



Improving Access to Family Planning through Research, Research Utilization and Capacity Building

**PROGRESS/Kenya End-of-Project
Dissemination Meeting**

23 May 2013



FHI 360 implemented the PROGRESS project, funded by USAID, between 2008 and 2013. On May 23, 2013, PROGRESS held an End-of-Project meeting for its Kenya program. The full-day meeting, held in Nairobi, focused on results of the PROGRESS work and offered an opportunity for participants, who included over 100 staff from USAID, the Ministry of Health, and other partners, to consider next steps for continuing to expand access to family planning within Kenya.

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I. Executive Summary

USAID awarded the PROGRESS project to FHI 360 in 2008. A five-year global project, its goal was to improve access to family planning through research, research utilization, and capacity building. PROGRESS worked globally, as well as in seven major portfolio countries and six additional countries. Kenya was a major portfolio country, with activities supported by both core and field support funds.

The PROGRESS End-of-Project Meeting in Kenya included four main sessions, based on areas of PROGRESS work:

- **Maximizing Human Resources through Task-Sharing**
Activities presented in this session focused on community-based family planning, community-based access to injectable contraception, and the provision of female sterilization, or bilateral tubal ligation, by reproductive health clinical officers.
- **Expanding Family Planning Service Delivery Options through the Non-Health Sector**
This session included presentations on collaborations with environmental and agricultural groups and the use of mobile phones to share information on family planning.
- **Role of Long-Acting and Reversible Contraceptives in Expanding the Method Mix**
During this session, PROGRESS described work to introduce two new contraceptive methods to Kenya, a low-cost implant and a hormonal intrauterine system (IUS). PROGRESS also supported the training of service providers on long-acting and reversible methods of contraception.
- **Policy Contributions and Quality Assurance**
This session focused on development of a Costed Implementation Plan for Family Planning, support for adolescent and youth sexual and reproductive health interventions, technical assistance to the Kenya Division of Reproductive Health, and monitoring scale-up of FP integration into HIV services.

Over the course of the day-long meeting, certain themes emerged to summarize the work and experience of the PROGRESS project. These can be summarized as follows.

- **PROGRESS research took Kenya to the cutting-edge.**
The task-sharing approaches and new contraceptive methods introduced into Kenya under PROGRESS are new to the country and to the region. While these approaches and methods have an increasing evidence-base to support them, there is still concern from stakeholders about their safety and appropriateness for the Kenyan context. Scale-up will have to be done with focused advocacy and engagement of all stakeholders.
- **Innovative approaches generate excitement about advancing national goals.**
The meeting was full of excitement about new practices and approaches for expanding access to family planning. Integrating FP services within the agricultural and environmental sectors, using mobile phones to share FP information, and using the CIP to reposition FP all sparked great interest among the participants. The Kenya FP community should build on this excitement to further its goals in Vision 2030 and to contribute to meeting the goals of Family Planning 2020 and the Millennium Development Goals.

- **Research results must lead towards implementation.**
Research results and lessons learned from pilots must be incorporated into programs and partner work plans. Results were presented alongside next steps to clearly indicate how implementation can occur.
- **Partner collaboration leads to success.**
None of the work would have been possible without the collaboration of the many partners involved. FHI 360 and PROGRESS are grateful for the support of all partners. A list of partners that contributed to and collaborated with the project is included at the end of this report.

II. Opening Remarks and Overview of PROGRESS

Three distinguished speakers opened the meeting.

Peter Mwarogo, Country Director at FHI 360/Kenya, thanked USAID for their financial and technical support, the Ministry of Health (MOH) and other partners for their collaboration and support in implementing activities, and study participants for their very special willingness to participate.

Dr. Sheila Macharia, Family Health Team Lead at USAID/Kenya, provided comments on the local and global context for the work of PROGRESS within Kenya, including the importance of population issues for achieving a demographic dividend, the role of Kenya's new population policy, and the potential for scaling up PROGRESS results within the global Family Planning 2020 movement.

Dr. Issak Bashir, Head of the Department of Reproductive Health (DRH) at the Kenya MOH, congratulated FHI 360 and everyone else who contributed to the PROGRESS project and its success. The Costed Implementation Plan (CIP) for Family Planning, mobile for reproductive health (m4RH), and the policy change to allow community health workers in hard-to-reach areas provide injectables were noted by Dr. Bashir as specific successes. A special acknowledgement was also given to Dr. Marsden Solomon, the PROGRESS Project Director in Kenya at FHI 360, for his ability to support the MOH to respond to local and global issues. Finally, participants who came from the newly devolved counties were asked to pay attention to the lessons learned and results and to take them back to their areas and implement them.



