

## 1: INTRODUCTION

Voluntary, high-quality family planning (FP) can help curb rapid population growth and drive development. In recognition of these links, the Kenyan government commits to improve access to family planning services with specific commitments to (i) finalise and disseminate the family planning national Costed Implementation Plan (CIP) (2017-2020); (ii) strengthening national family planning programme by making a commitment to increase domestic financing for family planning at both levels of government and (iii) Strengthen partnership with the private sector through a total market approach to enable an increase in private sector FP delivery contributions. The government will work with partners to expand uptake of long-acting reversible methods (LARMs), improve commodities security, expand youth friendly services with a focus on adolescent girls and to scale up delivery of services for the hardest to reach groups.

### 1.1 The Motion Tracker

Amref Health Africa in Kenya is working in partnership with Population Action International (PAI), and Samasha to adapt, implement and scale up the Motion Tracker. The Motion Tracker was developed by Samasha to effectively translate global commitments into local action by fostering partner participation and engagement to realize these global commitments. The Motion Tracker currently is used to track FP2020 commitments in Kenya. Amref Health Africa in Kenya is serving as a neutral convener, bringing together CSOs implementing family planning programs and will galvanize efforts of other stakeholders towards using the Motion tracker in Kenya.

The Motion Tracker is a customized, dynamic framework for strengthening accountability and driving action by keeping commitments visible, highlighting progress and fostering partner participation, engagement and ownership to address bottlenecks. This framework is based on a six-steps approach and ensures universal understanding of commitments through purposeful concurrent partner engagement and participation at national and subnational level.

### 1.2 Objectives

Specific objectives of the Motion Tracker are;

- a. to create an enabling environment to ensure that global commitments are translated into local action,
- b. to harness the collective power of civil society, development partners and government to address the country commitments with enhanced strategic response, and
- c. to create a systematic approach to realizing the global commitments made by individual countries

## Chapter 2: Methodology

### 2.1 Sampling technique

We utilized purposive and snowballing techniques to select organizations from which information was collected. Purposive selection of organizations was based on a stakeholder mapping matrix developed during a partners' validation meeting on 10<sup>th</sup> September 2019. In addition, based on the recommendations of organizations listed on the stakeholders' matrix, a snowballing technique was employed to reach out to other organizations that conduct similar work. The selection methods employed ensured most organizations contributing to the FP2020 commitments were reached to gather their contribution to the same. A total of 30 organizations were reached out 20 (10 international NGOs and 10 Local NGOs) responded to the KIIs during a 2months period from September 11<sup>th</sup> 2019 to 11<sup>th</sup> November 2019.

### 2.2 Types of Data utilized

Both primary and secondary data sources were utilised. Primary data was collected using a Partner Contribution Questionnaire (hereby attached as Annex 1). Secondary data was collected through desk review of various documents including the project documents, sector reviews, policy statements, newspaper articles, project dissemination meeting minutes.

### 2.3 Data collection techniques

The following data collection techniques were utilized as briefly described below;

- *Key informant interviews:* A structured questionnaire was administered to key informants amongst donors, international NGOs, local CSOs and Ministry of Health.
- *Desk review:* A list of relevant documents was reviewed. The list of documents reviewed included Project Documents, Organization annual reports, Newspaper Articles, Health sector review papers, MoH Status reports, Kenya Self-reporting questionnaires and FP2020 worksheet.

The data collection modalities included one-on-one meetings, phone calls and email correspondences. Data collected from partners is then validated during the stakeholder validation meetings.

