

KUJIPANGA BULLETIN

Quarter 4: IMPROVING ACCESS TO FAMILY PLANNING SERVICES IN KENYA

Edition 19



DIRECTOR'S STATEMENT



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Welcome to Year 6, Quarter 3 of the Kujipanga Bulletin. This quarter saw DESIP programme in the 12 supported counties intensify the dissemination of DESIP learnings and conducted exit meetings at both facility and county levels. Overall, DESIP has been heralded for providing critical support to increase equity in awareness and access to quality family planning (FP) services through a health systems strengthening approach.

In partnership with FP 2030, DESIP continued advocating for funding to secure FP commodities, amid concerns about critically low commodity stocks at central stores. Advocacy sessions were held with PS Health, Harry Kimtai.

A key activity this quarter was the programme completion review visit in Marsabit and Isiolo counties. Two teams conducted in-depth reviews of the programme's work in these areas. The visits, held in collaboration with BHC, PS Kenya, Options Consultancy, UNFPA, and TPM, included courtesy calls to local officials and visits to public health facilities (including County Referral Hospitals and dispensaries), as well as private hospitals. Teams also engaged with religious and cultural leaders, as well as Community Health Promoters (CHPs) offering services in manyattas.

The National FP Structured On-the-Job Mentorship Guide for mentors was finalized and is awaiting sign off from the Head of Family Health. This tool will reduce Human Resource for Health (HRH) training costs by enabling on-the-job FP training, especially for Long-Acting Reversible Contraception (LARC). Additionally, Options Consultancy and UNFPA disseminated the draft Political Economic Analysis of the FP funding landscape, that discussed bottlenecks and proposed interventions to ensure continued FP commodity funding beyond development partner support.

Looking ahead, DESIP is preparing for the final dissemination conference, set for 30th January 2025 at Emara Ole Sereni Hotel, Nairobi. The conference will showcase the programme's implementation experiences, innovations, and best practices, and will bring together stakeholders from development and implementing partners, with high-ranking officials from the Ministry of Health in attendance.



Engaging Men in Family Planning Acceptance in Samburu: One Dialogue at a Time



Male Engagement at County Level

In the culturally tight-knit Samburu community awareness for and uptake of family planning (FP) often clashes with traditional norms.

Historically, men are the sole decision-makers in household matters, including family size and women's healthcare.

This gender dynamic has long influenced the uptake of family planning, creating significant barriers to women's access to reproductive health services.

To address the need for child spacing to meet desired family size while ensuring optimal maternal and child health outcomes. The DESIP Programme has shifted its focus from the traditional approach, which primarily targets women, to a more inclusive strategy that recognizes the role of men in family planning decisions. DESIP has worked to understand and dismantle the specific barriers women in Samburu face, including distance to healthcare facilities, poverty, and widespread myths about family planning. These myths, coupled with spousal disagreements about contraceptive use, sometimes escalate into gender-based violence (GBV) and contribute to the discontinuation of contraceptive methods.

One of the key strategies DESIP has employed is engaging Male Champion Community Health Promoters (CHPs) to lead discussions with both young men and elders in Manyattas (traditional settlements) and community unit meetings. These targeted dialogues aim to dispel myths about family planning and provide accurate information, emphasizing child spacing rather than limiting family size, addressing the side effects of various contraceptive methods, and highlighting the importance of couple counseling.

This approach has led to a positive shift in attitudes, reducing discontinuation rates and encouraging men to become more involved in their spouses' family planning decisions. There has been a noticeable increase in men accompanying their wives to FP clinics, and more women are openly adopting modern family planning methods.

As a result of these efforts, unmet need for family planning in Samburu has dropped significantly from 50% to 29% (KDHS 2022). However, DESIP continues to build on this progress by intensifying community-level dialogues and integrating family planning services with other interventions such as outreach clinics and community distribution of contraceptives. This holistic approach aims to further bridge the access gap, especially in the hard-to-reach areas of the county.

