Kenya Health

The Division of Reproductive Health (DRH)
Ministry of Public Health and Sanitation

PRESS RELEASES

On September 26, the world will celebrate World Contraception Day. World Contraception Day is a worldwide campaign with a vision for a world where every pregnancy is wanted. Read more

+ The theme for this year is Your Life, Your Future, Your Contraception. The event targets young people.

+ The DRH will celebrate this year’s event by providing free family planning and cervical cancer screening services from September 24th to 26th at Kenyatta University clinic (here, male circumcision will also be provided), Marurui, Mathare North, Huruma Lions and Bahati health facilities. Everyone is welcome to access these services.

Women, HIV, and Hormonal Contraception: Statement from the Ministry of Health and Sanitation

WHO on Hormonal Contraception and HIV

Check out DRH’s new Youth Corner!
**In the News**

London family planning conference final statement: voluntary family planning services will reach an estimated 120 million women and girls (link)

Kenya joins global birth control push (link)

GOK message on World Population Day (link)

Kenya's population too high (link)

Enabling women to determine their future (link)

Arid North's women lead in childbirth (link)

Unicef pledges support to reduce deaths (link)

Experts defend drug link to HIV (link)

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**Kenya Research Updates**

*updated July 16, 2012*

*Qualitative study of reasons for discontinuation of injectable contraceptives among users and salient reference groups in Kenya.*

*Contraceptive method and pregnancy incidence among women in HIV-1-serodiscordant partnerships.*

*The influence of perceptions of community norms on current contraceptive use among men and women in Ethiopia and Kenya.*

*Hormonal contraception and HIV acquisition risk: implications for individual users and public policies.*

*What happens to contraceptive use after injectables are introduced? An analysis of 13 countries.*

*Read full abstracts here  See previous research here*
Kenyan people. Its goal is to ensure the provision of a comprehensive, integrated system of reproductive health care through a range of services offered by the government, nongovernmental organisations (NGOs), the private sector and communities.

The vision of DRH is to have an efficient and high-quality reproductive health care system that is accessible, equitable and affordable for every Kenyan. To achieve this vision, DRH’s mission is to ensure high-quality, integrated, promotive, preventive, curative and rehabilitative reproductive health services to all Kenyans. You can read the DRH team charter here.

As MOPHS’s technical arm on all reproductive health issues, DRH provides leadership to MOPHS in the development of national policies and guidelines regarding reproductive health and related health areas. Other DRH roles include regulating, supervising and monitoring and evaluating (M&E) projects and services; mobilizing resources; advocating for reproductive health issues; and providing technical advice on communications.

The DRH programme is guided by the National Reproductive Health Policy, the goal of which is to enhance the reproductive health status of all Kenyans by increasing equitable access to reproductive health services; improving quality, efficiency and effectiveness of service delivery at all levels; and improving responsiveness to the client needs.

The national RH policy is aligned with and supports the Programme of Action of the 1994 United Nations International Conference on Population and Development (ICPD), the 2006 Maputo Plan of Action for Sexual and Reproductive Health and Rights, the Millennium Development Goals (MDGs) and Kenya’s Vision 2030.

About DRH

The Division of Reproductive Health (DRH) of the Kenyan Ministry of Health (MOH) plans, implements and monitors programmes to promote the reproductive health of the Kenyan people.
VISION

To ensure an efficient and high quality reproductive health (RH) care system, which is accessible, equitable and affordable for every Kenyan.

MISSION

To ensure high quality, integrated promotive, preventive, curative and rehabilitative RH services to all Kenyans.

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) plans, implements and monitors programmes to promote the reproductive health of the Kenyan people. Its goal is to ensure the provision of a comprehensive, integrated system of reproductive health care through a range of services offered by the government, nongovernmental organisations (NGOs), the private sector and communities.

The vision of DRH is to have an efficient and high-quality reproductive health care system that is accessible, equitable and affordable for every Kenyan. To achieve this vision, DRH?s mission is to ensure high-quality, integrated, promotive, preventive, curative and rehabilitative reproductive health services to all Kenyans. You can read the DRH team charter here.

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DRH Partners

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) works through meaningful partnerships with international, national and local organisations. These partners are experts in specific technical areas and include government agencies, development partners, nongovernmental organisations (NGOs), faith-based organisations (FBOs), community associations and the private sector.

Partners provide technical assistance, expertise and resources to DRH through a variety of activities. These activities help develop the systems and programmes that are needed for the effective delivery of high-quality reproductive health services to Kenyans.

Technical Working Groups

Many partners are regular members of national technical working groups (TWGs) that DRH heads. These groups provide leadership to Kenya on a range of critical reproductive health priorities.

DRH highly values collaboration with its key partners and acknowledges those organisations with which it has long-standing relationships. Some of the groups linked through strategic partnerships to DRH include departments in the different ministries and other organisations.

Partners


DRH Technical Working Groups

A diverse group of technical-expert partners supports the Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) by providing assistance, support and
resources. Other partners implement activities and deliver reproductive health services.

Many of these partners participate in national technical working groups (TWGs), task forces and committees that DRH leads. These expert panels provide overall guidance and leadership to reproductive health programmes nationwide, such as the following:

- Adolescent and Youth Reproductive Health TWG
- Family Planning TWG
- Gender and Reproductive Health Rights TWG
- Infertility TWG
- Information, Education and Communication on Reproductive Health TWG
- Reproductive Health Interagency Coordinating Committee (RH ICC)
- Reproductive Health and HIV Integration TWG
- Maternal, Child and Newborn Health TWG
- Prevention of Mother-to-Child Transmission of HIV (PMTCT) TWG
- Research TWG
- Reproductive Tract Organ Cancers TWG

**Key Personnel in the Division of Reproductive Health**

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) is composed of an extensive team of managers and technical experts that is housed at its Nairobi headquarters. This team is managed by the head of DRH. (See the DRH organisational structure here).

In addition to the central DRH team, Kenya’s national reproductive health programme is supported by provincial reproductive health coordinators in each of the eight provinces. These key leaders are responsible for representing reproductive health issues with provincial communities and populations. They will ensure that critical issues are heard and taken up by the Nairobi-based DRH team. The provincial coordinators oversee the delivery of high-quality reproductive health services, coordination with partners, supportive supervision, training and monitoring and evaluation of projects in the respective provinces.

At the district level, reproductive health issues are represented and accounted for by district reproductive health coordinators. These coordinators are responsible for tasks similar to those implemented by the provincial coordinators, although in the selected districts that they represent.
The Division of Reproductive Health (DRH) is one of four divisions in the Department of Family Health, Ministry of Public Health and Sanitation (MOPHS). DRH also works closely with the Department of Health Promotion, the National AIDS & STI Control Programme (NASCOP) and the Division of Malaria by providing technical assistance on communications related to reproductive health.

DRH is headed by a division head and a deputy who are supported by a management team consisting of four team leaders. Each team leader supervises programme officers. (See the DRH organisational structure below).

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**Contact Us**

You can contact the head of the Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) at the following address:

Head,

Division of Reproductive Health

Old Mbagathi Way

P. O. Box 43319-00100

Nairobi, Kenya
The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) plans, implements and monitors a variety of programmes to promote the reproductive health (RH) of the Kenyan people. DRH programmes support Kenya’s national health priorities and are outlined in the National Reproductive Health Policy 2007. Programmes are implemented through strategic and technical expert partners who are experts in specific technical areas. Partners include government agencies, development partners, nongovernmental organisations (NGOs), faith-based organisations (FBOs), community associations and the private sector.

Partners provide support to reproductive health programmes in which high-quality reproductive health services are carried out at all levels, from hospitals to health facilities and the community. Through such partnerships, DRH is responsible for ensuring the quality and coordination of activities, providing technical and strategic oversight to programming, developing policy to lead and support programming and advocating for increased reproductive health programme activities throughout Kenya.

The principle DRH programmes currently prioritized in Kenya are:

- Maternal, Neonatal and Child Health (including Prevention of Mother-to-Child Transmission of HIV, and treatment for obstetric fistula)
- Family Planning (including the integration of HIV with reproductive health and treatment for infertility)
- Adolescent Sexual and Reproductive Health Rights
- Gender and Reproductive Health Rights
- Reproductive Tract Infections/Sexually Transmitted Infections and Cancers of Reproductive Organs
- Reproductive Health of the Elderly
Maternal, Neonatal and Child Health

Improving maternal, neonatal and child health (MNCH) is a global health and human rights priority. An estimated 7,700 women die each year in Kenya because of pregnancy-related causes, and many newborns die in their first month of life. To reduce child mortality and improve maternal health and achieve the Millennium Development Goals Kenya faces numerous challenges:

- Limited availability, poor accessibility and low utilization of skilled birth attendance during pregnancy, child birth and the postnatal period
- Low basic emergency obstetric and newborn care coverage
- Poor involvement of communities in maternal and newborn care
- Limited national commitment of resources for maternal and newborn health

Infertility is also an important public health concern in Kenya, affecting as many as one in five women.

Kenya’s MNCH Programme

Kenya’s MNCH programme consists of six pillars

- Preconceptual care and family planning
- Focused antenatal care
- Essential obstetric care
- Essential newborn care
- Targeted postpartum care
- Postabortion care

Skilled attendance and a supportive and functional health system are the foundation of these services. The Kenya MNCH programme recognizes the potential role that communities play in promoting their own health and the importance of strengthening the interface between the community and health services, as well as promoting the human rights approach to health service delivery.

In support of the MNCH programme, DRH works with numerous partners throughout Kenya to reduce the high rates of maternal, neonatal and child morbidity and mortality and to help achieve the child and maternal health, Millennium Development Goals (MDGs) and Kenya’s Vision 2030.
Specifically, DRH’s work includes the following:

- Supporting an enabling environment for the implementation of key activities
- Helping to ensure that health facilities have sufficient staff, equipment and supplies to provide high-quality services
- Establishing mechanisms for supervision and ensuring regular monitoring and evaluation of progress
- Providing technical support for planning, implementation and monitoring and evaluation
- Advocating for an increased national commitment to the reduction of maternal and newborn morbidity and mortality

**MNCH Strategies And Policies**

In collaboration with its partners, DRH was at the forefront of developing the first ever road map for accelerating maternal and newborn health in Kenya. DRH’s plans to reduce maternal and newborn morbidity and mortality include the following:

- Increasing the availability, accessibility, acceptability and use of skilled attendance during pregnancy, childbirth and the postpartum period at all levels of the health care delivery system
- Strengthening the capacity of individuals, families, communities and social networks to improve maternal and newborn health
- Strengthening the management of data and increasing its use to improve MNCH programmes

Reducing infertility in Kenya is a priority for the national programme, which is working to increase access to proper investigation and management of infertile individuals and couples. DRH supports these efforts by improving access to high-quality infertility services at all levels; promoting community awareness on infertility, especially among males; and encouraging research on all aspects of infertility. Read the Infertility in Kenya survey report and desk review.

To read more about key MNCH strategies, guidelines and tools, click here

**Resources:**

- **National Guidelines for Quality Obstetrics and Perinatal Care**
This reference manual is in response to the need for emerging, updated evidence-based interventions that have proved successful when applied throughout the continuum of care of the woman’s pre-conception, pregnancy, childbirth and the postpartum period.

- **DESK REVIEW: Infertility in Kenya**

Infertility has no standard definition as different interest groups look at it within the confines of their set goals and outcomes. As a result of this prevalence studies that satisfy all key players are not easy to conduct.

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**Maternal, Neonatal and Child Health Policies, Strategies, Guidelines and Tools**

In recent years, the Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) has spearheaded the development of several policies and strategies that contribute to the nationwide strengthening of Kenya’s Maternal and Neonatal and Child Health (MNCH) programme. These include the National Reproductive Health Policy, the National Reproductive Health Strategy and the Child Survival and Development Strategy.

**National Maternal and Neonatal Health Road Map**

The goal of the National Maternal and Newborn Health (MNH) Road Map is to accelerate the reduction of maternal and newborn morbidity and mortality in Kenya toward the achievement of the Millennium Development Goals (MDGs). The document provides a framework for building strategic partnerships for increased investment in maternal and newborn health at both institutional and programme levels. The road map is implemented at different programme levels (as outlined in the reproductive health policy). Implementation at the national level is through the leadership and coordination of DRH. At provincial and district levels, implementation is through provincial and district management teams and boards overseen by DRH. At the community level, implementation is through village and health facility committees. Click here for document.
National Guidelines for Quality Obstetrics and Perinatal Care

This reference manual is in response to the need for emerging, updated evidence-based interventions that have proved successful when applied throughout the continuum of care of the woman’s pre-conception, pregnancy, childbirth and the postpartum period. Both the obstetrical and medical conditions and the complications that would affect a woman during this period have extensively been described along with the management of the same. Click here for document.

Orientation Package for Targeted Post Nata**l Care: Orientation Manual for Health Providers

The aim of this orientation manual for health service providers is to equip them with the knowledge and skills needed to provide targeted postpartum care, thereby reducing maternal morbidity and mortality, and accelerating attainment of the Millenium Development Goal number 5. Click here for document.

Guidelines for Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS in Kenya

Mother-to-Child Transmission (MTCT) of HIV is the predominant mode of HIV transmission in infants and young children. The guidelines provide a background to the PMTCT problem globally, across Africa and in Kenya. They also give details on HIV in pregnancy, the transmission patterns of MTCT, and the benefits of PMTCT. They provide information on interventions necessary to reduce MTCT, including counselling and testing, laboratory investigations, obstetric interventions, treatment and prophylaxis. Click here for document.

Standards for Maternal Care in Kenya

In response to the identified need for standards of care, the Ministry of Health and Public Sanitation (MOHPS), health professionals in Kenya and the United Kingdom collaborated to develop this document in line with the Kenya Quality Model. The document focuses on standards for obstetric emergencies, such as haemorrhage, sepsis, pre-eclampsia and eclampsia, obstructed labours and abortions. Click here for document.

National Comprehensive Prevention of Mother-to-Child Transmission (PMTCT) of HIV Course - Participants Manual

The PMTCT Participants Manual for health care workers consists of topics in the following areas: PMTCT, infant and young-child feeding, early infant diagnosis, programme implementation and monitoring. More efficacious regimens are introduced for the first time, while information and counselling on infant feeding follows the available, feasible, acceptable, safe and sustainable (AFASS) criteria. Click here for document.
The Kenya Safe Motherhood Know-How project: Clinical Audit Report

The Clinical Audit Report is a technical document that describes the step-by-step approach that was adopted by the pilot sites that were selected for a clinical audit on effective delivery of maternal care. Each of the pilot sites described in this report worked in its own environment and at its own pace. Challenges and dilemmas were unique and solutions were found by consensus. Click here for document.

Resources:

• **Orientation Package for Targeted Post Natal Care: Orientation Manual for Health Providers**

  The aim of this orientation manual for health service providers is to equip them with the knowledge and skills needed to provide targeted postpartum care, thereby reducing maternal morbidity and mortality, and accelerating attainment of MDG 5.