## Chapter 3: Results

### 3.1 Description of reporting partners (*These are the partners who have contributed to the report in specified period (eg FY July 2017-June 2019)*)

Government institutions, partners and civil society organizations visited

Category	Institutions
GOK	Ministry Office Health ,National Council on Population and Development
Donors	UNFPA,USAID
International NGO	Pathfinder International , Voluntary Service Overseas, Population Services Kenya, InSupply, Health Policy Plus, World Vision Kenya, International Center for Reproductive Health,Jpiego,Mariestopes Kenya, Amref Health Africa
Local NGOs	Tembea, Kisumu Medical and Education Trust (KMET), Ugunja Youth Development, Dandelion, Wanawake-Wavuvi, OMEGA foundation, Right Here Right Now, Women Fighting Aids in Kenya, Network of Adolescents and youth Of Africa

### 3.2 Description by WHO Health system blocks

Institutions by WHO building block

WHO building block	# of organizations	Percentage
Leadership and Governance	8	
Service Delivery	7	
Access to Essential Medicines	2	
Health Information Management Systems	2	
Finance	1	
Human Resources for Health	0	

### 3.3 Partner contributions per commitment

#### **COMMITMENT 1:**

*The government of Kenya commits to increase the portion of the national budget for family planning services, specifically through a budget line allocated to the family planning. It is noted that contraceptives are not included in the National Health Insurance Fund (NHIF) funded free maternity programme, for example. Inclusion of contraceptives in the existing health insurance schemes will increase access to FP for insured individuals, bolstering equitable access to Family Planning. The government will ensure post-partum family planning services are included as part of its Free Maternity policy (Linda Mama programme) which the Government invest 3 billion Ksh annually to ensure mothers access free care at the point of delivery.*

**1.1 Total amount allocated for procurement of FP commodities in the National Budget annually since 2016/17 (Not on Track) ■**

**Progress:**

Government of Kenya's allocation for procuring family planning commodities has reduced over time. In financial year 2017/18 the government of Kenya allocated \$ 5 million, \$ 4 million in 2018/19 was allocated, and \$ 2.4 million (245 million KS) in FY 2019/20.

The MOH, NCPD and UNFPA are organizing a Round Table meeting chaired by the Cabinet Secretary for health with the Donors to discuss domestic financing in regards to Family Planning.

No	Partners	Activities Contributing to the commitment
1	UNFPA	For FY 2017/18 contributed \$ 2,591,867 toward procurement of family planning commodities (female condoms \$1,012,890, IUDs \$ 42,125, and \$ 1,536,852) For FY 2018/19 contributed \$ 5,203,430 toward procurement of family planning commodities (Implants - \$ 3,678,440, Male condoms - \$603,784, Injectable - \$ 406,573, female condoms 382,443, IUDs - \$ 97,343, COCs - \$ 25,201 and POPs - \$ 9,466) For FY 2017/18 contributed \$ 5,809,031 toward procurement of family planning commodities (Implants - \$ 4,490,312, Female condoms - \$ 816,762, male condoms - \$ 365,177, Injectable - \$ 85,048 and IUDs - \$ 51,732)
2	USAID	For FY 2017/18 contributed \$ 3,046,409 (Implants) toward procurement of family planning commodities
3	Ministry Of Health	\$2.4 million (245 million Kes) in FY2019/20

**1.2 National Budget line for FP established – (Not on Track) ■**

**PROGRESS:**  
High level advocacy efforts have been initiated for Government of Kenya to establish a national budget line for FP

No.	Partners	Activities Contributing to the commitment
1	UNFPA	Advocacy efforts at the high level on domestic financing

### 1.3 County budget lines for FP created (On track) ■

**PROGRESS :**

68% (32 of 47) counties have established budget lines for FP. 13 counties have allocated a budget line for FP for the 2018/2019 fiscal year, these counties include: Bungoma, Kakamega, Kilifi, Kwale, Machakos, Makueni, Migori, Mombasa, Siaya, Tharaka Nithi Nairobi, Uasin Gishu and West Pokot. There are on-going advocacy efforts in various counties such as Nakuru, Baringo and Turkana.

