ADS - South Rift

To honour God and serve people

FAMILY PLANNING STRATEGY

2023-2027

ADS SOUTH RIFT FAMILY PLANNING STRATEGY

2023 – 2027

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FOREWARD

Anglican Development Services (ADS) South Rift is the development arm of Anglican Church of Kenya Diocese of Kericho and is one of the 10 ADS Regions in Kenya. It operates in Bomet, Kericho and Narok counties with a population of 3 million people in an area of 21,900 square kilometers. The organization has been in operation since 1983 as ACK Narok Integrated Development Program (ACK NIDP) and ACK Trans-Mara Rural Development Program (ACK TRDP). To align with the expanded geographical coverage and scope, all the ACK programs in South Rift consolidated and registered in 2015 as ADS South Rift.

The organization has been a key health stakeholder in the region and has particularly collaborated with the county health departments to improve key indicators including MNCH, FP, and nutrition and school health.

This Family Planning Strategy provides an exciting opportunity for ADS SR to reenergize our work with and for the communities we serve. It outlines the strategic direction and priorities that we will pursue over the next five years to support Government of Kenya's efforts to increase access and uptake of quality family planning services. The plan takes cognizance of and is aligned with the Kenya Family Planning Costed Implementation Plan 2021-2024 and the county-specific plans including the County Integrated Development Plan (CIDP) and County FP Costed Implementation Plan.

This Strategy was developed in consultations with key stakeholders in the region. We appreciate the informative input and feedback that culminated in the final plan. We retaliate our commitment to the spirit of collaboration and partnership that is critical to successful implementation of the plan and call upon all stakeholders to join us in this endeavor.

Mary Naikumi

Executive Director,
ADS South Rift

ACKNOWLEDGEMENT

The development of this FP Strategy was a team effort that benefitted from the time, commitment, expertise, and resources from many individuals from both the Counties in the region and the ADS SR teams. The leadership of NPI EXPAND ably steered the development of this Strategy and in addition provided critical technical input and participated in numerous planning sessions and workshop. We particularly recognize the stellar leadership and wise counsel of Josephine Mbiyu – Country Team Lead NPI EXPAND, who provided technical guidance throughout the process of developing this strategy.

We wish to acknowledge the generous support from USAID NPI EXPAND project who provided the financial and logistical resources that supported the entire process of developing this Strategy. We acknowledge and greatly appreciate the contribution of the NPI EXPAND technical team who provided invaluable inputs and guidance at all stages. Lastly, the enthusiastic participation and inputs from the committed team from ADS SR is recognized and sincerely appreciated.

Rt. Rev. Ernest Ngeno

Board Chair
ADS South Rift

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LIST OF ACRONYMS AND ABBREVIATIONS

ADS	Anglican Development Services
ADS SR	Anglican Development Services Southrift
ACK	Anglican Church of Kenya
ASRH	Adolescent Sexual Reproductive health
AWPs	Annual Work Plans
CBD	Community-based Distributors
CHV	Community Health Volunteer
CIDP	County Integrated Development Plan
CNAP	County Nutrition Action Plan
CYP	Couple Year Protection
EmONC	Emergency Obstetric and Newborn Care
FBO	Faith-based Organization
FP	Family planning
FP-CIP	Family Planning Costed Implementation Plan
IEC	Information, Education and Communication
KDHS	Kenya Demographic and Health Survey
KHIS	Kenya Health Information System
mCPR	Modern Contraceptive Prevalence Rate
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MNCH	Maternal Newborn and Child Health
NHIF	National Health Insurance Fund
NPI	New partnerships Initiative
MOH	Ministry of Health
OVC	Orphans and Vulnerable Children
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
SBCC	Social Behaviour Change Communication
SWOT	Strengths, Weaknesses, Opportunities and Threats
TFR	Total Fertility Rate
TMA	Total Market Approach
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Family planning is one of the most significant advancements in public health which has changed and saved the lives of millions of women and children around the world and helped to end the cycle of poverty. Kenya has made great progress toward increased uptake of family planning (FP). Contraceptive use increased from 58% of married women in 2014 to 62.5% in 2022. Total Fertility Rate decreased overall from 3.9 in 2014 to 3.4 in 2022. Despite the overall progress in TFR and mCPR, there are disparities among different counties and specific population groups such as adolescents, women in poor backgrounds and hard to reach areas. Critically, the rate of teenage pregnancies is still high, and the rate of decline from 18% in 2014 to 15% in 2022 has been slower than would be desired.

The Kenyan government acknowledges FP as a critical element of the country's social and economic development and a crucial ingredient to the realization of Universal Health Coverage (UHC). The government has embraced a Total Market Approach (TMA) that seeks to tap into the inputs and unique strengths of diverse stakeholders. The approach recognizes that faith-based organizations (FBOs) like ADS South Rift are essential in delivering services, increasing awareness, creating demand, and promoting a better environment that supports FP.

ADS South Rift serves communities in Southrift region in Kenya and has significant experience and a track record in reproductive health programming, including family planning (FP) interventions. Drawing on this capacity, ADS SR will support the government to increase access and utilization of quality FP services and information in the three counties. Specifically, ADS SR will pursue four strategic objectives:

- To promote sexual and reproductive health care seeking behavior among populations with unmet need for modern contraception.
- To increase access to and utilization of quality FP services by under-served population segments in the three target counties.
- To support the county government in enhancing sustainable financing and stewardship of the FP program.
- To improve evidence-based decisions for effective FP programme implementation through operational research, MEL and information dissemination.

