low Contraceptive Prevalence Rate (CPR) Counties in line with Kenya's 'Vision 2030' as well as the Universal Health Coverage (UHC) 'Accessible quality healthcare for all Kenyans.' The country's long-term development blueprint has progressively realized a skilled and healthy workforce. Gains in Family Planning (FP) uptake have been considerable, with the 2018 modern Contraceptive Prevalence Rate (mCPR) amongst married women at 59%, exceeding Kenya's FP2020 target of 58.3%. Despite the progress, many women and girls are still left behind, notably, the 19 Counties where DESIP is implemented (Baringo, Elgeyo Marakwet, Garissa, Homa Bay, Isiolo, Kajiado, Kilifi, Kwale, Lamu, Mandera, Marsabit, Migori, Mombasa, Narok, Samburu, Tana River, Turkana, Wajir and West Pokot). The mCPR in these Counties range from 2% to 45%, as per the 2014 Kenya Demographic Health Survey.

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