

NEST

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"PLAN YOUR
FUTURE,
PLAN
YOUR
FAMILY."



THE NEST

EDITOR'S LETTER



ALBERT NDWIGA

The NEST magazine is a family planning programme mouthpiece. Now in its second edition, it is used to show case great FP programme implementation in Kenya. It captures what has been undertaken by government, development partners, implementing partners' and communities in ensuring that FP continues to thrive as a development agenda for this country. The magazine has been able to showcase the diverse innovations in FP.

NCPD supports the production of the magazine as it is evidence of how different stakeholders are working towards ensuring family planning access to the last mile. To NCPD, this is evidence of working towards a sustainable future with quality and prosperous lives for the citizens.

The stories emanate from empowering girls and changing their lives as a key theme. Today more than ever, the adolescent girl is faced with immense pressure from the triple threat of early pregnancy, HIV infection and gender based violence including femicide. Other bold stories include service delivery through the cultural lens! Culture plays a significant part of the African story and trying to ensure family planning service delivery with culture in mind is stretching the imagination to the last mile: for indeed that is the commitment that we have made as a country.

In this 2nd edition of the NEST, stories are captured from personal experiences, new initiative in empowering communities on FP including involving men as key partners in FP use. Also shared is innovative approaches to discourage FP discontinuation which stands at one out of every four women who use initiate FP use, discontinue, and the reduction of missed opportunities through the implementation of practices that have been shown to have the highest impacts. The new National Population Policy also makes it to this edition of the NEST as an overarching population policy that guides population programming in the country.

We welcome you to read, get empowered and act! Next time, also share what it is that you are doing in the family planning space. Enjoy your reading!

The editor is the National Family Planning Programme Manager at the Ministry of Health

IRENE MUHUNZU

WHY KENYA'S POPULATION POLICY IS A COMPASS TO PROSPERITY

On June 6, 2024, stakeholders, policymakers, and citizens gathered to witness a pivotal moment in Kenya's journey toward achieving Vision 2030—a vision of a high-quality life for all.

The occasion was the launch of Kenya's Sessional Paper No. 1 of 2023 on the National Population Policy for Sustainable Development. The guest of honour at the launch was Professor Njuguna Ndung'u, by then the Cabinet Secretary for The National Treasury and Economic Planning. Following the launch, the National Council for Population and Development (NCPD), headed by the Director General, Dr. Mohamed Sheikh, embarked on a spirited dissemination campaign to ensure swifter and broader impact. The rallying call that "population is not just a number; it's the lifeblood of development," set the tone for the historic event.

The policy is a master plan woven with seven thematic areas: i) Population Growth, Size and Age Structure ii) Fertility iii) Morbidity and Mortality iv) Mobility, Migration and Urbanization v) Population, Human Settlement, Environment and Disasters vi) Data, Research and Innovation; and vii) Resource Mobilisation. Each thread reflects



Kenya's determination to maximize investments in its people—the nation's most valuable asset. This 4th population policy harmonises the progress of previous population policies with fresh solutions to emerging challenges. Imagine a seedbed nurtured with care; just as water, sunlight, and soil work together to grow a tree. Similarly, the 4th policy aims to cultivate a population that is healthy, educated, skilled, and empow-

ered for sustainable development. By addressing rapid population growth and aligning it with economic development, Kenya is setting the stage for a future where no one is left behind.

At its core, the policy focuses on harnessing the power of demographic shifts—turning the youth bulge into an engine for growth and addressing the needs of an ageing population. Like a

river flowing in fertile plains, the strategy promises to channel Kenya's human capital into productivity, ensuring sustainable development for generations to come.

This initiative calls on all stakeholders—from national and county governments to communities and the private sector—to unite under a shared vision of a prosperous Kenya. Addressing population challenges requires a symphony of efforts, blending education, healthcare, job creation, and innovation into a harmonious solution.

Clearly, however, a policy is only as strong as the action behind it. Kenya stands at a crossroads, and the call is clear: every citizen, policymaker, and leader must embrace this blueprint for sustainable growth. Let us rally together to ensure that this policy is not just a document but a transformative force that shapes Kenya's destiny. The future is in our hands. Let us rise to the challenge, implement this policy, and build a Kenya where every life thrives.

The author is an Assistant Director of Population at the National Council for Population and Development

"AT ITS CORE, THE POLICY FOCUSES ON HARNESSING THE POWER OF DEMOGRAPHIC SHIFTS."

JANE NYANJOM

JOINT ADVOCACY EFFORTS BOOST FAMILY PLANNING ACCESS

It is common knowledge that the process of advancing the sexual and reproductive health of young people in any country requires a combination of advocacy efforts and collaboration across different sectors. In Kenya, several state and non-state actors have launched several initiatives to ensure increased and equitable access to family planning information and services.

The initiatives have tended to ensure that young people receive comprehensive information on family planning. Such information enables them to make informed decisions about their sexual and reproductive health, fosters positive relationships, and promotes their overall health.

Noteworthy, however, is that advocacy on reproductive health—specifically of family planning—has to be innovative, evidence-based, comprehensive, and intersectional. It also has to employ an integrated approach to the delivery of information and services at the national and county levels.

There is the other reality that girls and women in urban counties such as Nairobi face different challenges from those afflicting their counterparts in rural counties in accessing family planning services. In rural areas, access to such facilities is undermined by lack of infrastructure as well as by adverse cultural beliefs and practices.

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JOINT ADVOCACY EFFORTS BOOST FAMILY PLANNING ACCESS

For this progress to be sustainable, it is important to have a framework for the advancement and protection of comprehensive, high quality and equitable reproductive health rights and services for every person. In this respect, our national advocacy on this has been guided by national policies and laws, as well as international mechanisms to which Kenya is a party.

If government and civil society organisations can collaborate as before, much more can be achieved in addressing the unmet needs and growing more demand for family planning. This will certainly impact on boosting the demographic dividend of Kenya.

This is in line with findings of current research, such as the 2022 UNFPA analysis which shows that for every dollar invested in family planning and maternal health in developing countries, benefits to families and societies are estimated to be around US\$ 8.40.

US\$ 660B

Economic benefits that would be generated by 2050 if the additional investment needs are met.

It is projected that if the additional investment needs are met, this would generate US\$ 660 billion in economic benefits for Kenya by 2050. This is why more time and resource investment in this area is needed.

The author is the Advocacy officer at Centre for the Study of Adolescence (CSA)



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TERESIA MUTOGIA

NEW COUNSELING APPROACH AIMS TO REDUCE CONTRACEPTION DROPOUTS

The 2022 Kenya Demographic and Health Survey (KDHS) reports that although 57% of women in Kenya use modern contraceptives, there are also worryingly high rates of contraceptive discontinuation. About 25% of women, nearly one in four women, stop using their chosen method within the first year, often citing side effects, unmet expectations, or dissatisfaction. This pattern contributes to unintended pregnancies, strains the healthcare

systems, and ultimately erodes trust in family planning services.

In this regard, Counselling for Continuation (C4C) was initiated to transform how family planning counselling is delivered. The C4C initiative is a client-centered approach designed to empower individuals to select and continue using a contraceptive method that fits their needs, preferences, and lifestyle. By addressing the root causes of discontinuation, C4C fosters informed decisions, thus

enhancing satisfaction and building trust between healthcare providers and clients.

Central to C4C is the understanding that every client is the expert in their own life. This approach equips healthcare providers with tools to engage clients in empathetic, comprehensive discussions about their options, helping them to understand their concerns and clarify their uncertainties. Potential side effects are explained through open conversations, and solutions are tailored to each individual's unique circumstances. Follow-up care is also emphasised, ensuring clients feel supported long after their initial visit.

The C4C initiative has already helped some women in this way. One such woman is Beatrice, a mother of three, who says "I used to stop family planning because of side effects," adding that "this time, my provider explained what to expect and helped me choose a method that works for me. I

feel confident and supported." Healthcare providers are also seeing the difference. Grace, a nurse in Narok, remarks how "C4C has changed how we counsel clients. We're not just giving out information—we're listening, building trust, and helping clients make decisions that truly meet their needs."

The ripple effects of C4C extend far beyond individual clients. High discontinuation rates have long contributed to unintended pregnancies and strained public health resources. By addressing these challenges, C4C is helping to build healthier, more empowered communities. It is a shift in approach that redefines family planning—not as a transactional service, but as a partnership rooted in respect, autonomy, and informed choice.

This transformation relies on collective action. Advocates, healthcare providers, and policymakers all have a role to play in scaling up this approach. Tools such as the Choice Book for Providers and training programmes that prioritise client-centred care are essential in ensuring the success of C4C.

By championing these efforts, we can create a future where every individual has the knowledge, support, and confidence to make family planning decisions that shape their health, families, and futures with dignity and trust.

Population Services Kenya (PS Kenya)

"C4C WAS
INITIATED TO
TRANSFORM HOW
FAMILY PLANNING
COUNSELLING
IS DELIVERED."

PHOTO: COURTESY



PHOTO: COURTESY



BY IRENE MUHUNZU

THRIVING THROUGH PLANNING: MY TRANSFORMATION INTO A FAMILY PLANNING CHAMPION

Picture this: it was my first day at the National Council for Population and Development (NCPD), as a new employee a decade ago. I walked into the office, fresh-faced and brimming with enthusiasm, greeted by a banner that boldly declared, “A family that thrives is a family planned.” The words struck me like a lightning bolt of truth, a sermon delivered directly to my soul. I nodded in agreement, unaware that those simple yet profound words would lead me on a transformative journey of discovery, advocacy, and personal growth.

In my role at NCPD, I became a voice for change, advocating for smaller, more manageable family sizes to enhance health, education, and financial stability. Through billboards, bus ads, and community meetings, I championed messages such as “Small families, big opportunities!”, “Family planning saves lives!”