Alongside its delivery of services, ADS SR will continue building its institutional and technical capabilities and improving the organization's structure and staffing. Further, to rally support for FP and reproductive health, ADS SR will forge new partnerships and enhance existing ones. We estimate that delivering this strategic plan will cost about KES 226,134,600 million (about USD 1,547,000) over a five-year period. To raise these funds, we will enhance our resource mobilization strategy, including mapping relevant donors, strengthening our proposal and grant writing skills and diversifying our funding partners. We intend to strengthen our grant management systems to build the confidence of funders in our ability to steward their investments in a prudent manner.

1 INTRODUCTION

1.1 About ADS SOUTHRIFT

Anglican Development Services (ADS) South Rift is the development arm of Anglican Church of Kenya Diocese of Kericho and is one of the 10 ADS Regions in Kenya. It operates in Bomet, Kericho and Narok counties with a population of 3 million people in an area of 21,900 square kilometers. The organization has been working with both rural and urban communities in these three counties.

The organization has been in operation since 1983 as ACK Narok Integrated Development Program (ACK NIDP) and ACK Trans- Mara Rural Development Program (ACK TRDP). To align with the expanded geographical coverage and scope, all the ACK programs in South-rift consolidated and registered in 2015 as ADS South Rift. The organization has extensive experience in designing and implementing various projects through various community engagement processes. This enables the communities to identify and prioritize their needs, opportunities and resources and take actions to address them.

1.2 Mission, Vision, and Core Values

ADS SR has the mission to build partnerships with communities and enabling them to exercise their God given potentials in addressing their needs. Further, ADS South Rift seeks to transform society by empowering communities to holistically address their needs and glorify God. The vision of the organization is “An organization honoring God and serving people to achieve a dignified living”. The core values that guide ADS’ operations are; Faith in God; Growth, learning and innovation; Stewardship; Equity; Teamwork; Compassion; Sustainability; Professionalism; Organizational and self- development

1.3 Organization Structure and Governance

ADS SR is a registered organization governed by a board of management composed of 9 members representing various field offices and other interests. It is operating from a head office and 8 field offices spread in the three target counties. There are four committees within the Board that oversee the ADS SR work in Narok, Kericho, Bomet and Transmara. Each of the committee reports to the board. Project implementation committees are in place for specific long-term projects that require continuous community level governance. These subcommittees report to the relevant committees in the area.

The organization is led by an Executive Director who reports to the board. The technical implementation team is led by a Programs Manager and a Financial Manager who oversees

program and financial management and report to the Executive Director. M&E officer supports all the M&E activities of ADS SR while project coordinators lead specific project implementation with the support of project officers and community volunteers.

1.4 Overview of ADS SR work

ADS SR's work focuses 3 Pillars namely: Community development, Organization Transformation and Sustainability and Property and investment for financial stability. Under the community development pillar, ADS SR supports Human Health, Livelihood and Economic Empowerment, Climate Change, Peace Building with strong focus on church community mobilization process (CCMP) and OVC Care and Support. Under Organization Transformation and Sustainability, the thematic areas include; Governance, HR Management & Development, Financial Management, and Risk Management. Under Property and investment for financial stability, ADS supports focuses on strengthening internal compliance, asset management, resource mobilization and income generating activities.

ADS South Rift has significant experience and a track record in reproductive health programming, including family planning (FP) interventions. Below is an outline of some of the relevant areas of work:

Table 1-1: Organization's experience and track record

Thematic area	ADS South Rift's experience and track record
Enhancing contraceptive commodity security	• ADS South Rift is a member of the county commodity Technical Working Group (TWG) in the three focus counties. • It operates and supports two facilities in Narok East and Narok North with FP commodities.
Enhancing stewardship and governance of family planning	• ADS South Rift participates in the development of county government plans and strategies. For example, the organisation was involved in the development of County Nutrition Action Plans (CNAP), County AIDS Implementation Plan and Maternal and Child Health Strategy with specific FP and adolescent health inputs.
Health information management	• Supports the county health teams to undertake quarterly routine data quality audits, and data analysis to inform quality of care improvement.

Thematic area	ADS South Rift's experience and track record
Service delivery	• Has trained and engaged community-based distributors to provide FP services at the community level. • Supports routine integrated outreaches to provide FP services at the community level • Supports training and mentorship on Emergency Obstetric and Newborn Care (EmONC) and on FP quality improvement.
Demand creation for FP	• Supports community engagement forums for men, women and youth. • Engagement of faith leaders through the faith-for-life model to create awareness on FP and mental health • Training and engagement of community champions to create awareness on FP • Supports radio talk shows on FP. • Develop Social Behaviour Change Communication Strategy on FP
Youth and adolescent-focused interventions to increase FP uptake.	• Supports school health, life skills education and menstrual hygiene promotion • Supports adolescents' access to MNCH and FP information and services.
Promoting gender equality and social inclusion in family planning services	• ADS SR is a member of the Gender TWG whose objective is to advance gender equality and women empowerment through state and non-state actors in a coordinated manner. • Youth sensitization forums on Sexual and Gender Based Violence (SGBV) through religious forums.
Other thematic areas of work that present opportunities for integration	• Community health, Nutrition, MNCH and HIV/AIDS; Food Security; Economic empowerment; Peace and reconciliation; Orphans and Vulnerable Children (OVC) care and support; Education.
Evidence generation and use	• Knowledge management through research, documentation and communication.

