

## Reaching Vulnerable Adolescents with Disabilities with Family Planning Services



Community Health Volunteers demonstrate a Manyatta FP information and education session, reaching a household in Samburu.

### Learning Through the Journey of Creative Demand Creation Activities in Samburu

In Samburu County, according to the 2014 Kenya Demographic Health Survey the median age of first sexual intercourse for women is about 15 years while the median age at first birth among women aged 25-49 years is 19.9, meaning childbearing starts early among the teenagers.

Samburu County suffers negative health indicators, with delay to seek health services brought about by myths, cultural practices beliefs as well as low literacy levels. One cultural practice in Samburu which influences early childbearing is the tradition of “beading”.

For instance, in the Samburu society, Morans are young unmarried members of a warrior group. According to the beading tradition, Morans can have a temporary marital relationship with very young girls. Girls who are eligible for engagement, some as young as nine years old, are assigned male partners by use of red traditional beads. When the young girls are adorned with beads signifying

‘engagement’, Morans may then visit the girl for sexual purposes. This in a bigger way contributes to an upsurge of teenage pregnancies.

It is with this background that DESIP seeks to increase awareness and acceptance of Contraceptives and its benefits.

DESIP’s encounter with outcomes of adolescent indulges on a day-to-day basis builds realities of references for continuous planning with an aim to ensure that women and girls can safely plan for their pregnancies in line with sexual and reproductive health rights with a particular focus on the young rural, marginalized, and persons with disability.

In both rural and urban areas, persons with disability experience challenges accessing health services due to various barriers for example language barrier, stigma from the health care workers and community and also self-stigma.

Imagine being a parent of a partially 17-year-old daughter who is partially deaf and dumb and is expectant in the above described setting. Would you allow her to access FP information, services

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## ABOUT THE DESIP PROGRAMME

DESIP is a five-year (2019 to 2024) UK Aid-funded programme focused on Delivering Sustainable and Equitable Family Planning Increases (DESIP) in low Contraceptive Prevalence Rate (CPR) Counties in line with Kenya’s ‘Vision 2030’ as well as the Universal Health Coverage (UHC) ‘Accessible quality healthcare for all Kenyans.’

DESIP is implemented in a consortium led by Population Services Kenya (PS Kenya), in partnership with AMREF Kenya, Options Consultancy Services Limited, Faith To Action Network (F2A), HealthRight International (HRI), Voluntary Service Overseas Kenya (VSO) and Population Services International (PSI).

The country’s long-term development blueprint has progressively realised a skilled and healthy workforce. Gains in Family Planning (FP) uptake have been considerable, with the 2018 modern Contraceptive Prevalence Rate (mCPR) amongst married women at 59%, exceeding Kenya’s FP2020 target of 58.3%.

Despite the progress, many women and girls are still left behind, notably, the 19 Counties where DESIP is implemented (Baringo, Elgeyo Marakwet, Garissa, Homa Bay, Isiolo, Kajiado, Kilifi, Kwale, Lamu, Mandera, Marsabit, Migori, Mombasa, Narok, Samburu, Tana River, Turkana, Wajir and West Pokot). The mCPR in these Counties range from 2% to 45%, as per the 2014 Kenya Demographic Health Survey.

The goal of DESIP is to ensure that women and girls have access to FP services. The mCPR in DESIP Implemented Counties range from

2% to 45%

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## From the **Chief Executive Officer, PS Kenya**

Welcome to this issue of Kujipanga that shines a spotlight on social inclusion. What is social inclusion? It is the process of improving the ability, opportunity, and dignity of people, disadvantaged based on their identity, to take part in society. This can be done by removing barriers to people's participation in society and by taking active inclusionary steps to facilitate such participation. In the public health space, it means making sure that the health system at the policy level, community, service delivery points have the structures in place

to enable disadvantaged communities to access services, products and information with ease. DESIP is one of the few programs that has approached this head-on by looking at how reproductive health services can be socially inclusive. Social inclusion is prioritised in the design of the program as illustrated in this e-bulletin. The articles convey strategies that the program is employing and the impact on the communities we serve.