**With support** from MOH, NCPD, USAID, World Vision, Jhpiego, KMET, UNFPA, World Bank, Amref Health Africa, FHOK, NAYA, NYARWEK, RHRN VSO, Amref Health Africa, Population Services Kenya, Health Rights International, Options Consultancy Ltd and Faith to Action Network, Malikia Initiatives, ACHEST, TICH, Youth Parliament, OMEGA, Power Dada, Matibabu, ENAI, Silan Foundation, Naret, Pathfinder International, RHRN, Intoye, Afrafrika, DSW, MSK, Health Policy Plus, Afya Uzazi, and Think-Well

No	Partners	Activities Contributing to the commitment
1	Health Policy Plus	Supported advocacy workshop with core participants from Nakuru, Kilifi, Baringo and Turkana counties. The main purpose was to strengthen local decision making on voluntary family planning and ensure adequate and sustainable domestic funding for FP/RH sub-program.
2	Jhpiego	Provided technical assistance on costing activities and overall financial management competence in Kisumu, Kakamega, Kitui, Meru and Kilifi
3	World Vision Kenya	Coordinated development of CIPs for Turkana, Narok, Baringo, Samburu and Elgeyo Marakwet with funding from UNFPA  Provided Logistics and technical contributions to all the county documents in liaison with the consultant

### 1.4 FP included fully in existing NHIF and Private Insurance funds/schemes (On track) ■

**PROGRESS :**

A draft road map for Universal Health coverage has been drafted. This road map has Family Planning services included among outpatient services to be covered by the NHIF. FP is included in the National Health Insurance Fund (super Cover) scheme; ongoing plans to conduct several consultative meetings with private Insurance funds/schemes to include FP among their services in order to facilitate sustainable financing for FP commodities and service delivery. Permanent methods (BTL) are currently covered under the *Linda mama* programme, 6 months after delivery,

there are ongoing discussions with NHIF to expand the coverage for other methods and extend the period of coverage during post-partum to one year

No	Partners	Activities Contributing to the commitment
1	Ugunja Development Initiative	Working with partners such as World Vision, NHIF Siaya and Amref, Ugunja Development Initiative organized and participated in sensitization/ awareness activities in communities on importance of NHIF and thus recruitment to NHIF cover. Through integrated outreaches UDI have been intensifying mobilization and recruitment to NHIF scheme in hard to reach areas.
2	PSKenya	Providing on-going technical support to private facilities to ensure they are empaneled in NHIF.
3	JHPIEGO	Engaged in advocacy with the UHC benefit package team with UNFPA and NCPD taking lead.
4	KMET	Engaging stakeholders in Kisumu County - as a UHC pilot County to build a case for prioritization of FP within NHIF.

**1.5 Revised CIP (Achieved)** ■

**PROGRESS :**  
The National Costed Implementation plan (2017-2020) for FP was revised and launched in March 2018.

No	Partners	Activities Contributing to the commitment
1	Ministry Of Health Division of Reproductive and Maternal Health Services Kenya	Provided stewardship and coordination in the development of the costed implementation plan.
2	World Vision Kenya	Provided Logistical support and technical contribution on the development of the costed implementation plan.

**1.6 Dissemination of the CIP at the County Level (Achieved)** ■

**PROGRESS :**  
During the national launch of the FP Costed Implementation Plan (2017-2020), there were representatives from all the 47 counties, thus acted as a dissemination meeting.

No	Partners	Activities Contributing to the commitment
1	National Council Population and Development and Reproductive Maternal Health Services Unit	Provided leadership in coordination and organizing for the dissemination of the CIP
2	UNFPA	Provided logistical support during the dissemination meeting

**1.7 County CIPS developed (On track)** ■

**PROGRESS :**  
17 Counties have developed and launched their costed implementation plans for FP, these include: Busia, Bungoma, Homabay, Kakamega, Kilifi, Kwale, Machakos, Makueni , Mandera, Meru, Migori, Mombasa, Nakuru, Nandi, Nyeri, Siaya, and Tharaka Nithi.

