

**THE MOTION TRACKER:**

**FP2020 COMMITMENTS ACTIVITY REPORT**

**January 2021 to December 2021**

**Chapter 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 scale up delivery of services for the hardest to reach groups.

Anticipated Impact

1. Increased modern contraceptive prevalence rate (mCPR) from 61% to 66% by the year 2030
2. Increased CPR for any contraceptive method. among adolescent women (15-19 years) from 40% to 50% by 2020 and to 55% by 2025.
3. Reduced teenage pregnancy among adolescent women 15-19 years from 18% to 12% by 2020 and 10% by 2025.

**1.1The 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. **Objectives**

Specific objectives of the Motion Tracker are:

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

**Chapter 2: Methodology**

* 1. **Development of process indicators**

The Motion Tracker relies on 6 steps, of which Steps 1-5 focus on the deconstruction of the FP2020 commitments. These steps are centered around getting a clear understanding of the rationale that informed the commitments and developing commitment process indicators. These commitment process indicators are validated and agreed upon by FP partners at the first Motion Tracker validation meeting.

It is during Step 6-Implementation where the partners report their contributions made towards the agreed upon commitment process indicators. Progress reached is recorded using the following criteria:

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| **Color** | **Status** |
| GREEN | Achieved, available information indicates that process indicator has been achieved |
| YELLOW | On track, available information indicates that process indicator is not yet achieved, but on track to be achieved |
| RED  | Not on Track, available information indicates that process indicator is not yet achieved, and is not on track to be achieved |

* 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 10th September 2019.The selection methods employed ensured most organizations contributing to the FP2020 commitments were reached to gather their contribution to the same. With support from the National Council for Population and Development (NCPD), A total of 100 organizations were visited and 58 organizations responded to the KIIs however only 42 of them were found to correspond to the period January to December 2021.

* 1. **Types of Data utilized**

Both primary and secondary data sources were utilised. Primary data was collected using a Partner Contribution Questionnaire. Secondary data was collected through desk review of various documents including the project documents, sector reviews, policy statements, and minutes of the project dissemination meetings.

* 1. **Data collection techniques**

The following data collection techniques were utilized:

**Key informant interviews**: A structured questionnaire was administered to key informants amongst Development Partners, international NGOs, local CSOs and the Ministry of Health.

**Desk review:** A list of relevant documents was reviewed. The list of documents reviewed included Project Documents and MoH Status reports, etc.

Other data collection modalities included one-on-one meetings, phone calls, email correspondences and survey monkey. Data collected from partners is first reviewed, analyzed then validated during the stakeholder validation meetings.

**Chapter 3: Results**

* 1. **Description of reporting partners**

A total of 42 stakeholder’s/partners contributed to this report.

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| **Category** | **Institutions** |
| Government | Ministry Of Health (DRMH), 9 County Governments (Garrisa, Kilifi, Laikipia, Kakamega, Busia, Makueni, Kitui, Siaya, Wajir County), National Council for Population and Development (NCPD), National gender and equality commission (NGEC). |
| Donors/UN Agency | UNFPA, Foreign Commonwealth and Development Organization (FCDO) |
| International NGO | DSW German Foundation, Options Consultancy Limited, JHPIEGO, Think well, DESIP, Amref Health Africa, Clinton Health Access Initiative (CHAI), Insupply Health, Marie Stopes Kenya (MSK), World Vision, Child Fund, AMPATH, International Youth Alliance for Family Planning |
| Local NGOs | Kenya Red Cross, Pathway Policy Institute, Agape Woman and Child Empowerment Foundation, Siaya Muungano Network, Pastoralist Girl Initiative, Hope Inspire Mentorship Action (HIMA), Nyamira Medical Clinical and VCT Center, One more day safe house youth friendly service, Ugunja Youth Development, Christian Health Association of Kenya (CHAK), SCODA development group, Safe community initiative, Kenya Muslim Youth Development Organization, Stretcher’s Youth Organization, Triggerise, KRCS-NER, Children Service, Anglican Development Services (ADS), Woman Kind, OPAHA CBO, Seren Haven, Kaiti Youth Network, Girl Concern, Udgoon Foundation, Maisha Youth Network, Jacaranda Health, Pastoralist girls initiative, Survivors organization, YCWA , Supkem, Shina Foundation, I choose Life, Mugogondo girls empowerment center, Reproductive Health Accountability and Response Kenya(RHARK) |
| Private (for profit) Company | None |

* 1. **Description of process indicators by World Health Organization (WHO) Health system blocks**

Kenya’s FP2020 commitment process indicators can be categorized into thematic areas—Service delivery, Health financing, Leadership and governance, Access to essential medicines, Health Workforce and Health Information Systems—based on the World Health Organization (WHO) health systems (HS) building blocks. A total of 26 process indicators were assessed to track Kenya’s FP2020 commitments.