• **Standards for Maternal Care in Kenya**

  The Standards for Maternal Care in Kenya 2002 marks the outcome of partnership between the Ministry of Health and health Professional Associations of Kenya and the United Kingdom to improve quality of maternal care in line with the Kenya Quality Model.

**Family Planning**

Family planning plays a critical role in Kenya’s overall development, which is under increasing strain from rapid population growth, environmental pressures and resource constraints on communities and individuals. Family planning programmes empower women and girls to take greater control of their lives and bodies. Family planning also contributes significantly to reducing maternal mortality from unwanted and unsafe pregnancies, which is a national health priority in Kenya.

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) plays a critical leadership role in Kenya’s national family planning programme through the following:

• Supporting the development of national family planning strategies and guidelines to ensure...
that high-quality family planning services are available to Kenyans nationwide

- Providing technical leadership on reproductive issues in Kenya through a commonly agreed-upon framework and standards that govern Kenya’s family planning activities at hospitals, health facilities and in communities— even for the most difficult to reach populations, such as people with disabilities, internally displaced persons and nomadic communities

- Prioritizing actions and interventions to better meet Kenya’s need for family planning through increased access to all methods of family planning, particularly modern methods

DRH works with MOPHS, other government of Kenya departments and development partners to better manage commodities and logistics to ensure a consistent supply of all modern family planning methods throughout the country, thereby giving women the greatest choice possible. DRH also works with its partners to provide family planning services through a variety of health facilities and other methods to its hard-to-reach communities.

Together with the National Coordinating Agency for Population and Development, DRH plays a critical role in advocating for greater allocation of resources for family planning in Kenya through ongoing dialogue and engagement with members of parliament, partners, donors and the private sector.

**Key Family Planning Policies, Strategies, Guidelines and Tools**

To guide the provision of family planning services in Kenya, DRH has developed several policies, strategies, service provider guidelines and tools. Read more.

**Reproductive Health Policies and Strategies**

Status of Family Planning in Kenya

To learn more about the unmet need for and benefits of family planning, click here.

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**Family Planning Policies, Strategies, Guidelines and Tools**

**National Reproductive Health and HIV and AIDS Integration Strategy, 2009**

This document explains Kenya's strategy to use a more cost-effective and sustainable approach to service delivery by maximizing the opportunities provided by voluntary counselling and testing for HIV and family planning services to reach women, men and couples. Click here for document.

**National Family Planning Guidelines for Service Providers, 2010**

The National Family Planning Guidelines for Service Providers (fourth edition) reflects the current policy and training guidelines for providing family planning services. This document incorporates the most up-to-date information on medical eligibility criteria (for the use of various contraceptives as published by the World Health Organization in 2009). It covers strategies to improve access to high-quality family planning services, such as training and appropriate supervision of community health workers; adding community midwife to the categories of health workers who may provide family planning services; postpartum family planning packages, including postabortion contraception; services for people with disabilities and other special needs; integrating family planning with other reproductive health services, including HIV and AIDS services and screening for cancers of reproductive organs; new contraceptives; and male involvement in family planning. These guidelines will equip service providers with the tools and information required to provide consistently high-quality, client-sensitive professional services. Click here for document.

**Norms and Standards for Health Service Delivery, 2006**

Under Kenya's national family planning programme, DRH plans to increase the overall use of family planning services where they are available. Norms and Standards for Health Service Delivery sets the standards for all service providers, public and private, to follow and thereby encourage Kenyan women and men to seek out and use high-quality family planning services. Click here for document.

**Family Planning Tools or Job Aids for Service Providers**

DRH works with multiple partners to provide a complete family planning method mix, including short-term, long-term and permanent methods, to meet the needs of women and men. DRH promotes underused family planning methods and is currently working to revitalize and encourage the use of long-acting and permanent methods, such as contraceptive implants, intrauterine contraceptive devices, tubal ligations and vasectomies.

The following job aids, evidence-based checklists and client education materials are useful tools for Kenya's service providers:
Family Planning Client Card

The FP client card is what the FP client takes home. It has a summary of key data such as name of client, their contact information, name of health facility, FP method given, and blood pressure and weight at each visit.
Family Planning First Visit/Revisit Client Card

The First visit card/ Revisit card has more details and is retained in the clinic. This includes the facility information and service area from where FP was obtained; the client information such as name, age, sex, number, contact; Obstetric /Gynecology information, medical and surgical history; medical eligibility criteria; findings of physical examination and counseling done. It also includes the method of contraception provided, the number issued and the expiry date of the commodity.

Client Information and Education Materials

For client information and education materials, click here

Resources:

- **Family Planning First Visit and Revisit Card**
  
  This card is to be given to all clients accessing family planning services.

- **Family Planning Client Card**
  
  This card is for the client to take home after accessing the family planning service.

- **National Reproductive Health Strategy 2009-2015**
  
  This National Reproductive Health Strategy covering the period 2009 to 2015, is a revision of the National Reproductive Health Strategy 1997-2010. The need for revision was to address several issues and challenges most of which were not factored in during the time of its development.
Norms and Standards for Health Service Delivery, 2006

The health sector has, through the second National Health Sector Strategic Plan (NHSSP II), defined its strategic direction for the period 2005?2010, in the context of the Kenya Health Policy Framework.

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Postnatal Care and Family Planning Community Brochure

Status of Family Planning in Kenya

Family planning in Kenya has been increasing steadily over recent years. The Government of Kenya and its health partners have integrated family planning programmes with wider reproductive health and HIV/AIDS activities as a proven and cost-effective way of providing better health services and care to women, men and youths. According to the Kenya Demographic and Health Survey 2008/9, about 46 percent of married women in Kenya use a method of family planning to control the timing of their children and overall family size. As a result, a Kenyan woman now has four children, on average, which is a significant drop from eight children per woman 30 years ago.

Studies indicate that around half of HIV positive women in Kenya have an unmet need for family planning, which underscores the critical need for greater integrated programming. Improved management of HIV has increased the population of people living with HIV. Reproductive health services are important entry points for most HIV and AIDS services, such as prevention of mother-to-child transmission (PMTCT), voluntary counselling and testing (VCT) for HIV and AIDS and antiretroviral therapy (ART) interventions. Family planning programmes also help reduce maternal and perinatal morbidity and mortality by enabling women to postpone, space or limit pregnancies. These services also affect the outcomes of sexual relationships and have great potential for leading the way in promoting sexual health and efforts to prevent sexually transmitted infections and HIV transmission.

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) works with partners to build the capacity of health care providers to provide an integrated package of care, including PMTCT services, for pregnant women. DRH also encourages wider access to and promotion of accurate information on all reproductive health services to clients seeking both family planning and/or VCT or treatment services for AIDS.

At the community level, DRH support Kenya’s family planning programme through ongoing
education and behaviour change activities aimed at increasing community awareness of and demand for family planning services. To this end, a number of client information materials are available. Research is also conducted to identify barriers that hinder the uptake of family planning services, and the findings are in turn used to strengthen future, evidence-based programme priorities across Kenya.

### Adolescent Sexual and Reproductive Health and Rights

According to the 2009 Population and Housing Census, adolescents and youth constitute about a third of Kenya’s population. This large proportion of young people has major demographic, social and economic implications. In particular, adolescent fertility has remained high despite declines experienced among other age groups. The government addresses adolescent sexual and reproductive health issues in health and development through activities initiated by the Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) and its partners. The Adolescent Reproductive Health and Development Policy (2003) has identified the following as priority strategic concerns in promoting the health of young people in Kenya:

- Adolescent sexual and reproductive health and rights (ASRH&R)
- Drug and substance abuse
- Socio-economic factors
- Adolescents and youth with disabilities

These priorities are being addressed through the implementation of the Adolescent Reproductive Health and Development Plan of Action (2005).

### The Division of Reproductive Health

Adolescents and youth are generally defined as persons between the ages of 10 and 19 years and 10 and 24 years, respectively. Youth between the ages of 20 and 24 are often referred to as young adults. In Kenya, the Children’s Act, 2001, defines a child as a person under the age of 18 years, and therefore adolescents are protected by the Children’s Act.

Kenya’s Adolescent Sexual and Reproductive Health and Rights programme is designed and built to:
• Improve adolescents’ knowledge about reproductive health
• Encourage a responsible and healthy attitude toward sexuality
• Delay onset of sexual activity among younger adolescents
• Decrease risky behaviours among adolescents who are already sexually active
• Provide more youth-friendly services by trained service providers and peer educators

As the technical arm of MOPHS, DRH formulates policy, develops implementation guidelines and coordinates intersectoral collaboration to ensure the delivery of high-quality adolescent sexual and reproductive health (ASRH) information and services by relevant government departments, nongovernmental organisations and the private sector. In implementing the Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Programme, DRH works closely with the Ministries of Medical Services, Education and Youth Affairs. DRH implements the Adolescent Sexual and Reproductive Health and Rights Programme through a countrywide network of district coordinators. Each district adapts the national plan of action to incorporate local concerns. Current national priority interventions for implementation include the following:

• Updating policy and implementation guidelines to reflect new trends and emerging concerns on adolescent and reproductive health services
• Training service providers on youth-friendly services
• Identifying and strengthening the network centres providing youth-friendly services, including those run by the Ministry of Youth Affairs
• Increasing awareness of and access to youth-friendly sexual and reproductive health services for all youth and adolescents, including hard-to-reach and marginalized groups such as the physically challenged
• Strengthening partnerships with the private sector to provide quality information and services

Adolescent and Youth Sexual and Reproductive Health - Taking Stock in Kenya

In order to enhance the ability of the Division of Reproductive Health (DRH) to coordinate these priority interventions in the country, the DRH, with technical assistance from FHI 360 and financial support from United States Agency for International Development (USAID), undertook a review of adolescent and youth reproductive health programs in the country. The goal of the review was to identify the key organizations involved in adolescent and youth sexual and reproductive health (AYSRH), compile a general inventory of their activities, and begin to assess the degree to which they are using evidenced-based interventions that are ready for national scale-up. Click here for document.

Key Policies, Strategies, Guidelines and Tools
To guide the provision of ASRH&R services in Kenya, DRH has developed several policies, service provider guidelines and tools. Read more.

Resources:

- **Adolescent and Youth Sexual and Reproductive Health - Taking Stock in Kenya**

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**Adolescent and Youth Sexual and Reproductive Health and Rights**

**Adolescent and Reproductive Health and Development (ARH&D) Policy**

This policy guides the provision of adolescent reproductive health services in Kenya. The policy emphasizes a multisector, interdisciplinary approach to providing integrated and quality reproductive health services. It focuses on key adolescent reproductive health issues and challenges, such as sexually transmitted infections (including HIV); teenage pregnancy; unsafe abortion; school dropout; and harmful practices such as early marriage, female genital cutting, gender-based violence and drug and substance abuse. Click here for document.

**Adolescent Reproductive Health and Development Policy Plan of Action**

This plan of action outlines how the key priorities for adolescent health would be addressed. It was developed to guide the implementation of the ARH&D Policy. The plan sets out clear performance indicators and outlines the Government’s strategies for promoting the scale-up of adolescent reproductive health activities. It focuses on increasing commitment, partnership, collaboration, networking and resource mobilization. Click here for document.

**National School Health Policy**

The National School Health Policy defines a comprehensive school health programme that will enable the government to address the needs of learners, teachers and their families. The policy complements existing national education and health policies and advocates for health programmes in the education system. Click here for document.
National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) in Kenya

The purpose of these guidelines is to harmonise the provision of services that are offered to young people. The document provides for a minimum package of youth-friendly services, while at the same time ensuring national uniformity in their provision. Click here for document.

Tuko Pamoja (we are together): A Guide for Peer Educators

This guide for peer educators was developed by PATH and Population Council as a tool to help peer educators share information and lead discussions with their peers on physical and emotional changes during adolescence; staying healthy; planning for the future; making good decisions; and preventing pregnancy, HIV and AIDS. Click here for document.

Adolescent Sexual and Reproductive Health and Rights
Client Education Materials and Campaigns

What’s New and Cool for Youth Booklet

Published by the National Coordinating Agency for Population and Development, this booklet provides information to young people on their reproductive health needs and rights. Information presented in this booklet was obtained from various sources, such as policy documents, plans of actions, Kenya Demographic and Health Surveys, the population censuses, Ministry of Health reports and implementation reports of various programmes and projects. Download the booklet here.

YouthNet Website

The Division of Reproductive Health (DRH) was a key partner in YouthNet, a multicountry partnership with FHI 360 to improve the reproductive health of adolescents. This programme worked with major television networks in Kenya, the Ministry of Health and nongovernmental organisations to promote HIV prevention. The YouthNet Web site contains a wealth of resources useful to programme implementers. Click here for Youthnet website.

The Interagency Youth Working Group (IYWG) Web site (click here)

The IYWG provides global technical leadership to advance the reproductive health and HIV/AIDS outcomes of young people ages 10-24 in developing countries by:

- Sharing research and programmatic results and lessons on youth reproductive health and HIV/AIDS with youth health and development communities
- Promoting strategies that move promising research findings and best practices into programs and policies
- Advocating for greater focus on youth within reproductive health and HIV programs
The IYWG was formed in 2007 as a network of nongovernmental agencies, donors, and cooperating agencies with an interest in improving the sexual and reproductive health of young people.

**C-Word Campaign Website**

Produced by PSI Kenya and launched in October 2009, this campaign targets urban youth ages 18-24 with messages on the use of contraceptives to prevent unplanned pregnancy. The Web site provides information about the prevention of STIs and tips on safe pregnancy. The campaign uses various communication channels including mass media (radio, print and TV); interpersonal communication through targeted events; online media (dedicated Web sites); social media (Facebook and Twitter); free short message service (SMS); and a mobile hotline. Click here for a comprehensive booklet about contraceptives for a young person. Click here for C-word Campaign Website.

**Other resources on youth reproductive health**

Interested in youth advocacy to create awareness on youth SRH issues? Click here to go to the ?Answer the Call? campaign.

**Youth Policy Toolkit:**

**Adolescents Living with HIV**

**Resources:**

- **What's New and Cool for Youth Booklet**

  Welcome to What's New and Cool for Youth. This booklet contains lots of exciting information that can help you as you grow and develop. While you can read this booklet alone, it is best to go through it with a group of friends or other peers, since it provides questions for you to discuss.

- **National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) in Kenya, 2005**

  Adolescents and youth represent a positive force in society. Adolescence is a period of physical, psychological and social transformation from childhood to adulthood.

**Gender and Reproductive Health Rights**
Gender issues and reproductive health rights are closely interrelated and jointly affect the productive and reproductive health of both women and men in Kenya. Reproductive rights are human rights and gender equity is enshrined in the constitution, but men still are the majority power holders in almost all aspects of everyday life, including women’s reproductive health, family planning and family size.

Kenyan culture and society still contain and accept several harmful practices that have very negative effects on women and their reproductive health rights. These practices include early or child marriages, female genital cutting or mutilation and nutritional taboos that affect the health of girls and women. Female genital cutting in particular contravenes several basic rights of women and girls, including the right to liberty and security of person and the right to be free from inhumane and degrading treatment. Some of the above practices contravene the provision of The Children Act No.8 of 2001 (Rev 2007) and The Sexual Offences Act No.3 of 2006 (Rev 2007), but they continue to be practiced in parts of the country.

