



REPUBLIC OF KENYA

FP2030 KENYA GOVERNMENT COMMITMENT

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1. [KENYA]'S 2030 VISION STATEMENT

Kenya reaps the socio-economic benefits to all citizens through accessible, acceptable, equitable and affordable quality family planning services with zero unmet need for family planning by 2030.

Commitment Objective 1:	
Objective Statement	To increase mCPR for married women from 58% to 64% by 2030
Timeline	November 2021-October 2030
Rationale	<ul style="list-style-type: none"> The move to 64 percent is based on current trends in the country

	<p>that have been affected by the COVID-19 situation.</p> <ul style="list-style-type: none"> • Based on the S-curve 2014 deliberate focus on counties with an mCPR below 35% to improve by 10% and maintain the gains and strengthening the quality of FP services for those that are above 60% (DHS survey, PMA) • The counties with the low mCPR also are among the counties contributing to the highest maternal and neonatal mortalities hence will contribute to the improvement of maternal and child survival (RMNCAH Investment plan 2016)
Strategies	<p>Demand Creation</p> <ul style="list-style-type: none"> • The Country will embark on HIPs amongst other proven in-country interventions • Engagement with religious leaders and other gatekeepers as FP champions • Collaboration and coordination of Government, FBOs, Youth based organization and CSOs for demand creation of FP services and accountability • Strengthen community level partnerships to address SRHR/ FP issues <p>Supply/Service Delivery</p> <ul style="list-style-type: none"> • Scale up of high impact practices • Introduction of innovative approaches such as Self Care • Capacity building of public and private health providers to offer comprehensive FP counselling and expanded method choice including youth friendly services • Improve postpartum family planning (PPFP) uptake • Improve access to SRHR/FP services • Reinvigorate county government commitments to improve SRHR/FP services • Implement integration of family planning services with other related services such as HIV prevention • Expand and strengthen task shifting and task sharing <p>Policy Direction</p> <ul style="list-style-type: none"> • Development of self-care guidelines • Implement a robust social behaviour change communication (SBCC) strategy to address the social and gender transformation to address harmful practices, myths and misconceptions affecting uptake of FP

Commitment Objective 2:

Objective Statement	Reduce unmet need for FP for all women from 14% to 10% by 2030
Timeline	November 2021-October 2030
Rationale	S-curve indicates huge inequalities among counties and including among sub-counties within the same county
Strategies	<ul style="list-style-type: none"> • Ensure equitable access to FP information and services especially in marginalized areas and underserved populations to include populations in humanitarian/emergency situation • Broaden access and choice of FP at the last mile • Increased efforts in demand generation • Reduced stock out at facility level • Incorporate FP services as part of the essential services package during disaster response • Continuity of service provision

Commitment Objective 3:	
Objective Statement	To ensure sustained availability of FP commodities to the last mile
Timeline	November 2021-October 2030
Rationale	<ul style="list-style-type: none"> • Challenges in the supply chain management lead to stock outs and missed opportunities to address the unmet need for FP • Supply chain management challenges at the Central level • Decisions on FP supplies are often not guided by effective forecasts and quantification, logistics, and distribution at the sub national level leading to stock outs
Strategies	<ul style="list-style-type: none"> • Conduct bi-annual review of the national forecast and supply planning and quarterly logistics working groups meetings to monitor FP supply chain and make recommendations • Improve the efficiency of national FP supply chain (timely procurement and distribution, value for money, and functional logistical management information system) • Build the capacity for counties to conduct biannual forecasting and quantification of FP commodities and train and tool them for commodity management of FP

	<ul style="list-style-type: none"> • Enhance the capacity of relevant health care providers in FP commodity management to reduce frequent stock outs • Ensure inclusive quantification of FP requirements for availability of a wide range of FP choices for the citizenry to enhance choice • Integrate FP information and services within UHC roll out • Implement the Total Market Approach (TMA) and Reproductive Health Commodity Security (RHCS) Strategies
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Commitment Objective 4	
Objective Statement	To enhance the capacity of human resources for health (HRH) to provide FP information and services while also focusing special attention to the under-served, vulnerable and hard to reach population including populations in humanitarian/emergency situations
Timeline	By 2030
Rationale	<ul style="list-style-type: none"> • Skewed approach in providing FP services affect the FP method mix towards shorter term methods • Limited skills in counseling and service delivery has resulted in method discontinuation within a year of use • KENPHIA 2018 revealed that 50% of HIV positive women have unmet need for family planning, further, the KDHS shows vast disparities in access to family planning in the nomadic and pastoralist communities.
Strategies	<p>Policy level</p> <ul style="list-style-type: none"> • Harmonize and standardize all FP training curriculum • Ensure compliance to the national FP training curriculum • Finalize and disseminate key policy documents including the RH policy, FP policy and AYSRH policy • Repackage the policy documentation to user-friendly popular versions like infographics • Disseminate repackaged user-friendly policies and guidelines through workshops <p>Service delivery</p> <ul style="list-style-type: none"> • Enhance capacity of HRH to provide FP information and services <ul style="list-style-type: none"> ○ Through On Job Training, supportive supervision, mentoring to offer quality FP services

