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PROGRAMME

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Third party monitoring and evaluation for

DELIVERING SUSTAINABLE AND EQUITABLE INCREASES IN FAMILY PLANNING IN KENYA (DESIP)

NATIONAL DESIP FAMILY PLANNING LEARNING CONFERENCE
27/28 NOVEMBER 2023

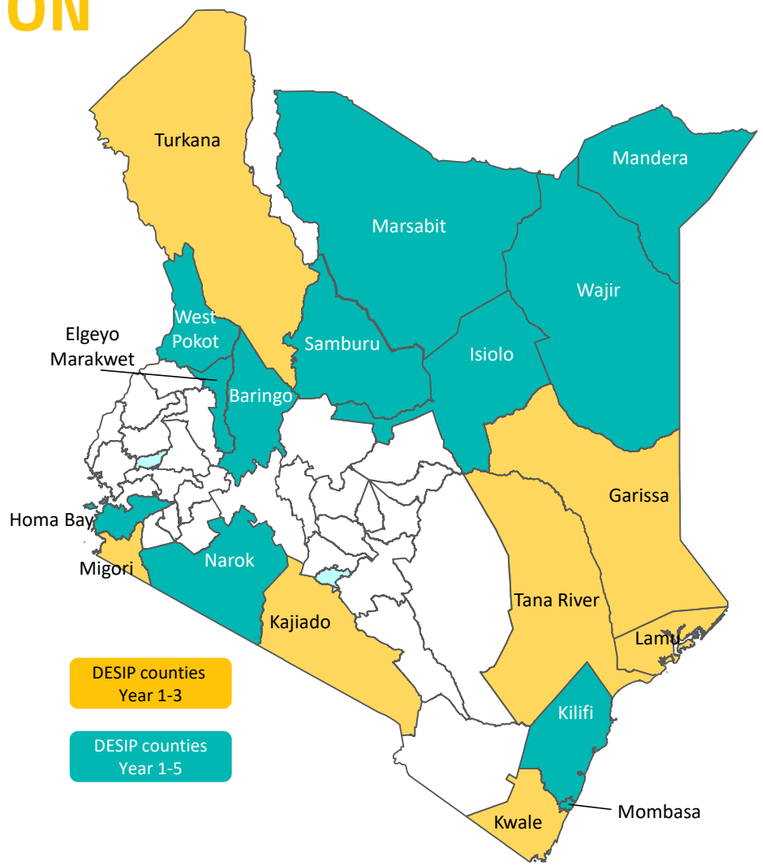
THE AGA KHAN UNIVERSITY

ICRH
Kenya
INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH
WHO Collaborating Centre

CONTENTS

INTRODUCTION

The United Kingdom, through the UK Foreign, Commonwealth & Development Office (FCDO), is supporting the Government of Kenya via the Ministry of Health to strengthen reproductive health in Kenya through the Delivering Sustainable and Equitable Increases in Family Planning (DESIP) programme that was launched in 2019. DESIP is implemented in 12 counties (previously 19 counties)[1].



The programme aims at contributing to an equitable increase in use of modern contraception especially for marginalised groups and reducing the total fertility rate and unmet need for FP in Kenya, 'leaving no one behind'. As per the Theory of Change, interventions include demand creation and supply-side family planning (FP) service interventions at the community level, for example, social behaviour change communication, male engagement, training and involvement of community health volunteers, outreach and in-reach programmes; at the facility and county level, for example, strengthening the capacity of health staff via training and supportive supervision, support for monthly and quarterly meetings, commodity redistribution, social marketing of FP commodities, FP data and quality improvement; and at the national level, for example, FP policy and strategy support, social accountability, and technical assistance.

Learning and sharing of best practices, reaching underserved populations and safeguarding are some of the cross-cutting themes.

DESIP is implemented by a consortium led by Population Services Kenya (PS Kenya), in partnership with Options Consultancy Services, Faith to Action Network (F2A), Health Rights International (HRI), Voluntary Service Overseas Kenya (VSO), Population Services International (PSI), AMREF Kenya, UNFPA (commodity procurement) and the hera consortium.

The present paper by the hera Consortium[2], responsible for third party monitoring, process evaluation and learning, presents lessons learnt and key take aways of DESIP implementation during the last five years of implementation.

1. Reductions in the budget prompted the programme to scale down coverage from 19 to 12 counties in Year 3 (July 2021) and discontinue activities implemented by Options, F2A, HRI, AMREF and VSO at the end of Year 4 (January 2023).

2. A consortium led by hera in collaboration with the International Centre for Reproductive Health-Kenya (ICRHK), Aid Works and the Aga Khan University (AKU), was appointed by FCDO in April 2020 to accompany DESIP throughout the life of the programme with independent third-party monitoring (TPM), process evaluation (PE) and programme learning. the consortium has collected primary data at community, health facility, county and national level (through focus groups, key informant interviews, health facility assessments and data quality audits) and triangulated these with secondary data from different sources (i.e. KHIS, KDHS, DESIP reports, national documents)

OVERALL KEY TAKE-AWAYS/ LEARNINGS

A selection of overall key take-aways/ learnings generated from implementation of the DESIP programme in the last five years (2019-2023) is listed here:

Deeper dive to understand drivers of performance in counties

Counties vary widely in uptake of Family Planning (FP). A deeper dive into the determinants of contraceptive knowledge, awareness and use in different contexts will help understand the key features that make changes in FP happen, and tailor specific approaches to the different and unique contexts present in Kenya.