Gender-based violence is increasingly widespread in Kenya, and includes physical and sexual abuse and violence, including rape. Such abuses are violations of the right to be free from inhumane and degrading treatment. They also have long-term negative health impacts, including severe psychological; emotional; and medical consequences, such as the increased risk of unintended pregnancy and sexually transmitted infections, including HIV.

The Division of Reproductive Health

The DRH Gender and Reproductive Rights Programme works to empower women in decision making regarding their own reproductive health rights and the choices they make over their fertility. The concept of gender is a mainstreamed component of all reproductive health programmes and a central tenet of national health policies in Kenya. There is a special focus on women and girls, but DRH encourages the involvement of men in programme interventions as decision makers, partners and/or health service providers. It also provides male-friendly services that encourage men to accompany their female partners to health facilities and to seek out and use services themselves.

To promote gender equity and help eliminate harmful practices, DRH also works with a range of technical and implementing partners to increase access to quality treatment and rehabilitative reproductive health services for those affected by harmful practices and gender-based violence. These services include an effective referral system among public and private health facilities, the police and legal services. The capacity of institutions to provide high-quality treatment and rehabilitative reproductive health services for survivors of gender-based violence and harmful practices has also been comprehensively enhanced, including all post-rape care services.

At the community level, the national Gender and Reproductive Rights programme encourages households and communities to participate in addressing harmful practices and advocates for greater gender equity in reproductive health.

Key Policies, Strategies, Guidelines and Tools

To guide the provision of gender and reproductive rights services in Kenya, DRH, MOPHS and
their partners have developed several policies, strategies, service provider guidelines and tools. Read more.

Key Gender Policies, Strategies, Guidelines and Tools

**National Plan of Action for the Elimination of Female Genital Mutilation in Kenya**

Published by the Ministry of Health, the National Plan of Action describes the sensitive and responsive interventions and strategies for achieving the goal of reducing the number of girls, women and families that will be affected by female genital mutilation over the next 20 years. Click here for document.

**Sexual Violence: Setting the Research Agenda for Kenya**

This agenda is the result of a 2008 stakeholders meeting on sexual violence that was convened by the Population Council; Liverpool VCT, Care and Treatment; and the International Centre for Reproductive Health, Kenya (ICRHK). Stakeholders at this meeting identified, developed and prioritized areas for research on sexual violence in Kenya. Kenya’s research agenda on sexual violence is premised on the need to generate evidence required to improve policy formulation and strengthen services. Click here for document.


Sexual violence is a serious health and human rights problem in Kenya. It affects men, women, boys and girls, and has adverse physical and psychosocial consequences on the survivor. Comprehensive care for sexual violence includes medical treatment to manage physical injuries; emergency medication to reduce chances of contracting sexually transmitted infections, including HIV; emergency contraception to reduce chances of unwanted pregnancies; and psychosocial support and legal assistance. These guidelines provide general information about managing sexual violence in Kenya. Click here for document.

**National Curriculum on Sexuality and Sexual Health Training for Health Service Providers**

The goal of this curriculum is to improve service providers’ knowledge, attitudes, and skills in offering sexuality counselling services to their clients in an open and nonjudgmental way. Developed with input from various stakeholders, implementation of this curriculum will contribute towards achieving the goal of effective reproductive health care for all Kenyans, as outlined in Vision 2030. Click here for document.

**Post- Rape Care form (MOH 363) and Post Rape Care Register**

The post-rape care form (MOH 363) is an examination documentation form for survivors of
rape/sexual assault. It is supposed to be used as clinical notes to guide filling in of the P3 form. The post-rape care register keeps a summary of the post rape care form.

Resources:

- **National Plan of Action for the Elimination of Female Genital Mutilation in Kenya 1999?2019**

  Published by the Ministry of Health, the National Plan of Action describes the sensitive and responsive interventions and strategies for achieving the goal of reducing the number of girls, women and families that will be affected by female genital mutilation over the next 20 years.

- **Post- Rape Care form and Post Rape Care Register**

Reproductive Tract Infections/Sexually Transmitted Infections and Cancers of Reproductive Organs

Reproductive tract infection (RTI) is a broad term that includes sexually transmitted infections (STIs) as well as other infections of the reproductive tract. STIs present a major burden of disease in Kenya’s population. They are among the most important causes of maternal and infant morbidity and mortality in Kenya. Serious complications attributable to STIs and RTIs include ectopic pregnancy, pelvic inflammatory disease, preterm labour, pregnancy loss, congenital infection, infertility, genital cancer HIV, and AIDS.

Data from the 2007 Kenya AIDS Indicator Survey (KAIS) indicated that the Herpes Simplex Virus-2 (HSV-2) prevalence rate among the general population (between the ages of 15 and 64 years) is 35 percent and that 81 percent of adults who are infected with HIV are also infected with HSV-2. The KAIS also showed that the prevalence of syphilis among the general population is about 2 percent, but it is higher among older adults between the ages of 50 and 64 years (4.4 percent males and 2.5 percent females). Moreover, among participants who were seropositive for syphilis, 17 percent also had HIV, 72 percent had HSV-2 and 16 percent had both HIV and HSV-
The Division of Reproductive Health (DRH) faces many structural and technical challenges with regard to prevention, treatment and management of RTIs and STIs. Many health facilities offer only syndromic management of STIs, and not all antenatal facilities offer screening and treatment of all STIs. Many health service providers need re-orientation toward managing RTIs and STIs and enhancement of skills to diagnose and treat them adequately. RTI/STI interventions have also not been thoroughly integrated into the wider reproductive health programmes.

DRH Activities to Prevent and Treat RTIs/STIs

DRH, in collaboration with the National AIDS and STIs Control Programme (NASCOP), National AIDS Control Council (NACC) and other partners, is working to revitalize and strengthen RTI and STI programmes at all levels nationally. Work is going on to comprehensively assess STI management and technical capabilities in Kenya.

DRH has been working on updating knowledge and enhancing the technical capacity of providers in STI detection and management, in part through the extensive dissemination of the National RTI Guidelines, which provides clear direction and sets uniform standards for managing RTIs and STIs in Kenya. Other tools and training guidelines on STI management are being updated and developed.

DRH is building on this experience to advocate with the Ministry of Public Health and Sanitation (MOPHS) and its development partners for placing a greater priority on RTIs and STIs in national policy development and resource allocation, and for ensuring that STIs are central components of Kenya’s health and community-based strategies. DRH is also generating national awareness and understanding of the importance of RTIs in reproductive health, particularly by integrating RTI/STI management into wider reproductive health programming for better and earlier detection of common STIs among clients.

Central to the RTI/STI revitalization campaign, DRH and its partners have re-established the National STI Technical Working Group. This group is made up of DRH and other MOPHS divisions, NACC, NASCOP and technical expert partners. Their mandate is to reset the research agenda and coordinate STI and RTI research and programme activities.
Human resources have been enhanced through providing additional technical capacity building to health care providers, many of whom had not received training in RTIs and STIs since the 1990s.

**Cancers of Reproductive Organs**

This program focuses on the prevention and control of cancers of reproductive organs in both women and men—namely cancer of the cervix, breast cancer and prostate cancer.

The existing policy documents in which statements are made with respect to these cancers are: The National Reproductive Health Policy (2007); The National Reproductive Health Strategy (2009-2015); and The National Cancer Control Strategy (2010-2015). Other documents that are currently being finalized are The National Guidelines for Prevention and Management of Cervical, Breast and Prostate Cancers, and The National Cervical Cancer Prevention Program Action Plan 2011-2015.

The National Guidelines for Prevention and Management of Cervical, Breast and Prostate Cancers provides a step-by-step overview on evidence-based service delivery processes (from primary prevention, screening, and management) that, if implemented, would result in prevention and control of these three cancers. In addition, the guidelines provide an overview of the management of the respective overt cancers. The guidelines also comprise an extensive section on palliative care for patients with overt cancer as well as behavior change communication (BCC) interventions. These include advocacy to enhance awareness, address myths and misconceptions, and create demand for enhanced health seeking behavior for cancer prevention and control services.

The National Cervical Cancer Prevention Program Action Plan 2011-2015 articulates strategies adopted by Kenya towards the prevention and control of cervical cancer. This program places particular emphasis on prevention and early treatment of these cancers. Integration of cancer screening and treatment into other service delivery sites such as maternal and child health and family planning clinics, out-patient departments and HIV comprehensive care centres is a key strategy to expanding access to these screening services.

The screening methods indicated for cervical cancers are the visual inspection methods such as Visual Inspection with Acetic Acid (VIA) followed by Visual Inspection with Lugols Iodine (VILI) at all levels of health care delivery. Other screening methods such as Pap smear and Human Papilloma Virus (HPV) testing can be used in health facilities where they are available. Emphasis for screening for cancer of breast is placed on clinical breast examinations, self-breast examinations, and regular mammograms. For prostate cancers, regular clinical examination and
Prostatic Surface Antigen (PSA) tests are emphasized.

**Key Policies, Strategies, Guidelines and Tools**

To guide the provision of RTI/STI services in Kenya, DRH has developed several policies, strategies, service provider guidelines and tools. Read more.

**Resources:**

- **National Cervical Cancer Prevention Program - Strategic Plan 2012-2015**

  This strategic plan is intended to provide the strategic framework and priority actions which, if implemented within the proposed time frame and at all KEPH levels, will result in significant reduction in the incidence of cervical cancer in Kenya.

- **National Guidelines for Prevention and Management of Cervical, Breast and Prostate Cancers**

  The aim of these guidelines is to set standards for comprehensive reproductive tract cancer prevention and management services while promoting rational use of existing resources.

- **National Guidelines for Reproductive Tract Infection Services**

  Reproductive Tract Infections (RTIs) are among the most important causes of maternal and infant morbidity and mortality. Serious complications of RTIs include ectopic pregnancy, pelvic inflammatory disease, preterm labour, pregnancy loss, congenital infection, infertility, genital cancer and AIDS. The huge disease burden caused by RTIs is attributed to both their direct effects on the morbidity and mortality as well as the serious complications these infections impose on infected persons.

**RTI/STI and Cancers of Reproductive**
Organs Policies, Strategies, Guidelines and Tools

National Cervical Cancer Prevention Program - Strategic Plan 2012-2015

This strategic plan is intended to provide the strategic framework and priority actions which, if implemented within the proposed time frame and at all KEPH levels, will result in significant reduction in the incidence of cervical cancer in Kenya. This strategic plan will provide programs that focus on cervical cancer prevention and control with a practical reference source on the country’s strategy. Click here for document.

National Guidelines for Prevention and Management of Cervical, Breast and Prostate Cancers

The aim of these guidelines is to set standards for comprehensive reproductive tract cancer prevention and management services while promoting rational use of existing resources. These guidelines provide all health care workers with a practical reference source for service delivery. Click here for document.

National Guidelines for Reproductive Tract Infections Services

These guidelines were developed with the aim of providing a standardized approach for the prevention, detection and management of reproductive tract infections in health service delivery settings such as family planning, antenatal care, delivery and postpartum care. Click here for document.

Integrating the Management of STIs/RTIs into Reproductive Health Services, Pocket Handbook

This pocket handbook is meant for use by both pre-service and in-service health providers (doctors, clinical officers and nurses). It was developed as part of a larger program on integrating STIs/RTIs into reproductive health settings in Kenya. The purpose of the material is to equip healthcare providers with requisite knowledge, skills and attitudes to facilitate integration activities in their respective health facilities. Additionally, the handbook is envisaged to help health providers to make quick references to augment existing resources. Click here for document.

Introducing and Pilot-Testing the National Guidelines on Integrating the Management of STIs/RTIs into Reproductive Health Services in Kenya

The project reported here evaluated the feasibility, acceptability and effect of introducing the National Guidelines on the Integration of Services for Reproductive Tract Infections (RTIs on the quality of care provided and the incremental costs of integrating these services into existing RH services. Click here for document.
Revitalizing the National STI/RTI Control Activities in Kenya: Report of a high level Consultative Meeting

This report documents the output of a two-day meeting held to stimulate engagement of the main stakeholders implementing various aspects of STI/RTI control and prevention activities in Kenya. The objective of the meeting was to chart the way forward for strengthening prevention and control of STIs/RTIs in Kenya. Click here for document.

Cervical Cancer - Service Provider and Client tools

Cervical Cancer Screening Form

Cervical Cancer Screening and Treatment - Daily Activity Register

Cervical Cancer Client Card

Global Resources on Reproductive Tract Infections/Sexually Transmitted Infections (RTI/STI)


The Global strategy has two components: technical and advocacy. The technical content of the strategy deals with methods to promote healthy sexual behaviour, protective barrier methods, effective and accessible care for STIs, and the upgrading of monitoring and evaluation of STI control programmes. Emphasis is placed on a public health approach based on sound scientific evidence and cost-effectiveness. A section on advocacy offers advice to programme managers on approaches to mobilizing the high-level political commitment that forms the essential foundation for an accelerated response. Click here for document.

A strategic approach to strengthening control of reproductive tract and sexually transmitted infections: use of the programme guidance tool

In order to support countries in developing services to control RTIs, the World Health Organization and the Horizons Program of the Population Council have developed a Programme Guidance Tool. This is an action-oriented process that allows decision-makers to set goals and directions and to prioritize interventions to address the problem of RTIs/STIs in their particular national, regional or local context. The tool is based on the experiences of countries employing the strategic approach to strengthening sexual and reproductive health policies and programmes, which has been used, with the support of WHO and its partners, by more than 30 countries. Click here for document.

Sexually Transmitted and Other Reproductive Tract Infections. A Guide to Essential Practice

Published by WHO, FHI 360 and Population Council, this guide is a reference manual and a resource to educate and remind health care workers of the need to consider STIs and RTIs when providing other reproductive health services. It recommends prevention and care practices for
patients who have an RTI or may be at risk of acquiring one. It can also be used for preservice or inservice health provider education and training; as a source of up-to-date, evidence-based recommendations; and as a self-education tool for health care providers on the prevention, treatment and diagnosis of RTIs. Click here for document.

**Introducing and Pilot Testing the National Guidelines on Integrating the Management of RTIs/STIs into Reproductive Health Services in Kenya**

Published by the Population Council, this report evaluated the feasibility, acceptability and effect of introducing the Kenya National Guidelines on the Integration of Services for Reproductive Tract Infections on the quality of care provided at health services, and the incremental costs of integrating these services into existing reproductive health services. Click here for document.

**Resources:**

- **Cervical Cancer Screening Form**

  This form is to be completed by a health service providers during screening for cervical cancer.

- **Cervical Cancer Screening and Treatment - Daily Activity Register**

  This is the daily activity register for recording cases screened and treated for cervical cancer at health facilities.

- **Cervical Cancer Client Card**

  This card is to be given to all clients screened for cervical cancer.

- **Integrating the Management of STIs/RTIs into**
Reproductive Health Services, Pocket Handbook

This pocket handbook is meant for use by both pre-service and in-service health providers (doctors, clinical officers and nurses). It was developed as part of a larger program on integrating STIs/RTIs into reproductive health settings in Kenya.