	<ul style="list-style-type: none"> • Include CHVs to provide comprehensive counseling services to clients • Ensure integration of FP services in other Service delivery points like routine child immunization, outpatients, HIV service delivery points • Integrate disability friendly services within FP service provision points <p>Community level</p> <ul style="list-style-type: none"> • Improve demand and utilization of RH services through effective community mobilization and referral strategies
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Commitment Objective 5:	
Objective Statement	Reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025
Timeline	November 2021-October 2030
Rationale	High teenage pregnancy rate (1 in every 5 girls age 15-19 is either pregnant or already a mother (KDHS 2014)). Few youth-friendly facilities The high unmet need for FP among adolescents and youth
Strategies	<p>Policy level</p> <ul style="list-style-type: none"> • Employ innovation and technology to ensure adolescents and youth attain the highest possible standard of health. Efforts will be made to eliminate teenage pregnancies, new adolescent and youth HIV infections and harmful practices such as child marriages • Expand access to youth-friendly services for adolescents and young people specifically by improving existing service provision channels for accurate information and services on a wide range of contraceptive methods that respond to the diverse needs of adolescents in line with the existing laws • Implementation of age appropriate sexuality education curriculum for in and out of schools • Establish multi-sectoral (The National Treasury and Planning, Ministry of Health, Ministry of Education, Ministry of Internal Security and Interior Coordination, Ministry of Youth, Ministry of Gender, The County Governments, CSOs, and Private sector) teenage pregnancy task forces across the 47 counties and develop action plan on ending/preventing teenage pregnancy

	<p>Service delivery</p> <ul style="list-style-type: none"> • Ensure universal access to friendly quality reproductive health services and information to the youth and adolescents by 2030 • Provision of PPFP for young mothers to reduce repeat pregnancies and enable them to return to school • Ensure all pregnant adolescents, including the poor and hard-to-reach, have access to skilled care during pregnancy, delivery, and postpartum • Enhance effective referrals to relevant services for pregnant adolescents <p>Community level</p> <ul style="list-style-type: none"> • Use of both old and new media like digital technology to reach adolescents and young people with SRH information and services • Support interdepartmental/ Inter-ministry strategies of keeping girls and boys in schools like 100% transition to secondary schools and provision of menstrual hygiene kits, • Robust SBCC Male engagement (boys, young men and men) on AYSRHR/FP and GBV • Engage decision makers (mentors, care givers, parents, teachers, local leaders, politicians) in AYSRH • Expand peer learning sessions like peer-to-peer engagement in AYS • Strengthen youth CBOs to enable them to reach AYP in SRHR
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Commitment Objective 6:	
Objective Statement	Transform social and gender norms to improve male engagement in family planning and eliminate social-cultural barriers to FP service utilization.
Timeline	November 2021-October 2030
Rationale	Many married women seek the approval of their male partners before seeking family planning services. Many male partners show open resistance to family planning services in conflict with the wives' wishes. Male involvement in FP is very low, including very low uptake of male VSC services.

Strategies	<ul style="list-style-type: none"> • Positively include men to transform normalization of family planning and ease the burden of the decisions and implications of family planning for the women and young people. • Involvement of men in correct FP decision making through sensitization of health care workers and the community • Address myths and misconceptions around FP by providing factual comprehensive FP information • Identify champions to promote male involvement in access to FP • Sexual behaviour change communication aimed at increasing demand for family planning amongst young people • Build capacity and tool healthcare facilities to provide vasectomy services.
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Commitment Objective 7:	
Objective Statement	Improve availability and utilization of quality FP data for decision making
Timeline	November 2021-October 2030
Rationale	<ul style="list-style-type: none"> • Good quality data is important for decision making. • KHIS data on FP can inform on use, distribution and reorder levels of different FP commodities at the national and county level • The FP module in KHIS can support further analysis for decision making • Data can be used to track progress of the FP2030 commitments • Document best practices, identify and address the challenges. Robust monitoring and evaluation during the mid-term • Use of surveys to ensure that the indicators are tracked in a timely manner (DHS, PMA, Track20 and Motion Tracker)
Strategies	<p>Policy level</p> <ul style="list-style-type: none"> • Aligning Strategic Documents to Foster a Common Vision for Family Planning • Strengthen the evidence base for effective program implementation through research and information dissemination to enhance relevant programming • Improve the quality of primary data collected and reported