Dr. Issak Bashir provides congratulation to the PROGRESS project and its partners.

PROGRESS in Kenya

Dr. Solomon provided an introductory presentation on the background to the project both globally and in Kenya.

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Activities addressed each of the PROGRESS Legacy Areas:

- Maximizing human resources through task-shifting and reducing medical barriers
- Expanding service delivery options
- Expanding the family planning method mix available
- Increasing capacity for research and research utilization

III. Maximizing Human Resources through Task-Sharing

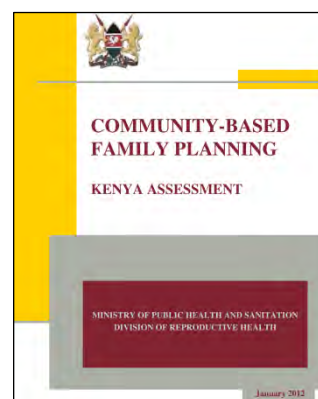
The first technical session, facilitated by Chris Rakuom, Chief Nursing Officer, MOH, focused on task-sharing, including community-based family planning (CBFP), community-based access to injectables (CBA2I), and provision of bilateral tubal ligation (BTL) by Reproductive Health Clinical Officers (RH COs).

It is important to focus on turning research into practice. For all of you here listening today, please consider how the results shared can be implemented.

– Chris Rakuom, MOH

Community-based family planning

Alice Olawo, Research Associate at FHI 360, presented on a rapid assessment of the current community-based family planning situation in Kenya. The rapid assessment, conducted by FHI 360 and the DRH, found that challenges for CBFP programming in Kenya includes low motivation among community health workers (CHWs), the absence of a harmonized training focused on family planning, and lack of male involvement. Opportunities for CBFP were also identified and include high levels of community engagement in community-health programs, strong community health programs already in place within the health system, and the willingness of partners to support CHW programs. The assessment and results led to the development of a new stand-alone module for family planning within the revised national CHW Training Module and Curriculum, in collaboration with the Division of Community Health, and contributed to a regional CBFP assessment led by the East, Central, and Southern Africa Health Community (ECSA).



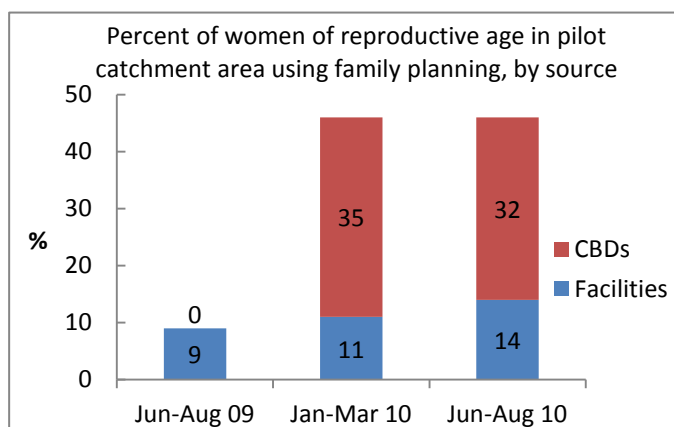
Next steps to support CBFP programs include:

- Roll-out training of CHWs using revised CHW training tools
- Utilize the findings of the CBFP assessment and regional ECSA assessment

Community-based access to injectables

Ms. Olawo then presented on the results of a pilot study of CBA2I in Tharaka District and the subsequent advocacy efforts to change the national policy in Kenya to allow for CBA2I and to scale up this evidence-based practice.

The pilot project, implemented in partnership with the Jhpiego-led APHIA II Eastern and APHIAplus Kamili projects, led to a change in contraceptive prevalence rate (all modern methods) from 9% prior to the pilot to 46% post-pilot (June – August 2010), of which over two-thirds was from community-based distributors (see bar graph). There were high reinjection rates, no needle stick injuries, and positive reaction from the



community during the pilot phase. As a result of this evidence, as well as advocacy efforts led by both PROGRESS and other partners, in November 2012, the MOH issued a circular allowing for CHWs in hard-to-reach areas to provide injectable contraception. The engagement of the Chief Nursing Officer (CNO), the Nursing Council of Kenya, and the National Nurses Association of Kenya (NNAK) was instrumental in the policy change.