But behind the polished campaigns and meetings, my personal life was less a well-rehearsed orchestra and more a spirited free-style jazz performance. In the bustling urban sprawl outside Nairobi, where families face up to the challenges

of rapid urbanisation and hang-ups of tradition, my life was a whirlwind of managing a demanding job and raising three spirited daughters. Chaos was a frequent guest in our home—a surprise party of emotions, school projects, and endless energy.

One day, as I prepared for yet another advocacy event, my youngest daughter innocently asked, “Mom, do you follow those things you tell people about family planning?” The question stopped me in my tracks, her words sharper than any

“FAMILY PLANNING DOESN'T MEAN LOSING SPONTANEITY OR JOY. IT MEANS CARVING OUT SPACE FOR WHAT TRULY MATTERS—LOVE, LAUGHTER, AND A LEGACY THAT THRIVES.”



PHOTO: COURTESY

audience queries that I had ever faced. Children, as we all know, have an uncanny ability to spot and comment on our inconsistencies.

Her question lingered, sparking a deep self-reflection. How could I champion family planning for others while overlooking its importance within my own family? It was a wake-up call—a reminder that true advocacy begins at home.

That evening, armed with tea, mandazi, and an open heart, I gathered my daughters for an honest conversation. “Ladies,” I began, my voice steady but my hands trembling slightly, “we need to talk about family planning.” What followed was a rollercoaster of laughter, eye-rolls, and genuine connection.

I explained the significance of planning a family—not just for avoiding financial strain, but for creating room for dreams, opportunities, and a brighter future. I shared my own missteps and lessons, admitting that while I hadn’t always

practiced what I preached, it was never too late to start.

Our conversations evolved, touching on everything from career aspirations to relationships and contraception. Together, we explored questions that many shy away from: “Is family planning safe?” “Does it affect fertility?” “Which method is best for us?”

These family discussions didn’t just educate my daughters—they deepened our bond and inspired me to improve my advocacy.

Fast forward to today: two of my daughters are married, thriving in their own ways, and carrying forward the lessons we shared. My eldest even quipped recently, “Mom, you should’ve added, ‘Family planning saves your sanity’” – referring to the conversation we had those many years ago. Truer words have never been spoken.

Reflecting on this journey, I have realised that family planning isn’t merely about numbers; it’s about the ripple effects it creates. It empowers healthier, more educated, and economically stable communities—starting with our own families.

So, to every parent reading this: be the spark of change in your home. Have those conversations, no matter how awkward. Share your stories and provide evidence-based answers. Be the example you wish to see.

Family planning doesn’t mean losing spontaneity or joy. It means carving out space for what truly matters—love, laughter, and a legacy that thrives. Let’s plan for a future where every family can truly flourish. Join me on this journey. Start the conversation today.

The Author is an Assistant Director of Population at the National Council for Population and Development

DR ROSEBELLA AMIHANDA
AND JANE OWUOR

SHUJAAS OF SEME BOOST MEN'S DEMAND FOR FAMILY PLANNING

In the rolling hills of Seme Sub-county of Kisumu County, a quiet yet profound revolution is taking shape. Long-held cultural norms are shifting, as men take centre stage in conversations about family planning. Such conversations were once considered a women's affair.

But with time, the norms and practices are changing. This began as a bold collaboration between the Kisumu County Department of Medical Services, Public Health, and Sanitation and Living Goods. The conversations blossomed into a movement that is changing lives and strengthening families.

At the heart of this transformation are twenty-five extraordinary male champi-

ons, who go by the name shujaas. They are community members and leaders of male-dominated social and economic groups such as boda-boda riders, beach management units, and sand-harvesting groups. With training and support, the shujaas have been dispelling myths, breaking taboos, and fostering open discussions about family planning among their peers.

One of them is Jacob Ogutu. A boda-boda rider, Ogutu was initially skeptical about the programme. "I thought family planning wasn't a man's issue," he recalls. But after some training, he realised that family planning touches every aspect of a man's life; as a husband, a father, and a provider to his family.

Empowered by this understanding, Jacob began to speak to his peers in boda-boda sheds, where riders gather to rest and share experiences. His message resonated deeply with his colleagues. He later commented that "men see family planning as something that strengthens our families, not a threat to our traditions." The ripple effect has been remarkable. At the Lunga Boda-Boda Group, for instance, riders such as Charles Ouma have found the courage to broach the topic with their wives. "Before, I never discussed family

planning with my wife," Ouma admits. "But after Jacob's talk, I felt encouraged. We spoke about it, sought advice from a community health promoter, referred to a health facility and decided on a method together. It's brought us closer."

This newfound openness is both anecdotal and impactful. Local healthcare facilities report an increase in the demand for family planning services, as well as the number of men who accompany their wives to clinics for counseling. Ouma and his wife, for instance, now make informed decisions about family planning together.

Collectively, this shift in attitude contributed to stronger relationships, healthier families, empowered couples, and a community united in its commitment to better reproductive health. Women, too, are feeling the change. Rose Ayieko, a business woman, shares how her husband's involvement has transformed their relationship. "For the first time, he asked for my thoughts on family planning. We decided together, and it has strengthened our bond," she says with a smile.

But the journey, which began in June 2024, hasn't been without challenges. Deep-seated myths—like fears of



"WITH TIME,
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PHOTO: COURTESY

diminished masculinity or long-term health risks—still persist. To address this, healthcare professionals often join the shujaas during their sessions, offering technical expertise and dispelling misinformation. WhatsApp group for the shujaas and health care providers has created space for ongoing consultations. The initiative's impact is amplified by its consistency. Weekly or bi-weekly gatherings ensure that accurate information reaches more men over time, creating a steady drumbeat of change. This initiative is more than a programme. It is also

a testament to the power of collaboration and the untapped potential of male engagement. As the stigma of various family planning options fades, a culture of shared responsibility is emerging in Seme.

The once-silent partners in family planning are now its vocal advocates, paving the way for healthier and informed futures for families.

In Seme, change starts in unexpected places— at a boda-boda shed, on the shores of Lake Victoria, or in sand

harvesters' meetings—where men are breaking barriers and proving that the most powerful family planning revolutions begin at home.

This is an initiative that can be emulated and replicated elsewhere to break the barriers in family planning service and information. Yes, we can all be shujaas in breaking barriers and redefining family planning.

The Authors are from the Department of Health, Kisumu County





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BY GRACE MWANGI AND
DORIS MWANZUI

BINTI SHUPAVU: EMPOWERING GIRLS AND CHANGING LIVES IN MALINDI

In Malindi Sub-County, where the sun and ocean breezes meet a backdrop of cultural richness, teenage pregnancies have remained a persistent challenge. Driven by harmful traditions, limited education and poverty, many young girls face futures derailed by early motherhood. But hope has arrived in the form of the Binti Shupavu Programme, a locally tailored initiative inspired by success stories from across Africa. The programme is designed to empower adolescents in Malindi – and Kenya at large – to take charge of their futures.

Through Binti Shupavu, healthcare providers have transformed clinics into safe, welcoming spaces where girls can dream bigger. Monthly sessions engage young participants in discussions about

contraception, not just as a means to prevent pregnancy, but as a tool to shape their futures. With youth-friendly providers offering personalised care, every girl is treated as an individual, choosing methods that fit her life, body, and ambitions.

The programme also taps into the power of the community. Family members and local leaders—key influencers—are invited to Binti Shupavu story sessions, where they hear about young women who have defied the odds to achieve success. These sessions reshape attitudes, encouraging communities to support girls in planning for their futures and advocating for their rights.

A highlight of the programme is the Binti Shupavu skill classes, where girls acquire practical knowledge in decision-making, budgeting, and vocational skills. This component combines learning in general and particularised preparation of each girl for opportunities. Graduates are linked to training centres and community-based organisations, thus helping in opening doors to real-world apprenticeships and careers.

The journey culminates in the Binti Shupavu Fest, a vibrant celebration where achievements are honoured, and skills are showcased. It is more than a party—it is a community declaration of support for these girls and their futures. The impact has been remarkable. From 2022 to date, more than 14,000 adolescents have accessed contraceptive services, and hundreds of community influencers have become advocates for change. The programme has also sparked economic empowerment, with graduates seizing opportunities that once seemed out of reach.

Binti Shupavu is more than a project; it is a quiet revolution. It is about rewriting the narrative for girls in Malindi, replacing despair with hope, and empowering a generation to take control of their stories. The winds of change are blowing here, and they carry the promise of brighter futures.

Grace Mwangi is the Subcounty Reproductive Health Coordinator, Malindi, while Doris Mwanzui is the County Reproductive Health Focal Person.



PHOTO: ISTOCK



PHOTO: ISTOCK

BY BEATRICE OKUNDI

SMART ADVOCACY FOR FAMILY PLANNING FINANCING

Before SMART Advocacy initiative, family planning (FP) commodity financing advocacy was a straitjacket affair. This entailed participation in the Sector Working Group (SWG), Medium Term Expenditure Framework (MTEF), discussions with the Departmental Health Committee of the National Assembly and then waiting for the budget allocation.

However, this changed in 2024 after SMART advocacy training by Partners in Population and Development Africa Regional Office (PPD-ARO) and United Nations Population Fund (UNFPA). It is now clear that advocacy need not be a fixed action plan. Rather, it ought to be flexible based on consultations and the need to change strategies to achieve the desired win.

Advocacy for domestic financing of FP changed direction when the champions realised that there was nothing much happening, especially in the 2022/23 and 2023/24 financial years. During this period, allocations to the FP budget line (KShs. 1.2B and KShs. 1B, respectively, had been made but the finances were

not disbursed to effect procurement of commodities. In fact, with every supplementary budget, the allocated resources and budget allocations were reduced, and ultimately no monies were disbursed to procure commodities.