FP domestic financing: prioritisation, ring-fencing and timely disbursement

Community health programming for FP, having shown their effectiveness for FP demand creation in DESIP, is for a large part financed by Development Partners. This is not a sustainable solution. The Government of Kenya (GoK) national and county level financial commitments to strengthen these programmes are regarded priority. Functional County Implementation plans (CIPs) are needed to earmark FP/RH budget lines to enable Annual Work Plans (AWP) to be realistically implemented. Moreover, ring-fenced budgets need to be timely disbursed to counties. As not all counties provide stipends for Community Health Volunteers (CHVs) yet, the Primary Care Network that is being established is an important step in the right direction.

FP commodity supply chain as a whole to be addressed

Despite concerted actions that have been deployed over the years, by DESIP and other partners, shortages and stock-outs of FP commodities continue to undermine access to FP services for the population. Focusing on the entire supply chain will help address these challenges. Actions include advocating for sufficient (domestic) funding, roll out of the FP Logistics Management Information System (LMIS) and Commodity Early Warning and Alert System (CEWAS), and strengthening FP commodity management capacity at county and facility level.

Continued priority to Human Resources for Health (HRH)/FP

Attrition and reallocation of staff have been challenges for HR capacity building and HR retention for a long time. Lack of qualified and motivated staff sincerely jeopardise FP services, its quality (e.g., counselling services) and availability (e.g., user friendly services at odd hours). Therefore, HRH staffing should remain the highest priority for improving FP services for the government.

Adolescent Sexual Reproductive Health (ASRH) policy implementation to ensure no one is left behind

Current practices do not always support the creation of an enabling environment to ensure that no one is left behind, e.g., People living with disabilities (PWD) and adolescents. Advocacy for a rights-based and reproductive health-based approach and reviewing and openly discussing the ASHR policy with partners will shape necessary conditions. Annual reviews of the mechanisms (to be set-up) that ensure implementation of the ASRH and other policies will support the discussion.

Accountability mechanisms to improve FP effectiveness

At present, transparency among direct and indirect stakeholders about FP programming and financing in the counties but also at national level, is not yet fully realised. Feedback at national and at county level requires information and data generation, collection, analysis and documentation. Accountability forums at national level and accountability mechanisms established in the counties (e.g. using CIP, commitment tracker) would contribute to agile, efficient, and targeted actions in FP programming. These will present mechanisms for civil society organisations to hold the government accountable.

A private sector platform for FP

Supporting and regulating the private sector in FP service and commodity provision is seen as a challenge for public sector dominated FP programming. It would help to institute a private sector platform to fast track and continue discussions on Public Private Partnership (PPP) and how to best incorporate the private sector in national, county and facility level FP services and commodity supply.

Digitisation of trainings

Digitisation of trainings has proven to be effective and efficient (Counselling for Choice/C4C training). They cannot replace traditional methods of training but can be an additional source for knowledge and skills building. The government could further embrace new digital training methodologies.

Funding predictability to support longer term planning and sustainability

Over the years, downscaling and budget cuts have affected FP activities deployed as part of the DESIP programme. Better funding predictability will enable counties to make longer term planning with respect to for instance HR capacity building and community activities.

Advantage of inclusion from scratch: learning, planning for phasing out, and county involvement

Initiating the learning process and planning for the program's phasing out from the start offers significant benefits. To enhance DESIP's effectiveness, early adoption of a learning agenda would ensure comprehensive documentation of success stories and lessons learned. Transparent communication and annual reviews of the exit strategy would prevent surprises for counties. Investing in county presence during the design stage and maintaining agile programming throughout implementation are key positive practices.

Social inclusion scale-up

The concept of social inclusion was initiated in DESIP and featured a unique opportunity to scale up and expand to other stakeholders and non DESIP supported counties. Initial sensitization guided the system to slowly adapt and 'taste the flavour'. One example spearheaded by DESIP is the inclusion of recording PWD in the new FP tool.

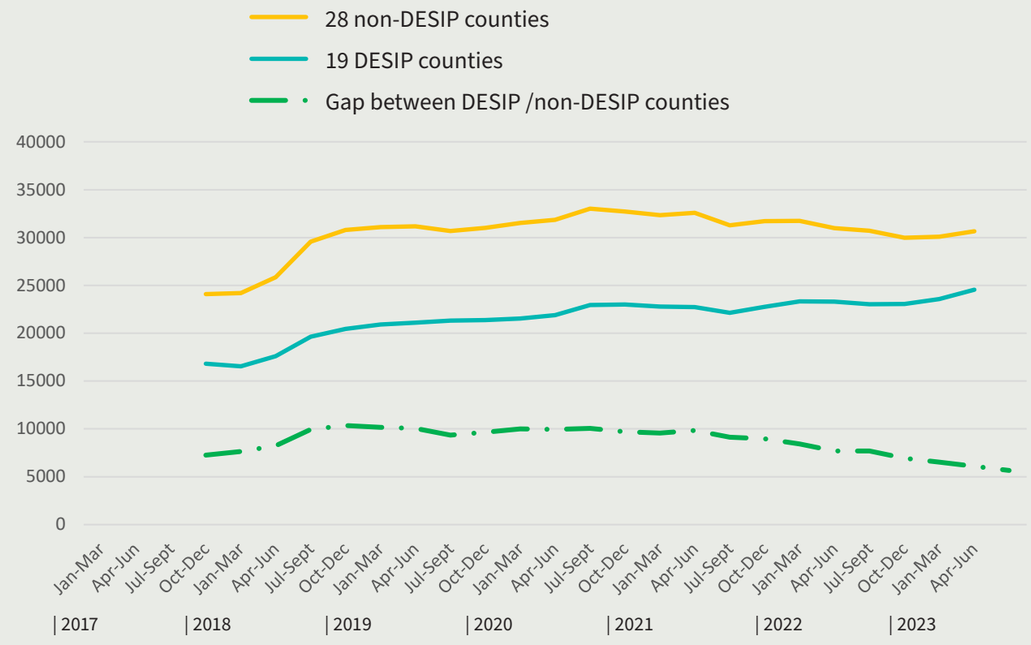
LEARNINGS

FAMILY PLANNING UPTAKE

Has there been an equitable increase in use of modern contraception, for poor women, adolescents and people living with disabilities?