• Revitalizing the National STI/RTI Control Activities in Kenya: Report of a high level Consultative Meeting

This report documents the output of a two-day meeting held to stimulate engagement of the main stakeholders implementing various aspects of STI/RTI control and prevention activities in Kenya.

Reproductive Health of the Elderly

The reproductive health needs of Kenya’s smaller, elderly population is becoming increasingly important. This is partly due to the demographic transition, whereby as Kenyan families become smaller, the number of children and young people will decrease over time. The proportion of older and elderly persons will subsequently increase, as has happened in many countries in the West.

Persons age 65 and older make up about 5 percent of the Kenyan population. The number of people over the age of 50 is projected to reach 3.7 million by the year 2015, with larger increases over additional years. The elderly are highly vulnerable to poverty, and frequently have limited access to reproductive health services. Elderly people, particularly older women, are sometimes victims of sexual and gender-based violence and discrimination. Health problems among elderly persons often relate to the higher incidence of chronic illnesses, such as cancer and degenerative diseases, as well as complications of menopause in women. Many reproductive health problems of women past childbearing age are related directly to their early lifestyles and habits, as well as their reproductive experiences.

Despite this, there has been a significant lack of focus on the reproductive health of the elderly over recent years. Services aimed specifically toward the elderly are rare, as are wider, integrated reproductive health programmes that target older people. This is partially a result of a lack of data on the reproductive health needs and indicators among the elderly in Kenya. This data is needed to develop evidence-based programmes.

The Division of Reproductive Health Activities for the Elderly
To address the challenges affecting the reproductive health of the elderly, DRH and its partners are conducting several studies and analyses to better understand the full range of specific reproductive health needs among Kenya’s elderly people. Another programming priority is to create awareness, appreciation and understanding of reproductive health among the elderly. This includes creating awareness in the community and advocating for the elimination of all forms of violence and discrimination against elderly people.

DRH is also working to improve elderly people’s access to high-quality and comprehensive reproductive health services in health facilities and the community. This will be achieved by sensitising and training health care providers and equipping facilities to be able to provide integrated, elderly-friendly services and counselling into their health programmes.

**Global Resources on Reproductive Health of the Elderly**

**Age-friendly Primary Health Care (PHC) Centres Toolkit**

WHO has developed this toolkit to assist health care workers in the diagnosis and management of the chronic diseases and the four areas that often impact people as they age: memory loss, urinary incontinence, depression and falls/immobility. This document aims to sensitise and educate primary health care workers about the specific needs of their older clients and provide primary care health workers with a set of tools/instruments to assess older people’s health. It provides guidance on how to make primary health care management procedures more responsive to the needs of older people’s needs. The toolkit comprises a number of instruments including evaluation forms, slides, country guidelines, and screening tools that can be used by primary health care workers to assess and address older persons’ health. Click here for document.

**Towards Age-Friendly Primary Health Care**

This document, published by WHO, outlines the need for age-friendly primary health care services. It also talks about the needs of the elderly and an agenda for change for the primary health care center. The publication also examines the larger issues of age-friendly primary health care services that must be addressed at the policy and health planning level, including gender and culture, equity, investment and resource allocation, integration and coordination across the health care system, training families and professional caregivers in caring for the older person. Click here for document.

**Policies & Guidelines**
A key role of the Division of Reproductive Health (DRH) is to develop national policies and guidelines under the overall leadership of the Ministry of Public Health and Sanitation (MOPHS).

In its policy-making role, DRH is committed to working with other government departments and diverse partners to provide guidelines for implementing provisions on health in Kenya’s new constitution. Article 43 of the constitution states, “Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.”

In its technical role, DRH collaborates with diverse partners and stakeholders to set internal quality standards for family and reproductive health services in Kenya, based on international best practices.

Resources:

- MOPHS: Statement on Hormonal Contraception and HIV transmission in Women


National Policies

This section contains key national policies that were developed by DRH on the priority programme areas in its mandate.

National Reproductive Health Policy

It is the policy of the Government of Kenya to enhance the reproductive health status of all Kenyans by increasing equitable access to reproductive health services and by improving the quality, efficiency and effectiveness of the services at all levels. The goal of the National Reproductive Health Policy is to guide planning, standardization, implementation and monitoring and evaluation of reproductive health services provided by the government, nongovernmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations
(CBOs), private for-profit sectors and communities in Kenya. Click here for the full document.

Adolescent and Reproductive Health Development Policy

The Adolescent Reproductive Health and Development Policy brings adolescent health issues into the mainstream of health and development. The policy examines the prevailing social, economic, cultural and demographic context of adolescent sexual and reproductive health; its implications; and its consequences to adolescents’ health and development. As a complement to sector-specific policies and programmes, the policy defines the structures and key target areas for ensuring that adolescent health concerns are mainstreamed in all planning activities. Click here for the full document.

National Population Policy for Sustainable Development, No. 1 of 2000

This policy outlines Kenya’s population and development goals, objectives and targets to guide its implementation between 2000 and 2010. The goals and objectives include: 1) improving the standard of living and quality of life of the people; 2) fully integrating population concerns into the development process; 3) motivating and encouraging Kenyans to adhere to responsible parenthood; 4) promoting the stability of the family; 5) empowering women and eliminating retrogressive sociocultural practices such as female genital mutilation; and 6) integrating the youth, the elderly and persons with disabilities into the mainstream of national development. Click here for the full document.

Resources:

- National Reproductive Health Policy

  It is the policy of the Government of Kenya to enhance the reproductive health status of all Kenyans by increasing equitable access to reproductive health services and by improving the quality, efficiency and effectiveness of the services at all levels.

- Adolescent and Reproductive Health Development Policy
The Adolescent Reproductive Health and Development Policy brings adolescent health issues into the mainstream of health and development. The policy examines the prevailing social, economic, cultural and demographic context of adolescent sexual and reproductive health; its implications; and its consequences to adolescents' health and development.

**National Strategies**

This section contains strategies and guidelines that can be used to design, implement and evaluate family planning and reproductive health programmes at different levels in Kenya.

**Adolescent Reproductive Health and Development Policy Plan of Action**

This plan of action outlines how the key priorities in adolescent health would be addressed. It was developed to guide the implementation of the policy. The plan sets out clear performance indicators and outlines the government’s strategies for promoting the scale-up of adolescent reproductive health activities. It focuses on increasing commitment, partnership, collaboration, networking and resource mobilization. Click here for the full document.

**National Maternal and Neonatal Health Roadmap**

Maternal and neonatal morbidity and mortality continue to be recognized internationally as public health priorities. The goal of the National Maternal and Newborn Health (MNH) Roadmap is to accelerate the reduction of maternal and newborn morbidity and mortality in Kenya toward the achievement of the Millennium Development Goals (MDGs). The document provides a framework for building strategic partnerships for increased investment in maternal and newborn health at both institutional and programme levels. Click here for the full document.

**National Reproductive Health Strategy**

This strategy states Kenya's commitment to achieving the goals to which the international community and the Government of Kenya agreed at the 1994 International Conference on Population and Development (ICPD), the current MDGs and other international development goals and targets. It also identifies priority actions that will reverse the adverse reproductive health outcomes, including those related to the HIV and AIDS pandemic. Click here for the full document.

**National Reproductive Health and HIV and AIDS Integration Strategy**

This document explains Kenya’s strategy to create a more cost-effective and sustainable approach to service delivery by using the opportunities provided by voluntary HIV counselling and testing and family planning services to reach women, men and couples. Click here for the document.
Other HIV counselling and testing related guidelines can be found here

**Reproductive Health Communication Strategy**

The Reproductive Health Communication Strategy provides a framework that aligns communication with the goals and vision of the National Reproductive Health Policy. This strategy is designed to provide strategic direction and to guide actions on those components within the scope of reproductive health in Kenya that can be influenced by communication at the policy, programmatic and social level. It also defines priority audiences and issues, formulates strategic direction and actions and determines the best way to invest resources. Click here for the full document.


This guide will provide a framework for all communication that supports the implementation of Kenya’s National Reproductive Health (RH) Strategy. The implementation guide prioritizes three key thematic areas: family planning; adolescent and youth sexual and reproductive health; and maternal, neonatal and child health. Its purpose is to ensure the coordination and synergy of social and behaviour change communication (SBCC) in reproductive health and family planning programming, to ensure consistency, to set the stage for scale and impact and to define a common measurement for success.

**Strategy for Improving the Uptake of Long-Acting and Permanent Methods of Contraception in the Family Planning Program**

In consultation with technical experts, the Division of Reproductive Health (DRH) developed this strategy to make long-acting and permanent methods (LAPM) of contraception, which are cost-effective and provide an important option to women, more accessible through the National Family Planning Programme. This document outlines the steps the Ministry of Public Health and Sanitation (MOPHS) is taking to revitalize and standardize the intervention and to stimulate its uptake. The strategy is intended to assist LAPM providers in designing, implementing and monitoring and evaluating services. Click here for the full document.

**The Proposed 2010?14 Research Agenda**

This booklet outlines a framework for evidence-based strategic planning and decision making and describes a tool for helping research stakeholders focus on priority research needs in reproductive health. Click here for the full document.

**Resources:**

This Research Agenda directs reproductive health research in Kenya to the following nine areas: family planning (FP); safe motherhood (maternal and neonatal health); gender issues (sexual and reproductive rights); sexual and reproductive rights of adolescents and youth; cancers of the reproductive system; HIV and reproductive tract infections; infertility; RH support systems, health systems research, and other cross-cutting issues; and emerging issues.

- **National Road Map For Accelerating The Attainment of the MDG's Related To Maternal and Newborn Health In Kenya**

  Maternal and neonatal morbidity and mortality continue to be recognized internationally as public health priorities. The goal of the National Maternal and Newborn Health (MNH) Roadmap is to accelerate the reduction of maternal and newborn morbidity and mortality in Kenya towards the achievement of the Millennium Development Goals (MDGs). The document provides a framework for building strategic partnerships for increased investment in maternal and newborn health at both institutional and programme levels.

- **National Reproductive Health and HIV and AIDS Integration Strategy**

  This document explains Kenya’s strategy to maximize the opportunities provided by voluntary HIV counseling and testing and family planning (FP) services to reach women, men, and couples, using a more cost-effective and sustainable approach to service delivery.

- **Sexual Violence: Setting the Research Agenda for Kenya, 2009**

  The true extent of sexual violence in accordance to the WHO definition is unknown, though varied studies highlight its pervasiveness.

- **Kenya Long-Acting and Permanent Methods Strategy**
In consultation with technical experts, the DRH developed this strategy to make long-acting and permanent methods (LAPM) of contraception, which are cost effective and provide an important option to women, more accessible through the National Family Planning Programme. This document outlines the steps the Ministry of Public Health and Sanitation is taking to revitalize, stimulate uptake and standardize the intervention. The strategy is intended to assist LAPM providers in designing, implementing, monitoring and evaluating services.

- **Adolescent Reproductive Health and Development Policy Plan of Action**

  This plan of action outlines how the key priorities in adolescent health would be addressed. It was developed to guide the implementation of the policy. The plan sets out clear performance indicators and outlines the government’s strategies for promoting the scale-up of adolescent reproductive health activities.

- **Reproductive Health Communication Strategy**

  The Reproductive Health Communication Strategy provides a framework that aligns communication with the goals and vision of the National Reproductive Health Policy. It aims to provide strategic direction and to guide actions on those components within the scope of reproductive health in Kenya that can be influenced by communication at the policy, programmatic and social level. It also defines priority audiences and issues, formulates strategic direction and actions and determines the best way to invest resources.

**National Guidelines**

In its technical role in the Ministry of Public Health and Sanitation (MOPHS), DRH works with diverse partners and stakeholders to establish and maintain standards based on international best practices in health. This section contains selected guidelines that people working in family planning and reproductive health can use to ensure that standards are being met.

**National Family Planning Guidelines for Service Providers**

The National Family Planning Guidelines for Service Providers (4th edition) reflects the current policy and training guidelines for providing family planning services. It incorporates the most up-
to-date information on medical eligibility criteria (for the use of various contraceptives as published by the World Health Organization in 2009). It covers strategies to improve access to high-quality family planning services, such as training and appropriate supervision of community health workers (CHWs); adding community midwife to the categories of health workers who may provide family planning services; postpartum family planning packages, including postabortion contraception; services for people with disabilities and other special needs; integrating family planning with other reproductive health services, including HIV and AIDS, and screening for cancers of reproductive organs; new contraceptives; and male involvement in family planning. These guidelines will give service providers the tools required to provide consistently high-quality, client-sensitive professional services. Click here for the full document.


Mother-to-child transmission (MTCT) of HIV is the predominant mode of transmission of HIV to infants and young children. The guidelines provide a background to the PMTCT problem globally, across Africa and in Kenya. They also give details on HIV in pregnancy, the transmission patterns of MTCT and the benefits of PMTCT. The guidelines provide information on interventions necessary to reduce MTCT, including counselling and testing, laboratory investigations, obstetric interventions and treatment and prophylaxis. Click here for the full document.

See also the National Recommendations for Infant Feeding and HIV Testing for Mothers

National Guidelines for HIV Testing and Counselling and Testing

Research in many countries has shown that people who know their sero-status, whether HIV negative or HIV positive, drastically change their behaviour. One of the government?s major strategies is to make voluntary HIV counselling and testing services available, to target the majority of the population not yet infected, and to identify early those who are infected and provide them with proper health care services. The expansion of voluntary counselling and testing will ensure that such vital services are made available and accessible to Kenyans. Click here for the full document.

National Guidelines on Management of Sexual Violence in Kenya

Sexual violence is a serious health and human rights problem in Kenya. It affects men, women, boys and girls and it has adverse physical and psychosocial consequences on survivors. Comprehensive care for sexual violence includes medical treatment (management of physical injuries); emergency medication to reduce the chances of contracting sexually transmitted infections, including HIV; emergency contraception to reduce chances of unwanted pregnancies; psychosocial support; and legal assistance. These guidelines provide general information about the management of sexual violence in Kenya. Click here for the full document.

National Guidelines for Prevention and Management of Cervical, Breast and Prostate Cancers (in development)
The aim of these guidelines is to set standards for comprehensive reproductive tract cancer prevention and management services while promoting rational use of existing resources. These guidelines provide all health care workers with a practical reference source for service delivery.

Resources:

- **National Family Planning Guidelines for Service Providers**

  The National Family Planning Guidelines for Service Providers (4th edition) reflects the current policy and training guidelines for providing family planning services. It incorporates the most up-to-date information on medical eligibility criteria (for the use of various contraceptives as published by the World Health Organization in 2009).

- **Guidelines for Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS in Kenya**

  Mother-to-child transmission (MTCT) of HIV is the predominant mode of transmission of HIV to infants and young children. The guidelines provide a background to the PMTCT problem globally, across Africa and in Kenya.

- **National Guidelines on Management of Sexual Violence in Kenya**

  These guidelines have been designed to give general information about management of sexual violence in Kenya and focus on the necessity to avail services that address all the needs of a sexual violence survivor, be they medical, psycho-social, humanitarian and/or legal.

