



COUNCIL OF GOVERNORS

COMPENDIUM OF COUNTY INNOVATIONS AND PROMISING PRACTICES IN FAMILY PLANNING

8TH EDITION

JUNE-DECEMBER 2024



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Maarifa Centre

Maarifa Centre is the premier subnational knowledge hub established to serve as Kenya's knowledge sharing and learning platform to support effective governance and service delivery at the County level. The vision of the Centre is "To be Kenya's Premier knowledge sharing and learning platform for effective Governance and service delivery for sustainable development".



CoG Vision

Prosperous Counties that are drivers of socio-economic growth and development and quality service delivery



CoG Mission

To deepen devolution through coordination, consultation, information sharing, capacity building, performance management and dispute resolution.



CoG Values

Collaboration and Partnership; Integrity; Diversity, Equity and Inclusion; Innovation; Professionalism.



CoG Motto

48 Governments, 1 Nation

Maarifa Centre Motto

Sharing Kenya's Devolution Solutions

Publisher: The Council of Governors ©2024

Design & Layout:

ISBN: 9789914970722.

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ACRONYMS

AIC	African Inland Church
CHMT	County Health Management Team
CHPs	Community Health Promoters
CYP	Couple-Years of Protection
DESIP	Delivering Sustainable and Equitable Increases in Family Planning in Kenya
FY	Financial Year
FP	Family Planning
HIP	High Impact Practice
HIV	Human Immunodeficiency Virus
HPTU	Health Products and Technologies Unit
IUCD	Intrauterine Contraceptive Device
KEMSA	Kenya Medical Supplies Authority
KHIS	Kenya Health Information System
KSH	Kenyan Shillings
LMIS	Logistics Management Information System
mCPR	Modern Contraceptive Prevalence Rate
MoU	Memorandum of Understanding
NGOs	Non-Governmental Organizations
PMTCT	Prevention of Mother-to-Child Transmission
PPFP	Postpartum Family Planning
PS Kenya	Population Services Kenya
SMS	Short Message Service
UKAID	UK Department for International Development

FOREWORD



It is my privilege to present the 8th edition of the *Compendium of County Innovations and Promising Practices in Family Planning*. This edition is the result of collaborative efforts by the Council of Governors, Options Consultancy Services (Options), and Population Services Kenya (PS Kenya), underscoring remarkable strides in family planning initiatives across DESIP (Delivering Sustainable and Equitable Increases in Family Planning in Kenya) supported Counties.

Family planning serves as a cornerstone of public health, empowering individuals and communities to make informed choices about reproductive health while fostering economic stability, social cohesion, and gender equity. Across Kenya, from Counties to communities to health facilities, transformative stories are emerging – stories of resilience, innovation, and collaboration. These high-level approaches extend beyond improving health outcomes, helping to build resilient

communities where families are better positioned to care for their children and contribute actively to economic and social life. This compendium highlights the collective dedication of Counties, which, alongside strategic partners, are catalysing transformative changes in family planning.

Guided by the leadership of the Council of Governors and in partnership with Options and PS Kenya under the DESIP programme, this edition showcases effective, context-sensitive strategies and success stories that underscore the importance of accessible, inclusive family planning services. Through these documented insights, we see first-hand how these services create lasting, positive impacts for future generations.

County Governments play a leading role in advancing service delivery, with their County Health Management Teams (CHMTs) providing aligned leadership that is driving notable improvements in health outcomes. This, alongside the commitment and dedication of the community healthcare workforce, stands as a testament to the impact, as they bring essential healthcare services directly to the people, increasing the uptake not only of family planning services but of comprehensive health services. These collaborative efforts showcase not only resilience in healthcare delivery but also the steadfast dedication of County Governments toward achieving our Universal Health Coverage (UHC) goal.

I invite all readers to connect with the Maarifa Centre, share your experiences, and explore the wealth of valuable knowledge resources it offers. Visit the Maarifa Centre Portal at <https://maarifa.cog.go.ke/> to download a copy of this publication.

Together, we are advancing our shared commitment to a healthier Kenya!

A handwritten signature in blue ink, appearing to read 'Ahmed Abdullahi', written over a white background.

H.E. FCPA Ahmed Abdullahi, EGH
Chairperson
Council of Governors

ACKNOWLEDGEMENT



This Family Planning Compendium stands as a testament to the power that partnerships and grass-roots action bring to addressing critical health issues. It captures a range of diverse approaches that reflect the unique needs and cultural contexts of each County, from community-based distribution and structured mentor-ship programmes to male engagement and youth-focused initiatives. These practices showcase how family planning can be promoted effectively and inclusively.

I would like to express my sincere appreciation to Sharon Nzei, the Maarifa Centre Knowledge Management Champion and Technical Officer, for her outstanding work in documenting the stories, and to Rosemary Njaramba for her thorough review of the initiatives. I would also like to thank Technical Officer Charity Karanja for her invaluable support to the Maarifa Team in conducting interviews. Kudos team! Your dedication in

promoting knowledge management in the Counties is commendable.

My heartfelt appreciation goes to the dedicated County officials and community leaders from each County documented in the compendium. Your willingness to share your practices, insights and results through interviews, site visits and consistent follow-up has been invaluable. This document would not be possible without your openness and expertise, demonstrating true commitment to improving family planning access and outcomes.

Special thanks to Options and PS Kenya for their collaboration in this documentation effort, providing vital support through the UKAID funded Delivering Equitable and Sustainable Increase in Family Planning (DESIP) project to enhance maternal, newborn and child health by increasing family planning awareness and use across the Counties. The efforts documented here represent local innovations and collaborative solutions that empower communities to address health challenges from the ground up.

May these documented insights and practices inspire other Counties to explore and adopt these adaptive solutions to improve health outcomes. We invite all readers to engage with them and join us in advancing accessible, effective family planning services for all Kenyans.

Mary Mwiti, EBS
Chief Executive Officer
Council of Governors

INTRODUCTION



INTRODUCTION

Background

Family planning has long been recognised as a key driver of development outcomes including gender equity and poverty reduction. It is a vital part of reproductive health, enabling people to control the size and timing of their families. In particular, postpartum family planning aims to prevent unintended pregnancies and closely spaced births within the first year after childbirth, promoting healthy birth intervals, counselling women on the return of fertility after childbirth and providing contraceptive methods that suit their needs. This enhances health outcomes for mother and child, lowers the risk of maternal complications and empowers women to make informed decisions about their reproductive health.

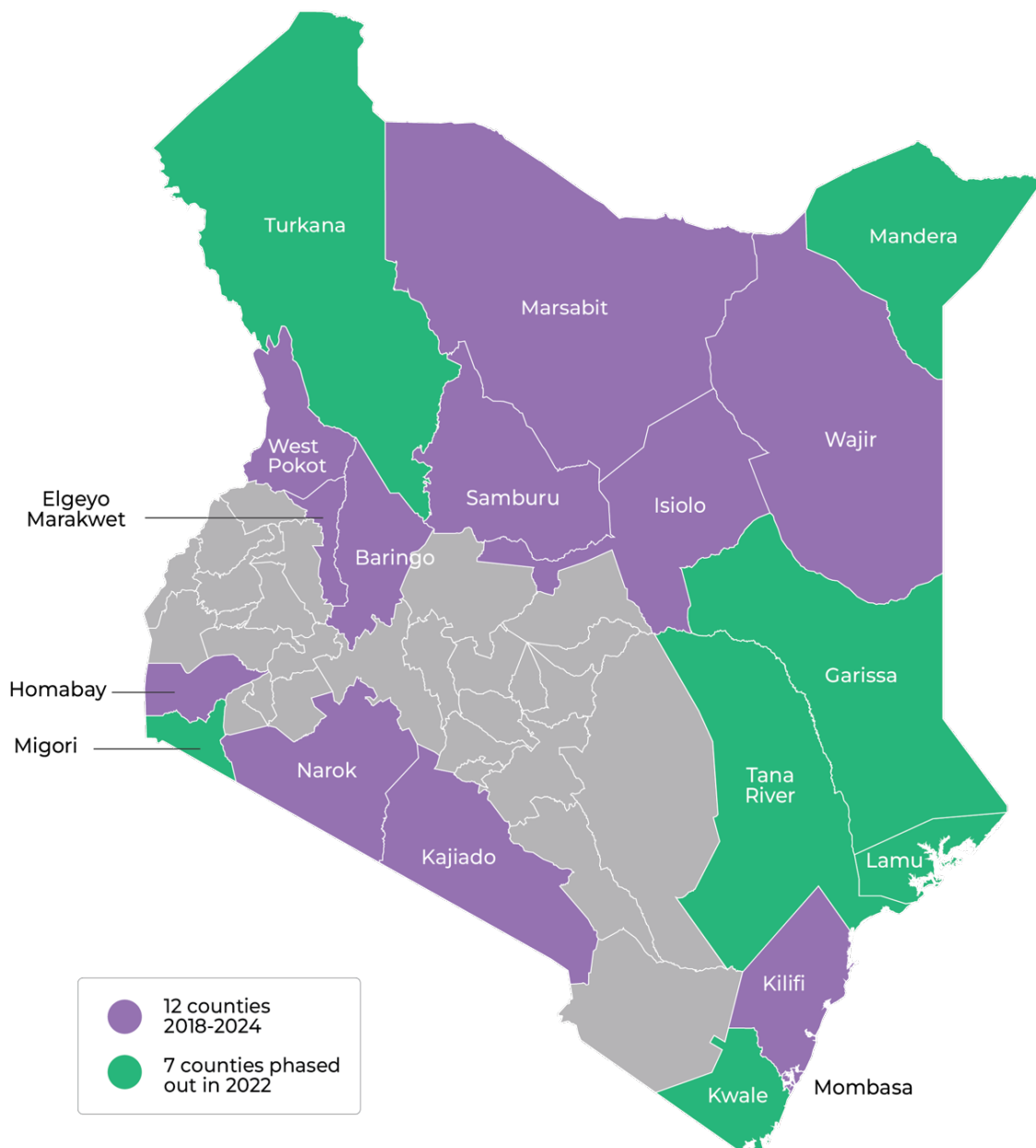
Family planning methods and practices have evolved with advancements in medical science, technology and social understanding. Traditional methods rooted in cultural practices and natural approaches have been passed down through generations, relying on and understanding the body's natural rhythms, herbal remedies and behavioural practices. Modern family planning methods now offer more reliable, diverse and typically effective options, including oral hormonal contraceptives, intrauterine contraceptive devices (IUCDs), injectable contraception and sterilisation.

Global family planning initiatives have achieved impressive progress in recent decades. Collaborative efforts by governments, international organisations and local communities have led to greater contraceptive access, awareness and acceptance that family planning is essential to public health.

Despite this, women in many societies continue to face barriers to making autonomous decisions about their reproductive health. According to the 2022 Kenya Demographic and Health Survey, family planning uptake in the country stands at 57%. The Delivering Sustainable and Equitable Increases in Family Planning in Kenya (DESIP) programme, funded by the UK Foreign, Commonwealth & Development Office, aims to strengthen reproductive health across twelve Counties in Kenya.

Delivering Sustainable and Equitable Increases in Family Planning in Kenya (DESIP)

DESIP is a six-year programme running from June 2018 until March 2025. The programme seeks to achieve greater and more equitable access to and uptake of family planning services in Kenya, especially among rural women, rural adolescents and people living with disabilities.



The programme has been delivered through four outputs:

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

From June 2018 until January 2023, the programme was implemented through a consortium of seven partners. Population Services Kenya was the lead partner and other consortium partners were AMREF Kenya, Options Consultancy Services, Faith to Action Initiative, Health Rights International, Voluntary Service Overseas Kenya and Population Services International.

