FEBRUARY 10, 2021

THE MOTION TRACKER: FP2020 COMMITMENTS ACTIVITY REPORT

May 2020 to December 2020

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

- I. Increased modern contraceptive prevalence rate (mCPR) from 61% to 66% by the year 2030
- II. Increased CPR for any contraceptive method. among adolescent women (15-19 years) from 40% to 50% by 2020 and to 55% by 2025.
- III. 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.

1.1Objectives

Specific objectives of the Motion Tracker are:

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

Chapter 2: Methodology

2.1 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:

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

2.2 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 60 organizations were visited and 35 responded to the KIIs during a 8 months period from May 2020 to December 2020.

2.3 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 meeting.

2.4Data 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 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.

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Chapter 3: Results

3.1 Description of reporting partners

A total of 38 stakeholder's partners contributed to this report.

Category	Institutions
Government	Ministry of Health Kenya (Garrisa , Wajir County), National AIDS Control Council (NACC)
Donors/UN Agency	UNFPA (UNH6 Programme)
International NGO	Marie Stopes Kenya, Options Consultancy, Amref Health Kenya, DSW Kenya, Catholic Relief Services (Mwendo), The Challenge Initiative (TCI), Pathways Policy, Hope Worldwide Kenya, International Youth Alliance for Family Planning
Local NGOs	Safe Community Youth Initiative, Daraja women and youth Development (DAUWOYE), Connect to retain CBO, Daraja Mbili Vision, Lwala Community Alliance, Manyatta Development is power, U-Tena, Kenya AIDS NGOs Consortium (KANCO), Christian Health Association of Kenya (CHAK), Mbithi Foundation, Neema Foundation, Young Professionals for Development (YPD), AIDS Healthcare Foundation, Family Health Options (FHOK), Hope Valley Institute, Sisters Maternity Home (SIMAHO),CRHO Makueni county, National Organization for Peer Educators (NOPE), Faith 2Action, Ugunja Youth Development, Maji Youth Limited, Nyarami VCT, Bungoma County, The Source Solution Integrated Program (SSIP) Kenya
Private (for profit)	

Company

3.2 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 accessed to track Kenya's FP2020 commitments.

Figure 1 below details proportion per Health System Building Blocks.



OVERALL PERFOMANCE FOR PROGRESS INDICATORS



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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

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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.

1.1 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. In FY 2016/17, the actual allocation in the budget was USD 4.2 Million while for FY 2017/18, US 7.2 million was allocated.

However, in 2018/19 and 2019/20 the commitment made was not achieved as USD 3.0 million and USD 11.8 million was allocated respectively for procurement of FP commodities. This means that the government did increase its allocation towards procument of FP commodities but did not meet its intended target. This is as a result of advocacy efforts that have been done to ensure increased FP investment with support from development partners and will need to continue to sustain the gains.

No	Partners Activities Contributing to the indicators				
1	Ministry of Health Kenya	Conducted high level advocacy meetings with development partners and the national treasury on resource mobilization for Family planning.			
2	Lwala Community Alliance	Procured FP commodities for 8 facilities within Rongo in partnership with MoH Migori.			
3	Daraja United Women and Youth Empowerment	Provided FP commodities to both private and public hospitals through the funding of Plan Parental Global project at a tune of 12.8% of the total project funding.			
4	Kenya AIDS Ngoʻs Consortium (KANCO)	Participated in budget making process in various counties through advocacy efforts to increase the health budget financing.			
5	Mbithi Foundation	In partnership with the CSOs Working Group on Reproductive Health submitted a memo to Parliament Budgetary Appropriation Committee on the Program Based Budget FY 2020/2021.			
6	International Budget Partnership Kenya	Financially facilitated CSOs working group (HERAF, DSW, GROOTS KENYA, PRB PACE, Good Health Community programmes, IBPK, PATH, Development initiatives and Population Council) on Reproductive Health to submit a memo to Parliament Budgetary Appropriation Committee on Program based budget FY 2020/2021, in partnership with Institute of Public Finance Kenya (IPFK).			
7	Pathway Policy	Participated in Advocacy for increased funding for commodities at Nyeri county level.			
8	Options Consultancy	Provided technical support on FP logistics and Commodity Security Working groups to track allocation towards procurement of FP commodities at national level as per the agreed Memorandum of Understanding between Government and development partners.			
1.2 National Budget line for FP established					