No	Partners	Activities Contributing to the commitment
1	KMET	Supported Homa Bay County to develop its CIP. Participated in the development of the CIP for Siaya and Migori Counties. Currently supporting Kisumu County develop it's CIP
2	Tembea Youth Centre for Sustainable Development	Supported youth to attend public participation during the development stage of the CIP in Siaya County.
3	Jhpiego	Provided logistical support in the dissemination of CIPS
4	Ugunja Youth Development	UDI participated in leadership and governance, budget making process, CIDP process through mobilization and sensitization of communities over the same especially during the public participation.
5	Pathfinder	Provided technical assistance in the development of the Kilifi county CIP

**1.8 Regional / Cluster County meetings (On track)** ■

**PROGRESS :**  
Currently meetings are held in FP technical working groups in 5 clusters for; South West, Coastal Region, Upper Eastern ,North Rift, North Eastern

No	Partners	Activities Contributing to the commitment
1	PSKenya and VSO	Provided support and coordinate FP technical working meetings in 5 clusters and developing materials for FP SBCC strategy in South West, Coastal Region, Upper Eastern, North Rift, North Eastern counties.
2	Jhpiego	Participates in technical working groups and taskforce meeting

**1.9 Private health workers' capacity to provide FP services assessed (On track)**

**PROGRESS :**

No	Partners	Activities Contributing to the commitment
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1	PSK	PSKenya supports training of private health workers on provision of family planning services.
2	Marie stopes Kenya	MSK trains private provider's and training needs assessment

### 1.10 Bi-annual field visits to private health facilities (On track) ■

#### PROGRESS :

Private providers who belong to franchises such as “huduma poa” supported by KMET and “Tunza” supported by PSK receive biannual visits. Government also provides supportive supervision with support from the partners in the Counties.

No	Partners	Activities Contributing to the commitment
1	KMET	frequently visits and supports private health facilities run as a franchise known as ‘ <i>huduma poa</i> ’ about 115 health facilities across several counties are supported.
2	PS Kenya	Visited private facility to approximately 320 health facilities in 17 counties.  South West- Migori, Homabay, Kajiado and Narok Coastal Region – Kwale, Mombasa, Kilifi, Lamu and Tana river Upper Eastern – Marsabit, Isiolo and Samburu North Rift- West Pokot, Baringo, Elgeyo Marakwet and Turkana North Eastern- Mandera, Wajir and Garissa Support in sensitization for the providers on LARC.
3	Jhpiego	Conduct supportive supervision, progress review/milestone verification visits
4	Ministry Of Health	Provided supportive supervision for the Health Care providers

### 1.11 Health facilities supported to provide youth friendly services (on track) ■

#### PROGRESS :

MOH is deliberately working to expand access to adolescent and youth friendly services in line with the National Adolescent Sexual and Reproductive Health Policy.

No	Partners	Activities Contributing to the commitment
1	VSO	VSO trained health facility managers from Turkana on social inclusion and gender for FP demand generation
2	Jhpiego	Trained service providers on AYSRH/youth friendly services

3	Wa-Wa Kenya	In collaboration with Family Health Option Kenya, WOFAK and other partners one youth friendly centre at Makongeni hospital has been established
4	Pathfinder International	Training of health care providers on YFS Sensitization of HCF on YFS Provision of IEC material on AYSRH
<b>1.12 National Family Planning conference held (Not on track) Replaced with ICPD</b> <span style="color: red;">■</span>		
<b>PROGRESS :</b> Government of Kenya has not organized a national family planning conference		
<b>No</b>	<b>Partners</b>	<b>Activities Contributing to the commitment</b>
<b>1</b>	<b>VSO</b>	VSO has participated in various fora at National level to deliberate on FP issues. E.g. build up meetings and activities to the ICPD25.

**1.13 Parental/community support structures/systems for pregnant adolescents established** (On track) ■

**Progress:**  
There are on-going efforts for county governments in Samburu and Turkana Counties to form peer led support groups; such as an all pregnant Adolescent Girls, Mother to Mother, A & Y only support groups, and morans etc. Mentorships and scaling up of Binti Shujaas (teen mothers) as AYSRH champions and strengthen community follow up & referrals for MNCH & SRH services.