*Figure 1 below details proportion per Health System Building Blocks*



**OVERALL perfomance FOR PROGRESS INDICATORS**

Kenya Performance towards Achieving Commitments

Progress by Indicators



**Stakeholder contributions by process indicators**

**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) in which the Government invests 3 billion Ksh annually to ensure mothers access free care at the point of delivery.*

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| * 1. **Total amount allocated for procurement of FP commodities in the National**

**Budget annually 2016-2020** |
| **Progress :**Government of Kenya (GoK) committed to increase budgetary support to procurement of FP commodities. GoK committed to allocate USD 7 million in 2016/17 and 2017/18 and to double this amount to USD 14.0 million in 2018/19 and 2019/20. However, in 2018/19 and 2019/20 the commitment made was not achieved as USD 3.0 million and USD 2.45 million was allocated respectively for procurement of FP commodities. In FY 2020/21 andFY2021/21, USD 8.6 million was allocated by GoK in both years for purchase of FP commodities. As for expenditure, USD 5.5million was used in FY 2020/21.Though the Kenyan government has not achieved its target there has been some progress in increasing allocation towards procurement of FP commodities as a result of advocacy efforts by various stakeholders. For instance, the signing of Memorandum of Understanding between GoK and Development Partners with the GoK committing to progressively increase the proportion of their contribution towards FP financing while the donor proportion reduces up to 2026 when Kenya will be expected to fully finance its FP commodities.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | National Council for Population and Development | Used the F&Q report to develop a policy brief on the need for domestic financing for FP commodities to support the discussions in Medium Term Expenditure framework (MTEF). NCPD & MOH participated in the MTEF process presenting the case for increased FP financing and managed to get an increment of Kes 990M by FY2022/23.Advocacy by NCPD brought to fact the realization that 2024 was not achievable for full FP procurement by Government thus allowing the extension to 2026. The Government has already achieved its target for 2021/22 by ensuring an AIE is send to KEMSA for FP commodities procurement.NCPD engaged in a meeting between MoH and development Partners that resulted into the signing of an MoU indicating that by 2026 Kenya will fully finance FP commodities. |
|  | Pathway Institute | Conducted phases 1 and 2 of an Out of Pocket Expenditure Study, that seek to find out how much women are spending in accessing family planning services in the facilities. This provided evidence on how much should be invested into reproductive health especially family planning. |
|  | DSW German Foundation | Conducted a Budget study to promote evidence-based advocacy on increased budgetary allocation to Health department and Meetings with decision makers to advocate for increased budgetary allocation for FP. |
|  | Agape Woman and Child Empowerment Foundation | Carried out Budget advocacy to ensure there is continuous access to FP commodities |
|  | Options Consultancy Services Ltd | Through various TWGs i.e. Commodity security advocacy group, advocated for allocation of more resources to FP at the National level. |

**Key Issues Identified:*** There has not been effective follow up to ensure that what is committed is actually disbursed except in the current FY.
* Despite increased allocation of funds towards FP commodities, the absorption (utilization) of the same funds has not been 100% due to delays in release of authority to incur expenditure (AIE).
* KEMSA has not been able to effectively utilised monies that have been sent to them because of delayed tendering process and non-responsive tenders.
* Late release of government funds leads to delay in some donors releasing their funds i.e. BMGF.

**Recommendations:*** Sustained advocacy towards GoK to continue honoring the MOU and allocate more funds towards FP.
* Streamline GoK processes to facilitate early release of AIE to ensure absorptions of all funds allocated.
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| * 1. **National Budget line for FP established**
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| **Progress:**National budget line for FP was re-established (2020) as a result of continued advocacy efforts by FP partners FP has now been included the budget plans for the health sector with funding included in FY 2020/21 and 2021/22.**Recommendations:*** Maintain the FP budget line in the national health sector budget.
* Ensure incremental budget commitment in line with the MOU signed between MoH and the FP Development partners
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| **1.3. County budget lines for FP created** |
| **Progress:**In FY20/21 Busia and Kisii are the new Counties that have established their FP budget lines due to partner’s advocacy efforts

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | CHMT-BUSIA COUNTY | Conducted a budget study to inform the creation of FP budget line for Busia County. |
|  | JHPIEGO | Counties with FP budget lines; Kakamega, Migori, Makueni, Tharaka Nithi, Kisii county |
|  | Think Well | Supported Tracking of the budgeting and expenditure of the FP programme in collaboration with the Makueni County Department of health, the overall budget for health is 45 %, FP programme makes up 3% of this budget |

**Key Issues Identified:*** The structure of the county budgets doesn’t allow for inclusion of FP budget line as it is incorporated under “Preventive and promotive health services”
* Looking at county work plan for the health departments, most counties have allocated minimal resources towards FP activities.