Family Planning uptake in DESIP-supported counties as compared to non-DESIP counties

Family Planning uptake in 19 DESIP supported counties as compared to 28 non DESIP counties

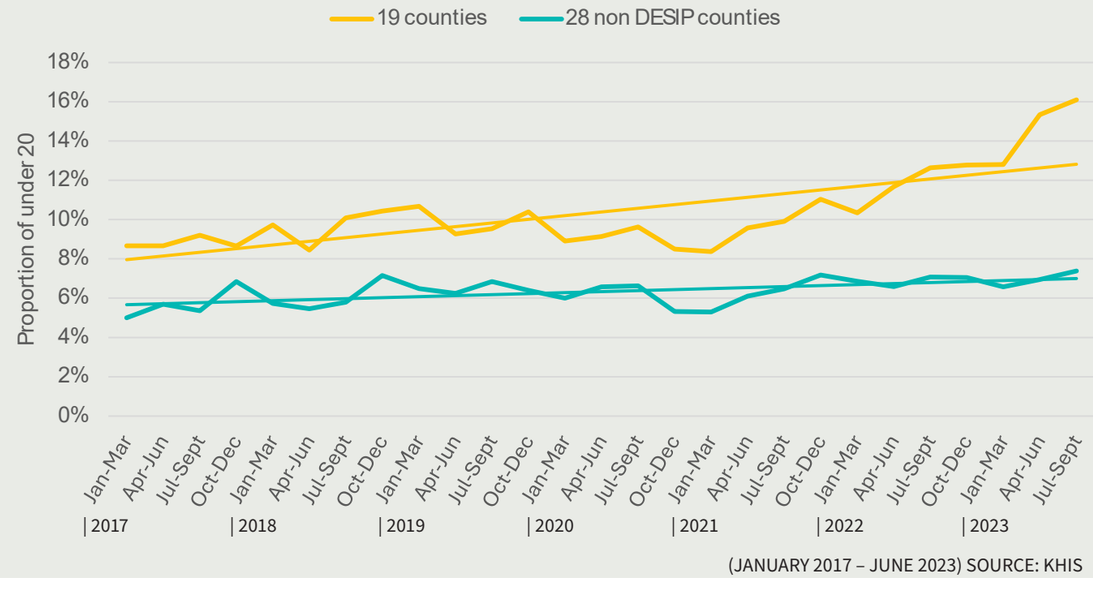


* 4 per moving average

(JANUARY 2017 – JUNE 2023) SOURCE: KHIS

↘ The initial FP uptake in DESIP-supported counties has been lower (and reason for selection of counties), but the gap is gradually closing with other non DESIP-supported counties since mid-2021

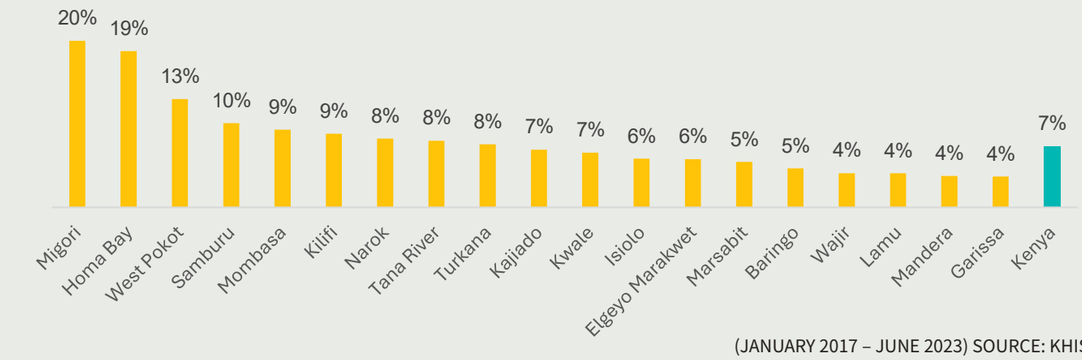
Proportion of Family Planning uptake under 20 years of age in 19 DESIP supported countries and 28 non DESIP supported countries



(JANUARY 2017 – JUNE 2023) SOURCE: KHIS

↘ DESIP-supported counties show an increasing and consistently higher proportion of FP uptake under 20 years of age compared to other counties

Proportion of Family Planning uptake under 20 years of age in each of the 19 DESIP supported countries



(JANUARY 2017 – JUNE 2023) SOURCE: KHIS

Remark: The data do not support the creation of similar graphs that specify for poor women and PWD.