	<p>through (KHIS2) to ensure timeliness and reliable data at national, county, and sub-county levels.</p> <ul style="list-style-type: none"> • Ensure ease of accessibility, analysis, visualization and utilization of the data for decision making. • Establish a multi-stakeholder mechanism to monitor and track progress in the implementation of the FP2030 commitments • Enhance participatory approaches in repackaging of information to promote cross-learning <p>Service delivery level</p> <ul style="list-style-type: none"> • Strengthen FP services and supply chain data collection and analysis for data to inform decision making <ul style="list-style-type: none"> ○ Digitization of data collection tools to improve data quality and interoperability of the supplies (ordering) and demand side (service provision) • Enhance the capacity of government institutions to increase availability, accessibility and utilization of data at the county and sub-county level • Apply knowledge management techniques to strengthen improved data capture from private facilities into KHIS • Revitalize on quality monitoring of FP at all levels by use of unique identifiers and alignment of FP indicators <p>Community level</p> <ul style="list-style-type: none"> • Strengthen CSOs/stakeholders' knowledge management to be informed as a mechanism to ensure accurate and effective information delivery • Strengthen CSO coordination and competitive advantages to ensure that all communities are reached • Strengthen inclusivity in accountability systems by engaging the community especially adolescents, young people and people with disabilities
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Financial Commitment Objective 8	
Objective Statement	Increased domestic financing for family planning commodities to cover 100% of the requirements by 2026
Timeline	November 2021 to October 2026
Rationale	<ul style="list-style-type: none"> • Current FP commodity requirements to include ordering and warehousing is at USD 30M (National FP-CIP 2021-2024) • To ensure sustainability and continuation of FP services. GoK and

	<p>development partners have entered into an MOU for GoK to gradually increase its funding for procurement of FP commodities in preparation for donor exit by 2026.</p> <ul style="list-style-type: none"> • As a lower middle income country, Kenya has declared FP commodities as strategic and thus need for ensuring full domestic financing for FP in line with the country's goals. • FP has also been considered a development agenda in key policy documents (The National Population Policy, 2012, Health Act, 2019)
Strategies	<p>Progressively increase health sector financing to 15 percent of total budget, as per the Abuja declaration by 2030. This will enable the country to cover the cost of implementing Universal Health Coverage and gradually increase financing of family planning commodities from domestic resources.</p> <ul style="list-style-type: none"> • Ring fence the budget allocation for FP commodities • Engage with key decision makers (Ministry of Health leadership, National Treasury and Planning, Parliamentary Health Committee,) to advocate for FP as a development agenda. • Timely disbursement and efficient utilization of allocated funds • MTEF engagement and participation • Annual resource flow monitoring

COMMITMENT CONSULTATION PROCESS

<p><u>CONSULTATION PROCESS</u></p> <p>The 4th National Leaders Conference on Population and Development – Incorporated all stakeholders and had 1008 registrations that included Government – National and County Governments, DPs, CSOs, Learning Institutions, Youth and Youth Networks to include stakeholders from the counties</p> <p>Virtual FP Advocacy TWG - The family planning stakeholders were informed of the recommitment process with the draft road map developed shared with the focal points and with all FP stakeholders (DPs, Multilaterals, CSOs and Government partners). MoH, NCPD, Council of Governors, UNFPA, WHO, civil society organizations to include youth groups (JHPIEGO, Option Kenya, NAYA, CHAI, Track20, AMREF Health Africa, PSI, InSupply Health, Afya Ugavi, PRB, DSW-K, ICRH-K)</p> <p>Virtual FP Advocacy TWG - The FP2020 documentation, best practices and lessons learnt documentation was then shared at the national level with all FP stakeholders</p>

In Country regional dissemination meetings used to share the FP2020 Documentation, Best practices and Lessons Learnt documentation at sub-national level (Nakuru, Garissa, Siaya, Kilifi, Migori, Mombasa Counties)

CSO and Youth Survey on FP commitments – Organized by the CSO and youth focal points. Conducted on-line to get CSO and youth groups (Organization for Africa Youth, International Youth Alliance for FP, Youth Act) to their view points on FP commitments. Data analysed and shared.