*Joyce Wanderi.*

## Creation of Sustainable Home-Grown Family Planning Champions

### Using Life Experiences to Educate and Sensitise Families

The concept of child spacing in the Somali community is domiciled in many challenges, including low male engagement in Family Planning (FP), women shying away from the subject, and male dominance on the FP usage decision or disapproval.

The DESIP Programme continues to address such obstacles by involving the youth as a strategy to take the frontline steps to reduce such challenges; the outcomes of such strategic efforts are delighting – meet Abdinasir Mohamed, a father of three daughters, and a DESIP icon Youth Champion from Bulla Masalani, Waberi West location.

At 29, Abdinasir's 'unhappy' story started when his wife Salatho conceived their fourth child four months after delivery of their third born. He states that their first and second born had an opportunity to breastfeed adequately for two years, in which he also noticed that the hospital visits were minimal. This was unlike the increased hospital visits due to the unplanned fourth pregnancy, Abdinasir claims that hospital visits for his third-born child increased.

*“The hospital visits have increased due to failure to breastfeed for a minimum of two years, this is what I believe,” said Abdinasir. “Since my wife conceived this baby, her health has been deteriorating,” he added.*

Luckily for Abdinasir, at one of DESIP social mobilization visit, Abdirahman Mohamed a Volunteer Health Promotion Officer and FP champion, visited Salatho and Abdinasir at their home to discuss matters

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## From the **DESIP Director**

*Dear DESIP family,*

'Social inclusion' has become a common phrase in social policy discussions that include health and economic empowerment initiatives. Progress has been made over the years to ensure that this is not just a popular phrase but there are actions and responsibilities that have been committed to. However, there is still a lot of work to be done especially in reproductive health to address the stigma associated with seeking this service among persons with disability, responsiveness of the infrastructure to accommodate the movement challenges in the health facilities, attitude and quality of services by the healthcare workers to socially excluded persons.

Since its inception in 2019, DESIP continues to work with both national and county governments to ensure social inclusion in access to reproductive health services with a focus on Family Planning. The approach to implementation has been informed by the Social Exclusion and Gender Analysis (SEGA) conducted

by the programme in 10 representative counties on sexual and reproductive health. Key issues that the programme has been addressing are stigmatization on access to FP among adolescents and persons with disability, misinformation, and access to the reproductive health services. The cascade of activities has involved advocacy at the senior level with national government on capturing of FP data for persons with disability, accessing RH/FP services, at CHMT level for specific county-based strategies to ensure that social inclusion in provision of RH/FP services, capacity building for healthcare workers and community sensitization on stigma and misinformation.

The programme has put together some experiences in the last 18 months of implementation supporting RH/FP social inclusion activities in the 19 counties that DESIP is working with.

**Enjoy the read!**

*Josephine Mbiyu*



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## Adolescent Girls with Disabilities in Marginalized Communities Need Family Planning Services

and methods? This article is about a one Eturen Lerosion, who through all odds and with support of DESIP is utilizing her reproductive health rights by determining her re-productive health.

### Eturen Lerosion: DESIP's New Champion for Adolescents with Disabilities

Imagine being a parent of a partially deaf and dumb daughter who is also pregnant. Would you allow her to access FP information, services and methods? This article is about one Eturen Lerosion, who through all odds and with support of DESIP is utilizing her reproductive health rights by determining her reproductive health.

At 17 years, Eturen is lactating her three months old baby. Eturen who has difficulty in speech and hearing (partially deaf and dumb), lives with her mother who took the initiative to introduce her to the DESIP community health team for access to FP information, services and methods.

*"I was shocked when I learned that my 17-year-old daughter was pregnant with an unknown person," said Mama Eturen in a saddened voice. "Then I said to myself that she has become of age and I would not like a repeat of the same in near future."*

Luckily for Mama Eturen, her knowledge of the existence of volunteer health workers from the Marti Community Unit based within her neighbourhood, drew her to seek assistance.

*"I said to myself that I will not abandon my child. If FP methods can help prevent a second pregnancy, then I shall talk to her, upon acceptance we shall pursue FP through Marti Community Unit health workers," said Mama Eturen. "I wanted to protect my daughter from another pregnancy. You see my daughter has a double disability and it can be easy for anyone especially men to take advantage of her."*

After delivery, Eturen was reached out to by community health volunteers, informed

about FP choices, child spacing, good nutrition, immunization, antenatal care visits and personal hygiene. Eturen is now on FP method of choice.