Due to budget reductions in 2022, the DESIP programme is currently being implemented by just three partners across twelve Counties that have a modern contraceptive prevalence rate (mCPR) of less than 45%. PS Kenya remains the programme lead, Population Services International as learning agenda partner and Options Consultancy Services as sustainability partner. Third-party monitors HERA and community partner UNFPA continue to support the programme.

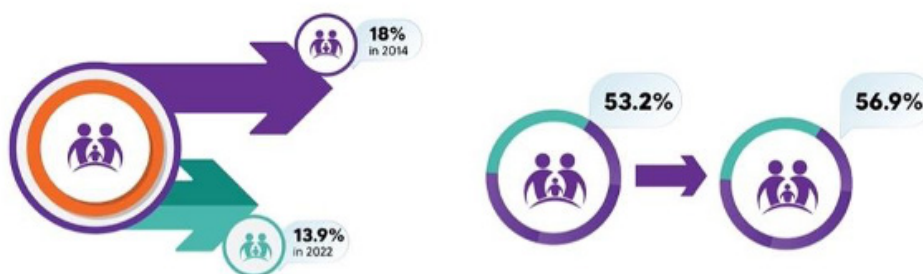
Progress to date

Currently in its sixth year, the DESIP programme has seen significant achievements, as demonstrated by the 2022 Kenya Demographic and Health Survey and by DESIP programme data.

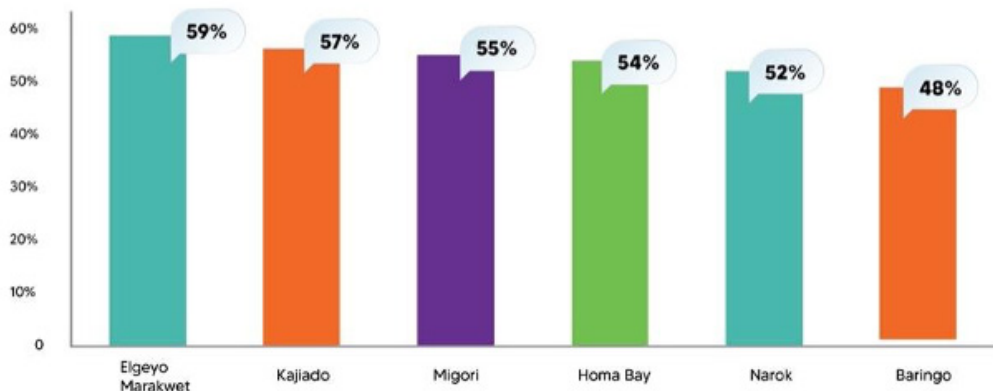
The national unmet need for family planning has reduced from 18% in 2014 to 13.9% in 2022, and the contraceptive prevalence rate has increased from the baseline figure of 53.2% to 56.9%. Twelve of the 19 Counties that DESIP has supported from the start of the programme have recorded a growth in mCPR, with six moving up from the lowest category in the S-curve: Elgeyo Marakwet 59%, Kajiado 57%, Migori 55%, Homa Bay 54%, Narok 52% and Baringo 48%.

The cumulative programme data showed the CYP performance since inception of the programme at 137% (2,644,974 CYPs against a target of 1,930,432). It also shows that the additional users' performance was at 98% against a target of 278,133, while the number of family planning services provided through DESIP facilities was 149,876 against a target of 191,184 (78%). 17% of women of reproductive health served by DESIP supported facilities were adolescents, against a target of 10%.

Unmet Need for Contraception



Growth in mCPR



Data Source: Kenya Demographic and Health Survey.

About this compendium

Despite the significant achievements attributed to the DESIP programme, Kenya and the Counties supported have faced challenges in institutionalising the best practices that make family planning sustainable. Several Counties have started to adopt high impact strategies demonstrated by the programme, but more work is needed to ensure they fully adopt, institutionalise, own and allocate resources to the interventions.



To support this, DESIP has partnered with the Council of Governors to create this compendium, documenting the learnings around promising practices from the DESIP-supported Counties. The compendium will be shared through the Maarifa portal and accessible to all 47 Counties.

The compendium is formed of three main sections which focus in turn on the thematic areas of service delivery, demand creation and social inclusion. Each thematic area is supported by a series of stories from the Counties currently involved in the programme, while recognising that the initiatives will naturally overlap the themes to some degree.

Each story has been linked to a High Impact Practice in Family Planning (HIP), an evidence-based practice with demonstrable impact in advancing family planning outcomes. The stories cover a range of topics from clinical service delivery to community engagement, and showcase interventions in urban and peri urban areas, rural and hard to reach regions. In addition, the stories reflect work with a diversity of communities including men, people with disabilities, youth and adolescents, and pastoral populations. Readers can access the relevant HIP brief for global evidence and guidance at www.fphighimpactpractices.org/ and can find a list of stories arranged by HIP at the end of this compendium.

SERVICE DELIVERY



SERVICE DELIVERY

Family planning uptake in Kenya is constrained by a series of cultural and religious factors, but irregular supplies and a shortage of trained health workers create further obstacles, especially in marginalised areas. Optimising supply chain and human resourcing by nurturing partnerships between the national and County Governments is essential for enhancing health outcomes across the country.

Addressing supply chain issues:

Collaboration between national and County Governments is particularly critical when it comes to the distribution of medicines from the Kenya Medical Supplies Authority (KEMSA). Delays or interruptions in supply significantly affect healthcare delivery.



When KEMSA is unable to efficiently supply essential medicines, it can cause critical shortages within healthcare facilities. These shortages directly hinder healthcare providers' ability to deliver timely and adequate treatment to their patients. As a result, preventable diseases may get worse, leading to increased morbidity and mortality rates within communities.

KEMSA also occasionally has insufficient supplies of medications, causing delays in restocking and again compromising healthcare facilities' capacity to provide care and treatment.

Equally, if Counties fail to pay KEMSA on time, a continuous cycle of delayed payments follows, and Counties receive fewer medicines than they ordered. This not only exacerbates existing shortages but also impedes the overall effectiveness of healthcare delivery.

Building capacity among healthcare professionals

Several critical issues around human resources for health hinder the effective delivery of healthcare services. One major challenge is the widespread shortage of health workers including doctors, nurses and specialists. This significantly impacts healthcare provision,

particularly in rural and under-served areas. Along with workforce shortages, the unequal distribution of health personnel between high-volume facilities in urban centres and more rural settings often leaves more remote regions with limited access to quality care.

Retaining healthcare professionals is a major concern. Poor working conditions, low remuneration and lack of career development opportunities lead to high turnover rates. This weakens the system's capacity to provide continuous, reliable services. The lack of adequate training and capacity-building opportunities leaves many healthcare workers unprepared to adopt new technologies, lowering the overall quality of care. Burnout and excessive workloads due to staff shortages further exacerbate these issues, leading to diminished morale and productivity.

Another significant disruption has been the frequent strikes by healthcare workers, particularly doctors and nurses. The 2017 doctors' strike lasted for over 100 days, making it one of the longest in Kenya's history. Sparked by demands for better salaries, improved working conditions and the implementation of a 2013 Collective Bargaining Agreement, it severely affected public hospitals and left many patients without critical medical services. Similarly, the nurses' strike of 2020 lasted for months during the peak of the COVID-19 pandemic. This strike also highlighted issues around delayed salaries, a lack of adequate personal protective equipment and poor working conditions.

Brain drain is another issue, seeing qualified healthcare professionals (especially doctors) leave the country for better opportunities abroad. According to a report by the Kenya Medical Practitioners and Dentists Council in 2019, over 4,000 Kenyan doctors were working abroad.



In this section:

This section focuses on four stories that show how the Counties have addressed supply chain and health worker skills development. Each story is illustrated by a County-specific case study that shows the reality of the work in action:

- Using structured mentorship with health workers to enhance family planning services in Baringo County
- A holistic approach that transformed postpartum family planning services in Makueni County
- The role of partnerships, outreach and supply chain management in Mombasa County
- Strengthening healthcare capacity through structured mentorship and CHP training in Narok County

BARINGO COUNTY

Using structured mentorship with health workers to enhance family planning services

High Impact Practice: [Community Health Workers](#)

Key contacts: Elizabeth Kigen, Reproductive Health Coordinator

The structured mentorship initiative in Baringo County has proven vital in enhancing the skills and confidence of healthcare providers in family planning services. Through collaboration between the County Government and stakeholders, the initiative addresses key challenges in access and training, ensuring that nurses are equipped to meet the reproductive health needs of the population and paving the way for improved health outcomes in the region.

The context

Situated in the North Rift, Baringo County encompasses marginalised regions that face challenges around the uptake of family planning, caused by factors such as low levels of education and deeply entrenched cultural practices. Limited education restricts awareness about reproductive health options, while cultural norms are often resistant to modern contraceptive methods.

The County, in collaboration with the National Government, has made efforts to address challenges around human resources for health, but marginalised communities continue to suffer. The shortage of skilled healthcare providers remains a significant issue, with even fewer nurses trained to perform services such as IUCD insertion.

The promising practice

As part of a broader set of interventions, the County Government of Baringo partnered with the DESIP programme to introduce structured mentorship as a way to address the shortage of skilled healthcare workers. In 2021, 24 nurses were trained in IUCD insertion this way, before being posted to hard-to-reach areas.

This initiative pairs a trained nurse who already has more than ten years of experience in IUCD insertion with five mentee nurses for ten sessions. Each session begins with the mentee accompanying the mentor to a practical class in the hospital, where the mentor demonstrates IUCD insertion using a dummy model for up to 30 minutes. After this, the mentee is given the opportunity to practice the technique.

Following this initial training, the mentee joins the mentor in the operating room as an apprentice, observing them perform the IUCD insertion.

As the mentee gains confidence, they accompany the lead nurse to outreach sites, which are typically organised by Community Health Promoters (CHPs) and publicised through campaigns including roadshows and radio announcements. These outreach activities take place in camps for the hard-to-reach areas.

After completing the ten sessions, the mentee is allowed to perform IUCD insertions under the supervision of the lead nurse. Once they demonstrate sufficient skill and confidence, they proceed to perform the procedure independently.

The results

In 2021, the structured mentorship project trained 24 nurses in IUCD insertion. For the nurses themselves, this training represents a new skill that enhances their competencies and confidence in providing family planning services.

Looking more widely, the training represents enhanced outreach and increased access to contraceptive services in both urban and rural areas. The newly trained nurses were posted to hard-to-reach areas such as Tiaty, enhancing access to family planning for marginalised communities and better addressing their specific reproductive health needs.

Forty-eight CHPs also received training as part of the initiative, improving their ability to engage with the community on family planning issues and fostering a more supportive environment for reproductive health. More broadly, the initiative has raised awareness among healthcare providers about the importance of family planning, leading to more informed discussions with patients and community members.

The background: How the partnership was initiated

The structured mentorship initiative was implemented in partnership with the County Government. After extensive engagement, it was agreed that DESIP would support the County to conduct outreach campaigns by supplying contraceptives and by facilitating nurses to attend hard-to-reach locations. It also provides IUCD insertion equipment, and trains CHPs in family planning and in soft skills that encourage individuals to embrace family planning without triggering cultural sensitivities or breaching confidentiality.

The County, through its Department of Health, is responsible for identifying lead nurses and for coordinating the promotion of outreach activities. The outreach activities are clearly outlined in the work plan of the reproductive health department, including details of the timings and location.