Next steps to ensure successful scale-up of CBA2I include:

- Continue advocating for CBA2I, using results of Tharaka pilot
- Support dissemination of the policy circular allowing CBA2I in hard-to-reach areas and sensitize stakeholders to this new practice
- Develop an implementation framework for institutionalization and scale-up
- Include scale-up of CBA2I within work plans
- Continue coordination with a wide range of stakeholders and partners, including the CNO, Nursing Council, and NNAK

A panel of partners commented on the CBFP and CBA2I work. Anne Njeru, Program Officer at the MOH/DRH, spoke about the need to scale-up CBA2I and suggested that the Tharaka pilot site be used as a learning site. Muriithi Nchege, District Public Health Nurse from Tharaka, spoke about the positive impact that CBA2I had on all reproductive health services within the district. Rose Maina, FP/RH Senior Technical Officer at Jhpiego, spoke about the importance of collaboration and communication between partners.

RH CO provision of BTL and RH services

Jones Abisi, Senior Technical Officer at FHI360, presented the results of an assessment of the provision of BTL and other RH services by RH COs. In 2008, the MOH issued a circular that allowed for RH CO provision of BTL and other RH services. Since that time, however, there is a lack of knowledge on how RH COs were being utilized, what services they were providing, and how their service could be strengthened in relation to BTL provision. The assessment consisted of key informant interviews at the national, provincial, and facility level; it found that nearly 60% of the RH COs interviewed were providing BTL services, which was in line with other RH services. Obstacles to BTL provision by RH COs include heavy workload for RH COs, lack of understanding of their role by managers, resistance from other providers to RH CO provision of BTL in big hospitals, and concern about the legal framework for task-sharing by RH COs.

Next steps for strengthening task-sharing of BTL and other RH services by RH COs include:

- Establish the legal framework and disseminate current policy
- Sensitize providers and managers on role of RH COs and engage their collaboration
- Strengthen training and rational deployment of RH COs
- Strengthen facility infrastructure and support systems for BTL provision

Manaseh Bocha, Deputy Chief Clinical Officer at the MOH, spoke as part of the panel session, thanking FHI 360 for completing this assessment, which his office had been trying to do since 2009. He also spoke about how the MOH will work to implement the recommendations and asked for cooperation in this effort.

Discussion

The discussion following the task-sharing session emphasized the fact that these practices, while innovative and generally supported, remain controversial. Challenges and specific issues remain to be addressed including the legal framework for both RH CO and CHW task-sharing, registration of CHWs, supervision, and the engagement of those providers with whom the tasks are being shared (i.e. nurses and physicians).

Task-sharing is innovative, but controversial. Remember that this is task-sharing, not task-shifting. Please don't leave those of us who have already been trained behind.

– Meeting participant

For more information: The Kenya CBFP Assessment Report, the ECSA Regional CBFP Assessment Report, and the CHW training manual and curriculum were all available during the gallery walk. Many of these resources and a news release about the policy change are available at: www.fhi360.org/progress. The BTL assessment report is forthcoming.

IV. Expanding Family Planning Service Delivery Options through the Non-Health Sector

The second technical session, facilitated by Susan Karimi, Senior Program Manager, PSI/Kenya, focused on expanding service delivery options beyond the health sector, including offering FP information, referrals, and services via an environmental organization, the Green Belt Movement, and at farmer field days supported by Land o'Lakes, as well as offering FP information on mobile phones through the innovative m4RH program.

I can buy my groceries for dinner from the window of my car when I'm stuck in traffic. How can we make FP information and methods more accessible to women where the women already are?

– Dr. Rose Masaba

Partnering with Green Belt Movement to Deliver Family Planning Messages and Referrals



A community health extension worker works with the GBM to provide information on contraceptive options.