- **National Guidelines for HIV Testing and Counselling and Testing**

  Research in many countries has shown that people who know their sero-status, whether HIV negative or HIV positive, drastically change their behaviour. One of the government’s major
strategies is to make voluntary HIV counselling and testing services available, to target the majority of the population not yet infected, and to identify early those who are infected and provide them with proper health care services

M&E and Research

Research is a powerful tool for providing evidence-based information that can be used in reviewing and formulating policies and developing programmes, guidelines and standards to improve health. Among the principles that guide Kenya as it implements its National Reproductive Health Strategy is the adoption of reproductive health practices based on evidence drawn from research.

The Division of Reproductive Health (DRH) coordinates the multitude of research activities on reproductive health taking place in Kenya—including biomedical, clinical, socio-behavioural, and operations research. DRH forges partnerships with local institutions, such as universities and communities, to:

- Help ensure appropriate management, coordination and documentation of research to minimize duplication of efforts
- Develop collaborative proposals for research on reproductive health
- Build the capacity of indigenous institutions to conduct high-quality studies in conformity with ethical standards for research
- Create forums for research findings and promote their dissemination and use

The National Research Agenda

Current research priorities outlined by DRH, under the auspices of the Ministry of Public Health and Sanitation (MOPHS), reflect the challenges and problems facing reproductive health in Kenya. These priorities include the following:

- Family planning
- Safe motherhood (maternal and neonatal health)
- Sexual and reproductive health and rights
- Adolescent sexual and reproductive health
- Cancers of the reproductive system
- HIV/AIDS and reproductive tract infections (RTIs)
- Infertility
- Other crosscutting issues such as reproductive health support systems, health systems research and the reproductive health of marginalized populations (including older people, people with physical and mental disabilities, displaced populations and uniformed persons)
- Financing of reproductive health services


This booklet outlines a framework for evidence-based strategic planning and decision making and describes a tool for helping research stakeholders focus on priority research needs in reproductive health. Click here for the full document.

Sexual Violence: Setting the Research Agenda for Kenya

This agenda is the result of a 2008 stakeholders meeting on sexual violence that was convened by the Population Council; Liverpool VCT, Care and Treatment; and the International Centre for Reproductive Health, Kenya (ICRHK). Stakeholders at this meeting identified, developed and prioritized areas for research on sexual violence in Kenya. Kenya?ś research agenda on sexual violence is premised on the need to generate evidence required to improve policy formulation and strengthen services. Click here for the full document.

Resources:

- Recent Research Findings
  
  Research Findings from Kenya

- National Reproductive Health Strategy
This National Reproductive Health Strategy covering the period 2009 to 2015, is a revision of the National Reproductive Health Strategy 1997-2010.

Tools for Researchers

National Reproductive Health Research Guidelines

The Division of Reproductive Health (DRH) developed these guidelines for researchers to use when conducting biomedical, clinical or operations research in Kenya. They also help policy makers, health care practitioners and donors to understand the coordination mechanisms and requirements for conducting reproductive health research in Kenya. The guidelines document includes sections on the following:

- National Council for Science and Technology regulations on research clearance and implementation
- DRH research submission: Researchers must submit a concept paper, final report and abstract to DRH for any research activity. This document spells out the standard operating practices (SOPs) to follow
- Guidelines for informed consent
- Good laboratory and clinical practices

Click here for the full document.

Research Management Manual: Short Course Module for Building the Capacity of Programme Managers, Officers and Implementers to Utilize Operations Research

Developed by DRH with support from its partners, this manual contains a short course operations research module. The purpose of the module is to build the capacity of DRH programme staff to use research results for programming and policy formulation. The module includes session plans for group work, case studies, practical exercises and more. Click here for the full document.
Training Module on Data for Decision Making

DRH and its partners published this module to ensure the use of service delivery data in programme and policy decision making. This trainer?s manual makes data collectors and users aware of the complexities, advantages and uses of timely, accurate and reliable data. The five units in the manual guide the trainer through every phase of data collection, analysis and utilization. The units also address the issues that data collectors and users may face at every stage of the process. Click here for the full document.

Qualitative Research Methods: A Data Collector's Field Guide

This field guide can be used as both a training tool and a daily reference manual for field team members. Its question-and-answer format and modular design make it easy for readers to find information. The guide includes case-study samples, templates, checklists, training exercises and tools. Click here for the full document.

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- Training Module on Data for Decision Making

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Research Results


This annotated bibliography of abstracts covers abstracts on clinical, biomedical and operations research conducted in Kenya. See below for abstracts on these topics:

- Adolescent reproductive health
- Family planning
- Reproductive health and gender
- Safe motherhood
- Sexually transmitted infections and HIV and AIDS


Click here for full-text abstracts of published journal articles on reproductive health in Kenya.

Kenya Demographic and Health Survey 2008?09 (KDHS)

The primary objective of the 2008?09 Kenya Demographic and Health Survey (KDHS), as well as its predecessors, is to provide up-to-date information for policy makers, planners, researchers and programme managers. This information guides the planning, implementation and monitoring and evaluation of population and health programmes in Kenya. Specifically, the survey collects data on the following: fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood and maternal mortality, maternal and child health, malaria and the use of mosquito nets, domestic violence, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs) and HIV prevalence among adults. Click here for the full document.

Annual Health Sector Statistics Report

The information contained in the Annual Health Sector Report for 2008 is routinely collected from all health facilities and is transmitted to all the levels up to the national level. Other related information in the report comes from outreach services, sentinel sites and rapid surveys that
divisions/programmes and other implementing partners conduct. This report is one of several annual health sector reports that are produced every year to monitor and evaluate the performance of services in health facilities and other service provision points. Click here for the full document.

**Kenya Service Provision Assessment (KSPA)**

The Kenya Service Provision Assessment (KSPA) involved a nationally representative sample of 695 facilities. It was designed to assess the preparedness of health facilities in Kenya for providing quality services, to provide information on the performance of facilities at different levels and to determine the extent to which clients understand steps for follow-up care. Click here for the full document.

**The Kenya AIDS Indicator Survey (KAIS)**

The Kenya AIDS Indicator Survey (KAIS) is the first national, population-based survey in the world that included testing for CD4 cells among persons living with HIV, a measure that is critical to understanding the HIV epidemic and planning prevention, care and treatment services. Additionally and for the first time in a national sero-prevalence survey, KAIS covered both women and men between the ages of 50 and 64, an age group that is typically considered to have a low risk and a low burden of HIV. Click here for the full document.

**Resources:**

- **PubMed Abstracts on Reproductive Health Research in Kenya**

The Nairobi Urban Health and Demographic Surveillance System (NUHDSS) was set up in Korogocho and Viwandani slum settlements to provide a platform for investigating linkages between urban poverty, health, and demographic and other socioeconomic outcomes, and to facilitate the evaluation of interventions to improve the wellbeing of the urban poor.

- **Adolescent Reproductive Health**

This study reports an outcome assessment on an HIV peer education intervention at the main campus of Kenyatta University in Nairobi, Kenya. A quasi-experimental separate sample pretest-posttest design was used. Campus-wide baseline and end line surveys were conducted with 632 and 746 students, respectively, soliciting information on HIV-related
knowledge, attitudes, and behavior. After 2 years of on-campus intervention, no changes in
behavior were evident with respect to either abstinence or number of sexual partners. Small
but statistically significant changes were found in condom attitudes and behavior, and a large
increase in HIV testing was evident.

• Family planning

Policies relating to contraceptive services (population, family planning and reproductive
health policies) often receive weak or fluctuating levels of commitment from national policy
elites in Southern countries, leading to slow policy evolution and undermining
implementation. This is true of Kenya, despite the government's early progress in committing
to population and reproductive health policies, and its success in implementing them during
the 1980s.

• Safe Motherhood

The objectives were to evaluate barriers preventing pregnant women from using insecticide-
treated nets (ITN) and intermittent presumptive treatment (IPT) with sulphadoxine-
pyrimethamine (SP) 5 years after the launch of the national malaria strategy promoting these
measures in Kenya. All women aged 15-49 years were interviewed during a community
survey in four districts between December 2006 and January 2007.

• Sexually Transmitted Infections and HIV and AIDS

This study assessed the potential for HIV testing at child health clinics to increase knowledge
of HIV status, and entry to infant feeding counselling and HIV treatment. At a provincial
hospital in Mombasa, Kenya, HIV testing and counselling were offered to women bringing
their child for immunization or acute care services.

• Reproductive Health and Gender

The papers in this volume are a selection of those presented at the Conference on
Understanding Gender Inequalities in Kenya, held at Egerton University, Kenya, from 5th to
8th April 2004. Organised by the Centre (now Institute) for Women’s Studies and Gender
Analysis at Egerton, in conjunction with the Department of Comparative and Applied
Sciences at the University of Hull, it brought together academics from inside and outside
Kenya, practitioners and politicians to explore the many dimensions of women’s
Research Utilization

Research Utilization: Putting Evidence into Practice

Transforming health research results into action requires that researchers address priority issues, especially at the community level, through quality research. It also requires that researchers share their findings and provide feedback to the study population, programme implementers and policy makers.

Best Practices in Reproductive Health in Kenya

This compendium of best practices was developed under DRH’s leadership and in collaboration with Kenya’s Best Practices Task Force. It is based on criteria such as replicability, sustainability, increased service utilization and cost-effectiveness. Click here for the full document.

Research Utilization Toolkit, 2011 Coming soon!

This section of the DRH Web site provides a collection of selected resources designed to help programme managers, policy makers and other health professionals to apply evidence in services and to scale up best practices based on research.

Resources:

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Research Partners

The research partners that DRH works with include:

African Population and Health Research Centre | Aga Khan University Hospital | Department for International Development [DFID]
Monitoring and Evaluation

The goal of a monitoring and evaluation (M&E) system for the national reproductive health programme is to generate information that is used in evidence-based decision making to improve the reproductive health of the people of Kenya. Monitoring and evaluation is essential for assessing how policies and programmes are designed and conducted.

The Division of Reproductive Health (DRH) uses a collaborative approach to harness the resources and expertise of various partner agencies and donors to monitor and evaluate priority reproductive health programmes. Monitoring in programme management is important to determine how well the programme is carried out at different levels, and at what cost. DRH strives to ensure that M&E tools are used in all reproductive health programmes. This means ensuring that M&E data are maintained at all stages of the implementation of such projects.

Resources:

- Periodic Supervision

Facilitative Supervision Tool for Reproductive Health Services

M&E Tools

Before introducing new services, programme planners and managers need to develop indicators for monitoring and evaluating the delivery of services and to incorporate them into their regular M&E systems. For example, in programs integrating FP and HIV services, client records, registers and M&E systems should be revised to reflect the addition of family planning or HIV services, including referrals. In addition, the system should include mechanisms for evaluating the results of referrals and for assessing clients’ satisfaction with integrated services.
The following resources can help programme managers to design and implement regular monitoring and meaningful evaluation of service delivery.

**National Reproductive Health Monitoring and Evaluation Plan**

This plan, published by DRH with support from MEASURE Evaluation and FHI 360, includes a matrix of DRH M&E indicators, information on the division’s management information systems (MIS) databases, DRH’s institutional framework for M&E and a section on the use of M&E results to improve programmes and practices.

**Periodic Supervision**

On a bi-annual basis, DRH undertakes periodic supervision – also known as a “downstream audit” – of service delivery at various levels in the health system. Data from these efforts complement analyses that are conducted at the provincial level and functional supervision on a quarterly basis by district-level teams. Click here for a sample of a tool used during the periodic supervision of reproductive health services.

**Dissemination of M&E Results**

At the national level, the National Health Management Information System (HMIS) – situated in the Planning Department of the Ministry of Public Health and Sanitation (MOPHS) – is designed to be a single custodian of a comprehensive information management database for the health sector, as well as M&E efforts for the country. DRH supports this HMIS by streamlining the flow of reproductive health data generated at the service delivery level.

DRH’s Monitoring and Evaluation and Research Unit is in charge of designing, coordinating and supervising the implementation of the national M&E plan for reproductive health. A crosscutting technical working group develops indicators and provides technical assistance in the implementation of the national reproductive health M&E work plan. Experts in programme areas for DRH, development partners and other Ministry of Health departments participate in this effort.

**Other Resources**

**An Inventory of Programme Evaluation Tools and Guidelines, 2009**

Compiled by FHI 360, this inventory of guidelines, frameworks and manuals provides users with instructions and step-by-step guidance to conduct programme evaluations and inform programme design and improvement.

The material is grouped by category of user:
All users

Programme managers

Evaluation specialists in community-based organisations

International and nongovernmental agencies

Researchers

Governments

This inventory is relevant because it specifically addresses how to facilitate the use of data that is generated by evaluation research. Click here for the full document.

Assessing Integration Methodology (AIM): a Handbook for Measuring and Assessing the Integration of Family Planning and other Reproductive Health Services, 2008

Compiled by the Population Council, this handbook serves as a reference for organisations and individuals that would benefit from methodological guidance when describing, measuring or assessing integrated services. The handbook explains the basic principles of conducting studies using AIM, provides tips for data collection and makes available data-collection instruments that have been validated in projects throughout the developing world. Click here for the full document.

Clinic-based Family Planning and Reproductive Health Programmes in Sub-Saharan Africa (from Clinic-based Family Planning and Reproductive Health Services in Africa: Findings from Situation Analysis Studies, 1998)

This is part of a 12-country situational analysis report that provided the first tool for a systematic assessment of the state of readiness of service delivery points (SDPs) to offer family planning services. Most of the studies included in this volume were conducted prior to the 1994 International Conference on Population and Development (ICPD). At the time of publication, this volume provided a comprehensive review of clinic-based services in Africa and represented the state of the art in measuring, ensuring and improving the quality of family planning services. Click here for the full document.


This Population Council handbook is designed to help HIV/AIDS researchers develop and write a detailed operations research proposal. One appropriate use of this handbook would be as a resource in workshops or courses on research design and proposal development. Thus, the organisation of the handbook follows that of a research proposal, starting with identifying, defining and justifying a research problem and ending with how to prepare a budget. The chapters in between cover a variety of topics, such as research objectives, study design, data tabulation, data analysis and the dissemination and utilization of research findings. Click here for the full document.
**Family Planning Operations Research: a Book of Readings, 1998**

Published in 1998, this book assembles some of the best family planning operations research literature to emerge over a 35-year period. It draws examples from all three developing continents and across a remarkable range of subjects. It covers methods as well as results, and it shows the diversity of institutions studied. Illustrative cases fall under the book's five section headings: impact, access, resources, quality of care and conduct. Click here for the full document.

**Operations Research for Managers of Reproductive Health Programmes: FRONTIERS Course, 2008**

This course defines operations research (OR) as the study of factors under the control of health programme managers and other decision makers. The goal of the course is to improve the research knowledge of managers who have had little or no training in research - with a focus on improving the quality of the manager-researcher interaction and increasing the use of OR as a programme improvement tool. Click here to go to this OR course.