Subsequently, a team of FP champions at the national level met and reflected on what had happened between 2005 to 2012. Over these years, a budget line for FP commodities was established and government allocations saw Kenya nearly meet its needs for the FP commodities from internal resources. Following the reflection session, it was agreed that a political economic analysis of FP commodity needs to be undertaken to understand the journey covered and the challenges encountered.

Following the reflection session, strategies were then developed during the SMART Advocacy Training Workshop held at the end of July 2024. This changed the approach of domestic financing advocacy.

A meeting was planned with the

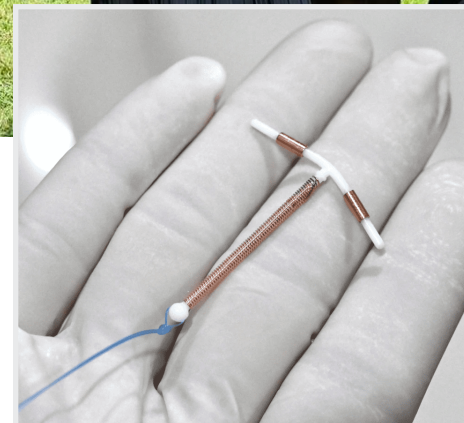
FP champions pose for a photograph after a reflection session



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PHOTO: COURTESY



month's stock of the three popular methods – injectable, implants and the pill at the Central Kenya Medical Supplies Agency (KEMSA) stores.

The PS for State Department for Economic Planning noted that whereas FP has not received the necessary attention, it was a strategic programme for Kenya. He requested the National Council for Population and Development to work towards making it a strategic programme for Kenya.

principal secretaries in the State Department for Medical Services, State Department for Economic Planning and The National Treasury. Two of these meetings with the principal secretaries have since been held, using advisories prepared and submitted to them for requested action. The meetings elicited very favourable responses, including:

- The Principal Secretary (PS) for State Department for Medical Services promised to champion the agenda of FP
- The PS promised to push for the re-imbursement of the KShs. 500 million that had been reduced from the FY2024/25 allocation to the FP commodity budget
- Push for KShs. 1.5 billion for the allocation in the FY2025/26 to boost the FP commodity buffer stock that is currently facing a looming crisis with less than six

***“BEFORE SMART
ADVOCACY INITIATIVE,
FAMILY PLANNING
(FP) COMMODITY
FINANCING ADVOCACY
WAS A STRAIGHT
JACKET AFFAIR.”***

BY TALASO GUTU WARIO

NEW TEAM TO STREAMLINE MONTHLY FAMILY PLANNING ORDERS

The Ministry of Health, through the Director General (DG) of Health, established the National Order Management Team in the Family Planning Programme in May 2023. This development marked a significant step in enhancing the management and safety of family planning (FP) commodities in Kenya.

The team was tasked with overseeing a more efficient and transparent system that ensures a reliable supply of FP commodities across Kenya.

The team comprises members from FP Programme, Kenya Medical Supplies Agency (KEMSA), and various developing and implementing partners in FP.

This broad composition ensures that the committee brings diverse skills efforts cover all areas of the FP supply chain – from procurement and storage to distribution and delivery – thus ensuring that no gaps exist in the system.

The National Order Management Team (NOMT) plays a pivotal role in overseeing and ensuring the efficient management of FP commodities across Kenya.

The team's core responsibilities include leading national ordering planning and management, validating and rationalising orders from counties and facilities, and developing and disseminating Standard Operating Procedures (SOPs) for the Integrated Logistics Management Information System (iLMIS).

NOMT is also required to:

- Make recommendations for remedial actions to address any issues in commodity management
- Regularly review the national supply chain status using tools such as the Supply Chain Maturity Model
- Ensure that FP reporting tools are updated as needed and,
- Works closely with County Order Management Teams (COMTs) to guarantee the timely processing of orders. Provide regular updates and

NATIONAL ORDER OF MANAGEMENT TEAM

Established by the Ministry of Health and tasked with overseeing a more efficient and transparent system that ensures a reliable supply of FP commodities across Kenya

- reports to the Family Planning Logistics Technical Working Group (TWG) on national order management, and
- Monitor the effective utilisation of iLMIS.

Through these efforts, NOMT ensures a robust supply chain that meets the needs of FP programmes, facilitating smooth operations and improved access to essential commodities across Kenya. The changes also bring about order that was previously lacking. As

one observer noted, before the formation of the team, staffers in the Family Planning Programme were struggling with lack of end-to-end visibility to the commodities and innovation technology in commodity management.

The author is a senior programme officer at the Division of Reproductive Maternal Newborn Child and Adolescent Health; Vice Chairperson of the National Order Management Team, Ministry of Health

The author is from RMNCAH Division-Ministry of Health

"THE TEAM WAS TASKED WITH OVERSEEING A MORE EFFICIENT AND TRANSPARENT SYSTEM THAT ENSURES A RELIABLE SUPPLY OF FP COMMODITIES."

PHOTO: COURTESY

BY HAMBULLE MOHAMED

A PATH TO SAFE, HEALTHY MOTHERHOOD

Apart from being practical, post-pregnancy family planning is like having a VIP pass to better health

Hey mamas and family planning champions! Let's talk about something that could be a game-changer for your family's future—post-pregnancy family planning. Think of it as your personal 'happiness spacing' programme. In the same way you planned your perfect wedding or your dream house, planning your family's growth deserves that same level of care and attention. And the best part is that you are already in the right place to start this important journey.

Post-pregnancy family planning is all about giving your body the time it needs to recover before bringing another baby into the world. Think of your body like a smartphone that needs recharging between uses. Having babies too close together is like running multiple apps on the phone without giving your phone time to rest and recharge.

Let us look at the numbers. If you have another baby within eighteen months of your last pregnancy, you risk your health and that of your babies. However,

when there is at least two years between pregnancies, you reduce the risk to you and your babies. This simple fact is why giving your body that extra time is so important, not just for your health, but for the well-being of your future children, too.

In Kenya, 98% of expectant mothers meet with a skilled healthcare provider at least once during her pregnancy, while 90% have a skilled professional by their side during delivery (KHIS2). That is almost having your very own pregnancy coach, guiding you every step of the way.

It would be better, however, if every woman who receives this expert care also got the family planning method of her choice. As a country, we could reach over ten million women accessing family planning interventions of their choice. Imagine the difference that could make in empowering women and reducing the unmet need for family planning.

Right now, according to the 2022 Kenya Demographic Health Survey, 14% of Kenyan women still face challenges when it comes to accessing the reproductive care they need, but we can change that by ensuring all women have the resources to make the family planning choices that

PATH TO SAFE MOTHERHOOD STATS

98%
Expectant mothers in Kenya who meet with a skilled healthcare provider at least once during her pregnancy

14%
Kenyan women still facing challenges when it comes to accessing the reproductive care they need, according to the 2022 Kenya Demographic Health Survey



PHOTO: COURTESY

"BREASTFEEDING IS A NATURAL CONTRACEPTIVE METHOD."

work best for them.

Apart from being practical, post-pregnancy family planning is like having a VIP pass to better health and happiness. You get one-stop-shop convenience, meaning you can take care of your family planning needs while already at the healthcare facility.

It is also a time when many women are looking for information, so you can get the scoop on all your options

when you need it most. It is the perfect opportunity to take control of your future pregnancies and make informed decisions about when and how you want to grow your family.

And did you know breastfeeding can be your first natural contraceptive method? Yes, exclusive breastfeeding can help delay ovulation and give your body even more time to recover after childbirth. This is just one more



*"ONE DOES NOT
HAVE TO WAIT UNTIL
AFTER DELIVERY
TO THINK ABOUT
FAMILY PLANNING."*

reason to embrace the flexibility and empowerment that comes with post-pregnancy family planning.

The best part is that one does not have to wait until after delivery to think about family planning. Just like preparing for a marathon, the earlier you start planning, the better you will be when the time comes.

Post-pregnancy family planning is all about making decisions on your own terms, at your own pace, and with the support of healthcare providers who truly understand your needs. Whether you are newly pregnant or already holding your baby in your arms, it is never too early to start thinking ahead and talking to your healthcare provider about your options.

So, what's the next move? If you are a mother, are you ready to join the smart mamas' club? Next time you are at your antenatal appointment, just ask about post-pregnancy family planning—it is that simple.

A well-planned family is a happy family, and you deserve to be in control of your reproductive health. Being a mother is amazing, but being a mother who is empowered to make the choices that work for you is wonderful.

So, take that first step towards safe motherhood. Truly, your future self and your future babies will thank you for it.

The author is an Epidemiologist and a Senior Program Officer at the Division of Reproductive, Maternal, Newborn, Child and Adolescent Health, Ministry of Health, Kenya

PHOTO: ISTOCK





PHOTO: COURTESY

BY MARK OKUNDI, SHAM MUSYOKI,
AND SAMWEL MARAGA

SATISFIED CLIENTS CHAMPION PERMANENT FAMILY PLANNING METHODS

In September 2023, John (not his real name) underwent vasectomy, a permanent male family planning method.

Thereafter, he volunteered to become a vasectomy champion. Alongside other champions, he was trained in public speaking, interpersonal communication, and managing myths and misconceptions about vasectomy. The training equipped him with a comprehensive information package to educate others.

When John opted for a vasectomy, his primary goal was to focus on his family. Together with his wife, they had achieved their desired family size of three children. Today, John is a proud vasectomy champion, reaching out to men in his community with accurate information to create awareness about the procedure.

John actively engages men in his community through public barazas and meetings, church events, and other forums. He shares his personal experience, detailing every step from making the decision to undergoing counseling, the procedure itself, and the healing process. Importantly, he highlights how he involved his spouse in the journey.

At a recent baraza in Nairobi, many men turned up to listen to John. Following a subsequent question and answer session, five men decided to also undergo vasectomy. As their champion, John supported them through the entire process, including by helping them to book appointments, explaining the procedure, and managing their expectations.