1.5 Rationale and Purpose of this Strategy

Family planning is one of the most significant advancements in public health which has changed and saved the lives of millions of women and children around the world and helped to end the cycle of poverty. A later and healthier start to childbearing, higher levels of education, fewer pregnancies, and a greater ability to engage in income-producing activity are all made possible for adolescents with improved access to FP information and methods[1].

The Kenyan government acknowledges FP as a crucial element of the country's development and a crucial ingredient to the realization of Universal Health Coverage (UHC). However, for a variety of reasons, the unmet need for FP remains high despite the nation's remarkable improvements in overall access to healthcare. To address this situation, the government has embraced a Total Market Approach (TMA) that seeks to tap into the inputs and unique strengths of diverse stakeholders[2]. The approach recognizes that faith-based organizations (FBOs) like ADS are essential in delivering services, increasing awareness, creating demand, and promoting a better environment that supports FP.

This FP Strategy outlines the specific contribution that ADS South Rift will make to the government's FP2030 agenda over the next five years (2023–2027). It was developed through a process of internal and external consultations with key stakeholders, including the government, partners, and community members, thus benefiting from their rich insights and perspectives.

[1] Smith, R. (2009). Family Planning Saves Lives, 4th edition. PRB.
[2] MOH (2019). Total Market Approach for Family Planning National Strategy 2020-2025.

2 SITUATION ANALYSIS

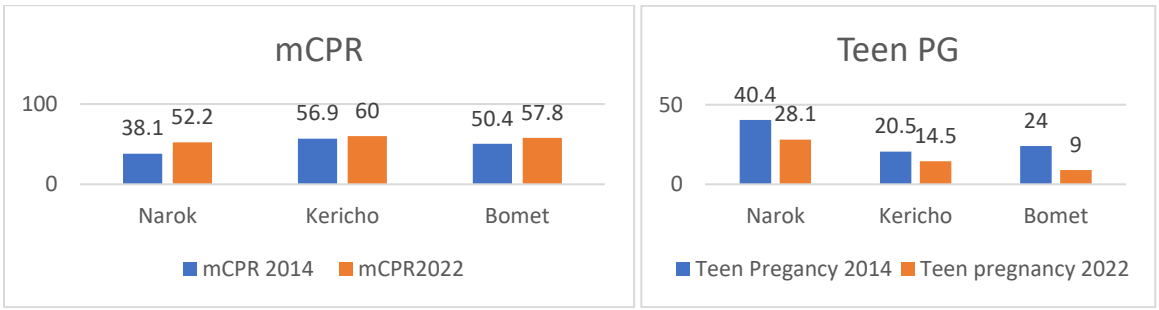
2.1 Status and trends of Family Planning

Kenya has made great progress toward increased uptake of family planning and is pursuing a vision whereby the country reaps the socio-economic benefits to all citizens through accessible, acceptable, equitable and affordable quality family planning services with zero unmet need for family planning by 2030[3].

Contraceptive use has increased, from 58% of married women in 2014 to 62.5% in 2022, according to the 2022 Kenya Demographic and Health Survey (2022 KDHS). In fact, the nation's modern contraceptive prevalence rate (mCPR) exceeded its FP2020 objective of 61% in 2018—two years earlier than anticipated (MOH and Track20 2019). Total Fertility Rate decreased overall from 3.9 in 2014 to 3.4 in 2022. Despite the overall progress in TFR and mCPR, there are disparities among different counties and specific population groups such as adolescents, women in poor backgrounds and hard to reach areas. Critically, the rate of teenage pregnancies is still high, and the rate of decline from 18% in 2014 to 15% in 2022 has been slower than would be desired[4].

FP indicators in Bomet, Narok and Kericho counties, where ADS South Rift operates in, varies significantly as shown in the Table below.

Table 2-1: Summary of key FP indicators in Narok, Bomet and Kericho counties (source: KDHS 2022)



The issues and challenges facing delivery of FP services in Narok, Bomet and Kericho counties are summarized in the table below:

[3] Kenya FP2030 Commitment, accessible from: https://fp2030.org/kenya

[4] KNBS and ICF. 2023. Kenya Demographic and Health Survey 2022. Nairobi, Kenya, and Rockville, Maryland,
USA: KNBS and ICF

Table 2-2: Issues and challenges facing FP

Thematic area	Issues and challenges facing FP
Commodity security	• Weak commodity management practices and inadequate commodity data for decision making due to low reporting rate and poor-quality data. Private sector data is not included in the forecasting and supply planning processes. • Low staff capacity on contraceptives forecasting and supply planning • Manual processes of stock management and poor documentation resulting in inaccuracies and delays in ordering and procurement of commodities. • Mismatch between FP commodity stocking and FP strategies • Inadequate funding for FP commodities resulting in sporadic stockout and limited method mix.
Financing and sustainability	• Inadequate budgetary allocation towards FP services at both national and county levels. • Overdependence on donors for financing towards procurement of FP commodities. • Lack of prioritization of FP in budgeting and in release of funds to activities- funds not allocated and spent appropriately on FP-related supplies and personnel in recurrent budgets. Funds allocated to FP sometimes get diverted to other priorities.
Leadership and governance	• Weak governance mechanisms for FP, characterized by Technical Working Groups (TWGs) that operate sub-optimally. • Weak coordination among FP stakeholders leading to duplication of efforts. • Inadequate engagement with relevant non-health sectors that could impact FP uptake. • Political interests that contradict the FP agenda, such as politicians advocating for bigger family size • Inadequate operationalization of legal and policy frameworks to translate into tangible actions that promote FP uptake.