A provision for procurement exists in the National budget for FP commodity. High level advocacy efforts by development partner in collaboration with NCPD and MOH.

No activities were indicated for this reporting period.

1.3. County budget lines for FP created

PROGRESS :

In the FY 2019/20 no new counties with FP budget lines though for FY 18/19 some counties allocated a budget line for FP which are; Bungoma, Kakamega, Kilifi, Kwale, Machakos, Makueni, Migori, Mombasa, Siaya, Tharaka Nithi Nairobi, Uasin Gishu and west pokot. However, there are ongoing advocacy efforts by different FP partners to establish FP lines for the remaining 34 counties .

No	Partners	Activities Contributing to the indicators
1	DSW	Trained the health and budget technical team on programme based budgets and reporting compliance. Supported counties to develop annual work plans(AWP,CSFP) and ensure that the FP budget lines are maintained and funding increased. Provided technical support on Budget analysis and reviews for counties and also financially supported mid term expenditure reviews with county budget committee of Nandi county,
2	Safe Community Youth Initiative	Provided technical and financial support for county assembly committee members for health services and budget & appropriation
3	Mbithi Foundation	In partnership with some CSOs (Male Champions for Family Planning, Nairobi County Youth Network and Organization of African Youth Kenya), advocated for increase of Family Planning budget for Machakos county that was subsequently increased by Kes 300 million for FY 2019/2020
4	Options Consultancy	Participated in advocating for the establishment of FP budget line and allocation of resources in county plans/budgets.

1.4. FP included fully in existing NHIF and Private Insurance funds/schemes

PROGRESS : FP is included in the NHIF packages including the Linda mama and other private insurance schemes. Various partners engage in continuous advocacy efforts for inclusion of FP services in the NHIF through provision of technical and financial support.

No	Partners	Activities Contributing to the indicators
1	DSW	Provided financial support for ongoing national consultative meetings between CSOs, NCPD and national level policy makers on inclusion of contraceptives into NHIF scheme
2	Pathway Policy	Conducted a study on Impact of Out of pocket expenditure (OOP) by women in Laikipia county

3	Options Consultancy	Participated in the UHC secretariat meetings to advocate for inclusion of FP services and provision of all methods in the benefit package.		
4	Marie Stopes Kenya	Supported AMUA clinics to be NHIF accredited for FP services.		
5	SRHR Alliance	Advocated for the inclusion of FP in the existing NHIF scheme and UHC.		
6	Faith 2 Action	Provided technical support to health facilities in the registration for NHIF in Garrisa county in partnership with Amref Kenya.		
1.5. Revised Family Planning Costed Implementation Plan				

The Kenya national Family Planning Costed Implementation plan and a new FPCIP (2017-2020) for FP was launched in March 2018 and is currently under implementation.

1.6. Disseminate the Kenya Natio County Level	onal Family	Plannin	g Coste	d Implemen	tation Plan	at	the
PROGRESS:							

The FP –CIP 2017-2020 was successfully launched and disseminated in March 2018, with attendance of representatives from all the 47 counties.

1.7. Family planning costed Implementation Plans Counties develop

PROGRESS :

During this period 1 county finalized the developed its FP CIP. Consequently, the number of Counties with an active FPCIP increased to 28 out of 47 (57.4%) of counties have developed CIPs. Counties with CIPs include, 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.