No	Partners	Activities Contributing to the commitment
1	Pathfinder International	Creating cohorts of teenage mothers “ <i>Binti Kwa Binti</i> ” groups, to enhance utilization of antenatal and postnatal services.
2	Amref Health Africa	Building capacity of Adolescents & Youth facilitators to be trainers at the community on family Planning under the Afya Timiza project in Samburu and Turkana County
3	Jhpiego	Young mothers’ clubs recruit the girls at 28weeks. The CHA is the link to the girl to the facility when she comes to deliver.  The County focal AYSRH person/partner (Jhpiego) is responsible for integration of girls back to school or linkage to microfinance institutions or vocational opportunities/trainings for those not interested in going back to school
4	Wa-Wa Kenya	Engaged mothers through mother to mother groups and men to men groups that have been formed, the issue are discussed every month when they gather for soft loan /table banking meetings

**1.14 Effective referral systems for pregnant and lactating adolescents strengthened** (Not on track) ■

**PROGRESS :**  
Referrals linkages to relevant services for pregnant adolescents have been enhanced by CHVs especially in hard to reach areas. There is support to print/procure and distribute referral forms, protocols and referral files. Samburu county has been supported to develop county referral plan/strategy and Turkana county to mobilize funds and implement the referral policy.

No	Partners	Activities Contributing to the commitment
1	Amref	Health Care Workers have been trained on referral mechanisms. There is support to print/procure and distribute referral forms, protocols and referral files.  Samburu county has been supported to develop county referral plan/strategy and Turkana county to mobilize funds and implement the referral policy

**1.14 Age-disaggregated data on maternal and perinatal deaths reported annually** (On track) ■

**PROGRESS :**  
CSOs are providing technical assistance to health facilities and sub counties on reporting and use of DHIS-2.

No	Partners	Activities Contributing to the commitment
1	Pathfinder International	Provided TA to Kilifi facility, sub county and county to effectively report and use DHIS2
2	MOH	
3	PS Kenya	Provided technical assistance for data quality check for DHIS and conduct of review meetings in both public and private health facilities in selected counties (Migori, Homabay, Kajiado, Narok, Kwale, Mombasa, Kilifi, Lamu, Tana river, Marsabit, Isiolo, Samburu, West Pokot, Baringo, Elgeyo Marakwet, Turkana, Mandera, Wajir and Garissa)
4	Amref Health Africa	Building the capacity of health care workers on how to report Technical support in reviewing reporting tools
5	JHPIEGO	Afya Halisi has supported county and sub-county data reviews, mentoring on correct data capture and reporting into Kenya Health Information System (KHIS).

**1.15 County Health Management Teams trained in quantification and forecasting** (On Track) ■

**Progress:**  
A partner Pathfinder has indicated this in their 2019/20 financial year activity plan  
**Government and Partners no report**

No	Partners	Activities Contributing to the commitment
1	Ministry Of Health	Coordinate workshops for training of health care workers at the Counties
2	Pathfinder International	Mentorship of facility, sub-county and county teams in quantification and forecasting, documentation

**1.17 Annual quantification and forecasting report of FP commodities for the public, private for-profit FP-CIP** (On Track) ■

**PROGRESS :**  
Kenya organizes annual forecasting and quantification workshops for family planning commodities. For the financial year 2019/20, the Workshop was held in May 2019.