Thematic area	Issues and challenges facing FP
Information management	• Inaccurate documentation and reporting of FP service data due to resource and skills gaps. • Poor analysis and use of the available data in planning and decision making.
Demand creation	• Persistent FP myths and misconceptions • Negative political narratives in regard to FP • Religious doctrines that discourage FP • Low levels of male involvement in the backdrop of patriarchal context where men dominate decision-making power at household and community levels. • Deeply entrenched socio-cultural norms, including harmful practices such as Female Genital Mutilation, early marriages, and gender-based violence. • Insufficient social behaviour change communication (SBCC) activities that have not effectively addressed knowledge, attitudes, and socio-cultural barriers.
FP service delivery	• Limited services for hard-to-reach communities that are served by health facilities that are long distances away. • Cost of seeking health services, including travel costs and user fees (in some cases) or cost of buying FP methods from commercial outlets in the event of stock-out in the public facilities. • Gaps in provider knowledge and attitudes which contribute to poor services. • High workload leads to providers offering clients preference which is not necessary method of choice • Inadequate integration of FP services into other programs and services thus missing opportunities to enhance access and efficiency.

2.2 Environmental scan

ADS South Rift did a rapid environmental scan as part of the process of formulating this strategy to strategically re-position itself in the dynamic context of FP service delivery in the counties of operation. The scan included a mapping of the main stakeholders and their

responsibilities in addition to a PESTEL and SWOT analysis of the external and internal environment respectively.

2.2.1 PESTEL Analysis

The PESTEL analysis examined six segments of the external environment: (1) political, (2) economic, (3) social, (4) technological, (5) environmental, and (6) legal. The key emerging issues are summarized in the table below.

Table 2-2: PESTEL Analysis

Context	Enabling factors	Constraining factors
Political	• Devolution enabled planning and budgeting for health services to be brought closer to the communities being served thus more making it possible for government priorities to match local needs.	• Political goodwill has not fully translated into allocation of resources towards FP. • Some political narratives advocate for hight fertility rates for political milage. This is reinforced by the fact that allocation of public resources is largely based on population parameters.
Economic	• Devolution gains – increased resources available at local levels. • Youthful population that powers economic growth. • National government embarrassing NHIF • Linda Mama Program in public facilities	• Rampant corruption and misappropriation of public funds • High inflation rates and high cost of living • Unemployment • Poverty • High inflation rates, high fuel costs on economic constraints • Delay in NHIF reimbursement • Linda Mama reimbursement doesn't commensurate with the cost of services
Social	• Improved public awareness on health services, rights and entitlements.	• Harmful cultural norms and practices and some erroneous religious beliefs

Context	Enabling factors	Constraining factors
	• Increasing public participation and feedback on services offered by public sector healthcare providers. • Existing community engagement platforms	• Patriarchal society and boy child preference • Myths and misconceptions • Social pressure for large family, seen as a sign of prestige • High illiteracy levels
Technological	• Rapid growth in information technology including internet connectivity, social media, and artificial intelligence. This presents vast possibilities of developing and adopting technologies to advance and promote access to FP services. • Wide access to mass media, including local radios making it easy to disseminate information on FP.	• The digital divide - unequal access to digital technology, including mobile phones and the internet. • Rapid spread of misinformation; unbridled access to harmful online content e.g., pornographies • Self-diagnosis and medication
Environmental	• Increasing community awareness and sensitivity to the need to conserve the environment. • There is adequate farmland and natural resources which if well managed and conserved provides sustainable income and food security.	• Climate change that contributes to drought and malnutrition • Human wildlife conflict. • Environmental pollution, including from medical wastes. • High population putting pressure on natural resources
Legal	• Supportive laws, policies and guidelines exist.	• Delays in enacting and implementation of some laws and policies, e.g. Adolescent policy. • Poor enforcement of laws

2.2.2 SWOT Analysis

A detailed analysis of the strengths, weaknesses, opportunities as well as threats was undertaken and prioritized as summarized in the table below. The exercise made it easier to pinpoint the elements that could either support or undermine ADS South Rift's capacity to accomplish the goals, objectives, and outcomes outlined in this strategic plan.