At Kahawa West Health Centre in Nairobi, we meet Beatrice, a 45-year-old mother of three, married for nineteen years. In 2023, Beatrice opted for Bilateral Tubal Ligation, popularly known as BTL.

Today, she is a champion for BTL, volunteering to raise awareness among women in her community and sharing her personal experiences since she underwent the procedure.

Despite initial challenges, including low reception and hesitation to discuss BTL openly, Beatrice gained confidence after training from MSI Reproductive Options Kenya—a reproductive choices advocacy entity. She now speaks confidently, providing women with accurate information and encouraging them to consider permanent methods if they align with their family planning needs.



In 2024 alone, Beatrice has referred ten women for BTL services. “I am happy to help women understand more about this method. Initially, I struggled to talk about BTL, but with training, I gained the courage to speak confidently and share all the necessary information,” Beatrice says proudly.

With support from UNFPA, MSI Kenya is implementing a project focusing on permanent family planning methods in counties of Nairobi, Narok, and Bungoma. Through community champions

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PHOTO: ISTOCK

“INITIALLY, I STRUGGLED TO TALK ABOUT BTL, BUT WITH TRAINING, I GAINED THE COURAGE TO SPEAK CONFIDENTLY AND SHARE ALL THE NECESSARY INFORMATION.”

FAMILY PLANNING
CHAMPIONS STATS

10

Number of women
Beatrice has referred
for BTL services in
2024 alone

CONTINUED FROM PAGE 25

like John and Beatrice, the project is breaking barriers and addressing misconceptions about vasectomy and BTL.

Their first-hand accounts and personal involvement are instrumental in helping individuals make informed decisions about their reproductive health.

The authors work for MSI Reproductive Options

The authors are from MSI-Reproductive Choices

BY SAM OYUGI, LINDA AKOTH
& MARYLINE OKUTO

MEN IN MIGORI RESHAPING FAMILY PLANNING



For years, I bore the burden of family planning alone, enduring side effects from contraceptives that disrupted my health. When my husband decided to take responsibility by undergoing a vasectomy, it changed everything for us.” These heartfelt words from Mary, a mother of five in Awendo, a subcounty in Migori County. Mary and her husband’s experiences highlight the changing perceptions to family planning in a region where family planning practices have long been viewed as a woman’s responsibility.

In 2022, the Ministry of Health and Lwala Community Alliance launched an initiative in Awendo Subcounty to promote male involvement in permanent family planning methods, particularly vasectomy. The goal of the initiative was to challenge deeply rooted myths and cultural norms that had discouraged men from taking an active role in family planning. The core of this initiative was a drive to create an equal partnership in reproductive health decisions, enabling men and women to share responsibilities for their families’ futures.

For years, vasectomy uptake in Kenya remained staggeringly low, with miscon-

ceptions like loss of masculinity and severe health complications acting as significant deterrents. In Awendo, no man had undergone the procedure for almost eight years. This changed with the introduction of non-scalpel vasectomy training for seven local doctors and clinicians, supported by experienced mentors.

The programme trained Community Health Promoters (CHPs) and Youth Peer Providers (YPPs) to engage communities with accurate information, challenging myths and misconceptions about vasectomy.

Community dialogues and forums became vital spaces for raising awareness about the initiative. Men were

“FOR YEARS,
VASECTOMY
UPTAKE
REMAINED
LOW.”



invited to listen to vasectomy champions like James, who boldly shared his story. He repeatedly told the men his own story, thus “My wife faced severe side effects from contraceptives, and since we had five children, I decided to have a vasectomy. It didn’t make me less of a man. I feel healthier and more in control of our future.” Such testimonials from men and the supportive voices of their wives opened the door for honest conversations.

The impact of this programme has been remarkable. By January 2024, twenty-three men in Awendo Subcounty had undergone vasectomy, a milestone that followed eight years of no uptake.

Satisfaction rates soared, with 96% of men expressing contentment with the procedure, and community support for vasectomy increased from 6% in June 2023 to 31% by year-end. Through

a decentralised service delivery model that rotated vasectomy camps among twenty-six health facilities, men could access services closer to home, removing barriers like distance and travel costs.

Beyond the numbers, women in Awendo also found relief and empowerment. The shift allowed couples to make informed decisions together, freeing many women from the sole burden of contraception. As Mary puts it, “This is a partnership. My husband’s decision gave me peace of mind and showed our children what shared responsibility looks like.”

The success of the vasectomy programme in Awendo Subcounty proves that change is possible when communities work together. As this model expands across all eight sub-counties in Migori County, there is room to rewrite the family planning narrative on how men can be involved. This is more than a medical intervention; it is a cultural shift towards equality, responsibility, and healthier families.

And as one man humorously said during a vasectomy camp, “I may have lost a few swimmers, but I gained a whole ocean of freedom!” The time to act is now—let’s build a future where family planning is truly a shared responsibility. After all, as James humorously puts it, “Being a vasectomy champion doesn’t make me less of a man—it just makes me a man with a plan.”

Samuel Oyugi is a Senior Programmes Manager Adolescent & Youth – Lwala Community Alliance, Linda Akoth is a Senior Communications Coordinator – Lwala Community Alliance, while Maryline Okuto is the Programmes Coordinator Adolescent & Youth – Lwala Community Alliance

BY BRIAN ANYEGA

HOW TAX ON CONDOMS IMPACTS ON HEALTH

The quiet hum of the clinic waiting room was interrupted by Wanjiku's voice. "Doctor, how do you expect me to plan my family when even condoms are harder to find than water in a drought?" A single mother of three from rural Kiambu County, Wanjiku is not exaggerating.

With recent tax policies in Kenya driving up the cost of condoms, clinics like hers are facing shortages. Free supplies have dwindled, and what is left on the shelves is often too expensive for people like Wanjiku to afford. "It's like the government is asking us to fight fires without water," she said, managing a wry smile despite her frustration.

Kenya's taxation of condoms has turned a public health commodity into a luxury. Once classified as essential medical supplies and exempt from tax, condoms now attract multiple levies, including a 25% import duty, a 3.5% Import Declaration Fee, a 2% Railway Development Levy, and a 16% Value Added Tax. For every ten million shillings worth of condoms imported, over 51% of this money goes to pay taxes. This tax burden, coupled with reduced donor interest due to increased costs, has led to a staggering drop in condom availability.

At first glance, the tax revenue from condoms may seem like a win for the government. But the economic ripple

effects paint a different picture. For example, treating HIV and Aids, and managing unplanned pregnancies cost the public healthcare system far more than the revenue generated by these taxes.

Back in Kiambu, Wanjiku jokes with her friend Mwende as they wash clothes by the river. "Maybe I should start knitting condoms; I hear they're cheaper to make than to buy!" They laugh, but it's a hollow sound. Humour, for them, is the only way to cope with a situation they cannot control.

Mwende chimes in, "Or we could tax laughter next—it's the only free thing left!" Their laughter fades into silence as the reality of their situation settles back in.

Recognising the urgent need to address these challenges, HENNET convened civil society organisations (CSOs) including AIDS Healthcare Foundation, and other partners to a meeting with the National Assembly Health Committee. The meeting, which took place in August 2024, was chaired by Dr. Robert Pukose, and brought together members of parliament, CSOs, health advocates, and healthcare professionals to discuss pressing health issues, among them the taxation on condoms.

During the meeting, the coalition presented the case for reforming Kenya's



HOW CONDOMS WORTH KSHS 10 MILLION ARE TAXED:

- Import Duty: 25% of KShs 10,000,000 = KShs 2.5M
- IDF: 3.5% of KShs 10,000,000 = KShs 350,000
- RDL: 2% = KShs 200,000
- VAT: 16% = KShs 2,088,000

Total Taxes and Levies: 2.5M (import duty) + 350,000 (IDF) + 200,000 (RDL) + 2,088M (VAT) = KShs 5,138,000 (Approx. 51% in taxes)



"TAX ON
CONDOMS HAS
MADE A HEALTH
ESSENTIAL
A LUXURY."

PHOTO: ISTOCK

taxation policies on condoms. They proposed a graduated taxation approach aimed at balancing public health needs with economic realities.

Specific recommendations were that:

- Condoms for the lowest-income groups should be tax-free
- Socially marketed condoms for middle-income groups should have lower tax rates; and,
- Premium condoms for higher-income groups could attract standard tax rates.

The meeting highlighted the need for urgent action, as representatives discussed the broader implications of inaccessibility to family planning tools. The committee agreed to revisit the proposals, and a follow-up meeting was scheduled for the first quarter of 2025 to assess progress and push for policy changes that ensure equitable access to essential health commodities.

HENNET, together with partners and members, meeting with the National Assembly Health Committee led by Dr. Robert Pukose to discuss critical health issues and advocate for equitable access to family planning commodities.

Wanjiku and Mwende's stories are not isolated; they are echoes of a larger, systemic issue. If Kenya is serious about achieving its FP2030 commitments of ensuring access to family planning commodities for all, then it must revisit these taxation policies.

Governments, donors, and advocates must work together to ensure that essential family planning supplies reach the last mile. Eliminating taxes on condoms and other family planning commodities is not just about economics; it is about protecting lives, supporting dreams, and empowering communities.

The author is from Health NGOs Network

PHOTO [ISTOCK]

BY TERESIA MUTOGIA

MENTORSHIP SHAPING FAMILY PLANNING IN BARINGO COUNTY

Apart from being practical, post-pregnancy family planning is like having a VIP pass to better health and happiness. Todit que catum tam prae que fue auctum quam publico vid fes es terni inatrum ta

In the scenic hills and valleys of Baringo County, where myths once overshadowed facts and tradition silenced progress, a revolution is quietly reshaping lives. The modern Contraceptive Prevalence Rate (mCPR), which once stood at 33.1%, according to KDHS 2014, has now surged to an impressive 48% (KDHS 2022). This development has happened thanks to the relentless efforts of the Population Services Kenya's DESIP programme, and the unwavering commitment of healthcare workers such as Norah Yator.