**Putting the IPPF Monitoring and Evaluation Policy into Practice: A Handbook on Collecting, Analyzing and Utilizing Data for Improved Performance, 2007**

This handbook is a practical guide for volunteers and staff at International Planned Parenthood Federation (IPPF) on increasing effectiveness and evidence-based decision making and improving accountability through M&E. Click here for the full document.


This user's manual takes the reader through the steps of conducting reproductive health willingness to pay surveys. These surveys allow programme managers to simulate price-related changes in demand without actually changing prices. This gives them a way to make pricing decisions based on empirical information. Click here for the full document.

**Financial Sustainability for Reproductive Health NGOs: A Course, 2008**

This course on financial sustainability for reproductive health NGOs is divided into two sections. The first section includes presentations and exercises designed to introduce participants to various tools and techniques for improving financial sustainability. The second section consists mainly of group work focused on identifying programme-specific research problems and collaboration on writing proposals that address these problems through operations research. Click here to go to this course.

**Training**
The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS), in collaboration with governmental and nongovernmental partners, strives to ensure that reproductive health programmes are managed effectively and that high-quality reproductive health services, information and counselling are available to all Kenyans. Appropriate and comprehensive training for all service providers and health care professionals is fundamental to achieving these goals, but designing and implementing high-quality and uniform training programmes for health staff across Kenya is complicated and costly because of the following:

- The wide range of technical reproductive health components
- The vast needs among Kenya’s diverse population groups
- The number of service providers and health professionals that are required to manage reproductive health programmes and deliver high-quality services

These challenges are exacerbated in Kenya by a shortage of health workers and managers, and by the uneven level of skill and competency found in different cadres of personnel. As a result, not enough trained personnel are available to meet the needs of a growing population, and health professionals are already stretched to provide services in their communities and catchment areas.

To address these challenges, DRH collaborates with a wide range of partners to provide ongoing support to health personnel who have recently received initial training. DRH develops an extensive range of updated reproductive health materials, including guidelines, tools and training manuals for health service providers working at different levels throughout the health system. The guidelines reflect the latest international best practices and developments in reproductive health service delivery and case management. They serve as critical guides to improve providers’ skills and the quality of clinical services that clients receive. In addition, DRH led the development of a national training plan for personnel providing reproductive health services. The training plan provides guidance to all institutions, trainers and trainees on the best training methods and standards for high quality.

The DRH training programme unites the various key training institutions in Kenya and promotes linkages between the numerous clinical reproductive health training sites. DRH also works with its partners to underscore the importance of using all possible means to ensure the best training for health care professionals. This includes:

- Preservice training
• Inservice training

• On-the-job training

Finally, to help achieve national reproductive health goals, supervision teams support providers through physical supervision in health facilities at least twice yearly, and the provincial reproductive health coordinators and DRH’s training and supervisory partners conduct workshops and occasional follow-up trainings.

**National Reproductive Health Training Plan**

DRH collaborates with various partners to develop training guidelines and national training plans in an effort to promote the adoption of training standards countrywide. DRH has developed two successive national training plans, the most recent of which covers 2007 through 2012. This training plan outlines the design, plan, coordination and implementation that are needed for all reproductive health trainings in Kenya. It provides strategies for the effective design and implementation of evidence-based and best-practice trainings; highlights gaps in current training programmes (nationally, as well as by area); identifies the roles of different partners in training; and defines the commonly accepted monitoring and evaluation framework to track and assess the training programmes? impact. Click here for document.

**Family Planning/Long Acting and Permanent Methods (FP/LAPM) Training Plan 2011-2016**

This training plan for LAPMs contributes towards the operationalization of the strategy and supports the process of repositioning family planning on the national agenda by ensuring that health service providers have adequate competencies for provision of comprehensive FP/LAPM services at the appropriate levels of health care. The plan addresses training at both pre-and in-service levels in line with the expected outputs of Vision 2030 and NHSSP II; taking into account specific competencies required to deliver services at the different KEPH levels. It aims at guiding the design, planning, coordination, and implementation of training activities with regard to the provision of FP/LAPM services. Click here for document.

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**Training Manuals and Curricula**

**Research Management Manual: Short Course Module for Building Capacity of Programme Managers, Officers and Implementers to Utilize Operations Research**

Developed by DRH with support from USAID (through FHI 360) and materials from the Population Council, this is a short course operations research training module whose content aims to equip participants with the knowledge, attitudes, and skills to manage RH research. The training module includes session plans for group work, case studies and practical exercises. Click here for document.

**Training Module on Data for Decision Making**

DRH and FHI 360 published this module to encourage the use of research findings in programme and policy decision making. This trainer?s manual makes data collectors and users aware of the complexities, advantages, and uses of timely, accurate and reliable data. The five units in the manual guide the trainer through every phase of data collection, analysis and utilization; and address the issues that data collectors and users might face at every stage of the process. Click here for document.


The Balanced Counseling Strategy Plus (BCS+) is an interactive, client-friendly approach for improving counselling on family planning and the prevention, detection and treatment of sexually transmitted infections (STIs) and HIV. The toolkit, developed and tested in Kenya and South
Africa, provides the information and materials needed for health care facility directors, supervisors and service providers to implement the BCS+ approach in their family planning services. The toolkit includes a trainer's guide, a user's guide, several job aids, client information materials and a video describing the use of the BCS+ toolkit. Click the links below to see them. Click here for document.

**Trainer's Guide**  
**User's Guide**  
**Algorithm**  
**Counseling Cards**  
**Method Brochures**  
**Video**

**National Curriculum on Sexuality and Sexual Health Training for Health Service Providers**

Developed with input from various stakeholders, this curriculum is designed to improve service providers' knowledge, attitudes and skills in offering sexuality-counselling services to their clients in an open and nonjudgmental way. Implementing this curriculum will contribute to achieving the goal of effective reproductive health care for all Kenyans, as outlined in Vision 2030. Click here for document.

**National Postabortion Care Curriculum for Service Providers Trainees Handbook**

The purpose of the National Postabortion Care (PAC) Curriculum is to harmonise and standardize the various curricula used in Kenya to train PAC service providers. It was developed following the Ministry of Health's decision to allow nurses and clinical officers to receive training in PAC services and then to provide the services – which, previously, only medical doctors were allowed to do. By providing postabortion care, health providers attempt to reduce Kenya's high rate of maternal mortality and morbidity. Click here for document.

**The Kenya Safe Motherhood Know-How Project: Clinical Audit Report**

Compiled from the experiences of five hospitals in Kenya where the clinical audit process was first adopted, this report documents the step-by-step, systematic approach to evaluating maternal care at a given facility. It provides the standards, the clinical audit process and the clinical audit reports from the five hospitals in Kenya. Click here for document.
Companion documents are described below:

**Clinical Audit for Effective Delivery of Maternal Care in Kenya**

This document is a teaching manual that describes how to undertake a clinical audit. Each of the pilot sites that is described in this report worked in its own environment and at its own pace. Challenges and dilemmas were unique and solutions were found by consensus. Click here for document.

**Standards for Maternal Care in Kenya**

This document was developed in collaboration with the Ministry of Health and health professionals in Kenya and the United Kingdom in response to the identified need for standards of maternal care in line with the Kenya Quality Model. It focuses on standards for obstetric emergencies, including haemorrhage, sepsis, pre-eclampsia, eclampsia and obstructed labour. Click here for document.


This participants? manual for training health care workers to provide prevention of mother-to-child transmission (PMTCT) services covers PMTCT of HIV, infant and young-child feeding, early infant diagnosis of HIV and programme implementation and monitoring. It introduces efficacious regimens and provides information and counselling on infant feeding following the available, feasible, acceptable, safe and sustainable (AFASS) criteria. Click here for document.

**Other Useful Resources**

**CapacityPlus**

Placing health workers at the center of every effort, CapacityPlus helps partner countries achieve significant progress in addressing the shortage of health workers and strives to have global impact through alliances with multilateral organisations. The project builds on the successful results of the Capacity Project, which worked in 47 countries. Click here for document.

**The Competency-Based Approach to Training**
Based on the concepts and principles presented in this paper, the key features of Jhpiego's approach to training include the following:

- Development of competencies (knowledge, attitude and practice) is based on national standards.
- Quality of performance is built into the training process.
- Training emphasises the development of qualified providers, not the number of clinicians undergoing training.
- Training builds competency and confidence, because participants know what level of performance is expected and how knowledge and skills will be evaluated. They understand that progression through training is self-paced, and that they will have opportunities to practice until they achieve mastery. Click here for document.

Training Resource Package for FP (Coming Soon!)

This training package will include essential technical content for family planning methods and other topics in a format to facilitate learning; curriculum building blocks using a standard template; guidance on how to adapt materials and conduct training for clinicians and community health workers; information on changing the behavior of trainers, providers, and supervisors to improve transfer of learning.

Resources:

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**Service Delivery**

Accessing and utilizing a comprehensive package of high-quality reproductive health services is a key intervention for improving the overall health status of men and women in Kenya. Improving reproductive health is also a critical strategy for achieving national and international health and development goals, including the Millennium Development Goals (MDGs). Moreover, as enshrined in Kenya’s new constitution, reproductive health is a fundamental right: clients’ reproductive health desires should be considered and individuals given a range of options to meet their health needs and to improve access to services.

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) and its development partners are committed to promoting and providing adequate reproductive health services. Nevertheless, a number of factors limit the demand for and use of reproductive health services in many parts of the country:

- Logistical barriers, including distance and costs of services
- Social, cultural and religious beliefs and practices
- Behavioural restrictions, including a lack of women’s empowerment and male involvement
Weak health-management systems
Legal and medical regulations
Poverty and increases in out-of-pocket expenses to access reproductive health services

The overall trends in reproductive health indicators point to challenges ahead. To improve the health of women and babies, more women need access to skilled deliveries. According to the Kenya Demographic and Health Survey (KDHS) 2008?09, only 44 percent of births had been assisted by a skilled provider, while 43 percent of babies were delivered at a health facility. The DRH is committed to decreasing the unmet need for family planning and to increasing the contraceptive prevalence rates for all methods from the current 46 percent (KDHS, 2008?09) to 56 percent by 2015. For this target to be realised, access to family planning services must be improved, especially among less educated, rural and poorer women. The unacceptably high maternal-mortality rate of 488 per 100,000 live births (KDHS, 2008?09) can be addressed only through increased, high-quality reproductive healthcare services.

To address these challenges, DRH plans, implements and monitors programmes to promote the reproductive health status and rights of Kenyans. DRH is responsible for coordinating high-quality, integrated reproductive health services at all levels in the service-delivery chain. This includes hard-to-reach and underserved groups, such as people with disabilities, pastoralists, refugees and internally displaced people and urban slum dwellers.

Where Services Are Delivered

In Kenya, a comprehensive package of integrated and high-quality reproductive health services are available through an extensive network of government health facilities, nongovernmental organisations (NGOs), faith-based organisations (FBOs), communities and the private sector.

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) supports the coordination and nationwide rollout of reproductive health services as laid out in the National Reproductive Health Policy (2007), the National Reproductive Health Strategy (2009?2015) and the Kenya Essential Package for Health (KEPH).

KEPH defines a minimum package of health services and interventions to be delivered at the six different levels of Kenya’s health system. See Figure 1.

Figure 1. Levels of health service delivery in Kenya

The following reproductive health services are expected to be provided at all health facilities, at all levels and equally to all Kenyans:
**Level 1, Community:** a minimum package of community-based family planning services and community home-based care (HBC) services

**Level 2, Dispensaries, clinics:** Maternal and neonatal child health (MNCH) and family planning (FP) services, sexually transmitted infection (STI) services, HIV counselling and testing services and HBC services

**Level 3, Health centres, maternities, nursing homes:** MNCH, family planning, healthy timing and spacing of pregnancies (HTSP) services, STI services, HIV counselling and testing services and HBC services

**Level 4, District hospitals:** MNCH/FP/HTSP services, STI services, HIV counselling and testing services, antiretroviral therapy (ART) and HBC services

**Levels 5 and 6, Provincial and national referral hospitals:** family planning and HTSP services, STI services, HIV counselling and testing services and antiretroviral therapy (ART)

**Directory of Health Facilities**

This is a directory of health facilities that offer reproductive health services in Kenya (province, district, division and location).

**Who Provides Which Services**

Expanding the delivery of high-quality reproductive health services to communities across the country is a priority for the Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS). To ensure that comprehensive reproductive health services are not only delivered at scale, but also provided to the highest quality of care, DRH and its partners establish and update guidelines for service provision. These guidelines provide national standards and seek to improve service providers’ attitudes and skills and the overall quality of clinical reproductive health services offered to clients.

DRH supports the Norms and Standards for Health Service Delivery (2006) and the Family Planning Guidelines for Service Providers (2010), which outline the specific reproductive health
services that different medical professionals can provide? assuming they are qualified and certified. These specifications are in line with the latest international standards set by the World Health Organization. For a summary of the reproductive health services that different providers currently can provide in Kenya, see Table 1.

Table 1: Overview of Reproductive Health Services Delivered by Services Providers

<table>
<thead>
<tr>
<th>Level</th>
<th>Providers</th>
<th>Reproductive Health Services Provided</th>
</tr>
</thead>
</table>
| Level 1, community         | Community-based dispensers, community health workers, community health extension workers (CHEWs) and community midwives | HIV: psychosocial support, drug treatment adherence, HIV counselling and referrals and behaviour change communication.  
Family planning: counselling, counselling and providing condoms, oral contraceptive pills and referrals for other methods; encouraging male involvement; record keeping and reporting  
Home-based care, postnatal care, prevention of mother-to-child transmission of HIV and postabortion care (PAC).  
Community midwives can provide all of the services that a qualified midwife may provide. |
| Level 2, dispensaries, clinics | Nurse/midwife, public health technicians and CHEWs                   | HIV: counselling and testing and referral, counselling and provision of condoms, STI risk assessment and screening and skilled delivery services.  
Family planning: pills, injectables, implants, intrauterine contraceptive devices (IUCDs) in some facilities (subject to training) and referral for other methods; PMTCT; and focused antenatal care.  
Home-based care outreach services, postnatal care, postabortion care and screening for cervical, breast and prostate cancer. |
| Level 3, health centres, maternities, nursing homes | Doctors, clinical officers, nurse/midwives, public health technicians and CHEWs | HIV: counselling and testing and referral, post-exposure prophylaxis, and STI treatment, including risk assessment and screening.  
Maternal and neonatal health and delivery services.  
Family planning: counselling and providing condoms, pills, injectables, implants and IUCDs in some facilities (subject to training); bilateral tubal ligation(BTL)/vasectomy (VS) as outreach service; and referral for other methods if no trained health worker is available.  
Focused antenatal care, PMTCT, home-based care outreach and tuberculosis screening and treatment services, postnatal care, PMTCT, postabortion care and screening for cervical, breast and prostate cancer. |
| Level 4, district hospitals | Doctors, clinical officers, nurse/midwives and public health officers or technicians | HIV: counselling and testing and referral, post-exposure prophylaxis, STI treatment, including risk assessment and screening.  
Family planning: counselling and provision of the full range of family planning methods.  
Focused antenatal care, PMTCT, ART, and opportunistic infection prophylaxis and management, STI and tuberculosis screening and treatment.  
Postnatal care, PMTCT, postabortion care, and screening and management for cervical, breast and prostate cancers. |
Levels 5 and 6, provincial and national referral hospitals

Doctors (including specialists), clinical officers and nurse/midwives

HIV: counselling and testing and referral; post-exposure prophylaxis; STI treatment, including risk assessment and screening; and a full range of HIV care services.