Table 2-3: SWOT Analysis

Strengths:	Weaknesses:
• Long experience in implementing health, gender, environment and economic empowerment work. • Good understanding of the local dynamics and socio-cultural drivers. • Good working relationship with the national and county partners. • Local presence and community good will. • Experience in Faith for Life Model • Adequate technical staff capacity • On ground presence in Kericho, Narok and Bomet counties. • Affiliation with ACK gives stakeholders confidence and public trust. • Strong governance structure that ensures proper accountability	• Overreliance on donor funding • Insufficient resource mobilization • Inadequate staffing especially for the M&E department and IT • Inadequate monitoring and evaluation framework • Weak communication strategy • Weak advocacy targeting county and national government. • High staff turnover
Opportunities:	**Threats:**
• Wide geographical and scope of work offers opportunity for expansion and scaling. • Membership in various TWGs at the county level • Devolution of government services • Accessibility to line ministry offices within the counties of operation • Being an FBO, access to the community is easy • Existing strong engagement with a network of stakeholders • Being well established in hospitality industry in South Rift	• Climate change • Political Instability • Inter-communal conflicts • Retrogressive harmful cultural practices • Some detrimental religious belief and faith that obstruct adolescents access to FP • Declining donor funding • Emerging global threats such as Covid 19 and economic meltdown

2.2.3 Stakeholder Analysis

We identified the key primary and secondary stakeholders who have a vested interest in the FP projects that we implement. At the national level, the key partners include the government line ministries and parastatals, development partners, like-minded organizations and the media. At the county and community levels, ADS South Rift has existing partnerships with county governments, local civil society organizations, other faith-based organizations, communities, and congregants, among others. The table below summarizes the broad roles and interests of these stakeholders. These will guide us in identifying complementarities and opportunities to create synergy.

Table 2-4: Stakeholder analysis

Stakeholder category	Role or interest in relation to FP
Religious institutions	• Healthy and productive congregation
National and county MoH	• Contribute to access of wide range of quality FP commodities, information and services. • Contribute to reducing maternal and infant mortality
Other government line ministries and departments	• Play their legal mandate including advancing the wellbeing of the population and contributing to healthy and productive society.
Implementing partners	• Contribute to access of wide range of quality FP commodity, information and services • Contribute to reducing maternal and infant mortality
Development partners	• Contribute resources towards supporting the national health and development goals and aspirations.
Target communities	• Healthy and economically stable families • Utilising the available services. • Holding government and other duty bearers to account.

3 THE FAMILY PLANNING STRATEGY: 2023-2027

3.1 Guiding Principles

- *Informed Choice:* we will support our clients to access accurate, clear and readily understood information about a variety of contraceptive methods and their use.
- *Non-discrimination*: Clients are welcome to partake of our services equally. The FP providers will train, deploy and support will respect every client's needs and wishes and will set aside personal judgments and any negative opinions.
- *Availability of contraceptive information and services*: we will provide accurate and accessible family planning information and methods. We will endeavor to ensure availability of all required supplies and not hold back information on the FP methods, including possible advance reactions.
- *Accessible information and services*: We will ensure everyone can use our services without discrimination. We will integrate strategies such as outreaches and community-based distribution to reach the hard-to-reach.
- *Acceptable information and services*: Our FP service providers will be friendly and welcoming, and ensure they remain responsive and acceptable to the needs of the clients.
- *Privacy and confidentiality*: we will observe strict ethical standards including client privacy and confidentiality in relation to services and documentation.

3.2 Strategic Goal and Objectives

The goal of the strategy is to contribute to an increase in access and utilization of quality FP services and information in Narok, Bomet and Kericho counties.

The strategic objectives are:

- To promote sexual and reproductive health care seeking behavior among populations with unmet need for modern contraception.
- To increase access to and utilization of quality FP services by under-served population segments in the three target counties.
- To support the county government in enhancing sustainable financing and stewardship of the FP program
- To improve evidence-based decisions for effective FP programme implementation through operational research, MEL and information dissemination

3.3 Strategic Priorities

To achieve the goal and objectives outlined above, ADS South Rift will implement the following interventions in collaboration with the County Governments and other stakeholders:

Strategic Objective 1: To promote sexual and reproductive health care-seeking behavior among populations with unmet needs for modern contraception

The priority interventions under this strategic objective are:

- Disseminating accurate and age-appropriate FP information through existing community engagement platforms with a focus on dispelling myths and misconceptions.
- Sensitization and training of health workers, community health volunteers (CHVs), Community-Based Distributors (CBDs), community champions and youth peer educators on FP.
- Engaging faith leaders to create awareness on FP.
- Sensitize youths on Adolescent Sexual and Reproductive Health (ASRH) and life skills.
- Social mobilization for service uptake including family health education and parenting support.
- Engaging men as users, advocates and supportive partners of FP uptake.

Strategic objective 2: To increase access to and utilization of quality FP services by under-served population segments in the three target counties.

The priority interventions under this strategic objective are:

- Improving availability of quality FP commodities at all service delivery points through mentoring health facility staff on FP commodity forecasting, quantification, and effective stock management practices.
- Integrating FP services into the routine community outreaches conducted by ADS South Rift in the three counties.
- Strengthening the capacity for health workers to improve clinical skills, including through supportive supervision, mentorship and continuous quality monitoring and improvement.
- Engaging CBDs to reach the underserved populations in hard-to-reach communities.

Strategic Objective 3: To support the county government in enhancing sustainable financing and stewardship of the FP program.

The priority interventions under this strategic objective are:

- Undertaking evidence-based sensitisation and advocacy meetings with key decision makers within the county government to increase their buy-in and recognition of the importance of FP in development.
- Strengthening the capacity of County Commodity Security TWG to advocate for adequate resources towards FP commodities.
- Lobbying and advocating for increased domestic funding for FP by having a dedicated budget line for FP in the county budget and tracking the corresponding expenditures.
- Enhancing networking and collaboration among multisectoral actors to diversify sources of FP funding as part of Total Market Approach (TMA).
- Supporting the county government in operationalizing and monitoring progress against the County Family Planning Costed Implementation Plan (FP-CIP) and annual work plans.

