



## The USAID/Kenya and East Africa Afya Jijini Program



A community health worker discusses the various family planning products available for women through demonstration at a local community. USAID-Afya Jijini works with Nairobi City County to improve access to a range of affordable and modern FP methods at 186 high-volume health facilities.

# FAMILY PLANNING TECHNICAL BRIEF

## *Afya Jijini's* technical approach to reducing unmet need for family planning (FP) services in Nairobi

USAID's *Afya Jijini* program aims to improve access to and quality of health services in Nairobi City County (NCC). The program strengthens county-level institutional capacity to manage health services, including FP, as a central strategy for health care improvement. Managed by IMA World Health (IMA), *Afya Jijini* is a five-year contract implemented in collaboration with local sub-contractors: the Christian Health Association of Kenya (CHAK), Mission for Essential Drugs and Supplies (MEDS), and the National Organization of Peer Educators (NOPE).

## DATES OF IMPLEMENTATION

September 1, 2015 – August 31, 2020

## BACKGROUND

Kenya is making great strides in increasing access to modern contraceptives and reducing unmet FP needs. Recent data indicate modern contraceptive use among women of all ages increased from 39% to 45% between 2014 and 2018. Kenya also exceeded its FP2020 contraceptive prevalence rate (CPR) goal for married women, achieving a 61% uptake.<sup>1</sup> As a result, Kenya's fertility rate is declining. These successes are critical, as low FP use contributes to higher rates of maternal mortality, unsafe abortion, and unwanted pregnancy. Nairobi currently fares better than much of Kenya, with modern CPR (mCPR) estimated at 58.3% coverage and reported unmet FP need at 11.1%. However, Nairobi still lags behind the FP progress seen in the Central and Eastern regions of Kenya.<sup>2</sup>

Nairobi's urban and migratory environment creates unique challenges that make FP provision more difficult compared to other counties. It is home to large concentrations of those most vulnerable to unplanned and unwanted pregnancy: the poorest, youngest, and least educated populations.<sup>3</sup> Nairobi also features higher rates of reproductive coercion, where women must covertly limit their pregnancies as they are expected to be continuous producers of children.<sup>4</sup> Adolescent girls and young women (AGYW) are particularly vulnerable in Nairobi's environment of widespread urban poverty. They must often drop out of school to engage in casual work or provide childcare to support the family. Some may engage in transactional relationships with older men.

More broadly, Nairobi faces intense population pressures necessitating FP attention. With one of the highest growth rates in Africa, Nairobi's population is growing by an estimated half-million people per year who typically migrate for increased economic opportunity. An estimated 60-70% of these people live in informal urban settlements, with poverty and living conditions exacerbating their risk of HIV and unplanned pregnancy. And while FP services are concentrated in Nairobi and relatively accessible, NCC paradoxically features higher rates of FP commodity stock-outs compared to other counties.<sup>5</sup>

## TECHNICAL APPROACHES

The *Afya Jijini* team works closely with NCC to scale-up high quality, rights-based FP. The program is guided by national and county-level technical guidelines and works at each level of the health system, from the community to the county level, to increase awareness of and access to FP. The project works with 183 public and private facilities and their catchment communities across 10 sub-counties to implement evidence-based FP approaches. *Afya Jijini* focuses on reaching vulnerable AGYW in informal urban settlements, who often lack access to accurate FP information and affordable direct services. To address this, *Afya Jijini* engages local sub-grantees to map and link AGYWs to FP services and is scaling up community-based distribution of short-term contraceptives through trained community-based distributors (CBDs), among other strategies. *Afya Jijini* assists NCC and Kenya more broadly on its Journey to Self-Reliance (J2SR) through several strategies that are described below, including engaging local sub-

<sup>1</sup> FP2020. Kenya hits target as married women embrace FP. Online brief. March 2019.

<sup>2</sup> Kenya National Bureau of Statistics, ICF Macro. Kenya Demographic and Health Survey 2014: Nairobi, 2015.