Norah, a determined Reproductive Health Coordinator at Kabartonjo Sub-County Hospital, has become a beacon of change in her community.

"In 2019, after completing the Family Planning Module 1 training, I was eager to turn this knowledge into meaningful change," she recalls. "DESIP not only gave me the tools I needed but also the platform to empower others."

Under Norah's mentorship, over thirty healthcare providers across Baringo have

been mentored on Long-Acting Reversible Contraceptives (LARC), leading to an increase in LARC update from 7,454 in 2021 to 10,402 in 2022 (KHIS). Each of these numbers represents a woman who can now plan her family, invest in her future, and break free from the cycle of frequent pregnancies.

But it hasn't been an easy road. Persistent cultural myths, sporadic contraceptive stock-outs, and low male involvement have posed significant challenges. Yet, through structured mentorship, supportive supervisions, and targeted community outreaches, DESIP has turned these

barriers into opportunities. Male champions have been engaged, myths dispelled, and equitable access ensured—transforming family planning from a taboo to a triumph. The impact of DESIP extends well beyond Baringo County. Other neighbouring counties, such as Narok, have embraced this approach, creating a ripple effect of change across the region.

Aligned with Kenya's Vision 2030, DESIP aims to ensure that every woman, regardless of where she

lives, has access to reproductive autonomy and family planning services.

The numbers tell part of the story, but the real impact lies in the lives changed. "Every family planning uptake is not just a statistic. It's a mother who can space her children, a father who supports her decision, and a child who grows up with more opportunities," says Norah.

Baringo's transformation proves that mentorship, education, and community engagement can break barriers and rewrite narratives. But the work is far from over. There is need to join hands with programmes such as DESIP, advocate for equitable access to family planning, and champion the rights of women to make informed choices.

Together, let's ensure that every woman, in every corner of Kenya, has the power to shape her future—and in doing so, transform our nation.

The author works for Population Services Kenya (PS Kenya)

"DESIP GAVE ME THE PLATFORM TO EMPOWER OTHERS."



PHOTO: ISTOCK

BY THE KENYA SRHR ALLIANCE

GAMIFYING CONTRACEPTIVE AWARENESS

Family planning (FP) conversations are often sidelined, shrouded in cultural sensitivities, and dominated by misconceptions. But what if we turned the tables—or rather, the game boards? The Kenya Sexual and Reproductive Health Rights (SRHR) Alliance is reshaping these narratives through gamification—an approach that combines the joy of play with the seriousness of FP education. And trust us, it's a game-changer.

The FP2030 Connection: Commitment 6 in Action

FP2030's Commitment 6 focuses on breaking cultural taboos, transforming social norms, and involving men in FP. This is exactly where gamification comes in. By leveraging traditional games such as Snakes and Ladders and modern tools like Kahoot, the Alliance has created spaces where tough conversations about contraceptives and shared reproductive responsibilities happen naturally—and joyfully.

Take the revamped Snakes and Ladders, for instance. In this version, every roll of the dice is a chance to test your FP knowledge. Answer correctly, and you climb a ladder toward understanding.

Get it wrong, and you're sliding back into the abyss of misinformation. The goal is to hit the ultimate 100-point mark, indicating a well-informed, collaborative approach to FP.

Another example is the skip rope with a twist—a game where participants must skip and answer FP trivia in rhythm. Got the facts wrong? Stop and learn before you jump back in. These games weave in education so seamlessly that participants do not realise that they are breaking cultural barriers with every move.

From “Awkward” to “Awesome” Conversations

Let's face it—FP is not exactly a dinner-table conversation. But when it is wrapped in a playful context, even the skeptics loosen up. During one of the games, a participant remarked thus, “I never knew answering a question about condoms could save me from a snake bite!” That's the beauty of gamification—it turns stigma into smiles while ensuring the knowledge sticks.

Bridging Gaps in Family Planning Knowledge

According to NCPD's (2014) National Survey on Male Engagement, only five

BREAKING CULTURAL TABOOS

FP2030's Commitment 6 focuses on breaking cultural taboos, transforming social norms, and involving men in FP. This is exactly where gamification comes in. By leveraging traditional games such as Snakes and Ladders and modern tools like Kahoot, the Alliance has created spaces where tough conversations about contraceptives and shared reproductive responsibilities happen naturally—and joyfully.



*“FP IS NOT
EXACTLY A
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out of ten (or 50%) men in Kenya have comprehensive FP knowledge. But where these games are played, the numbers tell a different story. Men are showing up, engaging, and actually enjoying the learning process. Reverend Hezekiah from the Kamukunji Airbase sums it up: “Games have opened doors we didn’t even know existed. They make family planning approachable, culturally relevant, and fun.”

In Other Words ...

The Kenya SRHR Alliance is pioneering a groundbreaking approach to reproductive health education through gamification, where fun and learning intersect to inspire lasting change in mindsets and behaviors. This innovative strategy uses games to make complex family planning (FP) concepts accessible, engaging, and memorable for diverse audiences. As part of its forward-looking vision, the Alliance plans to digitise FP games by collaborating with app developers to create mobile-based solutions that combine education and entertainment, significantly expanding their reach and impact.

Additionally, the initiative seeks to empower communities by training youth champions and religious leaders to host FP-themed trivia nights, board game sessions, and digital competitions, fostering interactive and inclusive dialogues on reproductive health.

To ensure these efforts translate into meaningful outcomes, the Alliance will integrate data-driven tools to monitor and evaluate the impact of gamification on FP knowledge, attitudes, and behavior change. This emphasis on evidence-based programming will guide future strategies and amplify the strategy’s effectiveness. The call to action extends to creatives, developers, educators, and community leaders, urging them to collaborate in crafting tools like mobile apps, trivia boards, and interactive quizzes that transform reproductive health education into a dynamic, participatory experience.

*“GAMES HAVE OPENED
DOORS WE DIDN’T
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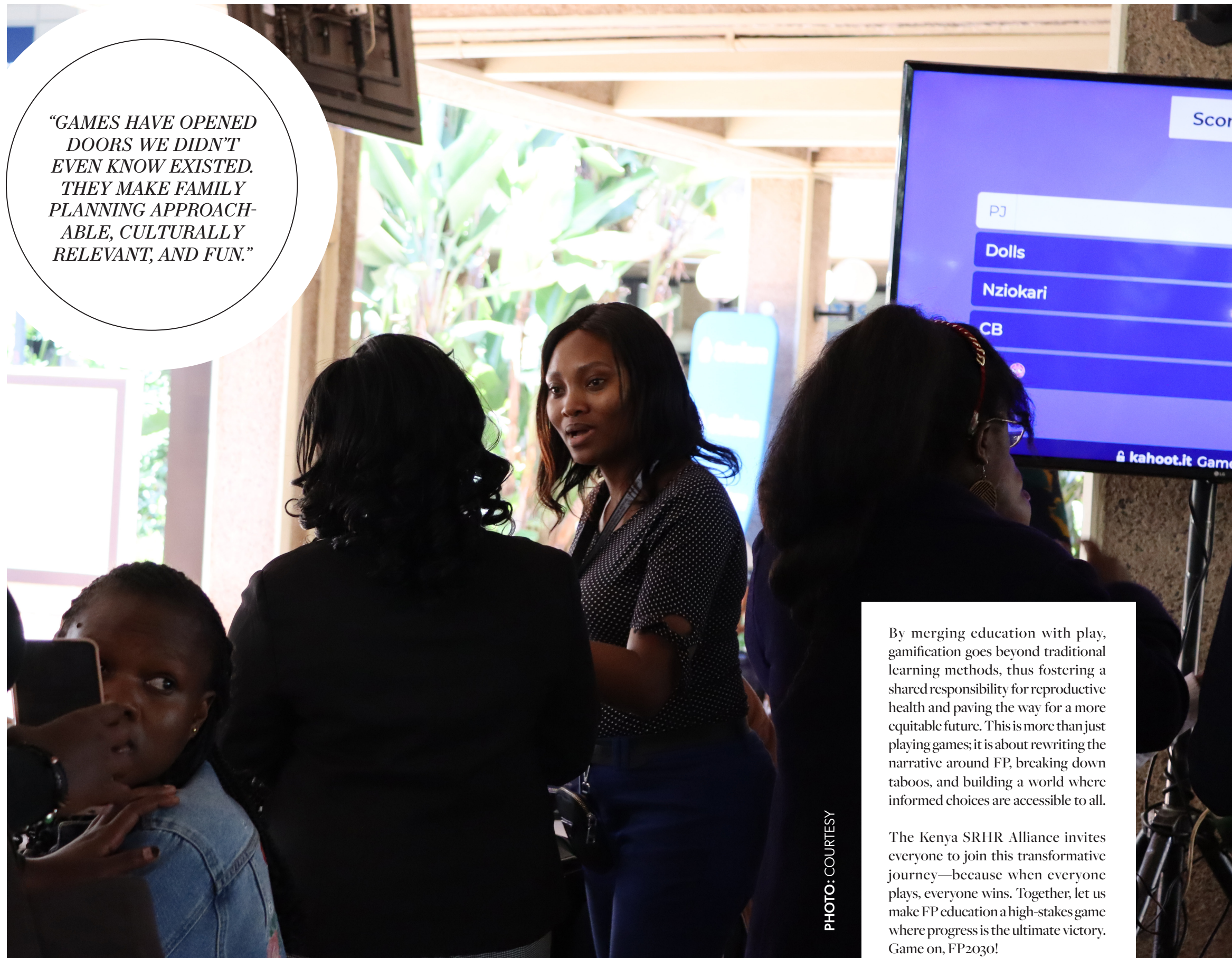


PHOTO: COURTESY

By merging education with play, gamification goes beyond traditional learning methods, thus fostering a shared responsibility for reproductive health and paving the way for a more equitable future. This is more than just playing games; it is about rewriting the narrative around FP, breaking down taboos, and building a world where informed choices are accessible to all.