**Recommendations:*** Counties to allocate more resources towards FP activities
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| **1.4. FP included fully in existing NHIF and Private Insurance funds/schemes** |
| **Progress:** Currently FP has been included in NHIF packages and some private insurance schemes and can only be accessed in the first six weeks after delivery and usually not reimbursed leading to challenges in accessing the services.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | DSW Laikipia | Participated in the review of NHIF bill through memo submission |
|  | UNFPA | Advocated for comprehensive coverage of FP in NHIF in collaboration with NCPD and Foreign Commonwealth and Development Office (FCDO). |

**Key Issues Identified:*** FP services not being reimbursed under NHIF

**Recommendations:*** Partners to continue supporting the strengthening of NHIF while advocating for the inclusion of FP in the service package and encouraging reimbursing for FP services**.**
* NHIF Should work towards making their communication more explicit in regards to accessing FP at Health Facilities.
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| **1.5. Revised Family Planning Costed Implementation Plan Developed** |
| **Progress:**The Kenya National Family Planning Costed Implementation Plan 2017-2020 has been revised into a new FPCIP 2021-2024 and is awaiting launch and dissemination.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | Laikipia CountyPathway InstituteDSW, MOH, AMREF, JHPIEGO, CHAI, Options, InSupply Health, UNFPA, DESIP, FCDO | The organizations listed participated in the development of the National Costed Implementation Plan (2021- 2024). This involved having numerous consultative stakeholder meetings  |

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| **Key Issues Identified:*** Late approval and launch of the National FP- CIP

**Recommendations:*** Fast track the launch and the dissemination of the CIP.
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| **1.6. Disseminate the Kenya Revised National Family Planning Costed Implementation Plan at the County Level**  |
| **Progress:**The Kenya FP CIP 2021-2024 has been developed and has been signed off pending launch and dissemination to all the 47 Counties.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
| **1** | Options Consultancy Services Ltd | Worked with MOH on the finalization of the FP CIP and is following up with MOH on the launch of the same. In preparation for the launch, Options also developed FP CIP brief which will be useful in the dissemination exercise. |

**Key Issues Identified:*** Late approval and launch of the FP CIP

**Recommendations:*** Fast track the launch and the dissemination of the FP CIP.
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| **1.7. Family planning costed Implementation Plans in Counties developed** |
| **PROGRESS :** In 2020 no new County developed FP-CIP. However, by end of December 2020 28 out of 47 Counties (Narok, Kajiado, Isiolo, Turkana, Samburu, Busia, Bungoma, Homabay, Kakamega, Kilifi, Kwale, Machakos, Makueni, Mandera, Meru, Lamu, Migori, Mombasa, Nakuru, Nandi, Nyeri, Siaya, Tharaka Nithi, Trans Nzoia, Laikipia, Elgeyo Marakwet, West Pokot and Nyandarua) had developed their CIPs for the period 2017-2020. Nevertheless, some of the counties have started revising their FP CIPs and some have already completed the process with the support from partners for example Kakamega.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | JHPIEGO-AFP | Supported the revision of Kakamega county FP CIP for 2021-2026 |

**Key Issues Identified:*** Most County CIPs have expired and there is need for review.
* Utilisation of FP CIPs in the rollout of FP in the counties is still a challenge.

**Recommendations:*** Counties to review and update their FP CIPs in line with the National FP CIP.
* Sensitization to be done at the service delivery level on the FP CIP
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| **1.8. Regional / Cluster County Family Planning meetings held** |
| **Progress:**In this reporting period regional meetings on FP were held in Siaya, Garissa, Laikipia Counties with support from different FP partners.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
| **1** | Siaya Muungano Network | Participated in world contraceptives day held in Nyasanda, Ugunja Sub-County.Also participated and provided feedback during dissemination of Reproductive Maternal Neonatal Child Adolescents Health performance indicators for Alego-Usonga through the GBV Technical Working group |
| **2** | Pathway Policy, DSW, Marie stopes | Supported regional youth meetings held by department of youth and technical working group on FP/RH in Laikipia County. |
| **3** | Ministry of health | Supported quarterly FP technical working meeting in Garissa region.  |
| **4** | Pastoralist girl initiative | Participated in Garissa County FP meeting as stakeholders.  |

**Key Issues Identified:*** These meetings are majorly held at county level with major support from partners.

**Recommendations:*** Counties to budget for these meetings for sustainability purposes.
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| **1.9. Private health workers’ capacity to provide FP services assessed** |
| **Progress:**During this reporting period a number of FP partners in collaboration with Ministry of Health have assessed the efficiency in service provision of the health workers of private health facilities and those assessed have benefited from on job training and mentorship.*No contribution reported during this reporting period.***Key Issues Identified:*** To maintain quality in provision of FP services, periodical assessment should be done in private facilities and this is not done as required.