**Contribution by partners;** InSupply, MOH, CHAI, Jhpiego, KEMSA, UNFPA, PATH,PSK, Marie Stopes

No	Partners	Activities Contributing to the commitment
1	Pathfinder International	Supported the county in Forecasting and Quantification exercise in collaboration with World Bank
2	inSupply	Provided logistical support towards the workshop as well as technical advice in the training.
<b>1.18 National SBCC strategy developed for NAL counties</b>		<b>(On Tack)</b> ■
<b>PROGRESS :</b> The SBCC strategy to address context specific issues such as demand creation, access and utilization of FP in NAL counties has been drafted and yet to be validated and launched.		
No	Partners	Activities Contributing to the commitment
1	VSO	In the DESIP project, VSO and other consortium partners have developed an SBCC strategy that will address context specific issues of demand creation, access and utilization of FP commodities in the Northern and Arid Lands of Kenya where the project is implemented. Achieved with support from VSO and other consortium partners MoH, Amref Health Africa. Populations Services Kenya, Health Rights International, Options Consultancy Ltd and Faith to Action Network
	PSK	Provided leadership and coordination in the development of SBCC
2	Jhpiego	Afya Halisi support selected counties in the following activities; <ul style="list-style-type: none"> <li>- Technical assistance in planning and execution of SBC activities</li> <li>- Social and behaviour change Training of Trainers for sanitation marketing</li> <li>- Orientation of healthcare workers on Education Through Learning and Counselling for Choice</li> </ul>
<b>1.19 SBCC strategy monitored bi-annually</b>		<b>(Not on track)</b> ■
<b>PROGRESS :</b> The SBCC strategy has been developed at the County that will be cascaded at the National level. Partners are currently implementing activities on the SBcc that will later be evaluated.		
No	Partners	Activities Contributing to the commitment
		(no information)
<b>1.20 FP champions trained and deployed in counties</b>		<b>(on track)</b> ■
<b>PROGRESS :</b> Various partners are supporting training and deployment of both male and female FP champions in counties. The FP champions serve strategic sectors in society and are comprised of youths, religious and cultural leaders and community health volunteers		
No	Partners	Activities Contributing to the commitment

1	Pathfinder International	Identified, trained and deployed 277 male FP champions in Kilifi County
2	MOH	Coordinated and provided support supervision for the trained champions
2	Jhpiego	In Kakamega County, the Project supported training of 57 youth champions to provide linkage and mobilization for sexual reproductive health services as well as community based distributors of condoms. In Kisumu County, a total of 80 youth champions were trained, while in Kitui County, the Project supported the training of 39 youth champions. Similarly, the Project has trained 20 youth champions
3	Amref Health Africa	Mapping out youths, religious leaders and HCVs as champions was initiated in Tana River, Samburu, Garissa, Homabay, Kwale, Mombasa, Turkana, Wajir and Marsabit counties.
4	World Vision	World Vision trained 42 CHVs in West Pokot and Isiolo
5	Marie Stopes	MSK have trained 850 active CHVs and mobilizers

**1.21 Impact of messaging on myths and misconceptions evaluated (Not On track) ■**

**PROGRESS :**

Currently partners are on the implementation No information available

No	Partners	Activities Contributing to the commitment
		No information

**1.22 Community Health Volunteers (CHVs) supporting use of modern contraceptives in villages (On track) ■**

**PROGRESS:**

With support from partners, Community Health Volunteers continue to support provision of family planning services in their communities. However, their support faces sustainability challenges due to the voluntary nature of their work.

**Contribution by partners;** PS Kenya, Pathfinder international Kenya, Omega Foundation, VSO through DSEIP project, Amref through Afya Timiza project, Dandelion Africa

No.	Partners	Activities Contributing to the commitment
1	PS Kenya	Provided refresher trainings for CHV in 19 counties

