

Inclusive family planning and sexual and reproductive health services in Kenya



Location and scale

Kenya; 19 counties (Wajir, Garissa, Mandera, Samburu, Isiolo, Marsabit, Kilifi, Lamu, Kwale, Tana River, Mombasa, Baringo, Narok, Kajiado, West Pokot, Elgeyo Marakwet, Turkana, Migori and Homa Bay).

Target population

Women, with special focus on poor rural women, adolescents and people with disabilities

Involved actors

- Foreign, Commonwealth and Development Office (FCDO)
- Ministry of Health, Republic of Kenya
- Population Services Kenya (PS Kenya)
- AMREF Kenya
- Health Right International
- Faith to Action Network
- Voluntary Service Overseas Kenya
- Options Consultancy Services
- Population Services International (PSI)

1. Description

The Delivering Sustainable and Equitable Increases in Family Planning (DESIP) programme aims to ensure that women can plan their pregnancies safely, in line with sexual and reproductive health rights, and to increase access to and use of modern contraceptives. The programme will contribute to reduced maternal,

new-born and child mortality in Kenya. DESIP's implementation approach is systems strengthening at policy and service delivery levels to ensure sustainability, and works with public, private and faith-based health facilities. The project integrates social inclusion with a focus on people with disabilities at all levels of implementation:

- 1) **At national level:** advocacy for disability-inclusive health policies and tools (e.g., inclusive indicators and support for the development of disability mainstreaming guidelines).
- 2) **At county level:** sensitization of county health management teams; encouraging changes in clinical infrastructures; increasing health funding (e.g., additional disability inclusive budget); and having disability champions.
- 3) **At health centre level:** training of health staff (e.g., on gender perspective and the use of Braille, sign language, and the Washington Group's set of questions to identify people with disabilities).
- 4) **At the community level:** sensitization of community health workers (e.g., awareness raising on family planning needs, integration of people with disabilities in outreach and in reach activities, and collaboration with organizations of people with disabilities to promote uptake of family planning services).

This programme is planned for 2019-2024 and also develops educational materials for use at health facilities and in the community.

2. Origin

- There are more than 1.3 million people with disabilities in Kenya.
- Young women with disabilities have difficulty accessing sexual and reproductive health services.
- Access barriers include: structural factors; low awareness of family planning among persons with disabilities; physical inaccessibility of health facilities; inaccessible health information; and low disability-related knowledge and skills of health professionals.
- Modern contraceptive use remains low in some counties and among the poorest populations.
- The DESIP programme was designed and aligned with FCDO's commitment to "leave no one behind".

3. Impact

- 272 health providers trained in disability now attend to people with disabilities.
- 263 health providers received on-the-job guidance on strategies for embedding social, gender and disability inclusion into sexual and reproductive health and family planning programmes, as well as support in self-assessing the inclusive accessibility of health care services.
- Production of health information in Braille formats and sign language posters.
- Disability friendly infrastructure enhanced in some facilities, e.g., ramps and purchase of wheelchairs.
- Data collection in the family planning registers at health centres; previously not included in the registers.
- Community mobilized for people with disabilities.
- Inclusion of people with disabilities and indicators in national level policies.
- Resource allocation for inclusive health in health facilities.

4. Critical success factors

- Initial survey of healthcare providers and health facilities on the current situation of people with disabilities.
- Participation of disability champions in health facilities ensures continuous training of health care workers and advocacy for people with disabilities at facility and county level.
- Operationalization of social inclusion for people with disabilities integrated into the various components of the programme.
- Project funding by FCDO.

5. Lessons learned

- To facilitate disability and family planning data collection, policies need to be disability-inclusive and have indicators for people with disabilities within government tools. Therefore, this programme is collecting data from the beginning of its implementation.
- Trained staff realized that people with disabilities need services just like any other person. However, there is a low awareness and sensitization of health workers in health centres.
- Disability and health equity remain low on the sector's agenda.
- Employing people with disabilities as part of the programme is crucial and increases its impact.
- It is expected that counties will continue to drive the interventions and, if other implementing partners

mainstream disability inclusion, more donors will be able to fund the components under the programmes they fund.

Sources & links

- DESIP programme factsheet ([link](#))
- DESIP Learning Conference Report “Leaving no one behind; Expanding sustainable access to contraceptive for all during COVID-19 pandemic” ([link](#))
- VSO Health champion: Truphosah Fridah Monah ([link](#))

Acknowledgments

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