FP uptake among women under 20 years of age; Denominator-FP uptake among all WRA

↘ The different DESIP-supported counties show a large variation in the proportion of FP uptake under 20 years of age. This proportion is particularly lower in ASAL counties and considerably higher in Migori and Homa Bay.

mCPR trends in DESIP supported counties over time

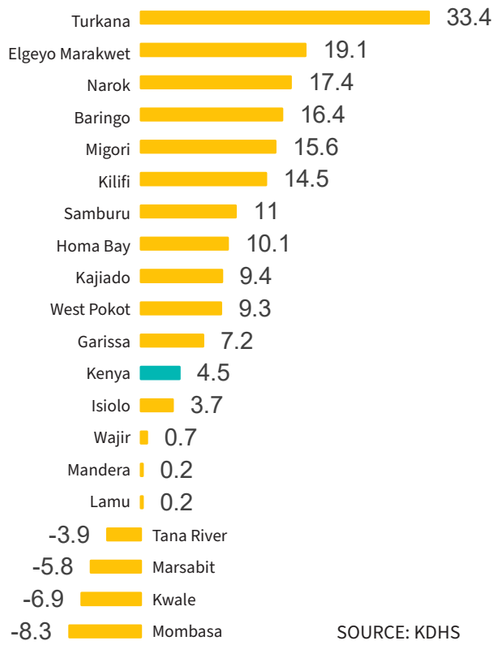
↘ Most counties showed a positive change in CPR between 2014-2022, and increased more than the Kenya average;

- Example: for Turkana this could be explained by low performance at start, high investments by DESIP and commitment of CHMT.

↘ Underperforming counties mostly in ASAL regions, but also including Mombasa.

- Example: for Mombasa this could be explained by high FP commodities stock-outs and a large proportion of private facilities.

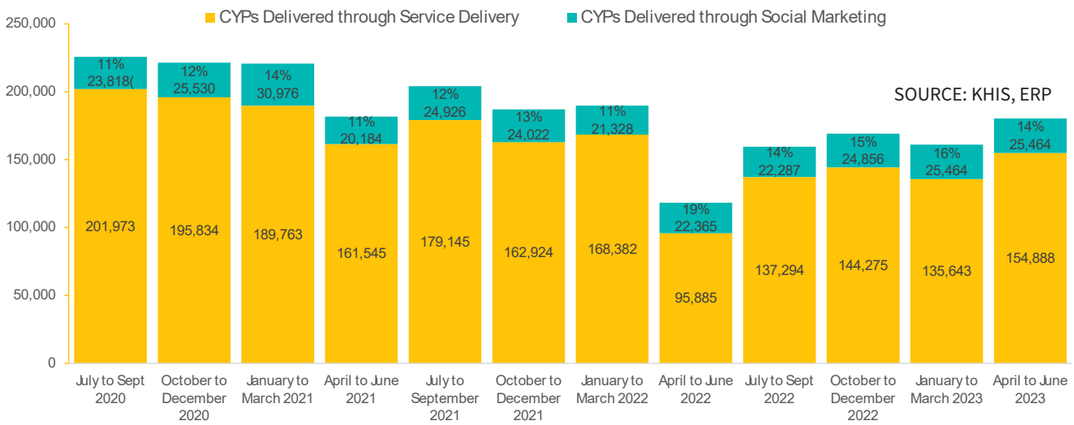
Changes in contraceptive prevalence between 2014 and 2022 in 19 DESIP supported counties



SOURCE: KDHS

Couple Years of Protection (CYP) in DESIP supported counties, by type, source, over time

Couple Years of Protection in 12 DESIP-supported counties by quarter over time (2020-2023), as calculated from KHIS data, and for social marketing commodities

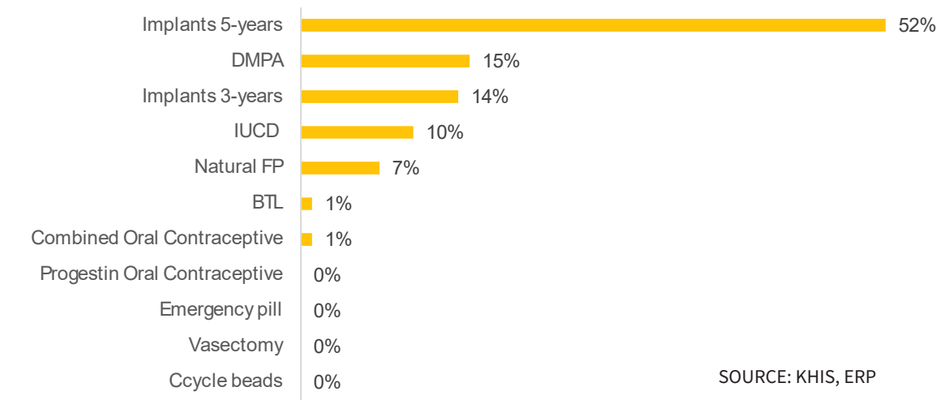


SOURCE: KHIS, ERP

↘ DESIP-supported counties show a fluctuation in CYP per quarter; on average, the social marketing of FP commodities (Femiplan, Femiject and Trust condoms) comprise 15% of total CYPs achieved.

↘ The vast majority of CYPs can be attributed to long-acting methods, whilst over half come from implants.

Contribution of Family Planning methods to Couple Years of Protection over time (2019 to 2023)