No	Partners	Activities Contributing to the indicators
1	Safe Community Youth Initiative	Provided technical assistance in meetings aimed at tracking and advocating for implementation of the Kilifi County CIP-FP 2017-2021 that calls for progressive FP allocation. This was done in partnership with Dream Achievers Youth Organization, Pwani Youth Network, NCPD, Redcross Kilifi, Kenya Muslim Youth Development Organization, LVCT Health and Kilifi County Department of Health
3	MOH Garrisa	Supported the development of the draft FP CIP for Garrisa county.
4	Hope Valley Family Institute	Supported the development of Nyandarua CIP in partnership with NCPD and Nyandarua CSOs - DSW, Broad Vision
6	The Challenge Initiative (TCI)	Provided technical assistance in the development of the Nyamira County FP CIP.
1.8. Re	egional / Cluster County	Family Planning meetings held

FP technical working group meetings are held in various Counties with support from different partners including Kisumu,Nairobi,Homabay, Kakamega,Siaya,Machakos and Kajiado

No	Partners	Activities Contributing to the indicators
1	Hope Valley Family Institute	Participated in Nyandarua county FP meeting in partnership with other partners; DSW, NCPD
2	Lwala Community Alliance	Provided technical expertise during FP review meetings with partners in Kisumu county
3	Young Professional Development (YDP)	Participated in FP workshops conducted by NCPD in Machakos county.
4	Options Consultancy	Provided financial and technical support for operationalization and revitalization of technical working groups to address issues of commodity and reproductive health performance.
5	SRHR Alliance	Participated in the FP Technical Working Group (TWG) meetings held in Kisumu, Nairobi, Homabay, Kakamega, Siaya and Kajiado counties.
1 0 D		and site to muchide ED sourcions assessed



PROGRESS :

Different partners in collaboration with the Ministry of Health have taken the initiative to assess and build the capacity of the health workers in different counties through mentorship, on job trainings support supervision and trainings ensure quality FP services are provided.

No	Partners	Activities Contributing to the indicators		
1	Hope World Wide	Assessed private health workers before engaging them both at the drop-in center and during outreaches to ensure that they have the capacity to provide FP to the beneficiaries.		
2	Nyarami VCT	 Nyarami has done the following in assessing the capacity of private health care providers to offer quality modern FP services across 15 private health facilities within Migori County:- Verification of MOH practicing licenses (both for facility and service providers) Verification of FP commodities availability and their storage including 		
		 expiry dates Verification of availability of written protocols/guidelines and SOP of qualified service providers per facility and areas of expertise for different cadres. 		
3	Marie Stopes Kenya	Assessed the capacity of health workers in social franchise facilities (AMUA) on provision of FP services across the country.		
4	The Challenge Initiative (TCI)	Supported Nyamira county officials to conduct the assessment of private health providers and supervision.		
1.10.]	Bi-annual field visits to	private health facilities Conducted		

PROGRESS :

Partners in collaboration with the Ministry of Health Kenya conducted Bi annual field visits to private health facilities in different counties across the country.

No	Partners	Activities Contributing to the indicators			
1	DAUWOYE	Conducted Bi-annual visits to its working partner facility for data quality audit and collection in Kilifi county.			
2	Marie Stopes Kenya	Conducted monthly visits to the social franchise facilities and supported them to offer FP services.			
3	Nyarami VCT	Conducted monthly field visits to the private health facilities			
1.11.	1.11. Health Facilities supported to provide youth friendly services				

The Ministry of Health with support from partners have supported health facilities to provide youth friendly services and have increased access and utilization of quality sexual and reproductive health services by adolescents and youth across counties in Kenya.