The Kenya SRHR Alliance invites everyone to join this transformative journey—because when everyone plays, everyone wins. Together, let us make FP education a high-stakes game where progress is the ultimate victory. Game on, FP2030!

BY SAM OYUGI, LINDA AKOTH
& MARYLINE OKUTO

A DATE THAT MATTERS

The influence of group antenatal care in promoting post-partum family planning among young mothers in Migori County

In the bustling villages of Migori County in western Kenya, a quiet revolution began in 2022. Picture this: a room full of expectant teens, their faces a mix of curiosity and apprehension, like passengers boarding a train without a map. Enter Lwala Community Alliance and Ministry of Health, armed only with a new idea and determination, ready to help these young girls to face up to the experiences of pregnancy, post-natal care, and the rollercoaster of motherhood.

Jael (not her real name), a 17-year-old girl from Rongo recounted how “I found out I was pregnant just before school began after recess. I became devastated and confused because I didn’t want to tell my parents because I knew they would be sad and upset with me.” Her experience with pregnancy resonates with the experience of most girls who get pregnant while still in school.

The initiative? Group Antenatal Care (GANC), a programme so practical it might as well come with a “Pregnancy Survival Guide” sticker. Think of it as a prenatal book club, but instead of discussing plot twists, the girls tackle

life’s real plotlines—conquering myths about motherhood and family planning.

Teaming up with the Ministry of Health, the GANC programme created small support groups based on gestation or baby’s age, pairing expectant girls and new young mothers with mentors and counselors. Together, they discussed topics such as life skills, family planning and, most importantly, how to avoid repeat pregnancies.

It wasn’t just advice; it was a lifeline. Since the programme’s inception, forty-five groups sprang to life across thirty-one health facilities, enrolling 1,623 young mothers. Of these, 61% were post-natal mothers. This led to a whopping 87% of the post-natal young mothers taking up family planning, with 123 embracing it within two days of delivery.

“Convincing a young mom to choose family planning is like trying to sell a parachute to someone who doesn’t believe in gravity,” quipped Seth Midenyo, the region’s adolescent and youth coordinator. “There are myths galore—peers whispering ‘No, it’ll harm you!’ or ‘old



PHOTO [COURTESY]

wives’ tales’ that make contraception sound like a horror movie villain. But we saw the rise in repeat pregnancies and knew we had to act. This programme equips these girls to plan for their next child at the right time.”

The results spoke louder than any myth. GANC wasn’t just a programme, it was a movement. Through mentorship, structured counseling, and a good dose of humor, these young women learned to rewrite their stories, one planned step at a time.

“GANC is not only for family planning or antenatal care management. It provides an opportunity to prepare these young women for life ahead. The approach allows them to share with each other and journey together during and after delivery,” says Susan Gutto, a nurse at Kochola Dispensary in Rongo.

The success of the GANC model in thirty-one health facilities in Migori County has demonstrated its effectiveness in enhancing maternal care for teenage mothers, not just in promoting uptake of family planning, but also breaking the cycle of poor health outcomes in underserved areas.

Its positive effects provide an opportunity to scale up this model in many underserved areas and to support young mothers in different settings.

With each young mother who steps forward to join a GANC group, the question remains: how many more lives can be transformed if this silent revolution spreads to every corner of Migori County and beyond?

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“SHE SOARS SUPPORTS OUT OF SCHOOL ADOLESCENT GIRLS RIGHTS.”

16

BY SOY GLADYS

HOW “SHE SOARS” EMPOWERS AND TRANSFORMS GIRLS’ FUTURES IN RURAL KENYA

SHE SOARS has sparked a shift in her community, where more girls are staying in school while others are reintegrating back into educational institutions.

In Lower Osiri, a village in Kisumu, opportunities are generally limited and the future for most young people is often uncertain. It is here that we found Anyango (not her real name), a 17-year-old adolescent who had always dreamt of becoming a medical doctor.

But a common challenge in her village almost shattered this dream. She was not alone. In fact, for many adolescent girls in her community, early pregnancies and limited access to education are harsh realities. Between 2022 and 2024,

Anyango had to drop out of school after she became pregnant. Her dreams were shattered by circumstances beyond her control. It was a reality that weighed heavily on her young, adolescent self.

Although she is very young, Anyango’s story is thus one of resilience, hope, and empowerment, which was made possible by the SHE SOARS project.

SHE SOARS stands for Sexual and Reproductive Health and economic Empowerment Supporting Out of school Adolescent Girls Rights and Skills. It

is a transformative initiative aimed at empowering girls like Anyango to make informed decisions about their bodies, their futures, and their health. Through a combination of education, access to family planning, and community support, the project is addressing the barriers that prevent young girls from pursuing their dreams.

Anyango first heard about SHE SOARS during a community outreach at Ogal Beach in her neighbourhood. She was curious but cautious. “I had never really talked about sexual and reproductive health with anyone,” Anyango recalls, adding that “I didn’t know where to turn when I faced challenges, like missing school because of my periods or facing pressure to get married when still young,

PHOTO: ISTOCK

I wanted to know more.”

When she heard of the SHE SOARS initiative, Anyango joined a group of adolescent girls where she received comprehensive education on sexual and reproductive health, including the importance of family planning, understanding her rights while making informed choices. She learnt more about options such as where to access youth-friendly health services, contraceptives, as well as self-protection from repeated unintended pregnancies and sexually transmitted infections.

But it wasn’t just about the facts. SHE SOARS’ holistic approach included confidence-building activities, leadership training, and empowerment workshops. For the first time, Anyango felt heard. She realised that she had the power to shape her future. Speaking about her experience later, she noted that “before, I didn’t even know I could say No to things that made me uncomfortable. But now, as we speak, I know I have the right to make choices about my body and my future.”

As Anyango’s understanding of sexual and reproductive health grew, so did her confidence. The project’s facilitators encouraged open conversations, not only with girls but also with their families and communities. Anyango’s mother, initially hesitant about her daughter learning about family planning, gradually came to support her. “When I saw the changes in Anyango, how much more informed and confident she became, I realised how important it was for her to learn this,” her mother shared. “I want her to be successful, and now I know she can be.”

The SHE SOARS programme also focuses on reducing the stigma that often surrounds discussions about sexual health. This is critical in a community where cultural norms sometimes prevent young girls from seeking help. With the support of the project, Anyango now feels empowered to speak out about her needs. “I tell my friends to be smart, to learn about their bodies, to make sure they understand how family planning works so they can finish school and achieve their dreams,” Anyango



says with a determined smile.

The impact of SHE SOARS extends beyond just Anyango. It has sparked a shift in her community, where more girls are staying in school while others are reintegrating back into educational institutions.

Like Anyango, more families are having open conversations about reproductive health, and a new sense of hope is emerging. Anyango dreams of completing high school and going on to medical school, something that once felt out of reach. She knows it will be a challenge, but she also knows she has the tools to shape her future on her terms.

Today, Anyango is a leader; she now volunteers as a community rover, helping to mentor younger girls in her community, guiding them through the same educational resources that transformed her own life. “I want to give back,” she says. “If I can help one girl avoid the same mistakes I made, then I’ve done something important.”

When girls soar, the entire community rises with them. For Anyango and countless others, the future is no longer defined by the limitations placed on them—it’s a future they are actively creating influenced by positive mindset.

The writer is a Project Officer at the Centre for the Study of Adolescence.

BY TERESIA MUTOGIA

BREAKING BARRIERS: EMPOWERING FAMILY PLANNING IN NAROK COUNTY

In the serene but underserved villages of Narok County, where cultural traditions often clash with modern health practices, a bold movement is challenging long-held myths about family planning (FP).

According to the 2022 Kenya Demographic and Health Survey (KDHS), the modern contraceptive prevalence rate (mCPR) in Narok stands at 51%, up from 38% in 2014 (KDHS 2014). With targeted efforts by DESIP and dedicated healthcare workers, change has swept across these communities, giving women the confidence to embrace their reproductive health rights.

One such story comes from Olmekenyu Health Centre, where women like Esther (not her real name) once hesitated to adopt FP methods due to misinformation. A friend had warned her that FP could cause permanent infertility, a myth that influenced Esther's choices for years. But thanks to DESIP-led grassroots outreach, her perspective shifted.

On this, Esther remarked that “the health worker explained everything so clearly. For the first time, I understood how family planning works and its benefits.”

At the core of this transformation are Community Health Assistants (CHAs) and Community Health Promoters (CHPs), equipped with rigorous training under the Ministry of Health's curriculum. These health champions are bridging gaps between communities and healthcare systems. Through house-to-house visits, market-day engagements, and monthly community outreaches, they provide tailored counseling and dismantle misconceptions, replacing fear with facts.

These outreach sessions are more than just health initiatives; they have become community events where women gather for education, solidarity, and share experiences. Local leaders and influencers also lend their voices, reinforcing the message that FP is a tool for family well-being, not a cultural taboo.

Women who once shunned FP now champion its benefits. “After meeting other women who assured me their methods worked, I decided to try again,” recounts Mary, a mother from Sankale Village. Her story reflects the growing confidence among women, bolstered by relatable success stories and empathetic health education. For the CHAs and

BREAKING BARRIERS IN NAROK COUNTY

40%
Married women in Narok County still facing an unmet need for FP services, according to the Kenya Demographic health Survey.

51%
The modern contraceptive prevalence rate (mCPR) in Narok, up from 38% in 2014 (KDHS 2014).