Strategic Objective 4: To improve evidence-based decisions for effective FP programme implementation through operational research, PMEL and information dissemination

The priority interventions under this strategic objective are:

- Training of staff on proper and timely FP documentation and reporting into the Kenya Health Information System (KHIS).
- Support mentorship and refresher training for health facility staff on health information management including recording, reporting, analysis, and use of data for decision making.
- Conduct routine data quality audits in supported health facilities and data review meetings at county level.
- Support operational research to gather programmatic insights and lessons, disseminate to stakeholders and use the evidence to drive improvements in FP services.

4 DELIVERY OF THE STRATEGY

4.1 Institutional Setup and Capacity to Deliver the Strategy

Our institutional structure and ability to carry out our purpose and vision, including the strategic goal and objectives described in this plan, will be examined further and steadily improved. Building our institutional and technical capabilities and improving the organization's structure and staffing are the two areas we'll focus on. We recognize that there is a need to strengthen our staff capacity in Narok, Bomet and Kericho counties to reinforce ability to deliver our ambitious plans. Key aspects that need strengthening include institutional governance, resource mobilization and grant management, partnership building, participatory monitoring, evaluation and learning, communication, branding and visibility and integrating different gender and disability inclusions strategies in their programming The aim is to build a respectable and sustainable brand in social transformation.

4.2 Partnership and Collaboration

To rally support for FP and reproductive health, ADS South Rift will forge new partnerships and enhance existing ones. We shall explore potential for teaming up, cooperating, and coordinating with other players as a way of enhancing the impact of our work through FP technical working group meetings and other interactions. To rally stakeholders around a shared FP agenda and secure their commitments to addressing the unmet need for FP, we will utilize various available platforms for sharing best practices, innovations, and lessons learned.

4.3 Risk Management

Various risks are likely to hamper our ability to deliver this strategy. We will proactively forestall and mitigate these risks as illustrated in the Table below.

Table 4-1: Risks and mitigation measures

Risk	Likelihood	Impact	Mitigation measures
Financial risks e.g., inadequate budget or delays in disbursement of funds, requirement for matching funds or pre-financing etc.	High	High	Diversify funding sources, improved capacity in financial mobilization.

Risk	Likelihood	Impact	Mitigation measures
Lack of political will and buy-in from the county government	Moderate	High	Constant engagement and collaboration with the relevant county government departments.
Medical malpractice that could lead to harm or litigation by service users	Low	High	Building clinical skills of providers through training, coaching and mentorship. Effective implementation of a safeguarding policy.
High attrition of skilled staff	High	High	Improve staff welfare and ensure structured succession plan

5 RESOURCE REQUIREMENTS

5.1 Estimates of Funding Requirement

We estimate that delivering this strategic plan will cost about KES 226 million (about USD 1,559,600) over a five-year period as itemized below. To raise these funds, we will enhance our resource mobilization strategy, including mapping relevant donors, strengthening our proposal and grant writing skills and diversifying our funding partners. We intend to strengthen our grant management systems to build the confidence of funders in our ability to steward their investments in a prudent manner.

Table 5-1: High-level cost estimates

COST DESCRIPTION	LINE-ITEM COST					TOTAL COST FOR 5 YEARS
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
Personnel Costs						
Staff salaries and benefits	12,132,000	12,132,000	12,132,000	12,132,000	12,132,000	60,660,000
Programme activity costs						
Strategic Objective 1	8,257,800	8,257,800	8,257,800	8,257,800	8,257,800	41,289,000
Strategic Objective 2	15,064,800	15,064,800	15,064,800	15,064,800	15,064,800	75,324,000
Strategic Objective 3	3,126,000	3,126,000	3,126,000	3,126,000	3,126,000	15,630,000
Strategic Objective 4	4,114,160	4,114,160	4,114,160	4,114,160	4,114,160	20,570,800
Indirect cost						
Office rent and operational costs	2,532,160	2,532,160	2,532,160	2,532,160	2,532,160	12,660,800
GRAND TOTAL	**45,226,920**	**45,226,920**	**45,226,920**	**45,226,920**	**45,226,920**	**226,134,600**

6 MONITORING, EVALUATION AND LEARNING

The table below presents a summary of the results and key performance indicators that will be used to monitor and evaluate performance against this plan. Individual projects will have specific results framework that will be the basis of their Monitoring, Evaluation and Learning (MEL). A baseline assessment will be conducted at the onset to set the benchmark and inform refinement of approach and targeting. Progress monitoring will be done jointly with other stakeholders, especially the county government counterparts, to emphasize co-responsibility and foster local ownership and sustainability of our interventions. A final evaluation will be conducted in the final year to measure achievement of the intended goal and objectives as well as other parameters such as efficiency and value-for-money and sustainability. Apart from data collected from the ADS programmes, M&E will also rely on routine data from the Kenya Health Information System (KHIS) and secondary data from surveys (e.g., Kenya Demographic and Health Surveys and Kenya Service Provision Assessments).

Throughout the implementation period, we will seize opportunities to draw insights, best practices and lessons which will be documented and disseminated to stakeholders to inform policy and practices.