**Recommendations:*** Integrate this with other assessments for private facility health workers.
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| **1.10. Bi-annual field visits to private health facilities Conducted** |
| **PROGRESS :**During this reporting period there was no information shared by partners on biannual visits to the private sector.*No contribution reported during this reporting period.***Key Issues Identified:*** There is high attrition rate in private facilities thus need for frequent support supervision.

**Recommendations:*** Department of Reproductive and Maternal Health (MOH) and County health management teams (CHMTs) should include visits to private facilities in their work plans and also consider integrating with other activities.
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| **1.11. Health Facilities supported to provide youth friendly services**  |
| **Progress :**There has been continued collaboration between the MOH and various FP partners in supporting Health facilities to provide youth friendly, Sexual and Reproductive Health services in different Counties across Kenya.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | Nyarami Medical Clinic & Vct centre | Supported its two facilities to provide youth friendly services in Migori county. |
|  | AMPATH (USAID DUMISHA AFYA) | Provided FP education within an integrated youth friendly service approach with HIV care and treatment. |
|  | MOH –Laikipia county | Provided modern FP methods for the youths with the support from Marie Stopes Kenya. |
|  | Nanyuki county referral Hospital | Manages a Youth empowerment center which provides all RH services to the young people walk in including counselling and HTC services  |
|  | One more day safe house youth friendly service (Doldol, Laikipia North) | Provided AYFS AND MCH services to the rescued Girls |
|  | Marie Stopes Kenya | Supported Nanyuki clinic to provide youth friendly services to adolescents and young people. |
|  | SCODA Development Group | Conducted sport check facility visit to establish how youth are treated at some facilities in Siaya County.Held dialogues with health facility in charges on the need to provide youth friendly services. |
|  | Safe Community Youth Initiative | Trained youths from Mtwapa, Matsangoni and Rabai Youth Friendly Center on National guideline on provision of YFS, 2016, advocacy and communication and Resource mobilizationDrafted, reviewed and validated the kilifi County SOP on YFC/S with the youth from Mtwapa, Matsangoni and Rabai YFC and participated in the development of YFC leadership and coordination committee . |
|  | Kenya Muslim Youth Development Organization | Provided technical support in the formulation of Kilifi youth friendly services Standard Operating Procedures (SOP). |
|  | Stretchers Youth Organization | Contributed to the establishment and furnishment of the Chaani CGTRH Outreach Youth Friendly Centre – Mombasa Kenya with financial support from UNFPA Kenya through I Choose Life Africa. |
|  | Triggerize | Established safe spaces at the Machakos level 5 hospital youth friendly centre to facilitate youth peer providers to give health education and trained Service providers in Machakos county to offer youth friendly services. |
|  | DSW- Uadilifi Project | Advocated for equipping and establishment of YFS and services in health facilities in Jomvu Changamwe sub counties.Carried out community scorecard on Youth friendly services in chaani and Mikindani facilities and facilitated sensitization forums with Adolescents ,Youth and Young People (AYP), community members and men on FP and contraceptives |
|  | World Vision- Kalawa | Created youth friendly spaces to address issues of adolescent health, life skills and mentorship with support from other FP partners. |
|  | MOH, Makueni County  | Provided youth friendly services and trained service providers on AYFS. |
|  | UNFPA | Supported the establishment of youth friendly centers in Narok County, Kilifi through International Center for Reproductive Health Kenya ICRHK. |
|  | KRCS-NER Garissa  | Trained staff at the main hospital to be friendly when offering FP services to young people. Advocated for adoption for flexible working hours to accommodate young people seeking RH services.  |
|  | National gender and equality commission  | Coordinated stakeholders meeting on the need to adopt youth friendly health service provision.  |

**Key Issues Identified:*** Due to scarcity of resources, county governments are finding it difficult to establish standalone youth clinics.
* Some health care workers (HCWs) still have biased attitudes towards adolescent accessing FP services
* Policy restrictions especially from the education sector limit provision of information and services.