PHOTO: COURTESY



*“FP IS A TOOL
FOR FAMILY
WELL-BEING,
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TABOO.”*

CHPs, this work is as rewarding as it is transformative. “We see the difference every day,” says Sarah, a CHP, adding that “women come to us with doubts, but after our sessions, they leave empowered to make informed choices for their families.”

The transformation in Narok County proves the power of community-driven health initiatives. Yet, there is

more to do. The KDHS indicates that over 40% of married women in Narok County still face an unmet need for FP services. By scaling up outreach efforts, increasing male involvement, and strengthening health systems, we can close this gap.

The author and editor work for Population Services (PS) Kenya

BY PURITY KOECH

ENGAGING MEN TO FOSTER FAMILY PLANNING ACCEPTANCE IN SAMBURU COUNTY

In the culturally tight-knit Samburu community, ideas related to family planning (FP) often contradict traditional norms. Historically, men were the sole decision-makers in household matters, including family size and women's healthcare. This practice has long influenced the uptake of family planning, generally inhibiting women's access to reproductive health services.

To address the unmet need for family planning, the DESIP Programme has shifted its focus from the traditional approach, which primarily targets women, to a more inclusive strategy that recognises the role of men in family planning decisions. DESIP has worked to understand and dismantle the specific challenges that bar women in Samburu from accessing FP.

These challenges include long per capita distance to healthcare facilities, rampant poverty, and widespread negative myths about FP. These myths, coupled with spousal disagreements about contraceptive use, sometimes escalate into gender-based violence (GBV) and contribute to the discontinuation of contraceptive methods.

One of the key strategies DESIP has employed is engaging Male Champion Community Health Promoters (CHPs) to lead discussions with both young men and elders in their manyatta (traditional settlements) and community unit meetings.

These targeted dialogues aim to dispel myths about FP and provide accurate information. The dialogues emphasise child spacing rather than limiting family size, addressing the side effects of various contraceptive methods, and highlighting the importance of couple counseling.

Generally, DESIP has supported efforts to reach men with FP messages through various channels such as local radio, one-on-one, in-person dialogues focused on women's health and FP. This broad-based approach has proven to be the most effective strategy. These conversations allow for continuous engagement with men, providing key messages and follow-up sessions to gain their support and involvement in FP.

As one CHP, Mr. Andrew Lemaletian notes, "In the past, men were unaware of family planning, and CHPs primarily educated women. However, through DESIP's men's involvement dialogues, we brought the information closer to the key decision-makers in the home. Now, men not only allow their wives to seek family planning services, but they even accompany them to health facilities."

This approach has led to a positive shift in attitudes, reducing discontinuation rates and encouraging men to become more

*"THIS BROAD
BASED APPROACH
HAS PROVEN TO
BE MOST
EFFECTIVE."*

PHOTO: COURTESY

involved in their spouses' family planning decisions. There has been a noticeable increase in men accompanying their wives to FP clinics, and more women are openly adopting modern FP methods.

As a result of these efforts, the unmet need for FP in Samburu has dropped significantly from 50% to 29% (KDHS 2022). DESIP continues to build on this progress by intensifying community-level dialogues and integrating FP services with other interventions such as outreach clinics and community distribution of contraceptives. This holistic approach aims to further bridge the access gap, especially in the hard-to-reach areas of the county.

The author and the editor, Georgette Adrienne, work for Population Services (PS) Kenya





PHOTO: ISTOCK

*"CLIMATE
CHANGE AND
POPULATION
AFFECT EACH
OTHER."*

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BY ELVIS BII

NEW PROJECT ENHANCES YOUTH ~~REPRODUCTIVE HEALTH~~ AND BUILDS CLIMATE RESILIENCE

Aisha (not her real name), a 16-year-old from a Uyombo Village in Kilifi, had always dreamt of becoming a teacher. She watched as her family's struggles worsened with each passing season; the rains had become unpredictable, their farm yields had dwindled, and accessing essential health services became increasingly difficult. Like many young people in her community, Aisha lacked adequate information and resources to make conscious decisions about her future.

One day, Aisha heard about a new outreach event organised through the Sexual Reproductive Health Rights (SRHR) and Climate Change Project by the Centre for the Study of Adolescence (CSA). Curious, she joined other young people from her community to attend.

At the event, she met trained Community Health Promoters (CHPs) who explained the importance of family planning (FP) in building a healthier future, not just for individuals but for the entire community. The outreach also offered access to contraceptive methods and counseling on SRHR.

For Aisha, this experience was transformative. Through conversations with

CHPs and SRHR ambassadors from the local Beach Management Unit (BMU), she learned how climate change and population pressures affect each other and why making informed reproductive health choices could empower her to plan her future.

The ambassadors trained under the project also helped her to address misconceptions that had been reinforced by cultural norms about FP.

The project operates by integrating SRHR with environmental conservation efforts, tackling challenges through collaboration with public health facilities. In Aisha's village, the project brought health services closer through in-reaches at nearby clinics, ensuring adolescent-friendly care was accessible.

The initiative also trains health workers to deliver gender-responsive services, fostering trust between the community and the local health system.

Having been equipped with the relevant information, Aisha went on to pursue tertiary education and served as a peer educator, sharing her newfound knowledge with other young people. Her story is one of many that highlight how the SRHR and Climate Change Project



is transforming lives. By combining health services, community champions, and environmental action, the project provides a basis for building resilient communities even in the face of climate adversity.

This innovative approach indeed addresses unmet health needs while empowering young people such as Aisha to envision and build a brighter future.

The author is a project officer at the Centre for the Study of Adolescence (CSA)

BY CHARITY KARANJA

FROM BEADS TO BOLD MOVES

Redefining service delivery through the lens of cultural inclusion

What if the wisdom of our grandmothers could hold the key to modern family planning? From vibrant beadwork symbolizing life and fertility to innovative Cycle-Beads revolutionising reproductive health, tradition and progress are dancing hand in hand. So, how do we bridge these worlds while honouring culture and driving change?

Family planning (FP) has always been part of the conversation, even for our traditional mothers, though their methods might look quite different from what we see today. But the questions are: what are we doing, and what are they doing, to bridge the gap in FP uptake? Let's take a moment to explore the balance between tradition and modernity. How have traditional mothers embraced or adapted to FP methods? What lessons can we learn from their wisdom? And, most importantly, how are communities coming together to promote the utilisation of FP methods while respecting culture and driving progress?

Today, CycleBeads take on new life as a natural, hormone-free way for women to track fertility. They help women track their menstrual cycle to identify fertile and non-fertile days, making it a form of natural family planning. These beads are designed for women with regular cycles of between 26 and 32 days, standard cycle days.

How do CycleBeads work? The beads are arranged in a circle, with each bead representing a day of the cycle where the woman moves a ring marker one bead each day to track her cycle. Brown beads indicate non-fertile days, lower chances of conception, while white beads represent the fertile window when conception is most likely. The red bead marks the start



of the cycle, the first day of menstruation. Move a ring along the beads daily to track fertility naturally. Meet Nasiru: A Story Woven in Beads...

In the heart of Samburu County, Nasiru, a mother of five, sits under the shade of an acacia tree, stringing vibrant beads onto a necklace. To her, each bead represents a piece of her life—red for her strength



FUN FACTS

In low-resource settings, CycleBeads are game-changers. They blend seamlessly into cultural practices, making FP accessible and culturally acceptable and effective.

It is not about swapping tradition for technology; it is rather about blending the best of both worlds to create solutions that work for a brighter, healthier future for everyone.



as a young bride, blue for the blessings of rain that sustain her livestock, and green for the fertility that brought her children into the world. But Nasiru's story took a bold turn when she discovered CycleBeads through a community health promoter. At first, she was sceptical. How could a string of beads guide her family planning decisions? However, as the health promoter explained, Nasiru saw the connection between the traditional beads she cherished and the practical solution these new beads offered.

With CycleBeads, Nasiru learned to track her cycle, understanding her fertile and non-fertile days. "It felt empowering," she shares. "For the first time, I could make decisions about my body and my family's future without fear or confusion." What's more, CycleBeads opened conversations between Nasiru and her husband. Together, they started planning for their children's education and health needs. "The

beads aren't just about me," she says, her eyes lighting up. "They're about us, as a family."

Nasiru's story is just one of many. Across Kenya, women like her are bridging tradition and innovation, using CycleBeads not only as a tool for family planning but as a means of fostering dialogue, understanding, and shared responsibility within their families.

The beads she now wears on her wrist are more than ornaments; they're a symbol of her choice, her power, and her hope for a brighter future. No Needles, No Hormones, No Stress: Let's Talk Natural Family Planning!

Looking for an FP method that is as easy as a conversation over chai? Here is the deal:

- i) Non-invasive and hormone-free: Because who needs needles or side effects cramping your style?
- ii) Super user-friendly: Perfect for anyone who is not exactly next door to a health clinic.
- iii) Couples' therapy on the sly: Encourages you and your partner to talk about fertility and maybe even bond over a potential "date night" chatting routine!

In all, the magic lies in aligning new strategies with cultural norms. This ensures smoother adoption, greater community acceptance, and lasting impact. It is like family planning got a glow-up: simple, effective, and all about teamwork. Whether you are a policymaker, healthcare provider, or curious community member, it is time to join the conversation. Together, let's amplify solutions that bridge gaps, honour traditions, and empower families.

Because family planning is more than a method—it is a movement. And every bead, every conversation, and every choice matters.

CycleBeads – one bead, one conversation, and one life at a time!

Ready to Join us?