Table 6-1: Expected Results and Key Performance Indicators

Expected Result	Key performance indicator
Reduction in the unmet need for FP among women of reproductive age by 2028.	Number of women with an unmet need for modern methods of contraception Number of women whose demand is satisfied with a modern method of contraception
Increase in couple year protection (CYP)	Number of women ages 15–49 who are using (or whose partners are using) a modern method of contraception
Reduction in teenage pregnancy	Number of girls aged 15–19 years who have begun childbearing (i.e., are mothers or pregnant with their first child).
Improved access to accurate information on contraceptives and FP by the targeted population	Number of women who were provided with information on family planning during recent contact with a health service provider

Expected Result	Key performance indicator
Increase the availability of quality FP commodities	Number of service delivery points which offer a range of appropriate contraceptive options Number of facilities stocked out, by method offered, on the day of assessment
Increased financial allocation towards FP	Annual expenditure on family planning from domestic budget (national and county government budgets)

ANNEX

Annex 1: Results Framework

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Goal:			
Impact: To contribute to increased modern contraceptive prevalence rate in South Rift Region by 5% by 2028	% Increase in mCPR	KDHS	Government will continue prioritizing FP services.
Strategic Objective 1: To promote sexual and reproductive health care seeking behavior among populations with unmet need for modern contraception.			
Outcome 1: Improved SRH care seeking behavior among 9000 women and 7000 men of reproductive age with unmet need for modern contraception in South Rift Region by 2028	# of people utilizing modern FP services at local facilities	KHIS Reports, Sub County Reports, Facility Reports	There will be no industrial strikes, Adequate reporting by the facility staff
Output 1.1: 9000 Women and 7000 men reached with information on Family Planning and SRH	# of women and men reached on FP and SRH	Participants lists, activity reports and photos	Availability of funds

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Output 1.2: Materials on SBCC developed	# of SBCC materials developed	procurement minutes, Samples of IEC Material produced, Displayed IEC	Availability of resources
Output 1.3: 120 youth trained as peer educators	# of peer educators trained	Participants lists, training reports and photos	Availability of resources for the training
Output 1.4: 90 Faith leaders trained on FP to create awareness of FP and SRH	# of faith leaders trained on FP	Participants lists, training reports and photos	Availability of resources
Output 1.6: 450 Youths sensitized on Adolescent Sexual and Reproductive Health/life skills.	# of youths sensitized	Activity report, photos, and participants lists.	Availability of resources
Output 1.7: 5000 parents and guardians engaged on Family health and parenting	# of parents sensitized on family health and parenting	Activity report, photos, and participants lists.	Availability of resources
Strategic Objective 2: To increase access to and utilization of quality FP services by under-served population segments in the three target counties.			
Outcome 2: Increased access to and utilization of quality FP services among 9000 women and 7000 men	Percentage increase in FP uptake	KHIS Reports, Sub County Reports, Facility Reports	There shall be consistent supply of FP commodities at the health facilities,

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
of reproductive age in South rift region by 2028			accurate and timely reporting
Output 2.1: 30 monthly community integrated outreaches supported	# of integrated community outreaches conducted	Outreaches report, photos and list of participants	Availability of resources
Output 2.2: 300 Health workers trained on LARC/PPFP to improve clinical skills	# of health workers trained on LARC/PPFP to improve clinical skills	Training report, list of participant and photos	Resources will be available; collaboration from the MOH
Output 2.3: 120 Community-based FP Distributors (CBDs) trained on FP	# of FP CBD trained.	Training report, list of participant and photos	Trained CBDs will provide services
Output 2.4: 120 Community Based Distributors supported with monthly stipend	# of CBDs supported with monthly stipend	CBDs activity log, report and payment schedule	Availability of resources to support the CBDs to offer services
Output 2.5: 30 quarterly support supervisions & mentorship conducted for quality improvement	# of quarterly support supervisions, mentorship conducted for quality improvement	Supervision report, list of facilities supervised and list of participants, activity photos.	Collaboration from the County Department of Health, Resources will be available.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Output 2.6: Strengthened clinical skills on LARC/PFPP through mentorships	# of mentorship sessions on LARC/PFPP conducted	list of mentees, list of facilities supported and mentorship report	Mentees shall improve their skills on LARC/PFPP
Output 2.7: 10 advocacy meetings with county leadership for improved FP service delivery conducted	# of advocacy meetings with county leadership conducted advocate for FP prioritization	Advocacy task, participant list, activity report and photos	Collaboration from the county leadership, Availability of resources
Strategic Objective 3: To improve evidence-based decisions for effective FP programme implementation through operational research, M&E and information dissemination			
Outcome 3: Improved availability and use of data and evidence for decision making	Routine and survey data used in annual workplans and budgets	Research reports, surveys on FP	Accurate and adequate reporting
Output 3.1: 90 RDQAs conducted for data validation to ensure consistency and accuracy of reported data	# of RDQAs conducted		RDQA reports
Output 3.2: 300 health workers trained on data management to enhance FP data quality	# of health workers trained on data management to enhance FP data quality	Training reports, List of trained health workers, photos, facilitation	-Improved skills for health care workers on data management,