FP2030 COMMITMENTS PROCESS

Commitments Retreat in Diani - A three-day retreat that shared data from Track 20 and PMA2020, and accountability tool Motion Tracker. Stakeholders available included Government (MoH, NCPD, Council of Governors), multilateral partners (UNFPA, WHO), development partners (USAID) civil society organizations to include youth groups (JHPIEGO, NAYA, CHAI, Track20, AMREF Health Africa, PSI, Living Goods, FHI360, InSupply Health, Afya Ugavi, PRB, DSW-K, ICRH-K, PMA20). Participation by both online group and physical groups on the ground to come up with objectives, rational and strategies.

Focal Points Retreat in Naivasha – A One and half day retreat attended by all the Kenyan focal points to review the Diana output. Organizations present included MoH, NCPD, UNFPA, FCDO, USAID, COGs, JHPIEGO and NAYA.

COMMITMENT ACCOUNTABILITY APPROACH

Existing Platforms

- FP commodity security steering group
- FP TWG
- FP advocacy TWG
- FP logistics working group (National)
- CHMT (County level)
- FP TWG (County level)

New

- biennial FP conference/ dialogue (After every two years)

Accountability tools/mechanisms which will be used to track commitments?

- DHIS 2, KEMSA LMIS, Track 20 FP module
- Surveys – PMA, KDHS
- Motion tracker
- FP dashboard
- National and County RMNCAH score cards (Development of FP scorecard)
- Social accountability platforms- community score card

- Medium Term Expenditure Framework and Budget Policy Statement

Social accountability mechanisms to be used at the subnational level?

- Commodity security TWG
- Data review meetings
- County budget tracking mechanisms
- Community score card

Role of civil society partners and how they will be engaged in tracking progress on commitments

- The platforms incorporate CSOs
- CSOs implement some of the above strategies
- Membership in TWGs, participation in conferences,
- CSOs directly engaged in provision of SRHR/ FP services
- National / county forums where CSOs share information and experiences
- Periodic county and national review sessions

Ensuring visibility and transparency in sharing information on country progress towards meeting commitments

- Annual data summaries/ progress reports to be regularly shared on different websites (MoH, NCPD, CoG, specific county websites)
- Monthly commodity summary report shared in the existing and new platforms
- Regular updates and sharing of DHIS2 data
- Dissemination of user friendly periodic (quarterly or semi-annual) briefs (Info graphs) of FP2030 Progress
- Leverage World or National commemorative days like World Contraception Day, World Population Day to share progress
- Dissemination through mainstream media, social media, COG Maarifa platform, ministry of health website, science journalist engagements
- Support champions in the political and religious groups
- Annual FP dialogue Conference

Alignment of the FP2030 accountability process with other national processes for monitoring other country commitments

Joint process embedded/ anchored in GFF/RMNCAH platform, Vision 2030, SDG 2030, AU Agenda of 2063 and the ICPD+25 annual review processes

Country process for reviewing data on progress and sharing that data with partners

- High-level joint government and development partner's forums for decision making on FP.
- Collect, analyze and share data in stakeholders' forums for validation
- Annual Consensus meetings
- biennial FP national dialogue/Conference

Remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights

- Violations will be addressed as stipulated in the Health act and Constitution of Kenya.
- If there is no progress;
 - Deploying RRI in areas lagging behind
 - Relooking at the strategies to re-align with the actual situation
- Identify the challenge
- Develop action plans
- Assign tasks to duty bearers
- Review of action during the review forums (either quarterly or semi-annually)
- Ensure the rights-based are ingrained in the policy documents and that they are aligned to the Constitution
- Harmonizing the relevant policy documents so that they speak to each other and align to a common goal
- Multi- stakeholder consultative forums to address the root causes where there is lack of progress

Funding of the accountability approach

- Use collaborative efforts to resource mobilize for accountability
- Integrate issues of accountability in existing country mechanism
- Government approaches are already funded (FP Scorecard, DHIS)

- Mobilize funding from partners for the National dialogue and TWGs
- Provide technical support to county governments to develop and implement costed FP CIPs
- National government and CSOs

Technical assistance needed to fully implement the above accountability approach

- Technical support in data collection, analysis and packaging (Knowledge Management- *a strategic and systematic process of collecting and curating information /knowledge, organizing it and connecting people to it so that they can utilize it*)
- Technical assistance in development and integration of the new and existing tools
- Exchange and sharing of best practices across countries and counties
- Knowledge management hub for FP2030 best practices
- Introduce short courses on FP programme management