The key learning:

Recognise achievements through a certification process. This not only motivates individuals to complete the training but also enhances their professional credibility.

Flexible training increases participation and learning. Accommodating the availability of both mentors and mentees, including flexible learning hours, proved essential for maximising participation and ensuring effective learning.

Collaboration between County Governments and other stakeholders is crucial. Working together ensures family planning initiatives are effectively implemented and adequately resourced to meet reproductive health needs.

MAKUENI COUNTY

A holistic approach that transformed postpartum family planning services

High Impact Practice: [Supply Chain Management](#) and [Immediate Postpartum Family Planning](#)

Key contacts: Christine Muindi, County Reproductive Health Coordinator

Makueni County's approach to enhancing delivery of postpartum family planning services has been transformative, combining whole-site orientation, structured mentorship and the establishment of the Commodity Status Assessments and Monitoring Technical Working Group. Together, these initiatives have not only improved the capacity and skills of healthcare providers, but also fostered a collaborative environment that emphasises the importance of interdepartmental teamwork.

The context

Makueni County encounters several challenges that limit the uptake of postpartum family planning, including myths and misconceptions, and a shortage of skilled professionals due to brain drain. Its biggest challenge, however, is inadequate understanding and use of the Logistics Management Information System. This digital tool is used to track, manage and forecast the inventory of health products and supplies needed within healthcare facilities. Inadequate use of the system has led to inefficient inventory management, stockouts and inconsistent availability of contraceptives.

The promising practices

To tackle these challenges and to strengthen postpartum family planning efforts, the County has launched a series of initiatives including whole-site orientation, structured mentorship and the establishment of a Commodity Status Assessments and Monitoring Technical Working Group.

Whole-site orientation involves training representatives from all departments in a specific health issue. In this way, it encourages a coordinated, multifaceted approach to addressing the issue and to sensitising the community.

Makueni County's Department of Reproductive Health has trained departments including maternal and child health, outpatient, inpatient, gynaecology, prevention of mother-to-child transmission and the Health Products and Technologies Unit, on how to effectively integrate family planning into their services.

The training sessions are scheduled quarterly in the Department of Health work plan. Classes of 15 to 20 officials from each health facility attend six, weekly one-hour sessions. The sessions are held in the boardroom with breakfast provided.

The County has also formed a Commodity Status Assessment and Monitoring Technical Working Group, made up of officers appointed from units including nutrition, health products and technologies, reproductive health, the laboratory, the County pharmacist, and HIV and tuberculosis coordination. This working group oversees the management and availability of health commodities, ensuring efficient monitoring and timely interventions. It reviews reports submitted by the County pharmacist and proposes strategies to address gaps in the supply and the management of commodities.

The County is using a structured mentorship approach to tackle the issue of brain drain. Nurses with five years' experience in family planning procedures such as IUCD insertion are

paired with mentee nurses to train them in these techniques.

The structured mentorship training schedule is flexible to suit availability of the mentor and mentee nurses, and typically consists of 10 sessions. Mentee nurses request enrolment by emailing the Department of Health and are then paired with an experienced mentor nurse. Each mentor works with up to five mentees. The County has identified 18 mentor nurses across all Sub-Counties, so mentees do not have to travel far for their meetings.

The first session focuses on theory, with the mentor nurse educating the mentees about family planning and the methods available. This is followed by practical training, demonstrating how to insert an IUCD on a dummy model. Once the mentees master the skill on the dummy, they advance to observing the mentor perform the technique with patients. This phase lasts as long as necessary for the mentees to fully understand the procedure. Once they gain the confidence to perform the insertion themselves, they do so under the mentor's supervision.

If the mentees successfully complete the procedure, they are scored and proposed for certification. If they aren't successful, they are encouraged to continue learning until they master the technique.

The results

The whole-site orientation initiative has ensured that all departments within the County's healthcare facilities are actively involved in addressing family planning. This holistic approach has fostered a culture of teamwork and collaboration, where every department understands its role in promoting services.

The Commodity Status Assessments and Monitoring Technical Working Group has played a critical role in tracking the progress of health initiatives, analysing data and evaluating outcomes. This continuous monitoring has ensured that programmes are on track to meet their objectives.

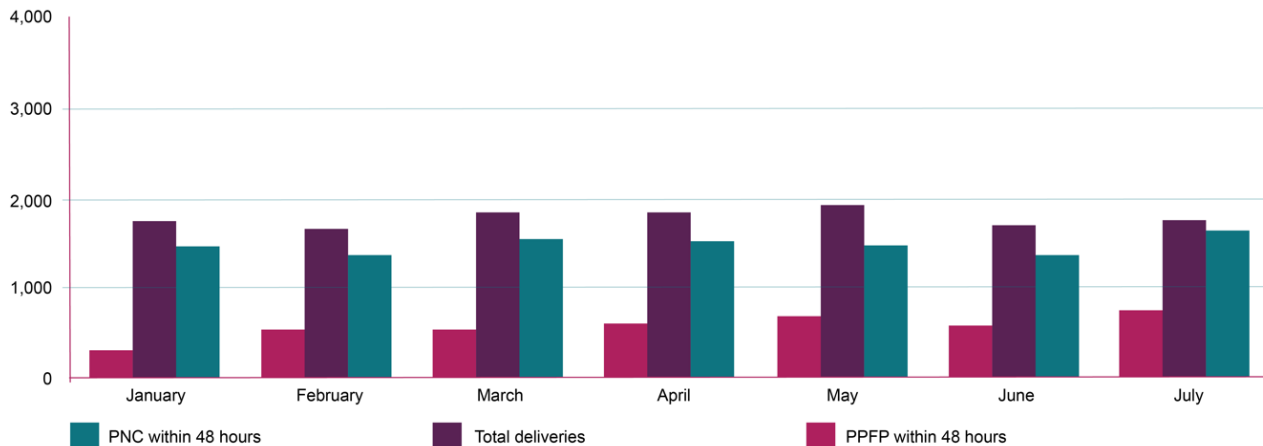
Since the structured mentorship initiative began in 2023, the County has trained 52 nurses in IUCD insertion, equipping them with valuable skills and reducing the number of patients referred to high-volume facilities. These 52 nurses remain at their original postings rather than being transferred to different facilities. With more trained nurses available in these facilities, community members now have greater access to family planning services, particularly IUCD insertion, within their local health centres.

The sustainability of the structured mentorship programme has been outlined in the Makueni County Reproductive Health and Family Planning Act of 2019, which also supports the allocation of 1.5% of the health budget to reproductive health initiatives.

The graph below shows the number of clients who prefer postpartum family planning within 48 hours. The data reflects clients across all County facilities between January and July 2024.

PPFP WITHIN 48 HRS UPTAKE

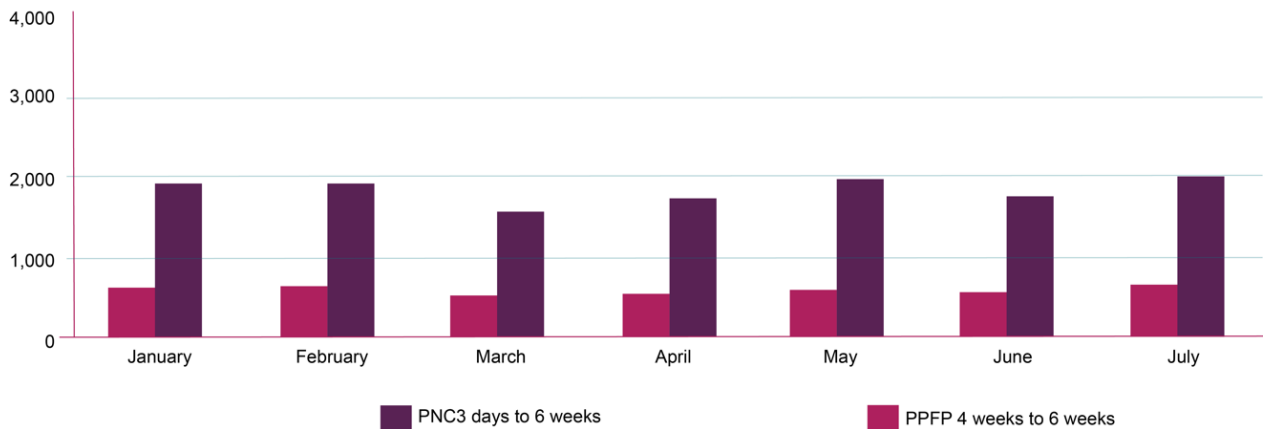
PPFP WITHIN 48 HRS UPTAKE JAN-JULY 2024 MAKUENI COUNTY



The graph below shows four to six months uptake of postpartum family planning for the same period.

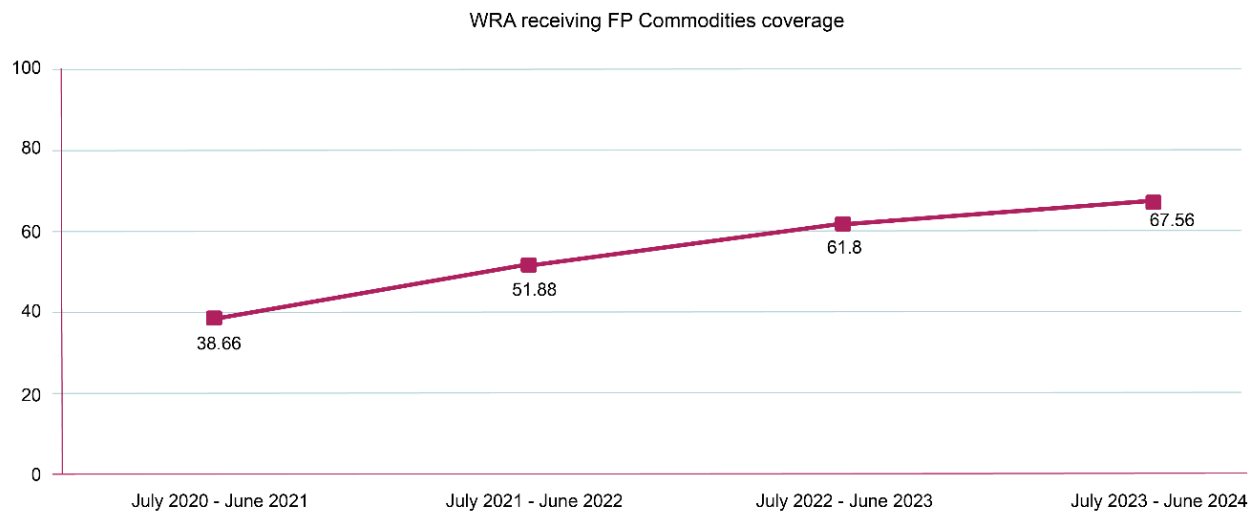
PPFP 4 WEEKS - 6 WEEKS

PPFP WITHIN 48 HRS UPTAKE JAN-JULY 2024 MAKUENI COUNTY



Taken together, the initiatives in Makueni County have seen an increase in family planning uptake as indicated by this graph.

FP COVERAGE (KHIS)



The key learning:

Engage all departments within a healthcare facility. A collaborative approach ensures every department understands its role, fostering a culture of teamwork and enhancing the delivery of health services and patient care.

Offering flexible training schedules. This allows for better participation and accommodates the diverse availability of healthcare providers.

Mentorship models empower experienced nurses. The more obvious benefit is to the mentee nurses, who gain new skills, but the benefits for the mentors are strong, too. Sharing their knowledge and expertise in a reciprocal learning environment contributes to professional growth and job satisfaction.