A Quiet Transformation in Baringo: Mentorship Transforms Family Planning

In the scenic hills and valleys of Baringo County, where myths once overshadowed facts and tradition hindered progress, a quiet yet powerful revolution is underway. The modern contraceptive prevalence rate (mCPR), which stood at just 33.1% in the 2014 Kenya Demographic and Health Survey (KDHS), has risen to a remarkable 48% by 2022 thanks to the tireless efforts of PS Kenya's DESIP programme and the steadfast dedication of healthcare workers like Norah Yator.

As a Reproductive Health Coordinator at Kabartonjo Sub County Hospital, Norah has become a symbol of change in her community. Reflecting on her journey, she shares, "In 2019, after completing the Family Planning Module 1 training, I was eager to turn this knowledge into meaningful change. DESIP gave me not only the tools I needed but also the platform to empower others."

Under Norah's mentorship, more than 30 healthcare providers across Baringo have gained expertise in providing Long-Acting Reversible Contraceptives (LARCs), contributing to a dramatic rise in IUCD insertions—from just 14 to 56 in selected facilities. These numbers, though impressive, represent more than just statistics. "Each increase represents a woman who can now plan her family, invest in her future, and break free from the cycle of frequent pregnancies," Norah emphasizes.

However, the path to progress has not been without obstacles. Deep-rooted cultural myths, inconsistent availability of contraceptives, and limited male involvement have posed significant challenges. Yet, through DESIP's structured mentorship approach, supportive supervision, and targeted community outreaches, these barriers have been turned into opportunities. The program has engaged male champions, dispelled myths, and ensured equitable access to family planning services—transforming what was once considered a taboo topic into a celebrated achievement.

The impact of DESIP extends far beyond Baringo County, with other regions, such as Narok, adopting the same approach, creating a ripple effect of change across the country. Aligned with Kenya's Vision 2030, DESIP is committed to ensuring that every woman, regardless of her location, has access to reproductive autonomy and family planning services.

While the statistics are compelling, true success lies in the personal stories of transformation. "Every family planning uptake is not just a number," Norah explains. "It's a mother who can space her children, a father who supports her decision, and a child who grows up with more opportunities."

Baringo's transformation demonstrates the power of mentorship, education, and community engagement in breaking down barriers and reshaping perceptions. But the journey is far from over. We invite you to support programs like DESIP, advocate for equitable access to family planning, and champion the right of women to make informed choices. Together, we can ensure that every woman, in every corner of Kenya, has the power to shape her own future—and, in doing so, help transform the nation.



Structured Mentorship in Baringo County

Breaking Barriers: Family Planning Empowerment Takes Root in Narok

In the serene but underserved villages of Narok County, where cultural traditions often clash with modern health practices, a bold movement is challenging long-held myths about family planning (FP). According to the 2022 Kenya Demographic and Health Survey (KDHS), the modern contraceptive prevalence rate (mCPR) in Narok stands at 51%, up from 38% (KDHS 2014). With targeted efforts by DESIP and dedicated healthcare workers, change has swept across these communities, giving women the confidence to embrace their reproductive health rights.

One such story comes from Olmekenyu Health Centre, where women like Esther (not her real name) once hesitated to adopt FP methods due to misinformation. A friend had warned her that FP could cause permanent infertility, a myth that shaped Esther's choices for years. But thanks to DESIP-led grassroots outreach, her perspective shifted. "The health worker explained everything so clearly. For the first time, I understood how family planning works and its benefits," she shares.

At the core of this transformation are Community Health Assistants (CHAs) and Community Health Promoters (CHPs), equipped with rigorous training under the Ministry of Health's curriculum. These health champions are bridging gaps between communities and healthcare systems.

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These outreach sessions have become more than just health initiatives—they are community events where women gather for education, solidarity, and shared experiences. Local leaders and influencers also lend their voices, reinforcing the message that FP is a tool for family well-being, not a cultural taboo.

Women who once shunned FP now champion its benefits. "After meeting other women who assured me their methods worked, I decided to try again," recounts Mary, a mother from Sankale Village. Her story reflects the growing confidence among women, bolstered by relatable success stories and empathetic health education.

For the CHAs and CHPs, this work is as rewarding as it is transformative. "We see the difference every day," says Sarah, a CHP. "Women come to us with doubts, but after our sessions, they leave empowered to make informed choices for their families."