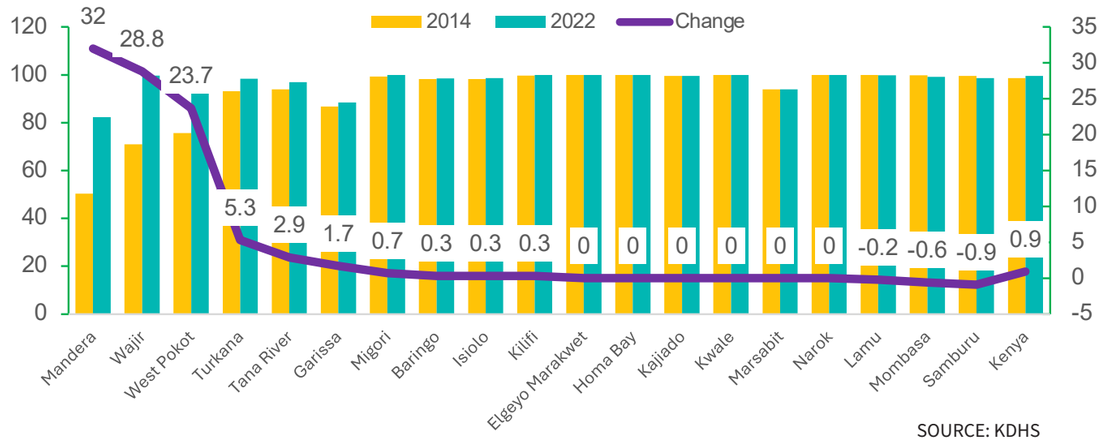
SOURCE: KHIS, ERP

KNOWLEDGE AND AWARENESS ON FAMILY PLANNING

Has awareness and acceptance of FP increased?

Knowledge of FP methods has been high, and some counties are catching up

Contraceptive knowledge among women in DESIP-supported counties and percentual change, 2014 and 2022



SOURCE: KDHS

↘ Contraceptive knowledge in general is high, and increasing in selected ASAL counties, with larger increases in counties that initially had lower knowledge levels. Counties that already had higher knowledge levels did not or hardly increase anymore. Knowledge among men was high in almost all counties. Women's knowledge markedly increased in Mandera, Wajir, and West Pokot.

Community-based initiatives are paving the ground for the Primary Care Network (PCN) approach

↘ DESIP's community-based interventions including community dialogue, male and youth involvement, champions and activating religious leaders have helped to change awareness and acceptance of FP

↘ Support to CHV and CBDs was instrumental, but coverage was limited. The interventions were sufficient for testing demand-creating messages and tools. Early acceptors of the costly CBD training model supported by partners like Narok paved the way for other counties to follow suit (Baringo, Isiolo, West Pokot). CHV and CBD engagement and motivation is supported by recently approved bill by GoK to pay monthly incentives.

↘ DESIP implemented a faith-driven and client-centred approach by partnering with five faith organisations[3] by diving into the faith sector's untapped potential in both demand creation and service provision by clarifying scripture basis for child spacing. Through this engagement, the religious leaders in the supported counties such as Homa Bay, Migori and Isiolo helped create awareness for FP and child spacing.

Case study

A case study conducted by the hera Consortium in Year 4 (2022-2023) explored men's influence in family planning (FP) in six DESIP-supported counties (Samburu, Wajir, Mandera, Homabay, and Narok). Key findings revealed that influential figures impacting FP uptake include male partners, CHVs, faith leaders, village elders, and mothers-in-law. Men play diverse roles in supporting or opposing FP, with factors like gender and power dynamics, cultural, religious, social, economic, and political elements affecting their involvement. Challenges, including misconceptions and resistance to FP, persist due to socio-cultural factors. Recommendations emphasized male engagement, advocacy, education, and transforming gender norms to enhance FP programs. The FP2030 Kenyan Government Vision and the National Reproductive Health Priority Research and Learning Agenda 2022-2027 specifically address the need to improve male engagement in FP, eliminate social-cultural barriers to FP service utilisation by transforming social and gender norms and focus on assessing male involvement in FP.

Although resistance to family planning by some religious groups still exist, the involvement of religious leaders has been having important influence in both Muslim and Christian communities. DESIP's implementing partners led the introduction of FP messages conducive to particular groups and religious leaders became aware and gained knowledge about FP in dialogue and training sessions.

3 The Supreme Council of Kenyan Muslims, Christian Health Association Kenya, Council of Anglican Provinces of Africa, Anglican Development Services of Mt. Kenya East and Organisation of African Instituted Churches.

ACCESS TO QUALITY FAMILY PLANNING SERVICES

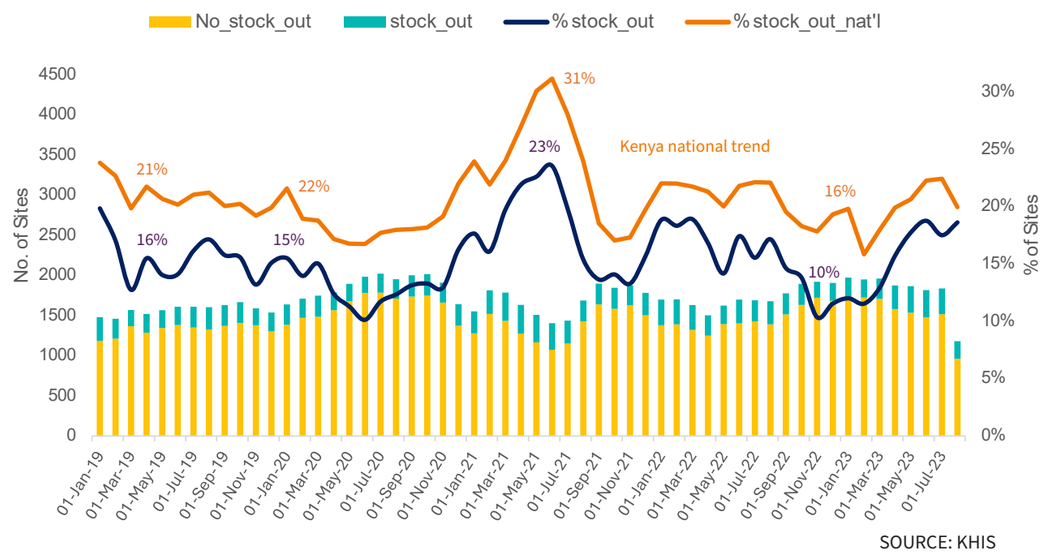
Given that access to Family Planning services is determined by its availability, quality (and affordability) have availability and quality of FP services improved, also for marginalised groups?