No	Partners	Activities Contributing to the indicators				
1	Young Professional Development (YPD)	Assessed the capacity of 9 sub counties and 4 hospitals offering youth friendly services in Machakos county.				
		Established 7 Youth friendly centers in Kilifi County to increase access to FP services and information amongst adolescents and youth.				
2	Safe Community Youth Initiative	Assessed the availability, accessibility, acceptability and use of quality sexual and reproductive health services by adolescents and youth in 4 health facilities (Mtwapa Health Center, Matsangoni Health Center, Malindi Sub county Hospital and Rabai Health Center)				
3	Connect To Retain CBO	Trained 24 Health Care Workers from Kilifi South on Youth Friendly Services and provided technical support for the county government in the development of a concept for Youth Wellness Center				
4	Hope Worldwide	Established a Youth drop-in center clinic in Nyamira county to provide Family Planning and counseling services				
5	Daraja United Women and Youth Empowerment (Dauwoye)	Dauwoye supported health facilities within Nyamira county to provide Youth friendly services				
6	Neema Foundation	Trained service providers on provision of Youth friendly services in Machakos county.				
7	Lwala Community Alliance	Supported the establishment of 8 Youth friendly corners in health facilities in Rongo Sub-county in partnership with MoH Kenya				
8	Young Professional Development (YPD)	Conducted awareness campaigns on FP among the youth through the following projects: like jiactivate and youth HIV, Sexual and Gender based communication project at the Annual youth camps of churches, community				

		youth groups among others.
9	The Challenge Initiative (TCI)	Supported demand generation, services delivery and advocacy activities for AYSRH through provision of technical assistance and coaching using the business unusual model in Nyamira county
10	Christian Health Association of Kenya (CHAK)	Trained health providers on Youth friendly services, distribution of basic supplies and job aids
11	Magi Youth Limited	Facilitated community outreaches for adolescents and young people in Nyamira county.
12	CRHO Makueni County	Trained health service providers on provision of Adolescent and youth friendly services in Makueni county. Constructed and operationalized the youth centers in Makueni County in partnership with SHINA foundation.
13	Kenya AIDS NGOs Consortium (KANCO)	Provided youth friendly services in counties where they have Drop in centers (DIC) Nyandarua.
14	NOPE	Trained Health Care Workers on adolescent and Youth friendly services.
15	Nyamira VCT	Upgraded and equipped 15 private health care facilities to offer youth friendly services across Migori County.
16	Daraja Mbili	Trained health care workers on Sister to Sister intervention targeting women of ages 18-24 years and sensitized health care staff on youth friendly services.
17	Family Health Options Kenya	Conducted in-reach and outreaches for youth friendly services in Reproductive Health Education in partnership with MOH and GAC (Global Affair Canada)
18	Manyatta Development Power CBO (MDP)	Participated in advocacy for youth friendly centres during public participation in Kisumu East Sub County.

1.12. National Family Planning conference held

PROGRESS :During this reporting period MOH and NCPD with support from partners convened the World Contraceptive day in 2020 that aimed to advocate for FP as a key socio-economic development agenda advance advocacy for sustainable domestic financing of FP and advocate for sustainable prioritization and continuation of FP services during COVID-19 pandemic

No Partners

Activities Contributing to the indicators

1	National Council for Population and development, Ministry of Health, UNFPA,The Motion Tracker Project,NAYA Kenya,Bayer,Pathfinder International, Amref	Different partners provided technical and logistic support for the World Contraceptive Day
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Health Africa,PMA,Living goods,Insupply,Marie stop Kenya,PSKenya,JHPIEGO and CHAI.

1.13. Parental/community support structures/systems for pregnant adolescents Established

PROGRESS:

There are on-going efforts for county governments and partners to establish community structures to support pregnant adolescents such as first-time mum clubs, safe spaces, community youth clubs among others.