Family planning: counselling and providing a full range of family planning methods.

Focused antenatal care, PMTCT, ART and opportunistic prophylaxis, TB screening, postnatal care, PMTCT, postabortion care and full screening and management for cancers of the reproductive organs.

Resources:

- Norms and Standards for Health Service Delivery (2006)

The health sector has, through the second National Health Sector Strategic Plan (NHSSP II), defined its strategic direction for the period 2005?2010, in the context of the Kenya Health Policy Framework. NHSSP II outlines the strategic focus of results to be delivered for the period of the strategic plan, and the process to achieve this. the strategic focus is defined in a paradigm shift, with the emphasis on ensuring a healthy population, as opposed to managing illness.

Referrals
In cases where specific reproductive health services cannot be provided at a given health facility or in cases of life-threatening complications, effective referrals of clients to nearby, qualified health facilities are required.

Kenya’s Ministry of Public Health and Sanitation (MOPHS) has developed referral guidelines that provide details and support to health professionals for case referrals (including for reproductive health services). These guidelines cover the best ways to refer clients to other facilities, as well as advice for medical staff and service providers on how best to receive referred clients and how to support their referrals.

The Division of Reproductive Health (DRH) supports these guidelines by facilitating and providing supportive supervision from the higher levels of care (district and referral hospitals) to the lower levels of care (such as dispensaries, health centres and the community), thereby ensuring that an acceptable quality of care is provided. Once patients are diagnosed and medication is prescribed, they can be referred back to lower levels for follow-up and treatment.

The expected result of Kenya’s referral systems is reduced congestion at higher levels of service, thereby improving quality of care. An efficient referral system also reduces financial barriers for the general public, and the poor in particular, related to transaction costs, transportation and accommodation, as clients seek access to higher levels of care farther away from their communities.

The expansion of communication technologies, especially mobile technology, opens up opportunities for improved reproductive health referrals and feedback. This is especially true for facilities and hard-to-reach communities that are located in remote areas of Kenya or for populations that are not in close proximity to health facilities.

## Case Management

Delivering quality and comprehensive reproductive health services can be complicated at times, even for well-trained and qualified health care professionals.

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) collaborates with governmental and nongovernmental partners to develop and update reproductive health guidelines, tools and job aids and training manuals for health service providers working at different levels of Kenya’s health care system. These guidelines reflect the latest international best practices and developments in reproductive health service delivery and case management. They serve as critical guides to improve providers’ skills and the overall quality of clinical reproductive health services.

Guidelines, tools and job aids are also useful as hands-on resources for health providers who may need support to provide a specific service or to best manage a client’s specific reproductive health case. Almost all of the national reproductive health guidelines, tools and job aids and training manuals that are currently available in Kenya contain specific case management
sections to assist service providers.

DRH is currently working with its partners to ensure that national guidelines – including guidelines for effective case management – are developed for reproductive tract infections (RTIs) and infertility to provide better case management to clients. Where Kenya-specific guidelines, tools and training manuals are not available, World Health Organization (WHO) guidelines are used to support service providers and to manage cases.

Following extensive training in specific reproductive health priorities, supervision teams provide support to providers at least twice a year through supervision in health facilities. In addition, the provincial and district reproductive health coordinators and DRH’s training and supervisory partners conduct workshops and occasional follow-up trainings.

Service Delivery Guidelines and Tools and Job Aids

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) and its partners have developed various up-to-date service delivery guidelines and tools and job aids. These are designed to support health service professionals and to improve service providers’ skills and their delivery of high-quality clinical reproductive health services to clients. Some of the guidelines, tools and job aids are described below.

National Family Planning Guidelines for Service Providers

The National Family Planning Guidelines for Service Providers (4th edition) reflects the current policy and training guidelines for providing family planning services. These guidelines incorporate the most up-to-date information on medical eligibility criteria for the use of various contraceptives as published by the World Health Organization (WHO, 2009). They cover strategies to improve access to high-quality family planning services, such as training and appropriate supervision of community health workers (CHWs); adding community midwife to the categories of health workers who may provide family planning services; postpartum family planning packages, including postabortion contraception; services for people with disabilities and other special needs; integrating family planning with other reproductive health services, including for HIV and AIDS; and screening for cancers of reproductive organs; new contraceptives; and male involvement in family planning. These guidelines will equip family planning service providers with the tools they need to provide consistently high-quality, client-sensitive professional services. Click here for document.

Guidelines for Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Kenya

Mother-to-child transmission (MTCT) of HIV is the predominant mode of transmission of HIV in infants and young children. The guidelines provide a background to the MTCT problem globally, across Africa and in Kenya. They also give details on HIV in pregnancy, the patterns of MTCT and the benefits of PMTCT. They provide information on interventions to reduce MTCT, including
counselling and testing, laboratory investigations, obstetric interventions and treatment and prophylaxis. Click here for document.

See also the National Recommendations for Infant Feeding and HIV Testing for Mothers.

**National Guidelines for HIV Testing and Counselling**

Research in many countries has shown that people who know their sero-status, whether HIV negative or HIV positive, change their behaviour drastically. The government’s major strategies include making voluntary HIV counselling and testing services available, targeting the majority of the population not yet infected and identifying early those who are infected and providing them with proper care. The expansion of voluntary counselling and testing will ensure that such vital services are available and accessible to Kenyans. Click here for document.


Sexual violence is a serious health and human rights problem in Kenya. It affects men, women, boys and girls and has adverse physical and psychosocial consequences on survivors. Comprehensive care for sexual violence includes medical treatment (management of physical injuries); emergency medication to reduce chances of contracting sexually transmitted infections (STIs), including HIV; emergency contraception to reduce chances of unwanted pregnancies; psychosocial support; and legal assistance. These guidelines provide general information about the management of sexual violence in Kenya. Click here for document.

**Cervical Cancer Guidelines [under development]**

Cancers of the reproductive organs are significant causes of morbidity and mortality among women and men in Kenya. Cancers of the cervix and breast are the leading malignant diseases among women in Kenya. Cancers of the prostate and testis are common in men. Reducing the morbidity and mortality associated with the common cancers of the reproductive organs in men and women is one of the key objectives of the National Reproductive Health Strategy. DRH is developing guidelines for interventions in this priority programme area.

Click here for more information on reproductive health policies and guidelines.

**Resources:**

- **Balanced Counseling Strategy**

  The Balanced Counseling Strategy (BCS) is an interactive, client-friendly counseling strategy that uses three key job aids to guide comprehensive and high-quality family planning
counseling to clients.

The BCS toolkit incorporates international family planning norms and guidance as recommended by the World Health Organization, including the 2004 Medical Eligibility Criteria for Contraceptive Use and the 2007 Family Planning Global Handbook. The process, tested and refined in several countries, involves a set of steps to determine the method that best suits the client according to her/his preferences and reproductive health intentions. The BCS toolkit includes:

1. An algorithm that summarizes the 11 steps needed to implement the strategy (PDF);

2. Counseling cards with basic information about 15 family planning methods, plus a card with the checklist to be reasonably sure a woman is not pregnant; (PDF); and

3. Brochures on each of the methods for the client to take once a method is chosen; (PDFs below):

• **Balanced Counseling Strategy Plus Cards**

A toolkit for family Planning Service Providers Working in High ST/HIV Prevalence Settings.

• **How to Be Reasonably Sure a Client Is Not Pregnant**

This simple checklist was developed for use by family planning providers to help nonmenstruating clients safely initiate their method of choice. The checklist is based on criteria endorsed by the WHO to determine with reasonable certainty that a woman is not pregnant.

• **Job Aid for DMPA Reinjection**

Clients should be scheduled for DMPA reinjections every 13 weeks. According to the 2008 WHO guidelines, a client can receive a reinjection if she is up to 2 weeks early or 4 weeks past her scheduled reinjection date, without ruling out pregnancy. Clients arriving after the reinjection window may also be eligible if pregnancy can be ruled out. This job aid describes
the strategies that clinicians can use to rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections. For clients who want an injection for the first time, use the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN).

• Job Aid for NET-EN Reinjection

Clients should be scheduled for NET-EN reinjections every 8 weeks. According to the 2008 WHO guidelines, a client can receive a reinjection if she is up to 2 weeks early or 2 weeks past her scheduled reinjection date, without ruling out pregnancy. This job aid describes the strategies that clinicians can use to rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections. For clients who want an injection for the first time, use the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN).

• Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use

Adapted from FHI, this quick reference guide, in the form of a chart, summarizes the WHO's medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, and copper IUCDs. Unlike previous versions of the MEC Quick Reference Chart, this version includes a complete list of all conditions that the WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

• National Family Planning Guidelines for Service Providers

The National Family Planning Guidelines for Service Providers (4th edition) reflects the current policy and training guidelines for providing family planning services. These guidelines incorporate the most up-to-date information on medical eligibility criteria for the use of various contraceptives as published by the World Health Organization (WHO, 2009).

• Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives
This is a simple checklist for use by both clinical and non-clinical health care providers, including community health workers, to help them screen clients who have made an informed decision to use combined oral contraceptives (COCs). The COC checklist consists of 17 questions designed to identify medical conditions that would prevent safe COC use or require further screening and assess whether a client may be pregnant. It also provides guidance and directions based on clients’ responses.

- **Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)**

The checklist is designed for use by both clinical and nonclinical health care providers, including community health workers. It consists of 13 questions designed to identify medical conditions that would prevent safe DMPA (or NET-EN) use or require further screening, as well as provide further guidance and directions based on clients’ responses.

- **Checklist for Screening Clients Who Want to Initiate Contraceptive Implants**

The checklist consists of 12 questions and provides guidance based on clients’ responses. The first six questions are designed to identify medical conditions that would prevent safe use of implants or require further evaluation. The last six questions enable providers to determine with reasonable certainty that a woman is not pregnant before initiating the method. A health care provider should complete the checklist before inserting the implant(s).

- **Checklist for Screening Clients Who Want to Initiate Use of the Copper IUCD**

This checklist is a revised version of the Checklist for Screening Clients Who Want to Initiate Use of the Copper IUCD produced in 2007. It consists of a list of 21 questions designed to identify medical conditions and high-risk behaviors that would prevent safe IUCD use or require further evaluation. A health care provider should complete the checklist before inserting an IUCD.
Guidelines for Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Kenya

Mother-to-child transmission (MTCT) of HIV is the predominant mode of transmission of HIV in infants and young children. The guidelines provide a background to the MTCT problem globally, across Africa and in Kenya. They also give details on HIV in pregnancy, the patterns of MTCT and the benefits of PMTCT. They provide information on interventions to reduce MTCT, including counselling and testing, laboratory investigations, obstetric interventions and treatment and prophylaxis.


Sexual violence is a serious health and human rights problem in Kenya. It affects men, women, boys and girls and has adverse physical and psychosocial consequences on survivors. Comprehensive care for sexual violence includes medical treatment (management of physical injuries); emergency medication to reduce chances of contracting sexually transmitted infections (STIs), including HIV; emergency contraception to reduce chances of unwanted pregnancies; psychosocial support; and legal assistance. These guidelines provide general information about the management of sexual violence in Kenya.

• Emergency Contraception Job Aid

This is an informational job aid for service providers to remember the three things they need to know and tell clients when offering emergency contraception.


. This toolkit includes the following:
The BCS+ job aids and guides are intended for reproductive health programs interested in both strengthening the quality of family planning counseling and responding to the needs of clients at risk for STIs, especially HIV.

- **National Guidelines for HIV Testing and Counselling**

  Research in many countries has shown that people who know their sero-status, whether HIV negative or HIV positive, change their behaviour drastically. The government’s major strategies include making voluntary HIV counselling and testing services available, targeting the majority of the population not yet infected and identifying early those who are infected and providing them with proper care. The expansion of voluntary counselling and testing will ensure that such vital services are available and accessible to Kenyans.

- **Postnatal Consultation Timeline**

  This service provider job aid is a graphic presentation of the FP methods and the times when a client can access family planning after delivery.

- **Post Rape Care Form**

  This is an examination documentation form for survivors of rape/sexual assault (to be used as clinical notes to guide filling in of the P3 form).

- **Algorithm for Using the Balanced Counseling Strategy Plus**

  This document summarizes the 19 steps needed to implement the BCS during a family planning counseling session. These steps are organized into four stages: pre-choice, method choice, post-choice, and STI/HIV counseling.
Post Rape Care Register

This is post rape care register for service providers.

Service Delivery Tools and Job Aids

Some of the service delivery tools and job aids for service providers include:

Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives

This is a simple checklist for use by both clinical and non-clinical health care providers, including community health workers, to help them screen clients who have made an informed decision to use combined oral contraceptives (COCs). The COC checklist consists of 17 questions designed to identify medical conditions that would prevent safe COC use or require further screening and assess whether a client may be pregnant. It also provides guidance and directions based on clients' responses.

Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)

The checklist is designed for use by both clinical and nonclinical health care providers, including community health workers. It consists of 13 questions designed to identify medical conditions that would prevent safe DMPA (or NET-EN) use or require further screening, as well as provide further guidance and directions based on clients' responses.

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

The checklist consists of 12 questions and provides guidance based on clients' responses. The first six questions are designed to identify medical conditions that would prevent safe use of implants or require further evaluation. The last six questions enable providers to determine with reasonable certainty that a woman is not pregnant before initiating the method. A health care provider should complete the checklist before inserting the implant(s).

Checklist for Screening Clients Who Want to Initiate Use of the Copper IUCD

This checklist is a revised version of the Checklist for Screening Clients Who Want to Initiate Use of the Copper IUCD produced in 2007. It consists of a list of 21 questions designed to identify medical conditions and high-risk behaviors that would prevent safe IUCD use or require further evaluation. A health care provider should complete the checklist before inserting an IUCD.

How to Be Reasonably Sure a Client Is Not Pregnant
This simple checklist was developed for use by family planning providers to help nonmenstruating clients safely initiate their method of choice. The checklist is based on criteria endorsed by the WHO to determine with reasonable certainty that a woman is not pregnant.

**Job Aid for DMPA Reinjection**

Clients should be scheduled for DMPA reinjections every 13 weeks. According to the 2008 WHO guidelines, a client can receive a reinjection if she is up to 2 weeks early or 4 weeks past her scheduled reinjection date, without ruling out pregnancy. Clients arriving after the reinjection window may also be eligible if pregnancy can be ruled out. This job aid describes the strategies that clinicians can use to rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections. For clients who want an injection for the first time, use the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN).