Family Planning commodity availability remains problematic despite coping mechanisms

FP commodity availability is identified as a key bottleneck for FP uptake

Information from KHIS, key informant interviews, focus groups, spot checks, data quality audits and programme reports highlights shortages and stock-outs of FP commodities as a key bottleneck to increasing FP uptake. These shortages are driven by poor inventory management practices, low data quality & reporting, procurement & supply chain hurdles, and funding gaps to purchase sufficient FP commodities.

DMPA availability in DESIP facilities as compared to non DESIP supported facilities



SOURCE: KHIS

↘ Stock-out of DMPA in DESIP-supported facilities is high

However, DESIP-supported facilities have been performing better as compared to the national trend. Some caution is warranted interpreting the data due to data quality of FP commodities reported through KHIS. The integrated LMIS that is currently rolled out across the country by the MoH, KEMSA and UNFPA, will enable a more effficient management of FP commodities. (STOP). Accompanying the integrated LMIS is the CEWAS, a commodity management system that enhances the end-to-end visibility in the supply chain. that is currently being rolled out across the country by the MoH, KEMSA and UNFPA, will enable a more efficient management of FP commodities, by bringing together data from the KHIS, the KEMSA LMIS, and other partner-supported information systems to enable facility and sub-county staff to make orders based on consumption trends. Accompanying the integrated LMIS is the CEWAS, a proactive commodity management system that enhances the end-to-end visibility.

Possible reasons for better performance in DESIP supported counties include training and supervision, strengthening forecasting & quantification, procurement of implants by UNFPA, facilitating redistribution of FP commodities, and advocating for increased domestic funding for FP commodities.

↘ Health worker capacity has been built through trainings, but disrupted halfway due to budget cuts and Covid, and attrition remains a problem.

Under the DESIP capacity building programme many trainings were conducted by DESIP in first years, but interruptions due to Covid and early phase out of key delivering IPs caused less than expected capacities on the ground.

↘ Structured mentorships were introduced, contributing to sustainable solutions for maintaining HR capacity

Structured mentorship trainings through Training of Trainers (ToT) and on the job training (OJT) have been identified as high-impact intervention. Sustainability and cost minimisation are main drivers next to skills acquisition, flexibility, and supervisory aspects.

↘ FP quality of care measurement and implementation still need to be boosted

FP standards have been developed by MoH and partners (DESIP), and the roll-out is in its initial phase.

In public facilities, data collection for the assessment of quality of care is conducted through KQHM. DESIP has measured quality of FP care in the private sector by means of HNQIS, which is considered not sustainable. HNQIS scores increased from 81% (Y1) to 88% (end Y4) (Logframe indicator), providing evidence of improved FP quality of care in private facilities.

↘ Social inclusion has been introduced at the facility, and would need further scaling and intensifying

Initial sensitisation guided the system to slowly adapt and 'taste the flavour'. One example spearheaded by DESIP is the inclusion of recording PWD in the new FP tool.

↘ Gaps in documentation and reporting practices undermine data quality of FP services and especially FP commodities

From 2020, the hera Consortium has conducted Data Quality Audits (DQA) on FP services in 388 facilities, and on FP commodities in 166 facilities, in 15 out of the 19 DESIP-supported counties. In the counties visited, data quality for FP services averaged 76%, whilst data quality for FP commodities averaged 64%; this points to documentation (MoH512) and reporting gaps (MoH711 and FCDRR), as well as data entry errors on KHIS. We observed a wide variation in data quality between counties, and between facilities within counties. Explanation for variances included documentation and reporting practices, different versions of registers, interpretation of data elements on register and MoH711 & FCDRR. There were issues with reporting of specific commodities: in particular COCs, implants, IUCD, DMPA. Comparing FP services provided vs. FP commodities dispensed showed inconsistencies in documentation on MoH512. Spot-checks also showed large discrepancies in DMPA availability in store vs. reported through the KHIS. The DESIP programme has supported improving data quality through supportive supervision, structured mentorship and on the job training, and proactive follow up with facilities reporting lower DQA scores.

↘ Outreach services in the community are important, but not yet sustainable

Important DESIP support to outreach FP services and counselling in selected remote rural ASAL areas improves access, awareness and FP uptake. However, more needs to be done to make this relatively costly intervention sustainable, prioritised by counties and financed from domestic sources.

↘ In DESIP-supported counties, marginalised groups are attended to by the programme

The DESIP partners support access of marginalised groups, for instance through supporting PWD friendly services, conducting outreach services to reach the poor, and inclusion of PWD in new FP registers. It is difficult to assess the reach of the activities, as denominators (esp. for PWD and to some extent also for the poor) are not known.

↘ Demonstrated key interventions by DESIP to promote sustainability of FP programming include:

- Financial sustainability: Leveraging increased allocation of domestic financing for family planning (incl. commodities) at both national and county levels, including ringfencing and timely disbursement of funds for FP.
- Technical/organisational sustainability: Capacity building of health care workers through continued structured mentorship and on-the-job training, to improve skills and motivation. Attrition and staff shortage are major detriments to FP service provision.
- Community level sustainability: Focussing on increased demand creation addressing socio-cultural barriers that prevent women and girls from using FP through community dialogues, involving male and youth champions, community groups and faith-based leaders, and deploying community health practitioners.