Mama Eturen says she started using FP methods after realising that she did not have good child spacing and the economic times were equally hitting her reserve to provide for her family. She encourages others and those with disabilities too, to think about the opportunity to raise better families. The community health volunteers occasionally visit the Eturen' household to continue sensitizing on good healthy practices for childcare.

### Supporting Marti Health Providers to Reach Persons with Disabilities in Samburu

To reduce the communication challenges faced by health workers at Marti dispensary when serving Persons with Disabilities, DESIP has provided service providers with the charts of alphabets and Kenya sign language posters. These efforts are made by DESIP because, in Kenya, over 1.3 million people have a limiting long-term illness, impairment or disability.

The World Health Organization (WHO) recognizes disability as a global public health issue, a human rights issue, and a development priority. This is because people with disabilities, throughout the life course, face widespread barriers in accessing health and related services, such as rehabilitation, and have worse health outcomes than people without disabilities.

Access to primary health care is a fundamental human right and central in the performance of health care systems, however, Persons with Disabilities especially those in rural settings, generally experience greater barriers in accessing PHC than the general population. In Kenya, youth with disabilities, especially young women, face multiple barriers to sexual reproductive health and rights services based on inaccessible infrastructure as well as discriminatory attitudes by some service providers.



Seventeen year-old Eturen Lerosion holds her baby, is DESIP's new champion for adolescents with disabilities in Samburu County.

DESIP continues to facilitate Community Health Volunteers (CHVs) to reaching Persons with Disabilities with family planning information through household visits and community dialogues through a Manyatta Model, where both clients and service providers get time to interact and receive counsel on the importance of contraceptive use.

The goal of the Manyatta model is to contribute to increased uptake of FP services among the hard-to-reach communities of Samburu County by bringing together all practical social partners at the homestead level and targeting them with a set of essential interventions.

It involves enlisting the participation of women, adolescents and youth, men and elders at the Manyatta level in identifying barriers to FP services and developing homegrown solutions including strengthening linkage to service provision points and community-based referral System.

Through this model, the DESIP shall further organize and formulate key FP information into palatable and culturally sensitive arguments with a view of gaining social acceptance of FP services among men and elders at the Manyatta level.

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## Home-ground Family Planning Champions Using Life Experiences

of FP. The family highlighted the challenges they are facing regarding their fourth unplanned pregnancy. Salatho inquired on whether there were any other long-term FP methods. Abdirahman sensitized them on all available methods and Salatho took up a five-year implant (Jadelle) immediately post-delivery.

Salatho and Abdinasir are looking forward to having a happy healthy family again and FP is the way to go. Abdinasir's 'happiness' has since been restored, as his family is assured of better health.

As a way of giving back to the community, Abdinasir volunteered to work with DESIP as a real-life example to educate the communities on the challenges of non-spaced pregnancies. He states that he would not wish for any family to go through what he has gone through. He has fully embarked on supporting the programme (DESIP) in

sensitizing fellow men on the health and social benefits of FP.

He does not miss an opportunity to enlighten fellow men and youth on FP. He has so far helped support male dialogue meetings

at Bakuyu, Ziواني, Mlimani and Masalani and a sensitization of People with Disabilities on FP at Kasuku in Garissa Sub county, Garissa county.

*Article by:*  
**Amref Kenya**



*Abdirahman sensitizing Abdinasir and his wife Saletho on Family planning at their home*

## Social Inclusion through Community-based Distribution of Family Planning Services by Health Volunteers

### The Setting: Access to Reproductive Health for Persons With Disabilities

The World Health Organization estimates 15% of the global population has some form of disability, with low-income countries like Kenya having higher rates of disabilities among women and the elderly. In the counties of West Pokot and Elgeyo Marakwet in Kenya, estimates of Persons With Disability are not easy to come by due to high stigma and discrimination by the community towards such persons and especially those in need of Family Planning (FP) services.

Also, data of Persons With Disabilities seeking FP services is not captured by the Ministry of Health (MoH) reporting tools; the Kenya health information system does not aggregate access to FP services by one's disability.