Coordination helps optimise the use of the resources available. The Commodity Status Assessment and Monitoring Technical Working Group has helped to make best use of the health commodities and staff available. In this way, efficient management reduces waste and ensures that essential supplies are available consistently.

MOMBASA COUNTY

The role of partnerships, outreach and supply chain management

High Impact Practice: [Supply Chain Management](#)

Key contacts: Mwanakharama Mohamud, Reproductive Health Coordinator

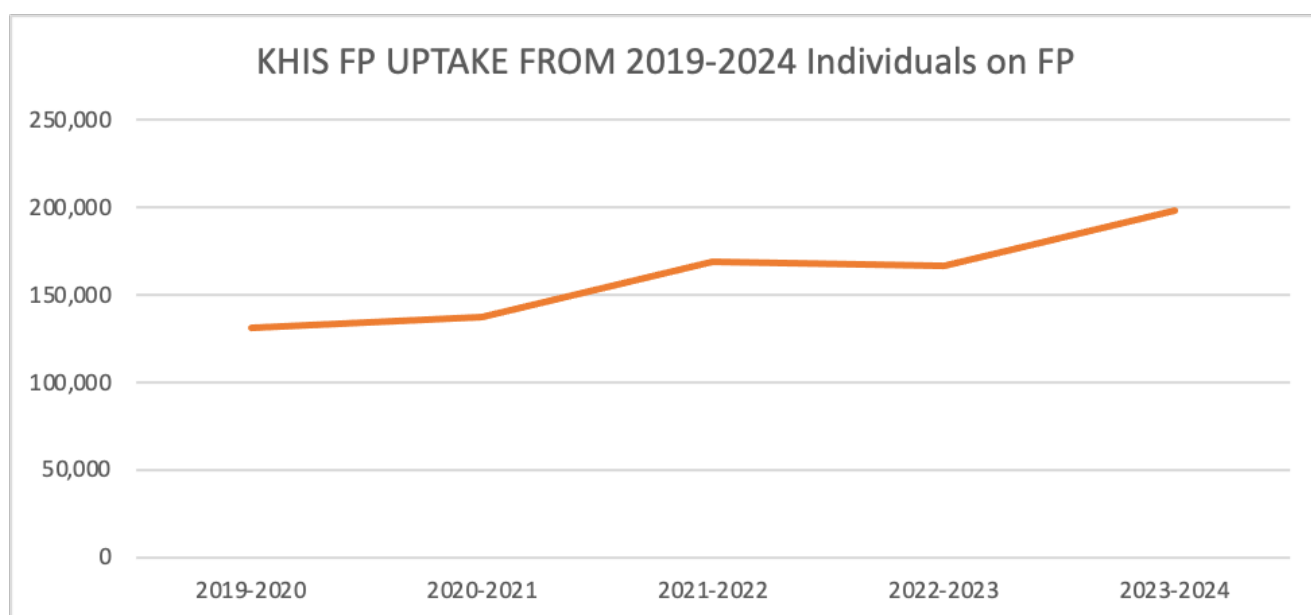
The progress made in Mombasa County’s family planning services highlights the value of strategic collaboration between the County Government, healthcare workers and reproductive health partners. By prioritising outreach campaigns, inclusive healthcare and continuous capacity building, the County has seen a significant increase in the uptake of family planning.

The context

Located in south-eastern Kenya on the coastline of the Indian Ocean, Mombasa County has, like many Counties, faced challenges related to shortages in the supply of commodities.

This has affected sectors differently, with certain medications being prioritised over others based on perceived importance. The shortage of family planning medications, in particular, has had a negative impact.

According to the Kenya Health Information System, there was a noticeable decline in family planning uptake between FY 2021-2022 and FY 2022-2023, with the number of individuals using family planning methods dropping from 168,750 to 166,547. This decline attracted the attention of partners such as DESIP.



The promising practices

Strategic collaboration between DESIP and the County Government led to a range of steps being taken. Through a combination of DESIP-provided contraceptives and timely ordering of supplies from KEMSA, commodity supply became more reliable.

DESIP trained nurses in the national family planning guidelines and trained County and Sub-County health management teams in data verification, monitoring and evaluation, to enable better reporting and information sharing.

They also trained 25 nurses at Jomvu Model Health Centre on how to create a welcoming environment for and engage with people with disabilities so they can access services without experiencing discrimination. The programme supplied the facility with flyers and other disability-friendly family planning materials, including booklets in large-print and tactile formats.

The County Government of Mombasa organised monthly outreach campaigns as part of the Department of Health's work plan, covering all Sub-Counties and promoted through radio and roadshow campaigns. The Sub-Counties were notified in advance of the scheduled activities and partners in the reproductive health sector were mobilised to ensure an adequate supply of medications could be distributed at the events.

The results

Family planning uptake significantly increased between FY 2022-2023 and FY 2023-2024, with the number of individuals using family planning methods rising from 166,547 to 198,257.

Healthcare services for people with disabilities were also enhanced, as nurses had received training that helped them to better interact with this group of patients.

Outreach campaigns led to better community awareness around family planning, and collaboration between the County Government and reproductive health partners built a stronger partnership that ensures consistent medication supply during outreach events.

The background: How the partnership was initiated

In response to the County's drop in family planning uptake outlined above, the DESIP programme formally reached out to the Department of Health. After extensive engagement, responsibilities were agreed.

DESIP agreed to:

1. Deliver contraceptives including pills, IUCDs, implants and condoms, especially during shortages.
2. Provide 120 IUCD insertion and removal devices to be distributed to all sub-Counties.
3. Support the training of nurses in national family planning guidelines.
4. Conduct outreach activities to promote family planning.
5. Train County and Sub-County health management teams in data verification, including monitoring and evaluation.

The County Government agreed to:

1. Ensure timely ordering of supplies from KEMSA to supplement the limited commodities provided by DESIP.
2. Raise awareness of outreach activities using radio and roadshow campaigns.
3. Continuously share data on family planning uptake across the Sub-Counties.
4. Nominate nurses and County and Sub-County health management team officers for training.

The key learning:

Ensure timely ordering and delivery of contraceptives and other essentials. This is critical for sustaining outreach efforts and for meeting community needs.

Build strong partnerships. Effective collaboration between County Government healthcare providers and reproductive health organisations significantly improves service delivery and resource availability.

Train healthcare workers to accommodate and interact with people with disabilities. This fosters a more inclusive environment and ensures equitable access to services.

Invest in the continuous education of healthcare providers. This ensures they are well-equipped to deliver quality family planning services and adhere to national guidelines.

NAROK COUNTY

Strengthening healthcare capacity through structured mentorship and CHP training

High Impact Practice: [Community Health Workers](#)

Key contacts: Estereen Nene, Narok County Reproductive Health Coordinator

The structured mentorship initiative and CHP training in Narok County has greatly enhanced the delivery of family planning services. By collaborating with DESIP, the County has demonstrated the value of joint efforts in driving meaningful change and supporting community needs.

The context

Like many Counties in the country, southwestern Kenya's Narok County has faced challenges around human resources for health which have impacted the delivery and uptake of family planning services.

Recognising this, the DESIP programme engaged with the County to explore collaborative opportunities which could enhance family planning uptake. This collaboration encompassed various initiatives, including training CHPs in family planning and implementing a structured mentorship programme.

The promising practices

A training programme took place to facilitate the transition of CHPs into community-based distributors. This training equipped them with contraceptive pills and provided comprehensive instruction on proper usage, dosage guidelines and contraindications. Sixty CHPs were trained to become community-based distributors through this initiative.

The County Government also implemented a structured mentoring initiative, identifying nurses with over five years of experience in inserting IUCDs to mentor other nurses from different facilities over a series of ten sessions. The timing of training sessions for both the mentor and mentee is left to their discretion, allowing for maximum flexibility. While nurses are made aware of the importance of this qualification, they have the option to choose whether to participate or whether they prefer to prioritise other professional development opportunities.

At the first session, mentees engaged in an hour-long theoretical lesson followed by practical training using a mannequin model. For the remaining sessions, the mentees accompanied the mentor nurse in a hospital setting, observing and learning as the mentor performed the procedure on clients. Once a mentee had the necessary understanding and confidence, they went on to perform the procedure under supervision, and then independently. The mentees also accompanied their mentors during outreach activities scheduled in the County Department of Health's work plan, further enhancing their learning and practice. Once the mentor nurse is satisfied with the mentee's performance, they inform the County, who initiates the certification process.

The results

Sixty CHPs were successfully trained in family planning, enhancing the capacity of local healthcare providers in family planning. This expansion of knowledge equipped them to effectively distribute contraceptives and counsel community members, meaning family planning now has a wider reach.

The structured mentorship initiative significantly improved the technical skills of participating nurses in IUCD insertion, with mentees demonstrating increased proficiency in performing the procedure, resulting in a greater number of qualified providers available in the County. Thirty nurses were trained in IUCD insertion through the initiative, and they were then posted to high-volume facilities such as Narok County Referral Hospital.

The nurses who successfully completed their training received certificates formalising their qualifications and enhancing their professional credibility. This recognition not only validates their skills but also motivates further professional development within the healthcare workforce, ultimately contributing to improved service delivery in family planning.

The background: How the partnership was initiated

Following a meeting between the governor, the Department of Health and project leads from PS Kenya and Options, a partnership was established with the following responsibilities.

DESIP agreed to:

1. Train 60 CHPs, with ten representatives from each Sub-County, on family planning.
2. Support outreach activities by supplying bulk contraceptives for distribution during events.
3. Provide 60 IUCD insertion equipment kits for use during the structured mentorship and on clients.

The County Government agreed to:

1. Mobilise community members through roadshows and radio announcements to encourage attendance at outreach events.
2. Prepare and budget for the certifications of mentees who complete the structured mentorship.
3. Assign nurses who complete the structured mentorship training to facilities that have few qualified nurses capable of performing IUCD insertions.

Although the County currently still relies on the national policy on family planning, it is also planning to develop its own legal framework.

The key learning:

Structured mentorship is effective at developing skills. This strategic approach allows experienced nurses to share knowledge and practical techniques with less experienced colleagues.

Actively involve the community in outreach efforts. Tailored communication strategies such as roadshows and radio announcements, were particularly effective in reaching diverse populations. Involving the community in outreach efforts was shown to significantly increase awareness and acceptance of family planning services.

Allow mentors and mentees to determine their own training schedules. This fosters a more conducive learning environment.

Provide formal certification. Awarding certificates to trained nurses not only elevates their professional credentials but also motivates them to continuously enhance their skills and knowledge. This, in turn, strengthens the overall quality of care provided in the community.

DEMAND CREATION



DEMAND CREATION

According to the 2022 Kenya Demographic and Health Survey, family planning uptake in Kenya stands at 57%. While many Counties have surpassed the 50% threshold, some continue to face challenges in promoting family planning due to factors such as religion, cultural practices and prevailing myths and misconceptions. The DESIP programme has included various initiatives that seek to engage with and educate key stakeholders, leading to shifts in attitudes and an increase in family planning uptake.

Addressing myths and misconceptions

Myths and misconceptions on social and economic issues can prevent people from accepting new ideas, even when they could be beneficial. This is particularly true in the health sector, where myths create barriers to effective care and undermine public health efforts.

Beliefs that medical treatments such as vaccines or family planning cause harm or infertility, or that traditional remedies are more effective, can lead to reluctance when it comes to seeking appropriate healthcare. Delays to treatment can lead to more severe health conditions that become harder and more expensive to manage.