The author is from the Council of Governors Secretariat

BY ONYIMBI NELSON

FROM GENDER-BASED VIOLENCE PERPETRATOR TO ~~ADVOCATE~~ FOR MEN'S ROLE IN FAMILY PLANNING

In the lush highlands of Kuria East in Migori County, the landscape is marked by sprawling greenery and rolling hills. But the land's beauty covers the tension that simmers beneath. Closer to the edge of the county, gunshots rent the air in a short series occasioned by the prolonged Kuria-Transmara border skirmishes involving neighbouring communities.

The skirmishes, which threaten to grow into a conflict, have profoundly disrupted the community's health-seeking behavior. Essential services and commodities, including family planning, are in complete disarray. Women in particular are adversely affected by this crisis, as cultural expectations often bar them from making independent health decisions. Yet, men in the area have very little time for family affairs as they focus on protecting the communal 'territory.' Often, the burden of managing children (different from family decision-making) has been left to the women, sometimes notwithstanding the young ages that they have when they are thrust into motherhood.

The Kuria community in Migori, like many others in Kenya, is still heavily patriarchal. Boys and young men still

believe in suppressing women's opinions and resisting their leadership. Through this, harmful cultural practices such as early marriages and teenage pregnancies are common. Indeed, records show that 23% of girls aged from 15-19 are either in early marriages or already pregnant. This also means that decision-making is the sole responsibility of men, and unless sanctioned by the men, decisions about other practices such as Female Genital Mutilation (FGM), family affairs, and family planning are not respected.

These retrogressive cultural practices go hand in hand. In one instance, a young girl in a health facility in Kegonga area of Kuria East was forcefully married off soon after be-

"THE KURIA COMMUNITY, LIKE MANY, IS STILL HEAVILY PATRIARCHAL."



ing subjected to FGM when she turned fourteen. She was soon impregnated by a man twice her age. But after she had her first child, with the help of educative community dialogue sessions, she decided to prevent a subsequent pregnancy for a while as she organised herself. She thereafter consulted staffers at a health facility during her routine post-natal care visits in a Kuria East, where she decided to have implants.

A few days later, as she was running her daily errands at home, her husband Peter (not his real name), who had taken a break from his motorcycle business for the day, accidentally noticed the implants and questioned her. As she stammered to answer, he whipped out a rusty panga, ambushed her, and chopped off her entire left arm, striking off a piece of her left ear as well.

He then called a fellow motorcycle operator to rush her to the hospital with the arm wrapped in a woollen carrier bag, claiming that she had tried to hack him on claims of infidelity but ended up hacking herself instead. Even though the

motorcycle operator was not fully convinced, he rushed her to hospital. She lost her arm, although she was given an anti-tetanus jab and disinfectant to treat the wound. Some days later, her husband went to the hospital in remorseful ears, admitting to his mistake and professing his undying love for the woman. Asked what motivated his actions, the man said he had heard rumours that implants would drive his wife into infidelity, and that the implants sometimes travel to other parts of the body and may even 'pierce' him during intimacy.

Despite attending a series of health worker-guided community dialogues by Network for Adolescent and Youth of Africa (NAYA)'s CWCR Project, Peter, like many other men within Kuria, has stuck to the traditional setup of patriarchal decision-making. Despite an abundance of information, Peter still believes in myths and misconceptions that may threaten lives.

The attending nurse educated him on the essentials of family planning, which he agreed to. After counseling, his re-

covering wife went back to him, and he vowed to accompany her for subsequent clinical follow-ups, including settling on a family planning method that they would agree on based on the information they both had. True to his word, he consistently attended the visits and jointly settled on hormonal implants for the remaining arm.

Now reformed, Peter is a vocal champion for male conversations for family planning. He organises regular meet-ups with his boda-boda counterparts and invites health workers to educate them more.

Chacha, a fellow boda-boda operator in Kuria, corroborates Peter's reform experience as they preach to convert others. According to Chacha, the myths around family planning made him take a tough stance against any method for either of his two wives, but after the educative health sessions and Peter's testimony, he was also converted.

Many other testimonies have since trickled in, including strengthened relationships due to mutual decision-making and the possibility of couples effectively aligning the number of children to their financial capabilities. All these attest to the success of the strategy.

As Chacha would later remark, "mimi kitambo sikuamini mambo ya kukula peremende na karatasi yake eti inamaliza utamu lakini kama karatasi inasaidia kupanga familia, nitatangaza wengine waelewe umuhimu wake..." [Previously, I never believed in using protection, because I thought it diminishes pleasure. But if male contraceptives help in family planning, I will advocate for it so other people can understand its importance.]

The author is from the Network for Adolescents and Youth of Africa

PHOTO: ISTOCK

BY ELIZABETH MWAI

KEMSA'S TECHNOLOGY AND SMART NET DISTRIBUTION PROJECT FETED AT GLOBAL HEALTH SUPPLY CHAIN SUMMIT

The Kenya Medical Supplies Authority's (KEMSA) innovative integrated Logistics Management Information System (i-LMIS) and its Last Mile Smart Net Distribution Project were among the four finalists feted in the prestigious Global Health Supply Chain Summit (GHSCS) competition held in Lagos, Nigeria.

The i-LMIS was lauded for its transformative impact on improving commodity security, enhancing the accuracy of forecasting and optimising demand planning.

Remarkably, KEMSA also triumphed with its Smart Net Distribution Project that was celebrated for its innovative digital platform.

The project has significantly improved access to life-saving malaria prevention through the Long Lasting Insecticidal Nets (LLINs).

Through the smart distribution system – Digital LEAP, KEMSA successfully distributed 15.3 million treated mosquito nets across twenty-two counties, reaching over five million households in malaria-endemic regions in Kenya. In doing so, KEMSA used automated, intelligent distribution systems that enhanced accuracy,

efficiency and timeliness of net deliveries. This ultimately ensured that vulnerable communities received essential malaria prevention tools.

These award-winning initiatives underscore KEMSA's ongoing commitment to integrate advanced technological systems that enhance end-to-end visibility of all health products, strengthening accountability and transparency throughout the supply chain.

It is laudable that in a highly competitive field of over thirty international applications, KEMSA's dual entries emerged victorious, earning the organisation worldwide recognition for its advancements in health supply chain solutions. The other two finalists were from Ethiopia and Nigeria.

i-LMIS and the Digital LEAP: A Game-Changer for Health Supply Chain Management

The i-LMIS system was developed by a team of KEMSA experts under senior programmes officers, Dennis Ndwiga and Martin Mwenda. The i-LMIS system comprises three key components. These are:

- The Commodity Early Warning and Alert System (CEWAS)
- The Allocation System, and
- The Electronic Proof of Delivery (e-POD) application

Impact on Global Health

While commenting on the importance of these innovations, Dr. Waqo Ejersa, the CEO of KEMSA, emphasised the unique contribution of i-LMIS to global health supply chain management. In his words, "KEMSA has invested heavily in developing systems that ensure optimal forecasting and demand planning for health commodities. This enhances transparency, visibility, and accountability at every level of the supply chain."

Dr. Ejersa also highlighted that the i-LMIS system plays a critical role in tracking donor and government funding commitments, issuing alerts to prevent stockouts. These systems have proved effective in managing the distribution of malaria prevention tools and family planning products, setting a model that can be replicated in other countries.

Originally piloted in the Family Planning Program with support from UNFPA, the system has since expanded to cover different health programmes, including HIV, Tuberculosis, Malaria, Non-Communicable Diseases (NCDs), and Oncology.

Other programmes covered by the system are Nutrition, Tracer, and Ophthalmology. With support from key global partners such as UNF-



ABOUT KEMSA

KEMSA is a state corporation under the Ministry of Health. It is operationalised through the KEMSA Act (2013) whose mandate is to procure, warehouse and distribute drugs and medical supplies for prescribed public health programmes, the national strategic stock reserve, prescribed essential health packages and national referral hospitals. KEMSA provides reliable, affordable and high quality health products and supply chain solutions geared at improving healthcare in Kenya. <https://www.kemsa.co.ke>

PA, the Global Fund, FCDO, USAID-PMI, Path International, the Fred Hollows Foundation, UNICEF, CHAI and African Institute for Health and Development (AIHD), i-LMIS is now operational across all forty-seven counties in Kenya. This way, the system has significantly impacted on Kenya's health commodity security.

A Vision for the Future of Health Supply Chain

The recognition at the Global Health Supply Chain Summit reaffirms KEMSA's leadership in using technology to improve health outcomes. "We are honoured to receive these prestigious awards, which reflect the dedication and hard work of everyone involved in these projects.

Our digital approach to the mosquito net distribution and commodities management is not just a techno-

logical advancement; it is a promise of improved health and well-being for the thousands of households we serve," said Dr. Ejersa.

On behalf of the Government of Kenya and the Ministry of Health, Dr. Ejersa expressed gratitude to the strategic partners who have supported KEMSA's efforts to enhance service delivery, ensuring that health commodities reach those in need in a timely and efficient manner.

These award-winning initiatives are a testament to the power of innovation in transforming health systems, ensuring that Kenya remains at the forefront of global health supply chain advancements.

The author is the Public Relations and Communications Manager at the Kenya Medical Supplies Authority (KEMSA)

KEY FEATURES OF I-LMIS

Commodity Early Warning and Alert System (CEWAS): This is predictive analytics tool that uses early warning indicators, dashboards, and alerts to prevent wastage and stockouts. CEWAS helps manage inventory efficiently, avoiding issues such as expiries, overstocks, or pilferage through providing end-to-end visibility from facility level to the KEMSA pipeline.

Stock and Supply Monitoring: The i-LMIS system ensures that commodity stocks are monitored in real-time, helping to forecast optimal stock levels and reducing the likelihood of shortages.

Improved Transparency and Accountability: The system promotes accountability, since it enhances visibility across the supply chain, ensuring that stakeholders can track commodity distribution and funding flows.

Optimised Allocation: With its data-driven approach, the Allocation System helps to streamline ordering. It also ensures that health commodities are distributed efficiently based on actual consumption patterns.



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