<sup>3</sup> Ezeh, A. et al. Reaching the urban poor with FP services. *Studies in Family Planning*, June 2010.

<sup>4</sup> Karp, Celia. Reproductive choice for family planning and childbearing: Where does women's empowerment fit in? Findings from a three-country qualitative study. Conference Presentation ICFP Kigali, Nov. 2018.

<sup>5</sup> Kenyan Ministry of Health. National Costed Implementation Plan 2017-2020. 2017.

grantees through a grants-under-contracts mechanism to reach AGYW and their households and by strengthening NCC leadership and ownership of FP.

### **IMPROVED FACILITY-LEVEL ACCESS**

*Afya Jijini* works with NCC to improve access to a range of affordable and modern FP methods at 186 high-volume health facilities. The project's FP/Reproductive Health (RH) Advisor and cluster technical assistance teams coach and train facilities to address some of the leading service delivery challenges impeding facility-level FP uptake, including improving provider confidence and skills in long-acting and reversible contraception (LARC) and post-partum family planning (PPFP); preventing and addressing stock-outs and shortages in FP commodities and counseling demonstration tools; offering integrated youth-friendly services (FP); and improving counseling skills to ensure that FP counseling is free of coercion and covers the entire method mix. *Afya Jijini* also works with sub-counties to distribute relevant FP guidelines and job aids – including medical eligibility criteria wheels, Balanced Counseling Strategy Plus cards, and Tiarht Charts – to health care workers (HCWs).

*Afya Jijini* assists health facilities in integrating FP demand creation, counseling, and service provision into other facility departments (child welfare clinics, comprehensive care centers [CCCs], maternities, and in HIV testing points), in line with national strategy. Specifically, the project supported eight high-volume HIV CCCs to integrate FP services, providing clinician training and FP commodities. *Afya Jijini* is working with sub-counties to identify potential additional departments for FP integration as Kenya rolls out further integration protocols.

### **STRENGTHENED COMMUNITY ACCESS**

*Community-Based Distributors (CBDs):* *Afya Jijini* supports sub-counties and facilities to train and oversee 172 CBDs in target informal settlements. The CBDs provide FP information and distribute short-term (pills, condoms) methods via household visits and community events. The CBDs also advocate for the cost-effectiveness and client-friendliness of LARC, referring clients to health facilities for further counseling and LARC service. *Afya Jijini* works with sub-counties to document CBD outcomes and advocate for increased financing and scale-up of this critical cadre in line with the county-level, FP-costed implementation plan.

*Youth:* *Afya Jijini* prioritizes AGYW for FP promotion and services, given their vulnerability to teen pregnancy and their lack of access to services. Through sub-grants to local organizations, for example, *Afya Jijini* is rolling out the Binti Shujaa FP/RH adolescent mentorship program in Dandora 2 and Bahati informal settlement. Binti Shujaa mentors provide peer-to-peer counseling on FP/RH issues and refer or escort clients to local youth-friendly health services for FP and sexual and gender-based violence response services (including the provision of emergency contraception and post-exposure prophylaxis). *Afya Jijini* also works with the Mathare Youth Sports Association to share FP messaging, using athletics as an engaging entry point for young people. The project leverages its PEPFAR DREAMS HIV prevention program to reach a further 12,753 enrolled AGYW and their partners with FP counseling and services in target informal settlements. It uses Safe Space education sessions and other evidence-based behavioral intervention sessions to deliver condom efficacy education, distribute male and female condoms, and provide FP counseling and referrals. As a result, nearly 1,300 clients per quarter access modern FP services. DREAMS also ensure condom dispensers are placed and refilled regularly at AGYW gathering places.