No	Partners	Activities Contributing to the indicators
1	Hope Valley Family Institute	Provided logistical support for adolescent girls to enroll in support groups
2	Connect to retain	Established and strengthened 5 Community Advisory boards for each ward in Kilifi South county.
3	Safe Community Youth Initiative	In partnership with Children's Rights and Violence Prevention Fund, Pad A Dada and New Visioners Art Group, established 4 safe spaces; Mtomondoni, Mzambarauni, Catholic and Mtwapa primary School area in Kilifi county to amplify their voices in terms of issues affecting them such as teenage pregnancies and gender based violence
4	YPD	Conducted youth awareness outreaches in 30 community youth groups and secondary schools in Machakos County in partnership with Deaf Empowerment Network (DEK) and Kenya Red Cross as Partners, Compassion Kenya, Hope Children Centre.
5	The Challenge Initiative (TCI)	Supported the AYSRH program through community structures by use of CHVs to create demand and conduct community dialogues to reduce myths and misconceptions around FP. Supported the Nyamira county to establish first mum clubs that focuse on the adolescent girls who are pregnant to ensure they receive Aantenatal care and start using family planning to delay second or subsequent pregnancies
6	NOPE	Established a peer mentorship model for adolescent's mothers below 17 years and reached 1000 young mothers with a wide range reportable indictors in the Community score cards. Reached 1000 adolescent mothers below 17 years through a peer mentorship model that was established by NOPE
7	MOH Western	Established Community units at household level that provide counseling services and referrals to nearby health facilities.

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	UNFPA (UNH6
8	Programme)

Established Family support structures (First time Mums) clubs with focus on Return to school, economic empowerment, life skills in Migori County.

1.14. Effective referral systems for pregnant and lactating adolescents Strengthened

PROGRESS :

Through the Ministry of Health Kenya Referral linkages to relevant services for pregnant adolescents have been enhanced by Community Health Volunteers (CHVs). Partners have supported in strengthening referral systems through community-facility referral systems and establishment of adolescent toll-free center in Counties such as Migori.

No	Partners	Activities Contributing to the indicators							
1	Safe Community Youth Initiative	With support from ICHR Kenya, provided referral to adolescent mothers to Mtwapa health facility to seek service and training on how to care for their pregnancies and their babies after birth.							
2	Lwala Community Alliance	Conducted household visits to pregnant and lactating women with support from the community health volunteers.							
3	Christian Health Association of Kenya (CHAK)	Supported enhancement of the Community-facility referral systems							
4	Magi Youth	Conducted community outreaches, Evidence Based Interventions and sensitization forums in Nyamira county using the MOH referral forms.							
5	Young Professional Development (YPD)	Provided referrals for those in need of services and linkages to health facilities in partnership with Deaf Empowerment Network (DEK) and Kenya Red Cross							
6	UNFPA (UNH6 programme)	Trained adolescent SRH champions as referral agents and supported the setting up of a county Adolescent Toll Free Line in Migori.							

1.15. Age-disaggregated data on maternal and perinatal deaths reported Annually

PROGRESS :

Kenya implements' KHIS that all facilities to report maternal and perinatal deaths at facility level on monthly basis.

There were no activities reported by any partner organization during this reporting period that contribute to this indicator

1.16. County Health Management Teams trained in quantification and Forecasting

PROGRESS :Partners through the division of Reproductive Maternal Health trained health management teams in quantification and forecasting in various counties

Migori, Homabay, Kajiado and Narok, Coastal, Kwale, Mombasa, Kilifi, Lamu and Tana river, Marsabit, Isiolo and Samburu, West Pokot, Baringo, Elgeyo Marakwet and Turkana, Mandera, Wajir, Nyamira and Garissa .