Beliefs that contraceptives cause infertility and lead to illness emerged during the early introduction of family planning and are still regarded as truth in some communities. In addition, large families with many children are still seen as prestigious or a sign of wealth in certain parts of Africa.

Challenging gender inequalities

One of the most persistent challenges in promoting family planning uptake is the expectation that women must seek their husband's consent before accessing these services. This highlights deeper issues related to gender equality, cultural norms and reproductive autonomy.

Conversely, deeply entrenched gender inequalities can also restrict men's involvement in family planning, particularly in societies where caregiving is solely viewed as a woman's responsibility. This can place the full burden of reproductive decisions on women, forcing them to endure continuous cycles of pregnancy and breastfeeding without sufficient recovery time. This negatively impacts both their health and the health of their children.

In this section:

This section focuses on five stories that demonstrate how the Counties have worked to create demand for family planning services by addressing myths and encouraging behaviour change. Each story is illustrated by a County-specific case study that shows the reality of the work in action:

- The MenCare approach to increasing male involvement in family planning in Elgeyo Marakwet County
- Using community outreach and engagement to promote family planning uptake in Isiolo County
- A culturally sensitive, community-driven approach to improving family planning uptake in Kilifi County
- Engaging CHPs and local religious leaders to increase acceptance of family planning in Marsabit County
- The role of community-based distributors in promoting family planning in remote areas in West Pokot County

ELGEYO MARAKWET COUNTY

The MenCare approach to increasing male involvement in family planning

High Impact Practice: [Community Group Engagement](#) (in particular, [Engaging Men and Boys in Family Planning](#))

Key contacts: Bartholomew Chemwolo, Reproductive Health Coordinator

The MenCare initiatives implemented in Elgeyo Marakwet County have led to significant increases in male involvement in family planning and reproductive health. A collaborative, comprehensive approach between the County Government of Elgeyo Marakwet, World Vision and DESIP has effectively addressed barriers to accessing family planning services. Combined with community sensitisation, training programmes for men and for health workers have increased awareness and encouraged greater use of reproductive health services. This has fostered shared responsibility in family planning, and a notable rise in uptake.

The context

Situated in the North Rift region, Elgeyo Marakwet County, has faced challenges relating to low male participation in reproductive health decisions and efforts to promote gender equality. This is largely due to cultural beliefs and prevailing notions of masculinity. In most hospitals, women were alone in seeking family planning services, often unaccompanied by their male partners.

Recognising the cultural factors that shape these behaviours, the County submitted a proposal to World Vision Canada underscoring the need for initiatives aimed at promoting social behaviour change and increasing male involvement in reproductive and maternal health. Around the same time, the DESIP programme identified the County as eligible for support due to its focus on male participation in reproductive health matters.

Building on the support from both partners and aligning their efforts, the County Government of Elgeyo Marakwet has significantly improved male involvement in family planning.

The promising practices

Through a collaboration with World Vision, and drawing on learning from that organisation's work elsewhere in the world, the County adopted a comprehensive approach to enhance male participation in reproductive health. This was underpinned by a guide known as the MenCare Manual.

The MenCare Manual covers essential topics such as father-daughter relationships, pregnancy and childbirth, and other key issues like violence and substance abuse, providing men with the skills to foster safer family environments. It also emphasises couple sensitisation, focusing on the importance of joint decision-making within households and discussions on sexual and reproductive health rights, particularly in family planning. This aims to foster healthier and more informed family dynamics.

The training commenced in 2019, with the first cohort of 30 men participating in a five-day programme, with each day focussing on a different topic. Over the following four years, the MenCare programme trained more than 800 men.

In addition to this activity, DESIP collaborated with CHPs to enhance access to family planning products through outreach initiatives. This included bringing family planning services to local communities via tent camps or nearby health facilities.

The results

Over the four years of implementation, the MenCare programme has trained more than 800 men, with over 300 graduates accompanying their spouses to clinics or considering postpartum family planning methods.

DESIP's collaboration with CHPs has improved the distribution of family planning products, making them more accessible to local communities and strengthening healthcare services.

The community outreach initiatives, which included tent camps and mobile health services, successfully brought family planning services directly to local communities. Community sensitisation efforts resulted in greater awareness of reproductive health issues among men, leading to informed choices regarding family planning.

Overall, the partnership has increased the uptake of family planning from 55.2% in 2014 to 74.3% in 2022, according to the Kenya Demographic and Health Survey.

The background: How the partnership was initiated

Following the 2019 proposal submitted by Elgeyo Marakwet County to World Vision Canada, the organisations agreed to partner in researching male involvement in reproductive and maternal health. World Vision had already conducted similar research in Asian countries including Bangladesh, where comparable challenges were identified. This shared understanding led to the development of the MenCare manual.

In its work with Elgeyo Marakwet County, World Vision's activities and responsibilities were to:

1. Review the proposal submitted by the County Government of Elgeyo Marakwet.
2. Carry out a field visit to the County and undertake a three-month study on male involvement in maternal and reproductive health.
3. Incorporate the research findings to develop customised solutions in a tailored training manual.
4. Equip health department officers with the skills necessary to effectively deliver the manual's training.
5. Facilitate conferencing and tea during the training sessions.

The County Government agreed to:

1. Engage men of reproductive age to participate in weekly training by raising awareness during meetings and sending bulk SMS messages to residents inviting them to join the physical classes in select conference facilities.
2. Cover the expenses associated with the bulk SMS messages.
3. Select officers from the health department to internally receive training from World Vision on the training manual.

The training commenced in 2019. Around this time, DESIP wrote to the governor seeking collaboration to improve family planning uptake in the County. The proposal was accepted and a memorandum of understanding was signed. Attendees at the meeting included the governor, staff from the Department of Health and DESIP leads, including representatives from Options and PS Kenya.

DESIP agreed to:

1. Sensitise the community about family planning by training 40 CHPs, 10 from each Sub-County.
2. Provide CHPs with short-term family planning products, such as contraceptive pills and promoting the scheduling of clients for IUCD insertions on designated days at close County hospitals.
3. Offer logistical support for outreach initiatives, including facilitating the Department of Health with fuel.

The County aligned the activities of MenCare with those of DESIP by incorporating practical demonstrations of various contraceptive methods during the family planning sessions in the training. DESIP also supported the County in conducting two outreach initiatives in a month for three years, covering all Sub-Counties.

The key learning:

Actively involve men in family planning and reproductive health discussions. This is crucial for promoting equitable responsibilities within households and improving overall health outcomes.

Collaboration works. Joint working between Counties, NGOs and health organisations can lead to more effective resource allocation and broader outreach, improving service delivery.

Make family planning available at accessible locations. Ensuring that family planning products and services are available at locations such as outreach campaigns significantly improves their rates of use.

Understand and address cultural factors. Shifting beliefs that influence health behaviours is critical to developing effective interventions and promoting behaviour change.

ISIOLO COUNTY

Using community outreach and engagement to promote family planning uptake

High Impact Practice: [Community Group Engagement](#)

Key contacts: Hussein Mohamed, Deputy Director of Health Financing, and Jacob Musili-Reverend, AIC Isiolo

The community outreach and engagement initiative in Isiolo County has made significant strides in addressing the challenges posed by myths and misconceptions. By leveraging the influence of local leaders and by integrating culturally sensitive approaches, it has successfully engaged the community in meaningful conversations about reproductive health.

The context

According to the 2022 Kenya Demographic and Health Survey, family planning uptake in Kenya stands at 57%. While many Counties have surpassed the 50% threshold, some continue to face challenges in promoting family planning due to factors such as religion, cultural practices and prevailing myths and misconceptions.

One such County is Isiolo County. The 2022 Kenya Demographic and Health Survey reported that family planning uptake in the County was only 7% in 2014. By 2022, this had risen to 29%, but concerns remain that uptake is below 30%. A key reason for this is the prevalence of myths and misconceptions, in particular the belief that contraceptives cause infertility and diseases.

The promising practice

In 2022, the County invited 63 religious leaders from all Sub-Counties to a one-day workshop. DESIP representatives trained them in the importance of incorporating family planning into their sermons and encouraged them to discuss the topic using platforms including seminars and on local radio stations.



A couple in Marsabit actively engage in family planning discussions.



Reverend Jacob Musili of AIC Isiolo talking about family planning on Radio Shahidi.

To advance the social behaviour change campaigns, the County's reproductive health department began addressing family planning during community dialogue days. The sessions discussed the myths and misconceptions surrounding family planning, exploring the origins of these myths and countering them with scientific evidence.

In 2023, the project trained 60 clinical officers and nurses, including representatives from all Sub-Counties, in reproductive health in accordance with national family planning standards. This training empowered these individuals to evaluate whether their facilities met the national standards.

Attendees also received training in soft skills such as techniques for engaging with individuals who hold fixed beliefs about family planning. This prepared them for fostering a supportive environment, emphasising the importance of addressing and dispelling these misconceptions before administering services. Ultimately, this approach encourages gradual social behaviour change within the community.

The results

By empowering religious leaders and health officers, the awareness campaign reached a broad audience, including discussions around the topic by religious leaders at seminars and on local radio. This has helped to foster gradual shifts in attitudes towards family planning, laying the foundations for sustained social behaviour change in the community.

Sixty clinical officers and nurses are now trained in the national family planning standards and can effectively assess the compliance of health facilities. The soft skills training they received means they are now able to engage more effectively with community members, especially in addressing family planning myths.

The background: How the partnership was initiated

Recognising the need to dispel myths surrounding family planning using social behaviour change campaigns, the DESIP programme wrote to the Isiolo County Government requesting a meeting to define the roles and responsibilities of each party.

This allowed for the County to:

- Mobilise religious leaders from all Sub-Counties for a workshop aimed at training them in ways to dispel myths and misconceptions about family planning.
- Assign the necessary health officers, including nurses and clinical officers from all Sub-Counties, to participate in specialised training in National Family Planning Guidelines.
- Provide sensitisation during community dialogue days scheduled for the health-related agenda.

DESIP committed to:

- Facilitate the coordination of religious leaders' sensitisation conferences.
- Facilitate the logistics of health officers to attend workshops.
- Reprint National Family Planning Guidelines booklets.

The key learning:

Addressing myths is crucial. Directly tackling misconceptions and myths about family planning through education and open dialogue is vital in changing attitudes. Providing accurate information helps to dispel fears and encourages informed decision-making.

Tailor strategies to align with cultural values and practices. Culturally sensitive approaches enhance the effectiveness of outreach efforts, while understanding the community's context allows for impactful communication and engagement.

Equip healthcare professionals with both technical knowledge and soft skills. Training in interpersonal communication fosters a supportive environment for patients, encouraging them to seek services. Service delivery improves when you combine technical training with soft skills.

KILIFI COUNTY

A culturally sensitive, community-driven approach to improving family planning uptake

High Impact Practice: [Community Group Engagement](#)

Key contacts: Jescar Deche, Head of Family Planning Services at the Department of Health, and Keneth Miriti, Reproductive Health Coordinator

The initiative in Kilifi County has demonstrated the effectiveness of a culturally sensitive, community-driven approach to improving family planning uptake. By engaging local leaders, involving men in reproductive health conversations and embedding activities within the County's work plan, Kilifi is addressing barriers to family planning and is building a sustainable model for reproductive health. These efforts enhance women's autonomy and foster community support for family planning, laying the groundwork for lasting improvements in public health.

