

# The Process of Implementing the IBP Initiative in Kenya



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IMPROVING LIVES  
WORLDWIDE

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# Partnership works!



KOGS

Engender health

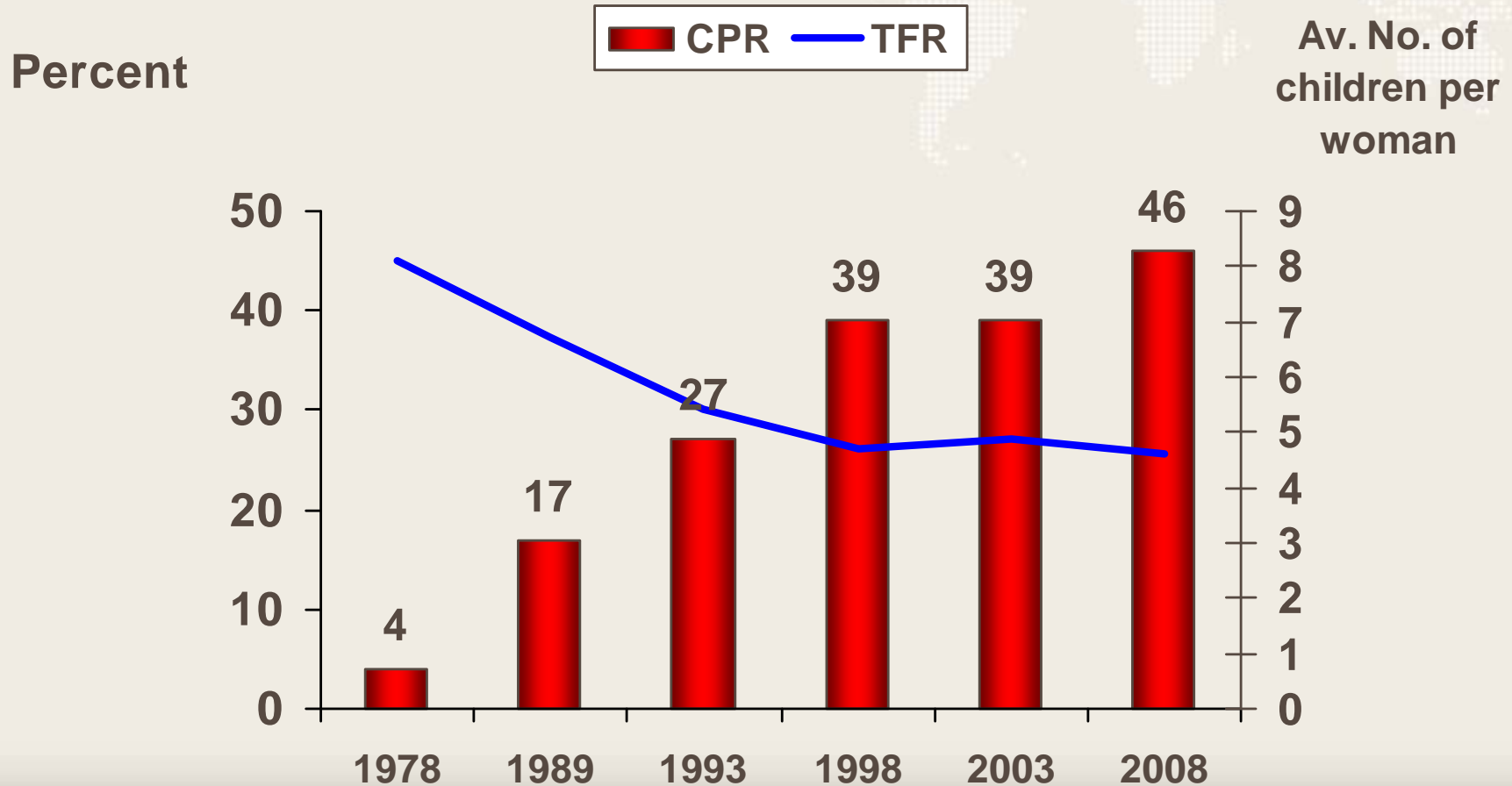


JHPIEGO



Nursing Council

# Trends in CPR and TFR in Kenya for currently married women, 1978-2008



# The Process

- Formation of country team – April 2004
- Development of performance goal – May 2004
- Launch of the IBP initiative – June 2004
- Development of country action plan – June 2004
- Implementation of action plan – July 2004 – Feb 2006

# Challenges Identified

- High maternal mortality
- Unmet need for FP
  - Waning support for FP
  - Inadequate provider updates and supervision
  - Inadequate logistics management system at district level

# Country Performance Goal

- Ensure that at least 4 of 7 selected districts have 3 months contraceptive commodities buffer stock
- Increase family planning uptake by 5% in selected facilities within the 7 districts

# Interventions

- Advocacy
- Demand creation
- Service provider training
- Logistics management
- Monitoring and evaluation



# Achievements

# Advocacy



- Identified and trained RH advocates
- Established RH caucus among parliamentarians
- Formed Kenya Parliamentary Network for Population & Development – 2004
- Launched a parliamentary network – May 2006