**Recommendations:*** More sensitization of HCWs should be done on AYSRH.
* Policy review to allow for responsible provision of information and services.
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| **1.12. National Family Planning conference held** |
| **Progress:** The Government of Kenya in partnership with development partners convened World Contraception Day celebrations on 26th September 2021 under the theme ‘leaving no one behind; Expanding sustainable access to contraceptive during Covid-19 and beyond”.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
| **1** | NCPD | NCPD coordinated and supported regions to celebrate the World Contraception Day |

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| **1.13. Parental/community support structures/systems for pregnant adolescents** **Established** |
| **Progress:** Different FP partners in collaboration with Department of Health Services at County offices continue to establish community and parental based structures to improve pregnant and adolescent mother’s health.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | Kenya Red Cross Society | Established school clubs to disseminate information on prevention of pregnancy among adolescents. |
|  | Children services (Laikipia county)  | Created arbitration forums held weekly on children assemblies and priorities for teen mothers and referral to hospitals for children affected by GBV as well as referrals to police and judiciary for purposes of child protection. |
|  | One more day children Safe house (Doldol, Laikipia north) | Established teenage mothers club and trained teachers, nyumba kumi and GBV survivors on child protection and SRHR.  |
|  | Anglican DevelopmentServices-Laikipia | Introduced the referral to hospitals in Nanyuki County for children affected by GBV including referrals to police and judiciary for purposes of child protection. |
|  | SCODA | Introduced dialogues with targeted parents on the need to make pregnant adolescents comfortable during pregnancy and the need to ensure proper brain development within the first 1000 days of the child.Initiated sensitization of community stakeholders on the need to protect and safeguard pregnant adolescents to ensure youth supportive structures and systems at the community levels. |
|  | UDI | Supported the development of modules for prim-gravidas Established safe spaces for pregnant adolescents. |
|  | Child Fund Makueni | Created safe spaces in the community where children are nurtured and protected by strengthening community-based child protection mechanisms and linking them to the formal systems including ASRH services. |
|  | UNFPA | Supported the development of National guidelines for Parental Guidance on ASRH, Narok, |
|  | Womankind Kenya  | Supported the set-up support networks for pregnant adolescent girls at the grass root level in Garissa County.  |
|  | OPAHA CBO WAJIR | Provided support to form Mother to mother group support to support both adolescent and pregnant mothers at the community. |

**Key Issues Identified:*** Due to scarcity of resources county governments are finding it difficult to establish standalone youth clinics.
* Some health care workers (HCWs) still have biased attitudes towards adolescent accessing FP services
* Policy restrictions especially from the education sector limit provision of information and services.

**Recommendations:*** More sensitization of HCWs should be done on AYSRH.
* Policy review to allow for responsible provision of information and services.
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| **1.14. Effective referral systems for pregnant and lactating adolescents** **Strengthened** |
| **Progress:**The Ministry of Health in collaboration with partners continues to strengthen the referral system’s that encourage adolescents and lactating mothers to seek better services at different Health facilities in different Counties across Kenya.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | Nyarami Medical Clinic & Vct centre | Through the existing Community Demand Creators referred pregnant and lactating adolescents to health facilities for both modern contraceptives and Antenatal services |
|  | Kenya Red cross Society | Referred pregnant and lactating adolescent mothers to the government hospitals for clinics where they would be given safe place to receive services. |
|  | AMPATH (USAID DUMISHA AFYA) | Identified and linked pregnant mothers to health facilities for ANC and PMTCT |
|  | SERENE HAVEN | Linked young mums to other organizations for services like health or legal matters. |
|  | Kenya Muslim Youth Development Organization | Supported training of over 60 CHV and Community based distributor on RMNCAH and referral mechanism and equipped them to be able to identify, recruit and referral and follow up pregnant women to ensure they deliver in a health facility, and get PPFP, lactating mothers to ensure their children are fully immunized and mother get long-term FP method, and adolescent and young people after giving life skill education those who are sexually active being referred for contraception services  |
|  | Kaiti Youth Network | Supported and referred the youth and adolescents age 10-17 years for emergency care including SGBV services for the sexually abused adolescents. |
|  | OPAHA CBO Wajir | Mentored mothers who support the organization to refer pregnant lactating adolescent mothers. |
|  | Girl concern organization | Trained young women and adolescent girls on the importance of attending pre-natal clinics and post-natal clinics in Garissa |
|  | Udgoon foundation | Referred the pregnant adolescents at the PGH hospital in Garissa for counseling. |
|  | Ministry of health | Supported pregnant and lactating adolescents to access MCH services at the health facilities.  |
|  | Children services | Provided free counseling services and referred cases to the ministry of health in Garissa County. |
|  | Maisha Youth Network | Linked pregnant teenagers to supporting partners such as Eagle Neema |
|  | Jacaranda Health | Established mhealth messaging platform where women including pregnant adolescents are empowered with information on focused ANCs and referral channels for danger signs in pregnancy and this improves health-seeking behavior at critical moments |
|  | Safe Surgery, JHPIEGO | Trained selected health facilities to conduct group ANCs and safe surgery especially for pregnant adolescents |
|  | Namubuya CBO – Nambale | CHVs carried outreaches through which pregnant and lactating adolescents were identified and referred to Nambale county hospital. |