The context

Located along Kenya's southeastern coast, Kilifi County faces several challenges around family planning uptake, but one of the most significant is the so-called *Mwenye Syndrome*. Coined locally, this term stems from the Swahili word *mwenyewe*, which means owner. The 'syndrome' reflects a cultural belief in which a married woman is viewed as the property of her husband or his family. This perception limits women's decision-making autonomy, particularly in reproductive health, as they often feel compelled to seek permission from their husbands or in-laws before visiting a clinic.

With their husbands having limited knowledge about modern family planning methods, decisions are frequently influenced by myths and misconceptions rather than science.

Recognising the importance of male involvement in family planning and the need to dispel myths through culturally sensitive initiatives, the DESIP programme partnered with Kilifi's Department of Health.

Promising practices

As *Mwenye Syndrome* was being reported by women at health facilities, DESIP initiated a series of workshops to train local religious leaders from all Sub-Counties. Aligned with the Department of Health's work plan, these workshops aimed to equip preachers with the knowledge they need to incorporate messages on child spacing and family planning advocacy into their sermons.

In 2021, the inaugural training took place in Kilifi Town, drawing participation from over 20 religious leaders. Recognising the initiative's impact, DESIP decided to incorporate it as a continuous activity.

In 2022, DESIP donated 160 kits for IUCD insertion and removal, which were distributed across County hospitals. It also trained eight County officers from the Health Products and Technologies Unit and the procurement team on the Logistics Management Information System, enabling better tracking, managing and forecasting of healthcare supplies.

To further address *Mwenye Syndrome*, community dialogue days were held in 2023 to raise awareness about the importance of granting women access to family planning services and to encourage men to be involved in these decisions.

The County has now embedded all DESIP activities into its annual work plan and allocated budget, ensuring these initiatives continue seamlessly and sustainably in the future.

The results

Outreach and community dialogue have effectively raised awareness and engagement, dispelling myths and helping communities better understand the benefits of family planning. The involvement of local religious leaders has strengthened this impact, making family planning messages more culturally acceptable.

The donation of IUCD kits and training for healthcare providers has expanded the County's capacity to offer family planning services, particularly enhancing access in underserved areas. With these tools in place, clinics are better equipped to meet the demand for contraceptive options.

The County's work to embed DESIP activities in its health work plan and budget will effectively ensure that these family planning initiatives continue beyond DESIP's timeline, creating a sustainable structure for future reproductive health efforts in the County.

The background: How the partnership was initiated

In 2019 DESIP, in collaboration with Kilifi County Department of Health, had identified a need to conduct outreach activities and create demand for family planning among women of reproductive age.

The key learning:

Encourage men to participate in family planning discussions and decision-making.

This effectively reduces stigma and supports women's autonomy, fostering a more supportive environment for reproductive health.

Equip healthcare providers and County officers with training and resources. Providing up-to-date training in LMIS and resources such as IUCD kits significantly improved service provision and resource management.

Ensure educational activities are ongoing. Continuous community dialogue and other activities are effective in addressing myths and misconceptions and enabling community members to make informed health choices.

Embed project activities within County work plans and budgets. This promotes sustainability, ensuring that family planning initiatives continue even after external project support ends.

MARSABIT COUNTY

Engaging CHPs and local religious leaders to increase acceptance of family planning

High Impact Practice: [Community Group Engagement](#)

Key contacts: Bokayo Areio, Director of Family Health for Marsabit County, and Alice Kholbokha, Assistant Director of Family Health for Marsabit County

The establishment of Marsabit County's outreach programmes and community engagement strategies has proven essential in improving access to family planning services in rural areas. By training CHPs and leveraging the influence of local leaders, the initiatives have successfully addressed cultural barriers and increased awareness, empowering more people to make informed reproductive health choices that lead to better health outcomes.

The context

Located in Northern Kenya, Marsabit County is the second largest County in the country. Its vast size has created challenges for the uptake of family planning. Home to diverse religious communities including Muslims and predominantly Catholic Christians, the region has faced religious opposition to family planning. The Catholic faith in particular views contraception as inherently wrong, believing that it is morally evil to prevent the creation of new human life, while the Muslim community tends to avoid family planning.

The region is inhabited by pastoral communities where patriarchy is deeply ingrained, with men holding supreme authority. This often leaves women marginalised, limiting their autonomy and decision-making power, particularly in matters related to reproductive health and family planning. Many women find it challenging to access essential services without male approval, and those who do attempt to access family planning independently are frequently stigmatised and labelled as promiscuous, facing social judgment and ostracism.

As a result, family planning uptake is low in Marsabit County. According to the Kenya Health Information System, the recorded rate of family planning uptake in 2022 was just 9%.

The promising practices

The Marsabit County Government has implemented various social behaviour change initiatives to address these challenges, such as engaging key religious leaders including imams, sheikhs and pastors.

The County initially organised occasional half-day workshops to provide religious leaders with a platform to discuss the importance of raising awareness about family planning within their communities. At these workshops, leaders were encouraged to incorporate messages on child spacing in their sermons, emphasising the health benefits for both mothers and children. The workshops primarily focused on Marsabit town.

In 2020, recognising the need to extend the initiative, the DESIP programme approached the County Government with plans to extend activity to all Sub-Counties, make sensitisation workshops more frequent and provide reproductive health training for nurses and CHPs.



To promote sensitisation around family planning uptake, they began by training 300 CHPs from all Sub-Counties in various family planning methods, focusing on administering non-surgical options such as pills and condoms. CHPs were also trained in how to provide comprehensive information to clients, empowering individuals to make informed decisions and choose the family planning method that best suits their needs. This training took place at a workshop organised in Marsabit and facilitated by DESIP.

In 2022, the programme ran a two-day training workshop on family planning for 30 local religious leaders from all Sub-Counties. The workshop addressed common myths and shared data on the region's low family planning uptake. Leaders were encouraged to incorporate these messages into their sermons to help raise awareness and support within their communities.

In 2023, DESIP trained pharmacists, Health Products and Technologies Unit and procurement officers on the integrated Logistics Management Information System, teaching them how to efficiently manage and track the supply chain for health products including family planning commodities. This gave them the skills they needed to ensure timely and accurate ordering, distribution and monitoring of supplies across the County.

The results

A total of 262 outreaches have been conducted across the region to enhance access to family planning services, with particular focus on remote and underserved areas. As a result, the Kenya Health Information System shows that uptake has risen gradually from 9% in 2022 to 9.4% in 2023. By mid-2024, uptake had risen again to 12%.

Training CHPs, religious leaders and County staff has led to more active community involvement and engagement. Religious leaders have helped to demystify family planning, and CHPs have provided essential guidance and feedback to the reproductive health department, fostering informed decision-making within communities.

Training staff on the integrated Logistics Management Information System has improved the efficiency and strength of family planning supply chains.

The background: How the partnership was initiated

In 2020, recognising the need to extend the existing family planning initiatives in Marsabit County, the DESIP programme partnered with the County Government.

Marsabit County Government agreed to:

1. Address human resources for health needs by ensuring that health facility staff are available for further training.
2. Strengthen the Health Products and Technologies Unit to ensure a reliable supply of family planning services.
3. Organise and plan sensitisation workshops through the County's reproductive health department.

DESIP agreed to:

1. Facilitate logistics, including transport, meals and conference arrangements, for workshops aimed at sensitising religious leaders.
2. Train CHPs from all Sub-Counties to administer family planning services.
3. Train pharmacists and procurement officers in the integrated Logistics Management Information System.
4. Facilitate two nurses to conduct outreach services to hard-to-reach areas such as North Horr, Korr and Sololo.

The key learning:

Involve CHPs and local religious leaders. Engaging these groups as advocates for family planning significantly enhances acceptance, as their influence helps bridge gaps in knowledge and address cultural barriers.

Tailor approaches to align with local cultural and religious beliefs. Understanding and respecting these beliefs is vital for successful family planning initiatives. Tailored approaches, combined with promotion around the benefits of family planning, enhances acceptance.

Integrate family planning training with broader health services. This ensures that family planning is part of a comprehensive approach to reproductive health, improving access and continuity of care.

Provide targeted support in hard-to-reach areas. This outreach activity was shown to significantly improve service accessibility.

WEST POKOT COUNTY

The role of community-based distributors in promoting family planning in remote areas

High Impact Practice: [Community Health Workers](#)

Key contacts: Consolata Siree, County Reproductive Health Coordinator, and Rodgers Maring, County Health Records Officer

The work in West Pokot County shows the significant impact community-based approaches can have in promoting family planning uptake in hard-to-reach areas. By leveraging the local knowledge and influence of community-based distributors and providing them with specialised training and resources, the County has been able to reach remote areas. The integration of culturally sensitive strategies and effective awareness campaigns has further enhanced the acceptance of family planning methods.

The context

West Pokot County is situated in the North Rift region. In 2014, the Kenya Demographic and Health Survey reported that family planning uptake in the County stood at 14.2%. This low uptake was attributed to several factors, including resistance to adopting new family planning methods, cultural beliefs and high levels of illiteracy.

The County has partnered with the DESIP to implement various initiatives.



Community-based distributor delivering family planning services to clients at home.

The promising practices

In 2020, the partnership, trained CHPs in various health topics to enhance overall health outcomes and in 2021, a select group of 20 CHPs received additional training specifically focused on family planning.

This intensive one-month programme covered topics such as the origins of family planning, County statistics, potential myths they might encounter and how to administer different methods including subcutaneous injections and pills. This transition from CHP to community-based distributor did not have any financial implications.

From this point on, the initiatives in West Pokot County emphasised the role of community-based distributors. Community-based distributors raise awareness by engaging groups at social gatherings and sharing their contact information, ensuring that anyone who needs services delivered directly to their home can do so conveniently. As well as distributing contraceptive pills and condoms at a household level, they also play a crucial role in sensitising the community and promoting changes in attitudes. In this way, the role enhances both the acceptance of family planning and the distribution of supplies throughout remote areas.

Understanding that men hold a significant role in decision-making in Pokot culture, the community-based distributors started out by sensitising them to the importance of family planning, as an entry point to families. In 2021, the community-based distributors began raising awareness among men about the significance of child spacing, emphasising the need to allow time for bonding between the mother and baby and to ensure the baby is well breastfed.

In 2022, with a rise in teenage pregnancies to 36% (from 29% in 2014), community-based distributors conducted awareness campaigns, going to villages to discuss the importance of abstinence for teenagers.

With the support from DESIP, the also partnership trained health workers alongside community-based distributor focal persons on the national family planning standards. This training facilitated a better understanding of the guidelines for handling cases that community-based distributors are unable to manage, making it easier for them to navigate the necessary protocols.

The results

According to the Kenya Demographic and Health Survey, family planning uptake in West Pokot County increased from 14.2 % in 2014 to 23% in 2022.

The initiatives in the County have improved access to and the availability of various contraceptive options for those in remote areas. They have also created increased awareness and understanding of family planning among community members, leading to more informed discussions and decisions regarding reproductive health. People can now choose family planning methods of their preference.

By collaborating with community-based distributors, who are familiar with the terrain, language, and common social challenges, the County has successfully promoted the acceptance of family planning across its Sub-Counties, including the more remote areas.

Training community-based distributors to administer certain family planning methods has also reduced overcrowding in the County's hospitals and improved the speed of service delivery in remote areas.

The background: How the partnership was initiated

The partnership between DESIP and the West Pokot County Government began in 2019. It started with initial inception meetings, during which both parties discussed the community-based distribution approach as a key way to enhance the uptake of family planning in West Pokot County.

The DESIP programme agreed to provide County health centres with IUCD insertion machines, autoclaves and other essential equipment, as well as providing training to support the transition from CHP to community-based distributor.