However, for Persons With Disability reached by DESIP, majority being poor, have limited access to opportunities



*A section of Community Health Volunteers undergoing a training on community-based distribution in West Pokot.*



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ranging from education, suitable housing, employment and health, compounded with limitations on physical movement for an average of 25 kilometers from home to health facilities due to unfriendly geographical topography in West Pokot and Elgeiyo Marakwet counties.

Persons With Disabilities have reported poor reception at health facilities by Health Care Workers (HCW), and continue to experience cultural barriers that limit their access to FP and SRH information, services and products; affecting accurate delivery and interpretation of healthy child-spacing.

The service delivery disparity drives DESIP to support and facilitate meaningful inclusion of marginalized groups including rural poor women, adolescents and Persons With Disabilities by mainstreaming access to and uptake of FP and SRH information and services with a motto "Leave no one behind," in the Ministry of Health package of care. DESIP recognizes and acknowledges that capacity building of HCWs is a driver for the successful implementation.

### Community-based distributors bridging the access to contraceptives gap for Persons With Disability

Community-Based family planning services is executed through sharing of tasks by Community Health Volunteers (CHVs) who are authorized to provide both FP messages and services at the households and refer clients to health facilities for long acting reversible and permanent methods. In addition, DESIP is working with county governments of West Pokot and Elgeiyo Marakwet to build capacity of community-based health workers to reach the marginalized.

In West Pokot County 20 CHVs derived from four Community Units from Mnagei were taken through a three-week long training on Community-based FP to allow for provision of short acting FP methods



Community engagement requires working with community own resource persons who understand the community's culture and practices.

including injectable contraceptives, while in Elgeiyo Marakwet County 10 Community Health Extension Workers (CHEWS) and 50 CHVs were trained to allow them provide pills and condoms to continuing clients at their door-step.

To ensure DESIP reaches the targeted audience with minimum barriers, the Community-Based Distributors (CBDs) will be empowered to follow up with defaulters to understand reasons for discontinuation, explore integration to community events such as dialogues days, outreaches and 'Nyumba Kumi' meetings (Swahili for Neighborhood vigilante), to promote community ownership and acceptance of the CBDs as level one health promoters. The CBDs will also serve as agents of change by consistently demystifying myths and misconceptions around FP, create awareness on social, gender and disability inclusion and promote male involvement in FP to allow women make informed choices and have authority over their reproductive rights.

The door-step service delivery targets Persons With Disabilities. It is believed that the door-step approach will provide financial and movement relief to Persons With Disabilities, by reducing transportation expenses to reach health facilities from their homes. In addition, the approach

will bridge the unmet need for FP gap by making the FP services and information readily available for the Persons With Disabilities. During the exercise, the CBDs are expected to map Persons With Disabilities in their catchment areas. The findings will inform DESIP and stakeholders (including National Council for Persons with Disabilities) in FP on their engagement with Persons With Disabilities.

### Step by DESIP to Increase Access to Family Planning for Persons With Disabilities

DESIP in collaboration with the health management of the two counties, have improvised data capture and collection for Persons With Disabilities accessing FP services on the daily family planning register. The CBDs have been trained on the reporting tools that also captures FP services and information for Persons With Disabilities and also mobilized to strengthen referrals for adolescents and Persons With Disabilities to the facilities, supported in reach and outreach sites for access of SRH/FP Services and information.

Adaptive programming has also enabled changes in the CBD approaches for both counties and the first class of CBDs trained on Community Based FP (DMPA) are currently undergoing assessments at link facilities.

*It is believed that the door-step approach will provide financial and movement relief to Persons With Disabilities.*

Article by:  
HealthRights Kenya,

# Targeted Family Planning In-and-Outreaches for Persons With Disability in Kwale County



*A client cum teachers of sign language at Kinango facility go through DESIPs sign language materials developed by DESIP.*

## How DESIP Defines Persons With Disability

DESIPs definition is in line with The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which reads People With Disability are “those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others” This category includes persons who are blind, deaf, or have other physical impairments, intellectual impairments, or disabilities related to mental health.