**Key Issues Identified:*** Society still stigmatizes pregnant adolescents.

**Recommendations:*** More community sensitization to be done to eliminate stigma towards pregnant adolescents and more rehabilitative strategies to be implemented.
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| **1.15. Age-disaggregated data on maternal and perinatal deaths reported** **Annually** |
| **Progress :**The Ministry of Health continues receiving age aggregated data on prenatal and maternal death from different County and Sub County health facilities through KHIS on monthly basis with support from different partners. For 2021, the reporting rate for MOH 711 Integrated summary report: Reproductive & child health, medical and rehabilitation services Rev 2020 is 98.1%. This is the report used by facilities in the whole country to report on maternal and perinatal deaths. |
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| **No** | **Partner** | **Activities contributing to the indicator** |
|  | CHMT - BUSIA, LAIKIPIA | Conducted timely reporting maternal and perinatal deaths through MOH 711 and Tracker Capture. |
|  | DOH Makueni | Conducted timely reporting of maternal and perinatal deaths and audited all the deaths to ascertain the contributing factors including action points to prevent future deaths |
|  | Options Consultancy Services Ltd | Through MANI-QC, support has been given to Kericho and Nandi counties as regards reviewing deaths and ensuring its uploaded into KHIS |

**Recommendations:*** Further analysis should be done in estimating the impact of FP in reducing maternal and perinatal deaths.
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| **1.16. County Health Management Teams trained in quantification and** **Forecasting** |
| **Progress:**Ministry of Health with support from partners trained County Health Management Teams in Forecasting and QuantificationNationally.

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| **No** | **Partner** | **Activities contributing to the indicator** |
|  | MOH | Trained CHMT on Forecasting and Quantification (F&Q) nationally with support from different partners. |
|  | CHAK Uzima Makueni | Trained staff on Commodities management |
|  | UNFPA | Provided financial and technical Support to F&Q at National level |

**Key Issues Identified:*** Most counties have been trained on F&Q but since commodities are procured nationally most don’t undertake the exercise at the county level.

**Recommendations:*** Counties encouraged to undertake proper F&Q for FP product and even allocate budget for the same.
* counties should conduct their own F&Q then the national level can just consolidate to ensure there are no stock outs or such a process could advise on which commodities to be procured at the national level
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| **1.17. Annual quantification and forecasting report of FP commodities** **for the public, private for-profit FP-CIP produced.** |
| **Progress**:Two biannual quantification exercises were conducted in Mar and Oct 2021 by MOH with support from various partner and the report used in advocating for allocation of more resources

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| **No** | **Partner** | **Activities contributing to the indicator** |
|  | Options Consultancy Services Ltd | Was part of the National FP logistics team which did the biannual F&Q for FP in Mar 2021 with support from CHAI & Afya Ugavi.  |
|  | NCPD | Participated in Forecasting and Quantification meetings in March and Participated in F&Q meetings with support from Clinton Health Access Initiative. |
|  | NCPD | Participated in Forecasting and Quantification meetings in March and September 2021 with support from Clinton Health Access Initiative. |
|  | UNFPA | Participated in the F and Q meetings at National level |

**Key Issues Identified:*** Previously, the exercise has not taken into consideration inflation, exchange rate fluctuation and procurement costs.

**Recommendations:*** Inclusion of the extra charges has begun and better mechanisms of estimating these costs need to be implemented.
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| **1.18. County SBCC strategy developed for Northern Arid Land (NAL) counties** |
| **Progress :** The SBCC Strategy for the NAL) Counties was developed with the support from partners (DESIP) and is currently being implemented.*No contribution reported during this reporting period.***Key Issues Identified:*** This, so far, has only been attempted with the support of one partner and implementation of the strategies is still a challenge.

**Recommendations:*** National SBCC strategy needs to be developed to provide a basis upon which counties can adapt theirs.
* More partners in collaboration with counties to work context specific strategies and implement them for better outcomes.
 |
| **1.19. SBCC strategy monitored bi-annually** |
| **Progress:**The monitoring of SBCC strategy doesn’t exist at the national level and for counties that have its not clear whether their implementation is being monitored*No contribution reported during this reporting period.***Recommendations:*** Mechanism to monitor implementation of the strategies to be developed.
 |
| **1.20. FP champions trained and deployed in Counties** |
| **Progress :**There has been continued support of various FP partners in training and deploying FP champions as agents of change in various Counties across Kenya.