Community FP Champions in Narok County

Call to Action: Build on This Momentum

Narok's transformation proves the power of community-driven health initiatives. Yet, there is more to do. The KDHS indicates that over 40% of married women in Narok still face an unmet need for FP services. By scaling up outreach efforts, increasing male involvement, and strengthening health systems, we can close this gap.

Tackling Family Planning Discontinuation with Counselling for Continuation (C4C)

According to KDHS 46% of women use modern contraceptives according to the 2022 Kenya Demographic and Health Survey (KDHS), the challenge of contraceptive discontinuation looms large. Nearly 1 in 4 women stop using their chosen method within the first year, often due to side effects, unmet expectations, or dissatisfaction. This issue not only impacts health outcomes but also contributes to unintended pregnancies and undermines trust in healthcare services.

Counseling for Continuation (C4C) has emerged as an evidence-based, client-centered approach designed to improve family planning counseling and reduce method discontinuation. C4C is a structured counseling approach that empowers clients to select and sustain a contraceptive method that aligns with their needs, lifestyle, and preferences. By addressing the root causes of unmet need and discontinuation, C4C enhances the quality of provider-client interactions, fostering better decision-making and long-term satisfaction.

C4C places the client at the heart of the decision-making process, recognizing that each individual is the expert in their own life. This structured counseling model equips healthcare providers with tools to offer empathetic, comprehensive guidance tailored to each client's needs, lifestyle, and preferences.

Women across Kenya are experiencing the benefits of C4C firsthand. *"I always stopped using family planning because of the side effects," shares Beatrice, a mother of three. "But my provider explained what to expect this time, and we found a method that works for me. I feel confident and supported."*

Healthcare workers are equally enthusiastic about the approach. "C4C has changed how we approach counseling," says Grace, a nurse in Narok. *"We're not just giving information; we're building trust and helping clients make choices that addresses their needs."*

Addressing Discontinuation with C4C

Discontinuation often stems from unaddressed side effects or unmet needs. C4C tackles this challenge head-on by ensuring that:

- Side effects are normalized through open discussions and reassurance.
- Options are personalized to fit individual health profiles and preferences.
- Follow-up is prioritized, providing ongoing support that prevents clients from feeling abandoned.

The KHIS data underscores the approach's success: facilities implementing C4C have reported a 30% decrease in discontinuation rates over the past two years, with improved satisfaction scores among clients.

The Counseling for Continuation (C4C) approach is transforming family planning by putting clients at the center of care. By supporting informed, personalized decisions, we can reduce discontinuation rates and build healthier, more empowered communities.

Be part of the change. Advocate for client-centered counseling, champion tools like the Choice Book for Providers, and invest in training programs that prioritize respect and autonomy. Together, we can ensure that every individual has the knowledge, confidence, and support to make decisions that shape their future and their families' futures with dignity and trust.



Client Centred Approach at Household Level

Embracing Promising Practices; Samburu County Rolls Out Community Based Distribution

When you think of the nomadic community, you often don't associate them with the use of contraception. According to KDHS 2022, the county has one of the highest fertility rates in the country, at 6.3%. Women, especially those in the rural areas, lack access to essential reproductive health services because of factors such as unavailability of health care facilities, poor road networks and transportation. Where services are available, utilization is low.

While fruitful efforts have been made including Manyatta Model of Demand creation for FP, more needs to be done to complement the efforts as well as to align with the country's direction towards self-care in anchoring access to contraception in the health structures with promising financing and sustainability i.e. Primary Health Care (PHC).

One of the promising high impact practices under DESIP is Community Based Distribution of Contraceptives by trained CHPs. While this Model was not rolled out in Samburu, the realities of the County and with the advent of Primary Health Care, CBDs would be a great asset towards delivering Equitable and Sustainable Increases in Family Planning especially in the highly rural peripheries.

With this realization, Samburu County, with the support of DESIP through promising practices dissemination in high level County forums, advocated for training and certification of CBDs. This was greatly championed by the Director of Promotive and Preventive Health and County Reproductive Health Coordinator.