Articles 23 and 25 of the UNCRPD has made provisions to persons with disabilities in matters of SRH and reproductive rights. **Article 23** requires states to eliminate discrimination against people with disability in all matters relating to marriage, family, parenthood, and relationships, including in the areas of family planning, fertility, and family life. **Article 25** requires that states ensure equal access to health services for people with disability, with specific mention of SRH and population based public health programmes.

**Article 54** of the Constitution of Kenya, 2010 has equally made provisions to the rights of Persons with Disability and this need to be protected, promoted, and fulfilled. There is need to continuously embrace disability and social inclusion in

all spheres of the society and ensure no one is left behind in matters of health and development in line with the Sustainable Development Goals, Universal Health Coverage and also as per **Article 27** and **Article 43** (1a) of the Constitution of Kenya 2010.

Despite the various guidelines and provisions put in place, majority of People With Disability still report encountering various barriers in accessing FP and SRH services partly attributed to discriminatory practices, inadequate access to information as well as other environmental and attitudinal barriers.

## Community mobilization and in-and-out reaches for People with Disability in Kwale County

To bridge the access gap to FP and SRH information and services by the People With Disability, the Health Care Workers (HCW) from four health facilities in Kwale County have initiated workable and sustainable interventions.

The health facilities, namely, Kinango Sub-County Hospital, Mkongani Health Centre, Nice View Health Centre-Tunza and Magaoni Health Centre, tell a story of utilization of community owned resources to reach Persons With Disability. These interventions came because of knowledge gained out of the training on Social and Disability Inclusion that was conducted

by the DESIP team in January 2020 and subsequent continuous capacity strengthening through mentorship and technical assistance.

This has positively influenced the health provider's attitudes and behaviour towards conscious planning and delivery of FP and SRH information and services to People With Disability.

The HCWs have endeavoured to ensure that their initiatives places the People With Disability at the centre by promoting access to key information and services on FP and SRH; engaging them in the planning and execution of in-and-outreaches and strengthening available community support networks for People With Disability. The in-and-out reaches are usually organized by the HCPs in close working relationship with identified CHVs and their networks to help with accurate messages to and from People With Disability (especially the deaf).

The HCWs in the various health facilities have been engaging the community health volunteers to reach out to their networks and help keep a location diary of each client with disability. They have deliberately become more conscious and target specific in mobilization during health outreaches to ensure inclusion of everyone and leaving no one behind. Correct, consistent, accurate and inclusive delivery of information on FP and SRH has been key towards mobilization of People With Disability towards access to and utilization of the available services during in-and-outreaches. It has also helped in demystifying the rumours, myths and misconceptions associated with the use of FP, like FP use results into birth deformities, immorality, promiscuity, infertility, miscarriages, weight gain or weight loss, cancer and low libido.

The HCWs from the four facilities in Kwale County indicated that their efforts in inclusive mobilization is often entangled by high levels of stigma, prejudice, stereotypes, assumptions and discrimination to people with disability from community members, which is a barrier to mobilization



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towards uptake of FP and SRH information and services during planned in-and-out reaches. They have vowed to continue with their innovative strategies for an inclusive

environment ensuring that FP and SRH information and services does not leave anyone behind but instead reaches the farthest behind first.

Facility	Community resource persons (facility initiative)	Assumed tasks	Network
Kinango Sub-County hospital	Deaf FP client cum teacher with link to People with disability	Train MNCH staff in Sign language	Deaf WRA, Spouse and other associates at local residence
Mkongani Health Centre	CHV with link to People with disability	Locates and identify FP needs of People with disability and provides assisted/accompanied referral to the health facility	CHV with link to WRA who are also People with disability
Nice view Health centre-Tunza	Health facility cleaner (subordinate staff) with link to People with Disability	Locates and identify FP needs of People with disability and helps in decoding the signs to health care workers	Cleaner with link to WRA who are also persons with disability
Magaoni Health Centre	TBA with links to People with disability	Locates and identify FP needs of People with disability and provides assisted/accompanied referral to the facility	TBA with link to WRA who are also People with disability



The DESIP team on follow-up support supervision after the social and gender inclusion training.

## ABOUT THE DESIP PROGRAMME

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The goal of DESIP is to ensure that women and girls can safely plan for their pregnancies in line with sexual and reproductive health rights particularly the young rural, marginalized, and persons with disability.

