



Improving FP uptake in marginalized communities in Turkana and Narok counties in Kenya through community-based interventions



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HOPE IN HEALTH: OUR LABOR IS NOT IN VAIN



CHAK profile

Who we are

CHAK is a national faith-based organization of the Protestant Churches, health institutions and programs from all counties of Kenya providing quality health care since 1946 through building of health systems, partnerships and community empowerment



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CHAK's Mandate

To promote universal access to quality health care by building capacity of health workers and facilitating HF to deliver accessible, comprehensive quality health services to the people of Kenya and beyond in accordance with Christian values.

CHAK engages communities and empowers them to seek and access quality health care.





DESIP Project -Faith to Action's Coverage

Consortium of 5 faith-based partners implementing in 9 counties of Kenya under the F2A umbrella.

- i. Christian Health Association of Kenya (CHAK) - Narok & Turkana
- ii. Supreme Council of Kenya Muslims (SUPKEM)- Wajir, Garissa & Mandera
- iii. Anglican Development Services of Mt. Kenya East (ADSMKE)- Marsabit & Isiolo
- iv. Organisation of African Instituted Churches (OAIC) - Homabay & Migori





Project goal

To ensure that women and girls are able to safely plan their pregnancies and improve their sexual and reproductive health, particularly the young, rural and marginalised, with project impact contributing to reduced maternal mortality, new-born and child mortality, and increased modern contraceptive prevalence in Kenya.



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Outcome

Greater and more equitable access to, and uptake of, family planning services in Kenya especially rural women, rural adolescents and people with disabilities.



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Programme objective

To increase access to, and use of, modern contraceptives in Turkana and Narok counties, while increasing equity and sustainability.

Expected outputs

- 1) Greater availability of FP commodities
- 2) Greater demand for FP commodities





Output 1: Ensuring greater availability of FP Commodities

- Trained 35 CBDs in Narok county: Awareness creation activities including community dialogues, health talks and offering FP services such as counselling, referral for LARC, DMPA, Pills, Condom distribution.
- Monthly support for outreaches into remote and hard to reach areas in Turkana and Narok Counties.





Output 1: Ensuring greater availability of FP Commodities

- Strengthened referral systems between CHVs, faith leaders, peer educators and health facilities
- Regular support supervision and on the job coaching for the CBDs





Other activities

- Male only engagement dialogues and sensitization sessions were held to ensure the community understood FP benefits and supported their partners.
- Faith Leaders were trained for awareness creation which included quarterly dialogues meetings with the communities and youth meetings.





Increasing FP service provision targeting adolescents and youth through CBDs

- Integrated adolescent centered services - Manyatta Model approach in Turkana county
- Included AYP demand creation and service delivery interventions
- Engaged adolescents through community-based outreaches
- Provided postpartum contraception and counseling to the AYPs who had given birth
- Engaged adolescents and youth friendly CBDs to reach the young people





Interventions that worked

- Continuous mentorship and training on youth friendly service.
- Adolescents and Youth engagement at decision making levels
- Leverage on existing community structures for adolescents and youth-Young mother support groups.
- Mass media: Integrated COVID-19 messaging with SRH/FP messaging





Interventions that worked

- Digital platforms to create demand : social media, WhatsApp platforms to provide SRH information, and interactions with adolescents & youth for dialogues.
- Targeting adolescents and youth dialogues & out-reaches/in-reaches
- Engaging satisfied clients as youth champions.





We need to design **WITH** the adolescents and youth, not for them.