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| **No** | **Partner** | **Activities contributing to the indicator** |
|  | Laikipia East /Northwest/ sub-county  | Trained over 50 youth champions on advocacy of FP supported by DSW and Pathway institute |
|  | Nyarami Medical Clinic & Vct centre |  Identified eight FP champions in their two facilities, who have been trained and deployed in their two facilities in Nyatike and Suna East sub counties in Migori County |
|  | SCODA Development Group | 40 community health workers champions trained on FP services |
|  | Safe Community Youth Initiative | 4 FP champions were selected and trained on FP in Malindi ward to sensitize and mobilize girls aged 15-19years in the respective ward on SRH information and services. |
|  | Kenya Muslim Youth Development Organization | 120 FP champions trained in Kilifi and Mombasa counties |
|  | DSW | Trained 30 champions in Mombasa and 9 in Kilifi on FP and budget advocacy |
|  | DOH MAKUENI | Trained religious and political leaders (MCA spouses and female MCAs) as FP champions |
|  | International Youth Alliance for Family Planning | Trained 29 youth advocates from Nairobi and Narok as AYFP champions. |
|  | Pastoralist girls initiative | Trained 160 health workers and CHV’s on FP in Garissa county  |
|  | Womankind Kenya | Mapped and profiled 20 champions in Garissa and Wajir county.  |
|  | OPAHA | Trained 20 adolescents and mothers on PMTC and FP |
|  | Maisha Youth Network | Trained 2 FP champions but not deployed |

 |
| **1.21. Impact of messaging on myths and misconceptions evaluated** |
| **Progress:**No impact of messaging on myths and misconception study has been conducted during this reporting period*No contribution reported during this reporting period.***Key Issues Identified:*** Delay in undertaking KDHS

**Recommendations:*** Other partners doing surveys such as PMA to incorporate this in their surveys.
 |
| **1.22. Community Health Volunteers (CHVs) supporting use of modern** **contraceptives in villages trained** |
| **Progress:**Ministry of Health in collaboration with FP partners in different Counties have trained several Community Health Volunteers to support in fostering the use of Modern methods of contraceptives and other FP related activities.

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| **No** | **Partner** | **Activities contributing to the indicator** |
|  | Nyarami Medical Clinic & Vct centre | Trained 40 CHVs and are currently disseminating modern contraceptives information at the village level |
|  | Samia Sub-County | Trained CHVs to issue pills- Combined Oral Contraceptives (COCs) and Progestogen Only Pills (POPs). |
|  | Survivors Organization | Trained Peer educators to provide peer education on the importance of modern FP, with the help of AMPATH |
|  | MSK (Laikipia) | Trained CHVs to conduct community dialogues on use of modern contraceptives among women of the reproductive age.Trained 20 TOTs to assess how key populations are accessing modern methods of family planning. |
|  | Red Cross (Laikipia) | Supported the training of CHVs to conduct community dialogues on use of modern contraceptives among women in reproductive age. |
|  | HIMA | Trained CHVs in identifying, supporting and linking the people in the communities to health facilities for FP. |
|  | SCODA Development  | Sensitized community health workers on the pregnancy data and early pregnancy and use of modern contraceptives within Siaya County. |
|  | YWCA SIAYA | Conducted training for CHV’s on the mobilization of the adolescent girls to access modern contraceptive. |
|  | Wajir Red cross | Supported trainings for CHV on use of the modern contraceptives with the financial support of UNICEF and ECHO. |
|  | Kenya Muslim Youth Development Organization | Trained 140 community-based distributor in kilifi to support delivery of modern contraceptives in villages with financial support from afya pwani project. |
|  | Womankind Kenya | Facilitated the capacity building of CHV’s on the use of modern contraceptives in Garissa County.  |
|  | SUPKEM (Garissa) | Trained and supported 6 CHV’s to do outreaches with health workers on FP. |
|  | Pastoralist girls initiative  | Trained 100 CHV’s to support the community by sharing the information to the community on FP |
|  | Maisha Youth Network | Trained CHVs on the importance and how to administer modern contraceptives with assistance of County Government. |

**Key Issues Identified:*** Majorly supported by partners in collaboration with respective County Health Managements Teams(CHMTs)

**Recommendations:*** Counties to allocate resources to train CHVs.
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| **1.23. Prominent personalities identified and engaged as FP champions** |
| **Progress :**The prominent personalities such as the First lady of Laikipia County has been championing the use of Family planning activities in Laikipia County.