The key learning:

Provide specialised training to community-based distributors. Equipping these individuals and other health workers with the specialist skills and knowledge they need ensures they can administer family planning methods safely and effectively, expanding access to services in remote areas.

Shift some family planning services from health facilities to the community level. This reduces pressure on hospitals, decreases travel time for clients and improves service delivery in underserved areas.

Engage local distributors who understand the culture. Their knowledge of the culture, language and social dynamics of the community significantly improves the acceptance and uptake of family planning services.

SOCIAL INCLUSION



SOCIAL INCLUSION

Challenges around social inclusion can be a significant barrier to family planning uptake, even where demand exists.

In healthcare, social inclusion refers to the processes and practices that ensure all individuals, particularly those from marginalised or disadvantaged groups, have equal access to healthcare services along with the opportunity to participate in decision-making about their health. This includes making sure that services are physically accessible and affordable for everyone, regardless of their socio-economic status, location or disability.

Culturally competent care that respects and responds to the diverse cultural backgrounds of patients is also key. Initiatives may include offering language services and culturally appropriate health education.

Improving access for individuals with disabilities

Individuals with disabilities often face unique barriers in accessing family planning services. Key challenges include the lack of physically accessible healthcare facilities, along with inadequate training and awareness among healthcare providers in effectively communicating with people who are visually impaired or have difficulties hearing.

In addition, societal stigma and misconceptions about the reproductive rights of individuals with disabilities can lead to discrimination and inadequate support.

Reaching rural areas and pastoral communities

The uptake of family planning in marginalised areas is held back by a series of linked factors. Limited access to healthcare, exacerbated by long distances and poor transportation, restricts the availability of services. Low levels of education and information lead to widespread misconceptions about contraception which further hinder its use. Irregular supplies of contraceptives and a shortage of trained health workers in these areas create further obstacles.

Providing health services to pastoral communities with nomadic lifestyles present particular challenges. Many health programmes are designed with sedentary populations in mind, resulting in inadequate funding for mobile health services. These mobile units require ongoing financial support, yet often receive less attention than fixed-site health facilities, limiting the scope and quality of services available to pastoralists.

Cultural factors also complicate healthcare access in these communities. Traditional healing practices are often favoured over formal medical interventions, leading to reluctance to seek medical assistance. Some women, especially in rural areas prefer midwives for childbirth and often have limited access to family planning services during the postpartum period, and cultural norms around gender roles can also restrict women's access to healthcare services, especially family planning.

In this section:

This section focuses on three stories that show how Counties have implemented practical steps to enhance social inclusion. Each story is illustrated by County-specific case study that shows the reality of the work in action:

- Improving access to family planning for people with disabilities in Homa Bay County
- The role of cultural sensitivity in enhancing family planning uptake within the Maasai community in Kajiado County
- How the manyatta settlement model can help improve family planning access for pastoral communities in Samburu County

HOMA BAY COUNTY

Improving access to family planning for people with disabilities

High Impact Practice: [Social Norms](#) (in particular, [Facilitating the Inclusion of Persons with Disabilities in Family Planning Programming](#))

Key contacts: James Otiato, Homa Bay County Reproductive Health Coordinator, and Moly Ocha, County Medical Outreach Coordinator

The collaborative approach taken in Homa Bay County has significantly advanced social inclusion and access to family planning services for people with disabilities. Through targeted training, facility modifications and increased awareness, the initiatives have created a more equitable healthcare environment.

The context

According to the 2019 census, 4.3% of the population of Homa Bay County live with disabilities. The DESIP programme recognised the challenges these individuals faced in accessing family planning services and approached the County Government of Homa Bay to collaborate on developing a series of initiatives to address the issue.

The promising practices

The initiatives that took place in Homa Bay County combined practical modifications with a range of training and publicity activity.

The County Government modified hospitals to ensure they are physically accessible to people with disabilities. This work included adaptations such as modifying toilets, wheelchair ramps and bathrooms with adaptable fixtures.

DESIP also carried out a wide range of training to enhance social inclusion and improve access to family planning services for people with disabilities. They ran training workshops for representatives from the County and Sub-County health management teams, health officers and healthcare workers, in social inclusion. The training focused on rights, relevant laws and the consequences of neglecting clients based on disability or other factors.

Selected individuals from this training then went on to attend further training, including a two-month programme at a school for visually impaired individuals. A cohort of nurses were also identified for further training in long-term family planning methods and the emotional care of people with disabilities who access these services, and another group received sign language training.

Alongside the training, DESIP distributed publicity materials to raise awareness of the issue and emphasise the importance of providing a respectful service to people with disabilities. They also provided 600 information, education and communication booklets, 200 braille versions and sign language materials for distribution around County health facilities.

The County organised outreach programmes for people with disabilities, in line with the Department of Health's work plan, providing services including both long-term and short-term family planning methods.

The results

Several County hospitals were redesigned to accommodate people with disabilities, improving physical access to facilities and leading to more equitable healthcare.

Thirty county officials including members from the County and Sub-County health management teams, health officers and healthcare workers, successfully underwent

comprehensive training on social inclusion. The training focused on the rights of people with disabilities and the importance of non-discriminatory service provision, enhancing participants' capacity as healthcare workers.

Distributing disability-friendly publicity materials raised awareness about the need for respectful and inclusive healthcare for individuals with disabilities. The use of these materials across health facilities helped shift attitudes and encouraged a more inclusive approach to service delivery.

The County Government organised an expanded outreach programme focused on the needs of people with disabilities, providing both short-term and long-term family planning methods. DESIP supported these outreach efforts by supplying contraceptives, which significantly improved access to reproductive health services for people with disabilities in remote areas.

The background: How the partnership was initiated

In 2021, the DESIP programme approached and met with the County Government and agreed responsibilities.

DESIP agreed to:

1. Provide continuous training for 30 County officials, including representatives from the County and Sub-County health management teams, health officers and healthcare workers, in social inclusion.
2. Facilitate workshops for the social inclusion training of these 30 officers.
3. Distribute publicity materials to raise awareness on social inclusion, emphasising the importance of respectful service delivery to people with disabilities.
4. Supply contraceptives to County health facilities.
5. Provide 600 information, education and communication booklets for distribution.
6. Provide 200 braille materials for visually impaired individuals.
7. Offer continuous training to nurses, as recommended by the County, focusing on long-term family planning methods and the emotional care of people with disabilities who access these services.
8. Support the County in outreach activities for people with disabilities, including the provision of contraceptives.

The County Government agreed to:

1. Ensure hospitals are accessible for people with disabilities by modifying facilities such as toilets, wheelchair ramps and bathrooms with adaptable fixtures.
2. Facilitate further training for selected individuals from the 30 DESIP-trained officers, including a two-month programme at a school for visually impaired individuals, free of charge.
3. Ensure that sign language materials provided by DESIP are distributed to all County health facilities.
4. Organise outreach programmes for people with disabilities according to the Department of Health's work plan, providing services including both long-term and short-term family planning methods.

5. Identify a cohort of nurses for further training in long-term family planning methods, based on availability and willingness.

Key learning:

Modify health facilities to accommodate people with disabilities. Interventions such as adding wheelchair ramps and accessible bathrooms significantly improved access for people with disabilities to seek and receive care. Physical accessibility is a fundamental requirement for promoting inclusion in healthcare.

Collaborate between development partners and local governments. The partnership between DESIP and the Homa Bay County Government proved that this can be effective in driving sustainable improvements.

Distribute disability-friendly materials. Distributing materials including braille and sign language resources helped raise awareness about the importance of treating people with disabilities with dignity and respect.

Sensitise healthcare workers and the public to the issue. This helps to reduce the stigma and discrimination experienced by people with disabilities.

Tailor services to the specific needs of people with disabilities. The emotional care and long-term family planning training provided to healthcare workers demonstrated that services for individuals need to be tailored.

KAJIADO COUNTY

The role of cultural sensitivity in enhancing family planning uptake within the Maasai community

High Impact Practice: [Social Norms](#)

Key contacts: Julius Sazia, County Reproductive Health Coordinator

Kajiado County has demonstrated that culturally sensitive approaches, combined with community engagement, can effectively increase the uptake of family planning services. The partnership with DESIP has led to notable progress, such as the rise in IUCD insertions and strengthened outreach efforts through traditional birth attendants and CHPs.

The context

Kajiado County, which lies in southern Kenya bordering Tanzania, is home to 1,117,840 people, the majority belonging to the Maasai community.

While the County has seen improvements in healthcare infrastructure, the strong influence of traditional beliefs continues to pose challenges in the adoption of modern family planning methods.

The Maasai community is widely recognised for steadfast commitment to cultural traditions and practices. Although modern medicine has made significant strides in improving healthcare access and outcomes, some communities still opt for traditional healing methods which have been passed down through generations. This preference is often rooted in a deep sense of cultural identity and trust in time-honoured practices.

As a pastoralist society, the Maasai uphold practices such as polygamy, with multiple wives being seen as a sign of prosperity. Children are highly valued and considered a form of wealth, contributing to the community's preference for large families. This cultural emphasis on family size is closely tied to traditional values that influence many aspects of life, including health and family planning choices.

When it comes to maternal care, traditional birth attendants or companions are highly favoured for their long-standing role in assisting women through childbirth and offering postnatal support. These attendants, often seen as custodians of knowledge, hold a position of trust within the community due to their experience and understanding of the Maasai way of life. This reliance on traditional methods presents a significant barrier to the uptake of modern family planning services, as many see the use of contraception as conflicting with cultural values around fertility and family growth.

To improve the social inclusion of the Maasai community, culturally sensitive approaches to health education and service delivery would be required.

The promising practices

Along with the County, DESIP conducted awareness campaigns during market days, when large numbers of people from pastoral communities come together in a single location. Supplies of contraceptives including pills and IUCDs were made available through these sessions. Awareness campaigns were carried out on market days across all Sub-Counties to reach as many people as possible.

DESIP raised awareness by distributing publicity materials, including branded *lesos* (cloth wraps), which were given to women in exchange for their participation in awareness-creation activities and outreach events. These events provided information on family planning, with

the lesos offered as an incentive.

DESIP arranged meetings with men, held on hospital grounds as scheduled in the reproductive health department's work plan, to educate them on child spacing. Incentives including t-shirts were provided to encourage participation in these.

Existing traditional birth attendants were trained in the importance of encouraging clients to adopt family planning. This training took part in a hotel setting and focused on promoting child spacing to support complete breastfeeding and to prevent malnutrition. The content was delivered in a way that understands and respects the deep-rooted cultural practices observed by the Maasai, recognising that birth attendants are highly trusted within the community and can effectively bridge the gap between traditional and modern practices.

Additionally, DESIP expanded its efforts by providing a two-week training period for CHPs where they could learn about family planning and how to provide culturally appropriate services.

The results

Notable progress has been made. For example, Mashuru Sub-County Hospital recorded 34 IUCD insertions between January and August 2024, compared with a total of just three insertions in the whole of 2019. While these improvements are encouraging, continued efforts are needed to further increase the uptake of family planning services.

Outreach events and training workshops have significantly raised awareness about the importance of child spacing and family planning among community members.

Training provided to 30 traditional birth attendants and CHPs has equipped them with the knowledge and skills necessary to educate clients on family planning and child spacing, strengthening their capacity as health workers.

Mobilising traditional birth attendants and conducting awareness campaigns in markets have fostered greater community involvement and discussions around family planning, leading to increased acceptance of these practices.

The background: How the partnership was initiated

Recognising the challenges faced by Kajiado County, the DESIP programme met with the County Government and agreed responsibilities.