# Advocacy (cont'd)



- Developed the advocacy kit - 2006
- Hosted advocacy meetings with policy makers
- Held a *Rapid* model meeting with parliamentary health committee - 6<sup>th</sup> November 2009
- Obtained budget line item for RH commodities - 2005

# Demand Creation



- Developed demand creation communication strategy
- Launched demand creation activities
- Community mobilization in some districts
- Monitored audiences reached and feedback from activities



# Training



- Developed IBP CTU training module Updated health workers on CTU, counseling, infection prevention and facilitative supervision
- Conducted facilitative supervision as follow-up to training
- Evaluated effect of training



# Logistics Management

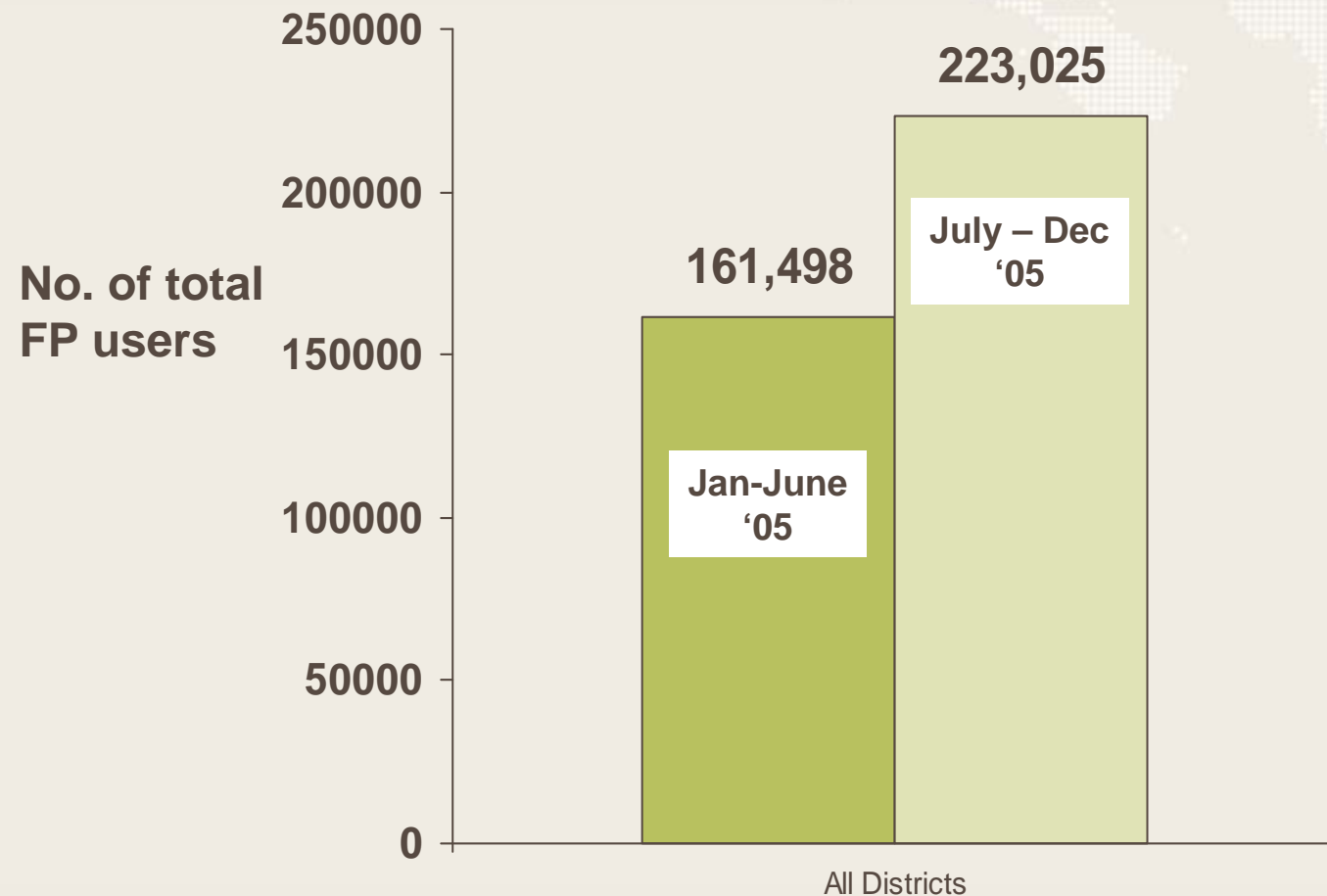
- Conducted Logistics management on-job training and commodity distribution in the 7 districts
- Established a logistics management unit at DRH offices
- Established mechanisms for data collection and utilization

# Monitoring and Evaluation

- Distribution and availability of commodities
- Changes in contraceptive uptake
- Impact of demand creation at community level
- Developed the compendium of best practices to document existing in-country best practices



# Outcome: Family Planning Uptake



# Lessons learnt



- Ministry of Health leadership is crucial
- Leverage support from a broad range of partner agencies
- Involve provincial health mgt and district health mgt teams to enhance sustainability
- Joint action plans ideal for co-ordination and ownership
- Follow-up on actions using sub-committees led by MOH