**Job Aid for NET-EN Reinjection**

Clients should be scheduled for NET-EN reinjections every 8 weeks. According to the 2008 WHO guidelines, a client can receive a reinjection if she is up to 2 weeks early or 2 weeks past her scheduled reinjection date, without ruling out pregnancy. This job aid describes the strategies that clinicians can use to rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections. For clients who want an injection for the first time, use the Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN).

**Minimum Package on Reproductive Health and HIV Service Provision [under development]**

The minimum package is a set of recommended types of reproductive health (RH)/HIV integration services that are feasible for the integration of RH/HIV services by level of care. These services were informed by evidence obtained from global, regional and local evidence that looked at the most feasible RH/HIV integrated services.


The Balanced Counseling Strategy Plus (BCS+) is an interactive, client-friendly approach for improving counselling on family planning and the prevention, detection and treatment of sexually transmitted infections (STIs) and HIV. The toolkit, developed and tested in Kenya and South Africa, provides the information and materials needed for health care facility directors, supervisors and service providers to implement the BCS+ approach in their family planning services. The toolkit includes a trainer's guide, a user's guide and several job aids.
Emergency Contraception Job Aid

This is an informational job aid for service providers to remember the three things they need to know and tell clients when offering emergency contraception.

Postnatal Consultation Timeline

This service provider job aid is a graphic presentation of the FP methods and the times when a client can access family planning after delivery.

Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use

FHI has created a quick reference guide, in the form of a chart, that summarizes the WHO's medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, and copper IUCDs. Unlike previous versions of the MEC Quick Reference Chart, the 2009 version includes a complete list of all conditions that the WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

Communication

Communication is an essential component of reproductive health (RH) programmes. Effective dialogue and information sharing between the public, health professionals and policy makers are crucial for Kenya to achieve its goals as articulated in the National Reproductive Health Strategy, namely to:

- Increase equitable access to reproductive health services
- Improve the quality, efficiency and effectiveness of service delivery at all levels
- Improve the responsiveness of health programmes and service delivery providers to the needs of clients nationwide
The Role of DRH In Communication

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) strives to improve the community’s understanding of reproductive health issues and awareness of available services. DRH is a leading advocate of mobilizing resources and building multisectoral institutional commitment to meet Kenya’s reproductive health challenges. To achieve their goals, DRH helps coordinate communications interventions and resource sharing, for example, developing materials and messages on reproductive health among agencies that work in reproductive health at the regional and national level. Information, education, and communication (IEC) materials are designed to encourage health-seeking behaviors and informed decision making by respective audiences.

Technical Working Groups (TWGs) that represent DRH priority programme areas identify key-message themes to convey to the public. For example, the communications agenda of DRH’s Maternal and Neonatal Health TWG promotes behavior change that will decrease Kenya’s high rate of maternal mortality (a woman’s death as a result of her pregnancy and/or birth-related complications). Health agencies throughout Kenya then harmonize messages on danger signs in pregnancy to boost awareness of what a woman needs to do to ensure a safe pregnancy.

Reproductive Health Communication Strategy 2010-2012

The Reproductive Health Communication Strategy provides a framework that aligns communication with the goals and vision of the National Reproductive Health Policy. This strategy is designed to provide strategic direction and to guide actions on those components within the scope of reproductive health in Kenya that can be influenced by communication at the policy, programmatic, and social level. It also defines priority audiences and issues, formulates strategic direction and actions, and determines the best way to invest resources. Click here for document.

Reproductive Health Communication Strategy Implementation Guide

This guide will provide a framework for all communication that supports the implementation of Kenya’s National Reproductive Health (RH) Strategy. The implementation guide prioritizes three key thematic areas: family planning; adolescent and youth sexual and reproductive health; and maternal, neonatal, and child health. Its purpose is to ensure the coordination and synergy of social and behavior change communication (SBCC) in reproductive health and family planning programming, to ensure consistency, to set the stage for scale and impact, and to define a common measurement for success. Click here for document.

Building Technical Capacity For Health Communication

The new constitution mandates that officials at both the national and county levels be responsible
for health programmes. This will pose new challenges, because the health sector does not currently have adequate technical capacity to implement priority health communications campaigns. In collaboration with partners in reproductive health, DRH must therefore build the capacity of the officers who will lead this process. DRH intends to play an increasingly central role in providing the technical inputs that are needed to ensure that reproductive health information reaches health care personnel and the public. See C-Capacity for an online learning resource to strengthen capacity on SBCC.

Partners

DRH works with numerous implementation partners to communicate reproductive health information through various channels to multiple stakeholder groups and the public. To coordinate these efforts, DRH works closely with other Government of Kenya agencies, including the following:

- Division of Health Promotion, Ministry of Public Health and Sanitation
- National AIDS and STI Control Programme (NASCOP)
- National Coordinating Agency for Population and Development (NCAPD)

Resources:

- Reproductive Health communication strategy implementation guide

This guide will provide a framework for all communication that supports the implementation of Kenya’s National Reproductive Health (RH) Strategy. The implementation guide prioritizes three key thematic areas: family planning; adolescent and youth sexual and reproductive health; and maternal, neonatal and child health.

Communication tools

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) and its partners develop multilevel communication campaigns that are tailored to the needs and circumstances of the target groups. The campaigns’ communication channels include mass media, community-level interventions and interpersonal communication. For effectiveness,
they are based on behaviour change communication (BCC) principles and experiences. The resources below provide selected materials on reproductive health behaviour change and communication. These resources can help programme managers to design and implement effective communications efforts to support the National Reproductive Health Strategy.

**Balanced Counseling Strategy Plus (BCS+) family planning method brochures**

These brochures were developed by the Population Council to provide detailed information to clients who have chosen a specific family planning method. These method brochures cover 14 family planning methods:

- Oral pills
- Minipills
- Contraceptive injectables
- Male condoms
- Female condoms
- Contraceptive implants
- Intrauterine contraceptive devices
- Lactational amenorrhea method
- Standard days method
- Two days method
- Tubal ligation
- Vasectomy
- Spermicides
- Emergency contraceptive pills

For the entire BCS+ package (trainer’s guide; user’s guide; and job aids such as algorithms, counseling cards and method brochures), see *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings*.

**Behavior Change Communications (BCC) Handbooks**

This collection of eight handbooks, produced by the AIDS Control and Prevention Project (AIDSCAP) project in 1994, introduces BCC concepts in concise language. The handbooks address the following topical areas:
• Assessing and Monitoring BCC Interventions
• Conducting Effective Pretests
• Creating Effective Communication Projects
• Creating Effective Peer Education Projects
• Partnership with Media
• Policy and Advocacy
• Preventing and Treating STIs
• Using Mass Communication

C-Change (Communication for Change Program)

The C-Change web site employs innovative approaches to social and behavioural change.

C-Capacity

This site is dedicated to providing the resources and opportunities that are needed to strengthen capacity in social and behaviour change communication (SBCC).

C-Hub

At C-Hub, you can find and share communication materials for development.

C-Word Campaign

Produced by PSI/Kenya and launched in October 2009, this campaign targets urban youth ages 18-24 with messages on the use of contraceptives to prevent unplanned pregnancy. It also provides information about preventing STIs and tips on safe pregnancy. The campaign uses various communication channels, which include mass media (such as radio, print and TV); interpersonal communication through targeted events; online media (such as a dedicated Web site); social media (such as Facebook and Twitter); free short message service (SMS); and a mobile hotline. Click here for a comprehensive booklet about contraceptives for young people.

K4Health Photoshare

This is an editorial photography collection that showcases international health programmes in action and the people they serve. Developed exclusively for nonprofit educational use, Photoshare's collection includes over 17,000 images that are available free-of-charge upon request.

Social Marketing Benchmark Criteria

The benchmark criteria are eight key elements that can improve the impact of a social marketing
intervention. These criteria were selected by reviewing successful social marketing projects and identifying the common elements that contributed to their success.

**UNAIDS Expert Consultation on Behaviour Change in the Prevention of Sexual Transmission of HIV: Highlights and Recommendations, 2006**

This report is a summary of the two-day expert consultation of 26 experts from 17 countries along with UNAIDS. The purpose of this report is to reflect and advance a continuing global dialogue about the role of behaviour change in intensifying HIV prevention.

**Family planning posters and brochures**

See some generic family planning posters developed by Communication for Change, promoting family planning among married couples ages 25 and older in Central, Coast, North Eastern and Western Provinces.

Click here for a pamphlet that was developed by C-Change (Communication for Change Program) to promote the importance of initiating antenatal care early in a pregnancy and to answer questions on pregnancy, delivery and care after birth.

Click here for selected branded campaigns by PSI/Kenya?s Femiplan and Tunza campaigns, which promote the use of modern family planning methods and dispel myths and misconceptions that prevent women from using family planning methods, especially the long-acting and permanent methods.

Click here for a BCC pamphlet that was developed by Jhpiego to promote the importance of post-partum family planning.

**Resources:**

- **Lets Talk About Contraceptives Booklet**

CONTRACEPTIVE is something that can prevent unplanned pregnancy. Many young men and women in relationships are not ready to become parents but they shy away from talking or asking about CONTRACEPTIVES because society judges them.

- **Post Natal Care Family Planning Community Brochure**

Danger Signs for Mother and Baby
**MNCH Client Brochure**

Answers to your Questions on Pregnancy, Delivery and Care after Birth.

**Generic Family Planning Poster**

Spacing your children at least 2 years apart is key to a healthy and prosperous family

**Information for Clients**

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MoPHS) plans, implements and monitors a variety of reproductive health programmes throughout Kenya that deliver quality services and information to clients.

These pages have been specifically designed to provide a summary of all the up-to-date and accurate information that clients may need regarding reproductive health in Kenya, and in relation to the DRH.

**Know Your Rights**

As per Article 43 of the Kenyan Constitution, ?Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.?

The DRH is committed to working with other government departments and partners to provide guidelines for implementation of provisions on health in Kenya?s new constitution. Clients? reproductive health desires should be considered and individuals given a range of options to meet their health needs and to improve access to services.

**Find Your Nearest Health Facility**

Reproductive health services are delivered through an extensive health system comprising facilities operated by the government and nongovernmental organisations (NGOs), including faith-based organisations (FBOs), as well as the private sector and communities. Below you can find a
for a directory of health facilities, managed by the ministry of public health and sanitation, offering reproductive health services in Kenya (province, district, division and location). MoPHS health facilities directory.

In addition to the health facilities managed by the Ministry of Public Health and Sanitation, clients can seek and use a range of services offered by other providers, such as:

- AMUA network of private providers
- Family Health Options of Kenya
- Marie Stopes Kenya
- Tunza network

**Client Information Cards And Client Visual Aids**

Client information cards and visual aids have been developed in Kenya through DRH?s partners. Family planning client information cards developed in coordination with the Population Council provide further information to clients who have chosen a specific method. The client information cards available are on:

- Oral Pill
- Minipill
- Contraceptive Injectables
- Male Condoms
- Female Condoms,
- Contraceptive Implants
- Intra Uterine Contraceptive Devices
- Lactational Amenorrhea Method
- Standard Days Method
- Two-Days Method
- Tubal Ligation
- Vasectomy
- Spermicides
- Emergency Contraceptive Pills
Click here for more information on client cards and client visual aids.

**Mobile Information on Reproductive Health**

Do you have a mobile phone? If so, you can access key reproductive health information via your mobile phone thanks to the Mobile for Reproductive Health (M4RH) initiative. M4RH is a new family planning information service delivered via text messaging. The service is being promoted in English in Kenya and Swahili in Tanzania. In Kenya, the service is available free through all major mobile networks. Users can access the system simply by sending a text message containing the key word 'M4RH' to 4127 which is available 24 hours 7 days a week. A range of contraceptive information is given and as well as clinic locations where one can seek out services or get additional family planning information.

M4RH has been initiated by the DRH's partner, FHI 360, as part of the USAID-funded PROGRESS, using the WHO and country-specific family planning guidelines.

**Need More Information?**

If you need more specific information on certain reproductive health issues, please see the Topics page for more details.

**Contact Us**

If you would like to contact the DRH directly for more information, you can do so in Nairobi at the following:

Division of Reproductive Health

Old Mbagathi Way

P.O. BOX 43319-00100

Nairobi, Kenya

**Resources:**

- **Balanced Counseling Strategy Plus Brochures**

These brochures contain client information on various contraceptive methods:

- Combined Injectable Contraceptives or CICs
- Emergency Contraceptive Pills
- Female Condoms
- Hormonal Implants
- Intrauterine Device
- Lactational Amenorrhea Method
- Male Condoms
- Progestin-only Oral Contraceptives (Minipill)
- Combined Oral Contraceptives (Pill)
- Progestin-only Injectables (DMPA or NET-EN)
- Standard Days Method
- Tubal Ligation
- TwoDay Methods
- Vasectomy

**Mother and Child Health Booklet**

Mother and Child Health Booklet

**A Guide for Fostering Change to Scale Up Effective Health Services**

This guide is based on the recognition that change is inevitable for survival and that directed, planned change is essential for improvement. A systematic change process underlies all successes in development, including improved reproductive health.

**Post Natal Care and Family Planning Community Brochure**

This client brochure gives information on post natal care and family planning.

**Topics**

The Division of Reproductive Health (DRH) of the Ministry of Public Health and Sanitation (MOPHS) leads and supports numerous reproductive health initiatives that cover an extensive range of topics. The topics respond to the expressed information needs from the field of health policy makers, programme managers, service providers and clients. Selected information per topic has been gathered and is presented from a collection of the most up-to-date national and international sources. These include books, articles, posters, pictures, teaching and training
Information on selected topics related to DRH’s work can be found at the following Websites:

- Adolescents living with HIV
- Community-based access to injectables
- Community-based family planning
- Condom use
- Contraceptive implants
- Elements of family planning success
- Family planning and HIV services integration
- Healthy timing and spacing of pregnancy
- Injectable contraception
- Intrauterine devices
- Lactational amenorrhea method
- Long-acting and permanent methods of contraception
- Mobile for Reproductive Health (M4RH)
- Mobile health (mHealth)
- Monitoring and evaluation
- Multiple and concurrent partnerships
- Oral contraceptives
- Postabortion care
- Postpartum family planning
- Prevention of mother-to-child transmission of HIV
- Population health and environment
- Standard days method
- Youth policy

materials, fact sheets, handbooks and pamphlets.
Youth are defined as people ages 15-24, and during this time a lot of exciting things can happen in a young person's life. However, while a lot of wonderful things can happen, this is a time where many people make decisions that can have very positive or negative effects on the rest of their lives. The decisions that youth make in regards to their sexual and reproductive health are some of the most critical to setting a good course in life. Unlike adults who are likely ready to form families and learn more about healthy childbearing, many youth will benefit from delaying childbearing so they may finish school and form stable relationships. This page was developed specifically to address the reproductive and sexual health needs of Youth in Kenya. Here you can find resources and links to information about how to delay childbearing, and obtain and select a contraceptive method. You will also learn about protecting yourself from sexually transmitted infections (STIs) and HIV, and what to do if you think you may have acquired an STI.

To learn more about contraception, sex and relationships, pregnancy and STIs If so, click here to go to the C-Word website.

Want to learn how to use a male condom:

Source URL: https://www.k4health.org/toolkits/kenya-health