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
			-Available resources to conduct the training
Strategic Objective 4: To support the county government in enhancing sustainable financing and stewardship of the FP program			
Outcome 4: Increased availability of FP commodities in all the health facilities.	Number of facilities reporting stockout of FP commodities.	Facility Reports	There shall be consistent supply of FP commodities at the health facilities
Output 4.1: 10 mentorship sessions of health workers along the FP Commodity supply chain conducted to improve commodity forecasting, quantification, accountability and management.	# of mentorship sessions conducted to improve commodity forecasting, quantification, accountability and management.	List of HW mentored mentorship report and photos	Availability of resources for mentorship
Output 4.2: 3 County Commodity Security TWG supported to provide mentorship and oversight	# of County Commodity Security TWG to supported to provide oversight	Participant list, activity report and photos	County Commodity Security TWG will provide oversight mentorship
Output 4.3: 10 advocacy meetings conducted with county leadership for improved FP service delivery and resource mobilization	# of advocacy meetings conducted with county leadership for improved FP service delivery and resource mobilization	Advocacy task, participant list, activity report and photos	Availability of resources to conduct the advocacy meetings

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Output 4.4: Regular multi-sectoral meeting conducted to strengthen integration and funding for FP.	# of multi-sectoral meeting conducted to discuss FP	Participant list, activity reports and photos	Resources will be available, Collaboration from other stakeholders

Annex 2: Year 1 Operational Plan

No	Strategic priorities	Timeline				Responsible
		Q1	Q2	Q3	Q4	
A	Institutional set up and capacity strengthening					
A1	Resource mobilization and budget allocation					ED
A2	Staff allocation/ recruitment and refresher training/ induction					ED
B	Strategic Objective 1: To promote sexual and reproductive health care-seeking behavior among populations with unmet needs for modern contraception					
B1	Development of IEC materials					PM
B2	Disseminating accurate and age-appropriate FP information through existing community engagement platforms with a focus on dispelling myths and misconceptions.					PM
B3	Sensitization and training of health workers, CHVs, CBDs, community champions and youth peer educators on FP.					PM
B4	Engaging faith leaders through the Faith for Life model to create awareness on FP					PM

No	Strategic priorities	Timeline				Responsible
		Q1	Q2	Q3	Q4	
B5	Sensitize youths on Adolescent Sexual and Reproductive Health (ASRH) and life skills and promoting uptake of FP methods.					PM
B6	Social mobilization for service uptake including family health education and parenting support.					PM
C	**Strategic objective 2: To increase access to and utilization of quality FP services by under-served population segments in the three target counties.**					
C1	Improving availability of quality FP commodities at all service delivery points through mentoring health facility staff on FP commodity forecasting, quantification, and effective stock management practices.					PM
C2	Integrating FP services into the routine community outreaches conducted by ADS South Rift in the three counties.					PM
C3	Strengthening the capacity for health workers to improve clinical skills, including through supportive supervision, mentorship and continuous quality monitoring and improvement.					PM
C4	Engaging Community-Based Distributors (CBDs) to reach the underserved populations in hard-to-reach communities.					PM

No	Strategic priorities	Timeline				Responsible
		Q1	Q2	Q3	Q4	
D	Strategic Objective 3: To support the county government in enhancing sustainable financing and stewardship of the FP program					
D1	Undertaking evidence-based sensitisation and advocacy meetings with key decision makers within the county government to increase their buy-in and recognition of the importance of FP in development					ED
D2	Strengthening the capacity of County Commodity Security TWG to advocate for adequate resources towards FP commodities.					PM
D3	Lobbying and advocating for increased domestic funding for FP by having a dedicated budget line for FP in the county budget and tracking the corresponding expenditures.					ED/PM
D4	Enhancing networking and collaboration among multisectoral actors to diversify sources of FP funding as part of Total Market Approach (TMA).					ED/PM
D5	Supporting the county government in operationalizing and monitoring progress against the County Family Planning Costed Implementation Plan (FP-CIP) and annual work plans.					ED/PM
D6	Undertaking evidence-based sensitisation and advocacy meetings with key decision makers within the county government to					PM

No	Strategic priorities	Timeline				Responsible
		Q1	Q2	Q3	Q4	
	increase their buy-in and recognition of the importance of FP in development					
E	**Strategic Objective 4: To improve evidence-based decisions for effective FP programme implementation through operational research, M&E and information dissemination**					
E1	Training of staff on proper and timely FP documentation and reporting into the Kenya Health Information System (KHIS).					PM
E2	Support mentorship and refresher training for health facility staff on health information management including recording, reporting, analysis, and use of data for decision making.					PM
E3	Conduct routine data quality audits in supported health facilities and data review meetings at county level.					M
E4	Support operational research to gather programmatic insights and lessons, disseminate to stakeholders and use the evidence to drive improvements in FP services.					M&E
F	**Partnership and collaboration with stakeholders**					
F1	Forge new partnerships and enhance existing ones					ED
F2	Participate in FP technical working group meetings					PM

No	Strategic priorities	Timeline				Responsible
		Q1	Q2	Q3	Q4	
G	Risk Management					
G1	Undertake ongoing risk monitoring and mitigation					ED
H	Monitoring and Evaluation					
H1	Undertake baseline survey					M&E
H2	Conduct ongoing monitoring					M&E
H3	Implement knowledge management including documentation and dissemination of best practices, innovations, and lessons learned					M&E

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