Expanding FP Method Choice in Kenya

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Kenya: Trends in CPR

Kenya Demographic Health Survey Data

PMA Round 7 (November 2018)
LARC Insertion and Removal, 2014-2018
Steps in Expanding LNG-IUS to the Public Health Sector

1. LNG IUS Available
2. Advocacy
3. Joint planning
4. Adapted Global LRP
5. Developed M&E Tools
6. Facility Mentor Traine
7. Community Sensitization
8. Initiation of LNG-IUS study
9. Onsite structured mentorship
10. Service Delivery
11. Scale Up

Monitor implementation
Summary in numbers

- Public Health Facilities: 70
- Qualified mentors: 48
- Trainings Conducted: 30
- Service Providers Trained: 190
- Clients Reached: >1500

As of November 2018
**Conclusion**

**HEALTH WORKFORCE**
- Nurses & midwives main service providers
- Deeper engagement of other cadres
- Knowledge and skill transfer through mentoring
- HRH shortage - industrial unrest

**MEDICAL PRODUCTS**
- Commodity management, including redistribution
- Sustainability in commodity supply
- Equipment and supplies

**HEALTH GOVERNANCE**
- MOH buy-in and leadership
- Policy and guideline review

**SERVICE DELIVERY**
- Training approach (OJT/Modular + Mentorship)
- Awareness among clients
- Equipment and supplies
- Service reorganization
- Service delivery channels
- Potential in the private facilities

**HEALTH INFORMATION SYSTEMS**
- Data capture at facility
- Inclusion in national tools
- Data for action

**HEALTH FINANCE**
- Ongoing advocacy for budgetary allocation
- FP commodity insecurity
- FP costed implementation plans

**USERS:**
LNG IUS uptake is promising among:
- New FP users
- Women previously using short-acting methods
- Postpartum women
For more information, please visit
www.mcsprogram.org

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