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| **No** | **Partner** | **Activities contributing to the indicator** |
|  | Laikipia County | First Lady her excellency Hon. Mbeneke fore fronted FP/RH activities especially in hard-to-reach areas –Northern Arid Lands( NAL) parts Laikipia north and west –Rumuruti and Doldol |
|  | Shina Foundation | Identified and supported family planning champions at all levels (among duty bearers and right holders) including Members of the County Assemblies (MCAs) in Makueni county |

**Key Issues Identified:*** Some leaders are anti FP and the pronouncements by the President limiting health care workers from providing FP services to adolescents are prohibitive.

**Recommendations:*** More advocacy and sensitization targeting leaders should be done.
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| * 1. **FP demand generation activities supported in counties in NAL Counties**
 |
| **Progress**:Numerous outreach and advocacy activities have been implemented with the aim of increasing uptake of FP services with support from various partners across the country.

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| **No** | **Partners** | **Activities Contributing to the indicators** |
|  | MOH | Advocated for constant and stable FP services in communities and facilities Integrated Outreaches Transforming Health System Marie Stopes, IPSASupported CHVs to sensitize the Community on the use of FP with support from Marie Stopes, Living Goods THS/UCP World Bank, Anglican Development Services (ADS) Western |
|  | I CHOOSE LIFE AFRICA | The organization works with youths through series of trainings on SRH  |
|  | One more day safe house youth friendly service (Doldol, Laikipia North) | Conducted community dialogues and outreaches in Laikipia north Doldol targeting opinion leaders on Reproductive Health. |
|  | MSK (Laikipia) | Conduct advocacy through CHVs by conducting door to door public education on reproductive health.Public education through CHVs in community dialogues and outreaches |
|  | Pathway Institute (Laikipia) | Supported the Office of the First Lady Laikipia County during her Hongera Mama Kit Launch all across the Country to provide a platform to sensitize and increasing demand for FP. |
|  | Red Cross (Laikipia) | Supported the Laikipia Health Services to hold some of the community health outreaches done in the community such as on the internationally celebrated days i.e World Contraception Day, International Youth Day, International Condoms Day, International Women. |
|  | Mugogondo Girls empowerment Centre (Laikipia) | Supported in mobilization and sensitization of the young people on the importance of Family planning during International Youth Day and International Condoms Day. |
|  | Siaya Muungano Network | Sensitized Youth advocates from local CSO’s on FP services & commodities to enable dissemination during their outreaches targeting AGYW’s in Siaya.  |
|  | HIMA | Participated in FP demand generation meeting in collaboration with the Department Of Health Services, AMREF, Network for Adolescent and Youth of Africa, Center For Health Solution(CHS), Siaya Muungano. |
|  | RHARK | Conducted integrated community outreaches at the grassroots with partners like Mildmay International Kenya where community receive basic treatment services, SRHR services and contraceptives. |
|  | Triggerize | Carried out the demand generation activities including the selection, training and management of the mobilizers to mobilize for integrated services during in reach and outreach health talks or skits that create awareness for FP. |

**Key Issues Identified:*** Security challenges prevent effective implementation of demand generation activities.
* Myths and misconceptions are still a hindrance to uptake of FP services.

**Recommendations:*** More education and sensitization targeting the community to be done.
 |

**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 of FP funding, differentiating population segments according to ability to pay and which market players are best placed to effectively reach the different population groups and 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 data and evidence on what is needed to move towards the implementation of a TMA for FP in Kenya***.**

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| **2.1. Approved RH policy that incorporates TMA for FP** |
| **Progress:**The National RH policy that incorporates the Total Market Approach for Family Planning has been finalized but yet to be validated and launched. **Recommendations:*** There is need to validate and finalize on this policy as it has taken too long.
 |
| **2.2. A Comprehensive Total Market Approach (TMA) Plan for FP developed** **and supported** |
| **Progress:**A comprehensive Total Market Approach (TMA) plan for FP has been developed by MOH with support from partners, though it has not yet been launched thus its implementation is still pending. **Recommendations:*** Need to launch and disseminate for its implementation to begin.
 |

**List of Abbreviations**

AYSRH Adolescent youth sexual reproductive health

BMGF Bill and Melinda Gates Foundation

CBO Community based organization

CHVs Community Health Volunteers

DESIP Delivering Equitable and Sustainable increases in Family Planning

FCDO Foreign Commonwealth and Development Office

FP CIP Family Planning Costed Implementation Plan

FP Family Planning

HCWs Health care workers

mCPR Modern contraceptive prevalence rate

MOH Ministry of Health

NCPD National Council for Population and Development

SRH Sexual Reproductive Health

THS /UCP Transforming Health System for Universal Health Care Project

TMA Total Market Approach

UNFPA United Nation Population Fund