Caroline Mackenzie, Research Associate at FHI 360, introduced a population, health, and environment (PHE) collaboration between PROGRESS and the Green Belt Movement (GBM) to assess the feasibility and acceptability of incorporating promotion of health timing and spacing of pregnancies (HTSP) into the work of Green Volunteers. GBM colleagues Agatha Mbulo, Project Officer, and Nancy Wacheke, Assistant Project Officer presented the results of the study, and a video described the intervention. Results found the intervention to be both feasible and acceptable, with strong knowledge of HTSP and PHE messages. While there were challenges linking with the health system, the intervention should be scaled-up.

Next steps to promote scale-up include:

- Continue disseminating results and advocating for PHE interventions
- Develop scale-up plans to roll out intervention more widely
- Engage APHIAplus and partners to support scale-up within GBM
- Share results and lessons learned with global PHE community

Incorporating Family Planning Services into Dairy Cooperatives

Dr. Rose Masaba, Research Associate at FHI360, presented on the results of study that assessed the introduction of family planning (FP) and other health services at farmer field days organized by Land o'Lakes-supported dairy cooperatives. This was found to be a successful way to link health services to the community, including for resupply of FP methods. While there were challenges, including convincing the cooperatives to support the intervention, the pilot study created linkages between, and enthusiasm from, the MOH and the dairy cooperatives. After the pilot, APHIAplus Nuru ya Bonde and PROGRESS supported an additional farmer field day to offer health services.

This program was a 'wow!' What happened under this pilot was a seed that was sown. Now we would like to scale it up.

– Mary Munene

Mary Munene, Value Chain Coordinator at Land o'Lakes, spoke to both the initial challenges and the resulting enthusiasm. The cooperatives were very skeptical at first, fearing that the health services would distract from the main focus of the field day – farmer training. To avoid this, the field days were organized so that all participants had to complete the training before moving on to the other services offered, such as health. The result was an increase in attendance at the field days and membership in

the cooperatives. Increased membership leads to better pricing for the members, so this was seen as a “big win”. Other cooperatives began asking for the health services at their field days.

Next steps for scaling-up the linkages between health services and dairy cooperatives include:

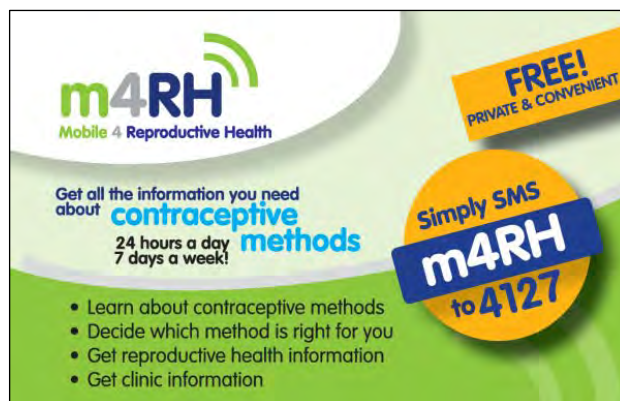
- Engage partners to support dairy cooperatives with health services at field days
- Create linkages between agricultural groups and health care personnel in each county

Using Mobile Phones for Reproductive Health (m4RH)

Ms. Olawo began a presentation of the pilot study on m4RH with a participatory demonstration of this interactive SMS-based system for provision of FP information. Partners such as PSI, MSI, and Family Health Options Kenya were crucial to this project as they helped to publicize m4RH. Pilot results found that the system reached women, men, youth, and couples; was easy to use; supported decisions on contraceptive choice; and users reported increased FP knowledge and behavior change. As such, m4RH has become a key component of the MOH’s mHealth work.

Next steps for m4RH and mHealth include:

- Work with the SHOPS project to conduct m4RH evaluation
- Participate and share experiences in mHealth committee
- Contribute to MOH mHealth action plan
- Establish long-term sustainability for m4RH
- Explore potential for broader content within m4RH
- Continue contributing to global evidence base on mHealth



Discussion

The discussion following the non-health sector session indicated the excitement around offering FP information and services more broadly and reaching people in new ways. Dr. Bashir responded to a question about sustainability of these pilot projects, such as m4RH, in the long-term, stating “It is the responsibility of the researcher to support the pilot, but for the MOH and its partners to support scale-up of best practices. This is not the first time that a best practice has needed funds for scale-up and sustainability, and so we ask for support from our partners.” Other suggestions for sustainability of m4RH that were proposed were to require telecom companies to support mHealth systems and for m4RH to be disseminated via nationwide mass media.