2	World Vision	Trained and working with 2252 CHVs 476 Faith leaders and 215 Health care workers
3	Pathfinder International	supporting 1000 community FP distributors in Kilifi county.
4	Amref Health Africa	Trained CHWs in Samburu and Turkana counties to provide DMPA Injectable in the community with support from CHEWS. Also, there is ongoing support for CHVs and cultural leaders dialogue as well as review meetings for community distributors of Family Planning commodities. In Kajiado county, CHVs are supported to create awareness on FP use during community action days by Dandelion Africa.  Amref Through HSAP project advocates for budget allocation and policy development for family planning in Kajiado, Narok, Siaya and Homabay county.
5	Mariestopes Kenya	Supporting over 850 CHVs to perform various functions such as interpersonal communication through market activities, health talks and community dialogues for FP. They also participate in chief barazas (community meetings organized by the county administration).
6	Jhpiego	Supports CBDs through capacity building and facilitating proper FP commodity management practices. By September 2019, 1,995 CHVs were actively involved in the provision of FP messages to community members in the four counties - 278 CHVs in Kakamega, 749 in Kisumu, 618 in Kitui and 350 in Migori. 37 CUs are involved in community based distribution of FP commodities (6-Kakamega; 24- Kisumu; 7- Migori).
<b>1.23 Prominent personalities identified and engaged as FP champions (On track) ■</b>		
<b>PROGRESS:</b> Various partners are working with 1 <sup>st</sup> ladies in various counties as FP champion to spearhead issues of SRHR  No organization has reported on this indicator		
<b>No.</b>	<b>Partners</b>	<b>Activities Contributing to the commitment</b>



## COMMITMENT 2

*The government of Kenya commits to strengthening partnership with the private sector (including the for-profit sector) through a total market approach to optimize the use FP funding, differentiating population segments according to ability to pay and which market players are best placed to effectively reach the different population groups which the most appropriate services and products. An all-sector strategy, using the total market approach, to recommend the service delivery split among the public and non-public sectors and a robust plan to improve market conditions and to support the implementation of the selected approaches. Palladium led DFID funded project carried out a diagnostic study of Kenya’s FP market and has recently concluded a study on Kenya’s FP supply chain. Willingness to pay studies; TMA cost-benefit analyses and scenario planning are also being carried out by Palladium and will be finalised before the end of 2017. This will provide information to support efforts of segmentation and improving efficiencies in FP service delivery. Most critically, the Palladium analyses will provide sufficient analysis and evidence on what is needed to move towards the implementation of a TMA for FP in Kenya.*

<b>2.1 Approved RH policy that incorporates TMA for FP (On track)</b> <span style="float: right;">■</span>		
<b>PROGRESS :</b> Among the policy statement in the 2018-2030 RH policy is to “Ensure universal access to full range of voluntary family planning services including integration, community FP service provision and total market approach. The Reproductive Health Policy has been revised and awaiting approval.		
<b>No</b>	<b>Partners</b>	<b>Activities Contributing to the commitment</b>
1	PSK	Coordinated the finalization of RH strategy  Coordinated the development of RHCSS provided logistical and technical contributions to the county documents in liaison with the consultant and financial support from UNFPA.
2	UNFPA	Provided logistical support in the development of the RH policy
3	Jhpiego	Participated in the RH policy development process that incorporated TMA
<b>2.2 A Comprehensive Total Market Approach (TMA) Plan for FP developed and supported (On track)</b> <span style="float: right;">■</span>		
<b>PROGRESS :</b> The Reproductive Maternal Health Services Unit (RMHSU) is taking up the TMA as a key priority. With support from partners, a TMA Secretariat housed within the RMHSU has been set up to institutionalize the approach. A TMA plan aligned to FP2020 commitments has been drafted by the TMA sub group which will guide the various partners over the coming years. The TMA		

sub-group meets quarterly and reports to the national FP Working Group, and members include the MOH; DFID, USAID, and UNFPA (donors); MSH and CHAI (technical support agencies); PSI and DKT (social marketing organizations); and Pfizer, Bayer, MSD, Surgipharm and Sai Pharmaceuticals (companies).

Several studies have been conducted by institutions supporting the TMA approach, MoH led work planning meeting for TMA in July 2018. Among the activities included in the plan is to consolidate all the research findings on the market share in order to provide further evidence to inform TMA programming and differentiate population segments according to ability to pay.

<b>No</b>	<b>Partners</b>	<b>Activities Contributing to the commitment</b>
1	Jhpiego	Participated in TMA discussions, advocated for a policy exemption to allow pharmacists and pharmaceutical technologists to provide injectable contraceptives as part of TMA.
2	PSK	Support the development of the TMA strategy with UNFPA (no information)