GOVERNANCE: PLANNING, FINANCING AND COORDINATION AT COUNTY AND NATIONAL LEVEL

At national level, with the MoH DHMT, NCPD, CoG, NHIF, DPs, others…

↘ **Overall, the DESIP programme is aligned with Government of Kenya priorities, FP2020 and FP2030.**

The programme provided support to FP related policies & guidance and commodity supply management/ security through technical assistance and participation in Technical Working Groups (TWGs)

↘ **National commitment is in place for full domestic financing of FP commodities by 2026;** DESIP contributed to the concerted advocacy efforts that resulted in the signing of a Memorandum of Understanding with the Government of Kenya and Development Partners

↘ **Engagement of the Council of Governance has been minimal**, but much needed for coordinating FP activities in the counties.

↘ **Inclusion of FP in County Implementation Plan (CIP)** serves as an **accountability system** for increased earmarked FP budget allocation and use in County Annual Work Plans (AWP)

At county level … (CHMT)

↘ As demonstrated by the county CIP and AWP**, priority accorded to FP is relatively low and varies by county**

↘ TWGs with counterparts has supported capacity building and accountability, but **fully fledged accountability mechanisms are still to be developed**

↘ Support supervision has been conducted together with S/CHMT, but **sustained supervisory quality assurance is not guaranteed** due to domestic financial constraints

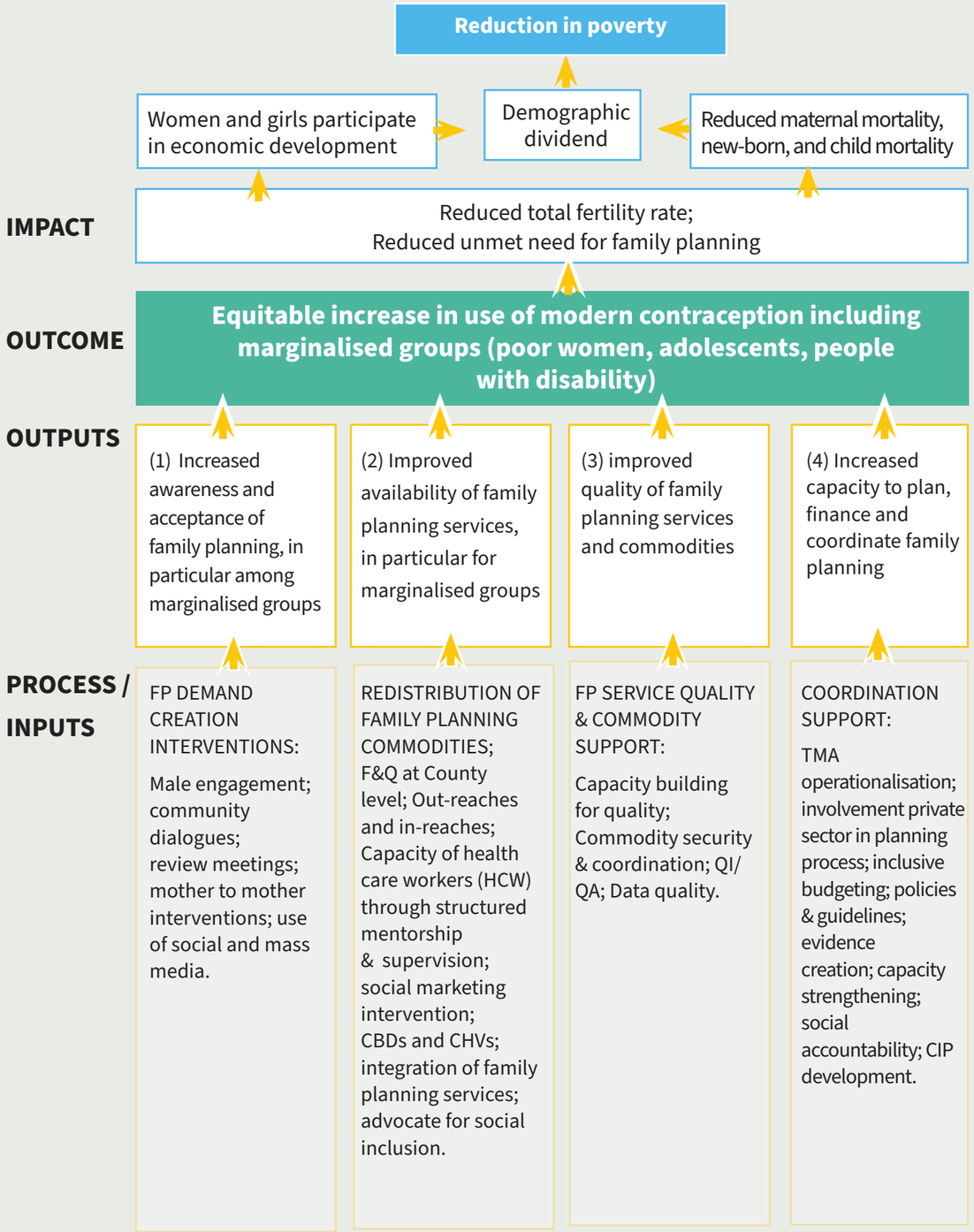
↘ **Integration of FP services under DESIP is ongoing;** examples include post-partum FP, Gender-based violence and HIV services.

See next page with DESIP programme Logframe indicators and RAG rating (Red, Amber and Green), as per the end of Year 4 (March 2023). As shown, all indicators have been achieved against Logframe targets, whilst a number of indicators are not (yet) rateable at this stage (i.e. outcome 3, 4 and 5; output 1.1, 3.1 and 4.2).