DESIP committed to:

1. Raise awareness by distributing publicity materials.
2. Conduct awareness campaigns across all Sub-Counties, according to the scheduled workplan.
3. Supply contraceptives including pills and IUCDs.
4. Organise meetings with men on hospital grounds as scheduled in the reproductive health department work plan to educate them on child spacing.
5. Facilitate the training of 40 existing traditional birth attendants to stress the importance of encouraging clients to adopt family planning.

The County committed to:

1. Facilitate outreach events and supplement the DESIP-donated contraceptives with additional supplies during outreach activities in the Sub-Counties.

2. Mobilise registered traditional birth attendants to attend training workshops led by DESIP.
3. Coordinate with the Department of Reproductive Health to schedule market days for awareness campaigns and advocacy on family planning.

The key learning:

Understand and respect cultural practices. Working alongside deep-rooted traditions such as those observed by the Maasai is essential for successful family planning interventions.

Tailor messages to align with community values. Examples such as training traditional birth attendants to advocate child spacing for health benefits have helped to increase acceptance.

Provide incentives. Branded incentives such as lesos and t-shirts proved effective in encouraging women and men to attend family planning outreach events and training sessions.

Engage traditional birth attendants. These individuals are highly trusted within the community and are instrumental in bridging the gap between traditional practices and modern family planning methods.

Involve men in family planning discussions. Men were engaged through dedicated meetings and incentives, enhancing their understanding of child spacing and contributing to increased support for family planning decisions within households.

Conduct awareness campaigns on market days. Aligning the timing and location of campaigns with large gatherings is an effective strategy for reaching more people and creating open dialogue about family planning.

SAMBURU COUNTY

How the manyatta settlement model can help improve family planning access for pastoral communities

High Impact Practice: [Community Group Engagement](#)

Key contacts: Dr Ezra Lekenit, Director of Health for Samburu County, and Dickson Lentimalei, Sub-County Health Promotion Officer

The initiatives to improve healthcare delivery among Samburu County's pastoral communities show the importance of adapting health interventions to fit local contexts. The manyatta settlement model, combined with targeted family planning and child spacing initiatives has significantly increased service accessibility and uptake.

The context

Samburu County in Northern Kenya is home mostly to Turkana and Samburu communities. These communities are renowned pastoralists, known for their migratory lifestyle. They often moved across Northern Kenya with their cattle, sometimes grazing as far as the Ethiopian border in search of water and pasture. Their migrations last anywhere from six months to a year before they return to specific grazing locations.

This nomadic lifestyle poses significant challenges in documenting health-related information and delivering essential services such as immunisation and family planning. Tracking these communities to their grazing areas for extended periods has proven impractical. However, in 2015, Samburu County Government officials from different departments had initiated door-to-door sensitisation campaigns targeting key influencers including village elders and chiefs.

The elders often stay in the manyattas (traditional cow dung houses) while others are out grazing. They were encouraged to promote the importance of families coming together and building manyattas close to each other, forming a village. They raised awareness during cultural events such as initiation ceremonies, stressing that times had changed and that settling in villages allowed children to attend school and access better opportunities for the future. Teenage boys were advised to continue caring for family animals and maintaining the pastoral way of life, while married people were encouraged to consider settling in the village manyattas.



A manyatta village

The promising practices

As the population became more settled, various partners approached the Samburu County Government seeking collaboration. Among them was the DESIP programme, who aimed to improve access to reproductive health services in the region. A series of initiatives were introduced to improve healthcare delivery among Samburu County's pastoral communities.

In 2019, the County, through the Department of Health began renovating non-operational health facilities that had closed due to low demand and the mobility of pastoral communities. The Lorrok-Onyekik facility was reopened, stocked with medicine and became a key centre for healthcare services.

County health staff from the Health Products and Technologies Unit were trained to use the Logistics Management Information System, which optimises the supply chain for contraceptives and ensures health facilities are always adequately stocked to reliably meet the demand for family planning.

In 2021, the Samburu County Government focused on CHPs as a key way to enhance the delivery of health services. Supported by the County Community Health Services Act 2021, it recruited over 800 CHPs and allocated a yearly budget of Ksh 50 million, which provided Ksh 5,000 per month for each CHP in addition to the Ksh 5,000 from the national government. This resulted in a total monthly take-home pay of Ksh 10,000 for CHPs.

To improve record-keeping, DESIP trained CHPs in documentation. This has enabled better tracking of family planning uptake and has facilitated the identification of trends and gaps in service delivery.

DESIP also enhanced community awareness by providing CHPs with the knowledge and teaching materials they need to effectively educate families and promote the use of contraceptives. It committed to integrating outreach services closer to the manyatta villages to reduce the distance and time needed to access essential reproductive health services.

This, in turn, means that more people could benefit from family planning options.



Sensitisation of local women in Samburu on Family Planning

The results

As of 2024, there are more settled pastoralists compared to previous years. This has led to improved service administration and has helped to tackle the challenges related to family planning uptake in the region. According to the Kenya Health Information System, uptake has risen from below 20% in 2014 to 43% by 2024, representing a significant increase. This improvement is largely attributed to community sensitisation, the manyatta settlement model and outreach programmes that brought family planning services directly to villages.

The establishment of manyatta villages and the reopening of health facilities such as Lorrok-Onyekik have made healthcare more accessible to previously underserved pastoral communities. With more operational facilities, residents no longer have to travel long distances to seek medical services.

The partnership with DESIP has enhanced the capacity of CHPs, enabling them to document data, administer family planning services and refer clients to health facilities. This in turn has strengthened community health systems. The stipends provided by both the County and National Governments have motivated CHPs to regularly visit the villages and ensure consistent healthcare delivery.

Sensitisation efforts have led to a cultural shift within pastoral communities and enhanced community awareness around family planning. Men have become more supportive of family planning services, understanding the importance of settled communities for the wellbeing of women and children. This awareness has fostered stronger community participation in health-related matters.

The background: How the partnership was initiated

In 2019, DESIP met with the Department of Health through the governor's office and agreed responsibilities.

DESIP agreed to support the County in:

1. Training CHPs in documentation to improve record-keeping, enabling better tracking of family planning uptake and the identification of trends and gaps in service delivery.
2. Raising community awareness through sensitisation and contraceptive distribution.
3. Building staff capacity in the Logistics Management Information System.
4. Conducting outreach services in manyatta villages.

The Samburu County Government would focus on enhancing service delivery in health through the CHPs and renovating non-operational health facilities that had closed due to the mobility of pastoral communities and low demand for services.

The key learning:

Engage community elders. Involving elders early in the process played a significant role in the success of the manyatta settlement model.

Tailor health initiatives to the unique lifestyle of pastoral communities. Adjustments such as encouraging settlements while allowing young men to continue herding helped strike a balance between cultural traditions and modern health needs. A culturally sensitive approach ensures that interventions are embraced by the community rather than resisted.

More settled communities lead to significant improvements in access to services. Encouraging families to settle in village manyattas significantly improved access to essential health services, including family planning. This model made it easier for CHPs to regularly visit families and provide consistent reproductive health education and services.

CLOSING REMARKS

Currently in its sixth year, the DESIP programme has achieved substantial progress, including a reduction in the national unmet need for family planning from 18% in 2014 to 13.9% in 2022. As the programme nears completion in March 2025, County Governments remain committed to sustaining and expanding upon these gains. Their dedication ensures that, even after the programme concludes, family planning services will continue to meet community needs effectively and inclusively.

As we close this edition of the Family Planning Compendium, we celebrate the tremendous strides made in improving family planning access and services across Kenya. The compendium not only reflects the unwavering commitment of County Governments and partners but also serves as a testament to the power of community-driven solutions in transforming lives. The stories and practices documented here highlight innovative approaches and resilience, offering valuable insights for furthering reproductive health, economic empowerment, and well-being across the nation.

Looking forward, our collective responsibility remains clear: to build on these successes, sustain progress, and adapt to emerging needs. We invite all stakeholders to use this compendium as a resource for inspiration, collaboration, and action toward a future where family planning services are accessible, inclusive, and effective for all. Together, we continue the journey toward a healthier, more empowered Kenya.

APPENDICES

APPENDIX 1

Overview of County partnership including engagement and project implementation

The process of initiating family planning partnerships between the DESIP programme and County Governments generally followed a structured approach, ensuring effective planning, coordination and sustainability. The process typically included several steps:

1. **Initial engagement and formal request:** The partnership process began with a formal outreach from DESIP to the County Government, often initiated by a letter or a courtesy visit to the County governor or relevant health department officials.
2. **Meetings and stakeholder consultations:** After initial contact, a meeting was arranged between DESIP representatives and key County stakeholders including the governor, County health department officials and others. These meetings aimed to outline the objectives of the proposed partnership, discuss existing challenges and explore potential areas for collaboration.
3. **Memorandum of Understanding (MoU):** Next, a MoU was signed between DESIP and the County Government to formalise the partnership. This outlined the roles, responsibilities and expectations of each party, ensuring clear agreements on the scope of activities, timelines and resource allocation.
4. **Planning and coordination:** With the MoU in place, detailed planning and coordination took place, aligning the County's existing health plans with DESIP's objectives and identifying areas for collaboration.
5. **Capacity building and outreach activities:** DESIP provided essential support for training healthcare workers, CHPs and community leaders. This training covered both technical skills (such as IUCD insertion and family planning guidelines) and soft skills (such as community engagement and cultural sensitivity).
6. **Implementation of outreach and awareness campaigns:** A critical aspect of the partnership involved the execution of outreach activities aimed at raising awareness and increasing the demand for family planning services.
7. **Monitoring, evaluation, and sustainability:** Throughout the partnership, there was a consistent focus on monitoring and evaluating the effectiveness of activities. This involved collecting data on family planning uptake, tracking the impact of outreach campaigns, and assessing the quality of services provided.

APPENDIX 2

Stories aligned to High Impact Practices

High Impact Practice	Story
Community Health Workers	Using structured mentorship with health workers to enhance family planning services in Baringo County
	Strengthening healthcare capacity through structured mentorship and CHP training in Narok County
	The role of community-based distributors in promoting family planning in remote areas in West Pokot County
Immediate Postpartum Family Planning	A holistic approach that transformed postpartum family planning services in Makueni County
Supply Chain Management	A holistic approach that transformed postpartum family planning services in Makueni County
	The role of partnerships, outreach and supply chain management in Mombasa County
Community Group Engagement	The MenCare approach to increasing male involvement in family planning in Elgeyo Marakwet County. <i>See also Engaging Men and Boys in Family Planning</i>)
	Using community outreach and engagement to promote family planning uptake in Isiolo County
	A culturally sensitive, community-driven approach to improving family planning uptake in Kilifi County
	Engaging CHPs and local religious leaders to increase acceptance of family planning in Marsabit County
Social Norms	How the manyatta settlement model can help improve family planning access for pastoral communities in Samburu County
	Improving access to family planning for people with disabilities in Homa Bay County. <i>See also Facilitating the Inclusion of Persons with Disabilities in Family Planning Programming</i>)
	The role of cultural sensitivity in enhancing family planning uptake within the Maasai community in Kajiado County

APPENDIX 3

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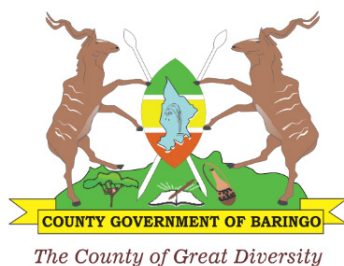
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APPENDIX 4

County Logos





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ISBN 978-9914-9707-2-2



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