No	Partners	Activities Contributing to the indicators
1	Options Consultancy	Trained 19 counties in quantification and forecasting in collaboration with Division of Reproductive and Maternal Health. This Counties include; Migori, Homabay, Kajiado and Narok, Coastal, Kwale, Mombasa, Kilifi, Lamu and Tana river, Marsabit, Isiolo and Samburu, West Pokot, Baringo, Elgeyo Marakwet and Turkana, Mandera, Wajir, Nyamira and Garissa

activ	ities were supported by pa	an annual quantification report was developed that covers up to 2020 .This artners in collaboration with the Ministry of Health. <i>buted towards this indicator</i> .
1.18	8. County SBCC strateg	gy developed for Northern Arid Land(NAL) counties
With	counties has been drafted	rs the Social Behavior Change Communication strategy has been developed at th I and yet to be validated and launched eported during this reporting period.
1.19	. SBCC strategy monit	
). FP champions trained	ibuted towards this indicator d counties
Parti	GRESS : ners have trained various y , Migori, and Narok) count	outh FP champions and deployed them as agents of change in Machakos, ies.
No	Partners	Activities Contributing to the indicators
1	Young Professional Development (YPD)	Trained 6 Champions in partnership with Deaf Empowerment Network (DEK) and Kenya Red Cross in Machakos county
2	Safe Community Youth	Trained and sensitized 16 FP champions from Shimo La Tewa ward, Malindi

Provided financial support in training of health service providers on

quantification and forecasting in Nyamira County.

1.21	. Impact of messaging	on myths and misconceptions evaluated					
5	International Youth Alliance for FP	Trained 29 youth advocates from Nairobi and Narok as AYFP champions.					
4	UNFPA (UNH6)	Trained 50 Adolescent SRH Champions on Safe motherhood, contraceptive commodities and linked them to health facilities within the Migori county.					
3	Nyamira VCT	Trained and deployed 7 champions within 7 Sub – counties in Migori County.					
2	Initiative	ward and Matsangoni ward in Kifili county.					

PROGRESS :No contribution to this indicator during this reporting period.

1.22. Community Health Volunteers (CHVs) supporting use of modern contraceptives in villages trained

PROGRESS :

Daraja United Women

Youth

for the public, private for-profit FP-CIP produced.

1.17. Annual quantification and forecasting report of FP commodities

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And

PROGRESS:

empowerment

Community Health Volunteers in different counties across the country were recruited and trained by different FP partners on how to administer modern contraceptives i.e. Condoms

No Partners Activities Contributing to the indicators

1	DAUWOYE	Trained community contraceptives.	health	volunteers	on	modern	methods	of		
2	Nyamira VCT	Recruited and trained 130 CHVs on awareness and demand creation for modern FP services across 7 sub counties within Migori County.								
3	UNFPA (UNH6) Supported Training of CHVs on Community FP Module and commissioned them as Community based distributers and referral agents in Migori County.									

1.23. Prominent personalities identified and engaged as FP champions

PROGRESS :

No activities were indicated for this reporting period.

1.24. FP demand generation activities supported in NAL counties

PROGRESS: Partners supported FP demand generation activities in NAL counties through integrated community outreaches.

No	Partners		Activities Contributing to the indicators
1	Connect to CBO	Retain	Conducted Integrated Community outreaches, SHUGA Series and Sister to Sister Program in Kilifi county

Recommendations:

- More advocacy efforts on FP resource allocation at the National and county level.
- Need for partners to fast process (monitoring activities on the SBCC FP strategy)
- There needs to be clear mechanisms to identify how many centers are offering the Youth friendly centers.
- Sensitization for Counties to allocate resources for FP
- Evaluation activities on the Impact of messaging on myths and misconceptions on FP.

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.

2.1. Approved RH policy that incorporates TMA for FP

PROGRESS :

Currently the RH policy has been revised to include FP and FP financing using the TMA principles and is finalization and approval by the Ministry of Health.

- No Partners Activities Contributing to the indicators
- 1 Options Consultancy Provided both technical and logistical support during the review and development of the RH policy incorporating the TMA strategy approach.

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 and advocacy efforts to incorporate it in the national FP CIP are ongoing. Though this plan hasn't been approved and signed on.

No	Partners	Activities Contributing to the indicators								
1.	Options Consultancy		development on in	of	TMA th	5,	and Natio		for FP-	

Recommendations

There is need for Ministry Of Health to fast track the approval of TMA for implementation.