Beneficiaries of Promising of FP Practices in Samburu County

The CBDs are set to work with link facilities and community Units to strengthen information and services at household level including administering DMPA SC to eligible WRA while strengthening male involvement in SRH and child spacing decisions at household level. The CBDs will also be a key referral point for clients requiring LARC services and provide follow-up to significantly increase the utilization of link facilities for Modern FP.

The reproductive Health and Community Health Strategy departments will provide support supervision, Monitoring and evaluation to ensure that CBD achieves the desired results.

While this milestone provides a promising future for Contraception uptake, the vastness and the highly rural nature of Samburu County will require more CBDs in order to realize improvements in uptake and reduce the gap for unmet need.

The CBD model in other DESIP Counties has demonstrated that community based distribution can play a critical role in enhancing access to reproductive health and family planning information and services key to the success being regular community involvement, continuous mentorship and supervision for CBDs to improve their technical capacity, stipend, service integration and improved management information systems. Other important factors which can contribute to the success of CBD programmes include enhanced CBD-Facility referral and improved commodity logistics management systems.

Equity in Family Planning: Disability Inclusion in Kenya

Kenya has made significant strides in family planning, with the Kenya Demographic and Health Survey 2022 showing progress in modern contraceptive uptake and a reduction in unmet need. However, significant gaps remain in accessing family planning services, particularly for marginalized groups such as adolescents, low-income women, and persons with disabilities (PWDs).

The World Health Organization estimates that 1.3 billion people worldwide, or 16% of the global population, live with significant disabilities. These individuals face numerous barriers to health, including stigma, discrimination, poverty, and limited access to healthcare services. To create truly equitable family planning services, disability inclusion is essential, ensuring that PWDs can make informed reproductive health choices and have their needs met with dignity and respect.

Launched in 2019, the DESIP Programme mainstreamed disability inclusion across all stages of family planning service delivery ensuring that PWDs are actively involved, and their specific needs are addressed.

Key Achievements:

1. DESIP trained 24 Trainers of Trainers (ToTs) in social inclusion and gender, who cascaded this knowledge to county-level staff and local leaders. This training was extended to consortium partners to ensure inclusive practices across the Programme.
2. DESIP conducted sensitization sessions for 58 county health managers, religious leaders, and community health volunteers (CHVs), focusing on the importance of engaging PWDs and breaking down misconceptions about disability and family planning.
3. 61 Programme officers were trained in disability inclusion, while 9 M&E leads were introduced to the Washington Group of Questions, a tool for disability-sensitive data collection.
4. CHVs were trained to identify and engage PWDs during household visits.
5. DESIP collaborated with key disability advocacy groups, including the National Council for Persons with Disabilities (NCPWD) and This-Ability Trust.
6. DESIP conducted outreach activities in remote and marginalized areas, ensuring PWDs had access to family planning services and information.
7. The Programme recruited Kenya Sign Language (KSL) interpreters across 19 counties and developed accessible materials, such as KSL posters and Braille publications, to improve accessibility for individuals with hearing impairments and visual disabilities.
8. A disability-inclusive quality assessment checklist was developed and used to evaluate service delivery and ensure that PWDs' needs were adequately addressed.
9. The Programme supported the International Day for Persons with Disabilities, using it as a platform to raise awareness and foster greater inclusion of PWDs in family planning services.

DESIP is committed to leaving no one behind in the journey toward equitable and accessible reproductive health for all. By continuing to mainstream disability inclusion, DESIP is helping create a future where family planning services are accessible to all Kenyans, regardless of their physical abilities.

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About DESIP

Delivering Equitable and Sustainable Increases in Family Planning programme, abbreviated DESIP, is a 6-year, UK Aid funded programme focusing on improving Reproductive Health in Kenya with focus on Family Planning in low (<45%) modern contraceptive prevalence rate (mCPR) counties in line with Kenya 'Vision 2030'. The goal of the programme is to ensure that women and girls can safely plan their pregnancies and improve their SRHR, particularly the young rural, and marginalized, with programme impact contributing to reduced maternal mortality, newborn, and child mortality, and increased mCPR in Kenya.

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