## GENDER-SENSITIVE FP APPROACHES

*Afya Jijini* uses multiple strategies and entry points to engage male partners as advocates and allies for FP uptake. Research demonstrates that Nairobi men often view FP and SRH as “female issues” and that it is irrelevant to them. However, men and boys typically hold more sexual power over women and girls, including decision-making regarding condom use.<sup>6</sup> *Afya Jijini’s* We Men Care approach directly addresses this need, engaging male partners of expectant mothers in critical health areas at 10 health facilities. Most RH interventions are focused almost exclusively on women, especially about FP, prevention of unwanted pregnancy and unsafe abortion, and promotion of safe motherhood. *Afya Jijini’s* We Men Care model engages *men as clients* (for FP, sexually-transmitted infection [STI] screening, and HIV services), *men as partners* (promoting uptake of voluntary FP and RH services by their partners), and *men as change agents* (as volunteers and advocates in their communities and peer groups). *Afya Jijini* also engages male sexual partners through the PEPFAR DREAMS HIV prevention program in Mukuru Kwa Njenga and Westlands sub-counties. The project conducts specific outreach and sensitization for AGYW male sexual partners, including condom distribution, in informal settlements.

## COUNTY AND SUB-COUNTY HEALTH SYSTEM STRENGTHENING

*Afya Jijini* strengthens the overall county health system as a critical strategy for improving the availability and provision of FP and advancing the J2SR. *Afya Jijini* has worked closely, for example, with health facilities to enhance their understanding and use of FP reporting tools, advocating for how the improved availability of data can increase their allocations of FP supplies. *Afya Jijini* also improves overall FP coordination at county and sub-county levels around key thematic areas in commodity security, reporting, and demand creation. Working with the County FP Technical Working Group, the project helps advocate for increased FP financing. *Afya Jijini* also participated in the development of the county’s first-ever FP-costed implementation plan (2018-2020), which lays out the strategies, activities, and budget to achieve FP targets. At sub-county level, *Afya Jijini* works with public health managers to provide clinical quality improvement-focused supportive supervision, working with sites to improve their technical skills in LARC methods, including Intrauterine Contraceptive Device (IUCD) insertion and implants.

## RESULTS

- Provided a cumulative 966,743 couple years of protection (CYP) midway through its fourth year (FY20/Q2), exceeding the overall annual targets each year. LARC consists of the majority of CYPs, contributing 61% in the most recent quarter.
- Sensitized and trained 105 HCWs on FP quality of care topics, including FP-HIV integration, PFPF, and commodity security in Y4 Q2.
- Integrated FP services into eight HIV CCCs, where clients can now more conveniently access FP counseling and services.
- Mentored and trained 172 active FP-focused CHWs, who provide community-based FP counseling to more than 11,000 households, distributing short-term FP methods, and providing referrals for LARC.
- Trained and supported 20 Binti Shujaa adolescent peer educators/mentors as community ambassadors to other AGYW for increased uptake of FP among AGYW.

<sup>6</sup> USAID/Kenya and East Africa. *Afya Jijini gender analysis*. 2016.

- Increased the FP commodity reporting rate from below 50% to more than 95%.
- Assisted the county to launch its first FP-Costed Implementation Plan (2018-2021), which aims to help Nairobi achieve its target of 63% CYP, in line with national objectives.
- J2SR: Increased local ownership of FP planning, implementation, and response by NCC and grassroots local organizations through grants under contracts.

## LESSONS LEARNED

*Afya Jijini* remains committed to learning and improving its impact in reducing the unmet need for FP in NCC. Lessons learned to date include:

- Ensuring the timely flow of demand-driven FP commodities. The NCC continues to focus on improving its supply chain for FP and HSS-level interventions around commodity reporting.
- Collaboration among NCC and its many FP stakeholders is essential to avoid duplication and most effectively deploy the limited resources available
- Youth – both young women and men – require special strategies and interventions to meet their needs. These include a combination of behavioral change approaches as well as structural and service delivery adaptations.
- Men can be powerful advocates for FP. Engaging them with innovative and evidence-based strategies will help narrow the unmet gap for FP.

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*This technical overview is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).*