The programme impact will contribute to reduced maternal mortality, newborn and child mortality, and increased mCPR in Kenya. The programme implementation approach is systems strengthening at policy and service delivery levels to ensure sustainability, working with public, private, and faith-based health facilities.

*The programme impact will contribute to reduced maternal mortality, newborn and child mortality,*

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This approach will also involve analysing and segmenting Manyatta Model beneficiaries into homogeneous groups such as Lactating mothers and Pregnant women, Adolescents and Youth, Men and cultural leaders, as well as young mothers. These segments will then be targeted with relevant information and motivation using a mix of interpersonal communication and group participatory methods led by Community Health Volunteers.

## The Demand for Creation Mobilization

In Samburu County, according to the 2014 Kenya Demographic Health Survey, the

median age of first sexual intercourse for women is about 15 years while the median age at first birth among women aged 25-49 years is 19.9, meaning childrearing starts early among the teenagers.

Also, the county suffers negative health indicators, with delay to seek health services due to myths, cultural practices beliefs as well as low literacy levels. For instance, the cultural practice in Samburu which influences early childbearing is the tradition of "beading". Beading involves booking young girls by a Moran (circumcised young unmarried members of a warrior group) as future wives. Moran. According to the beading tradition, Morans

can have a temporary marital relationship with very young girls. Girls who are eligible for engagement, some as young as nine years old, are assigned male partners by use of red traditional beads. When the young girls are adorned with beads signifying 'engagement', Morans may then visit the girl for sexual purposes. This in a bigger way contributes to an upsurge of teenage pregnancies. It is with this background that DESIP seeks to increase awareness and acceptance of contraceptives and their benefits.

Article by:  
Population Services Kenya

# Post Social Inclusion and Gender Training Feedback Session

Simon Ngumbao and Bakari Kikoi are the Facility In-charges for Mkongani Health Centre and Magaoni Health Centre in Kwale County respectively. In February 2020, they went through the social inclusion and gender training conducted by DESIP.

From the training, they were able to; understand the concept of social inclusion, identify the different groups in society that experience discrimination, recognize the impact of discrimination, as well as ways of promoting social inclusion within their community and place of work.

When Simon went back to his facility after the training, his first agenda was to give feedback to his colleagues and through his advocacy, every time a patient who had a disability came to the facility, he was always informed as a way of ensuring that their data is captured.

No sooner after the training that he started consciously targeting people who use wheelchairs. He realized that this was one of the facility's needs. He ensured that ramps were constructed within the health facility. On the day that we visited, we found that the health facility was expanding their maternity wing and he ensured that he advocated for the construction of ramps within the facility and before they could begin on the new facility, he ensured that the facility had constructed ramps in all entrances. At the same time, he also

ensured that the facility had two wheelchairs within the facility, one in the OPD and the other in the maternity wing.

To put his facility amongst the top of leaving no one behind, he ensured that resources were directed for inclusivity. He also ensured that the services for people with disability was integrated in ensuring they receive the services centrally.

For Simon, he ensured that resources for his facilities were allocated to ensure inclusivity in the best way by advocating of ramps and ensuring that wheelchairs are readily available.

As for Bakari, he mentioned that, "I appreciated the training as the scope was very unique". And as so after the training he ensured that he would use the community to ensure that they mobilize persons with disability. His facility had ensured that every room had proper signage and ramps. Besides giving feedback to his colleagues, he ensured that he would advocate for resources within his facility for improvement of the facility by having wheelchairs. He went ahead to contact National Council of Persons with Disabilities (NCPWD) in ensuring they support them in outreaches where they would target persons who are in need of using wheelchairs.

Bakari has also ensured that in his yearly budget, he is able to have resources targeting persons with disabilities.



DESIP staff, Annastacia Kumola, stands next to a wheelchair, a highly recommended appliance to support Persons With Disabilities to access health facility.

As Robert Hensel would say, "A disability does not have to be a social barrier. Good etiquette begins with inclusion not exclusion." The two health care workers found etiquette and decided to trickle it down to their co-workers.

Article by:  
Voluntary Service Overseas Kenya

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*To put his facility amongst the top of leaving no one behind, he ensured that resources were directed for inclusivity.*



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