DESIP LOGFRAME INDICATORS

INDICATORS		STATUS	COMMENTS
1	Couple years of protection (CYP) delivered		Majority CYP from LARCs
2	Number of additional FP users (disaggregated by WRA, PWD, adolescents)		Cumulative; not disaggregated for the poor
1.2	Proportion of clients under 20 years (adolescents) accessing FP services		Wide variation between counties
1.3	Number of active demand creation agents providing social and behaviour change communication to target audiences in DESIP Counties		Up to Year 4, total 1,128 agents; most CHVs (822) and male champions (116)
2.1	Proportion of DFID-supported health facilities reporting a stock-out of FP tracer commodities DMPA during the reporting period		<25% target; still 1 in 5 facilities stocked-out, but DESIP-supported better than national average
2.2	Number of socially marketed FP commodities sold (condoms, pills, injections)		Importance source of FP commodities to the private sector
2.3	% of cost recovery for PS Kenya socially marketed (SM) products (disaggregated by product)		Self-reported, possibly sustainable?
2.4	Number of FP services provided through DFID-supported providers		Vast majority in public sector
2.5	Number of health facilities / service delivery points receiving the contraceptive commodities		Levoplant procured by UNFPA and distributed to selected counties
2.6	Number of health facilities benefitting from Supply Chain Spot Checks conducted.		Conducted in selected counties
3.1	Proportion of FP service delivery points in the private sector meeting the minimum quality of care standard/score		In Year 5, expanded to include QoC in public facilities using national FP standards
4.1	Number of supportive SRH policies and regulations in place and/or being implemented as a result of IP lead advocacy or engagement.		Dissemination of policy documents
4.3	National FP forecasting and quantification plan available for the current fiscal period of reporting		F&Q plan available, funding gap for FP commodities
4.4	Proportion of DESIP counties with FP Costed activities in the annual work plan		FP activities included as part of MNH/RMNCAH
4.5	Number of counties with functional public sector accountability systems		As measured by meetings organised (i.e. TWGs)
4.6	Number of TMA stakeholder advocacy forums held		TMA inception meeting, workshop report, workplan meeting
5.1	Independent verification and triangulation of logframe results by sampling across counties/sites in 3 DESIP-supported counties per quarter for more thorough monitoring and data analysis		Quarterly TPM reports and annnual TPM/PE report submitted
5.2	Provide a key learning function for the DESIP programme across all implementing partners to ensure effective programming and lesson learning/ sharing of evidence		Sharing of findings TPM & PE, case studies, webinars

DESIP THEORY OF CHANGE



Theory of change assumptions

OUTCOME TO IMPACT ASSUMPTIONS

- The decrease in unplanned pregnancies will decrease maternal, newborn, and child mortality

OUTPUT TO OUTCOME ASSUMPTIONS

- Improved access, quality, and societal acceptance of FP results in increased use
- Increased demand will be matched by supply and lead to increased use of modern contraception
- Supportive policies for FP
- Motivated HR available

INPUT TO OUTPUT ASSUMPTIONS:

- Government of Kenya remains committed to FP2020
- Counties continue to prioritise family planning
- Policy and advocacy efforts will lead to enabling environment and increase demand for family planning services
- Donors and partners in favour of more private sector and commercial sector involvement in FP

The theory of change (ToC) was reviewed midway through the programme (February 2022) to ensure it was responding to the evolving environment of SRHR and to incorporate best practices and lessons learnt during the first 3-year period of implementation. The ToC includes four outputs (improved demand creation, FP services availability, FP service quality and governance) that are generated by activities and inputs. If implemented in the right way (and given that external factors do not interrupt (assumptions), these outputs aim to achieve equitable increase in use of modern contraceptives among people including adolescents, poor women and people living with disabilities (PWDs). Through its ensemble of activities, the programme is thus expected to contribute to reducing the total fertility rate and unmet need for FP in Kenya.

DESIP Implementation context

The FP landscape in Kenya is guided by the FP2030 Kenya Government Commitment, which outlines the government's vision and mission of reaching accessible, acceptable, equitable and affordable quality family planning services for all, with zero unmet need for FP by 2030. Policies and guidelines have been developed and commitments in domestic financing (see Memorandum of Understanding, MoU between the MoH, BMGF, FCDO and USAID) were made in support of FP. The MoU stipulates that from 2026 onwards 100% of all FP commodities are funded from domestic sources. In addition, at community level, the Primary Care Network will inter alia support community health workers, who are considered pivotal for FP demand creation.

During DESIP's implementation period in the last five years, Kenya faced challenges in FP service delivery due to the COVID-19 pandemic, insecurity and droughts in some regions, ongoing restrictions on adolescent access to contraceptives that were exacerbated by the 2022 RH policy that requires parental consent, political changes, and persistent issues related to poverty and healthcare access for vulnerable populations. The high cost of living and increasing inflation rate directly affect livelihoods of the population, in particular the more marginalised. In addition, industrial strikes, high staff turnover and skills drain, as well as ongoing shortages of FP commodities, have undermined access and quality to FP services.

Kenya is considered an exemplar country in family planning globally, and more so in Africa, having surpassed its 2020 target of 61% modern contraceptive prevalence rate (mCPR) for married women in 2018, two years. However, the national figures masks the wide disparities that exist in the country with mCPR ranging from 2% to more than 70% in various counties.

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Back Cover Image: "People holding puzzle" by Andrew Popov, used under license from Adobe Stock.

Notes

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Third party monitoring and evaluation for delivering sustainable and equitable increase in family planning in Kenya (DESIP)

NATIONAL DESIP FAMILY PLANNING LEARNING CONFERENCE NOVEMBER 27 & 28, 2023

Download the report here:
www.hera.eu/news/national-desip-fp-learning-conference

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