For more information: For the collaboration with the Green Belt Movement, the [video](#) and a brief describing the results, as well as the intervention materials (training curriculum, etc.) are available. For the collaboration with Land o’Lakes, a research brief is available. To learn more about m4RH, there is a booklet describing the service, a brief on the work in Kenya, and a collection of resources for implementation. All of these resources are all available from www.fhi360.org/progress.

V. The Role of Long-Acting Reversible Contraceptives in Expanding the Method Mix

Dr. Bartilol Kigen, Programme Manager at the MOH/DRH, facilitated the third session focused on long-action reversible contraceptives (LARCs). Presentations included an overview of the Sino-implant (II), a study on the acceptability and performance of Sino-implant (II), training of service providers to offer LARCs, and a study on the uptake of the LNG-IUS.

Sino-implant (II) Introduction

Dr. Solomon began the session with an overview on Sino-implant (II), a low-cost, highly-effective contraceptive implant manufactured in China. It lasts for four years and is sold at approximately US \$8 per unit. Sino-implant (II) is registered in Kenya under the brand name of Zarin. FHI 360 has funding through the Bill & Melinda Gates Foundation (BMGF) that supports work on Sino-implant (II) including quality testing, technical assistance for WHO



Sino-implant (II)

prequalification, and post-marketing surveillance. PROGRESS and the BMGF-funded project collaborated on conducting post-marketing studies of Sino-implant (II) in Kenya and Pakistan.

Performance of Sino-implant (II) During Routine Service Delivery

Dr. Masaba presented on a study that assessed the acceptability, safety, effectiveness, and complications associated with Sino-implant (II). The study found that the method was safe and effective during the first year of use, with only one insertion complication and no removal complications reported. Acceptability and continuation rates were high.

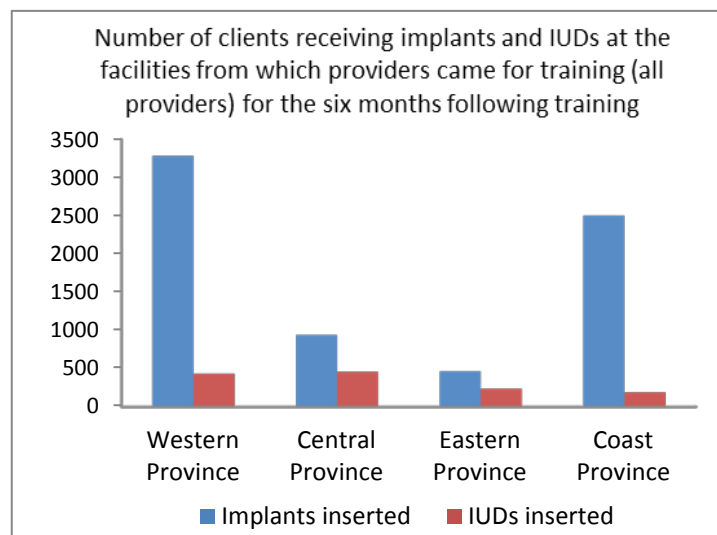
Kellen Mburia, Nursing Officer in Charge at the Wangige Health Center, a participating site in the study, provided a testimonial, stating that the health center benefited from the supply of Sino-implant (II). The center also benefited from the updates to providers offered by the study nurse. Health talks and individual counseling on the range of contraceptive methods were given, so that women were assured of informed choice. While the study product has now been depleted, clients still come seeking Sino-implant (II), having heard about it from their friends and neighbors.

Next steps for Sino-implant (II) and wider availability of low-cost implants

- Advocate for procurement of low-cost and generic implants
- Continue to work towards WHO prequalification of Sino-implant (II)
- Provide training on implant services to providers across Kenya, particularly in lower-level facilities

Training of Service Providers to Provide Long Acting and Reversible Contraception

Gladys Someren, Programme Officer at the MOH/DRH, presented on the training and supervision of nurses for provision of LARCs (implants and IUDs). In 2011-2012, 102 in-service nurses from four provinces (Western, Eastern,



Central and Coast) were trained. Of these, 84 received supportive supervision approximately six months later. The newly trained providers trained an additional 196 providers through on-the-job training. And in the six months following training, over 7,100 implants were provided to clients in the facilities from which providers came for training. There were also over 1,300 IUDs provided in that period.

The training and supervision suggest the following next steps for improved LARC provision:

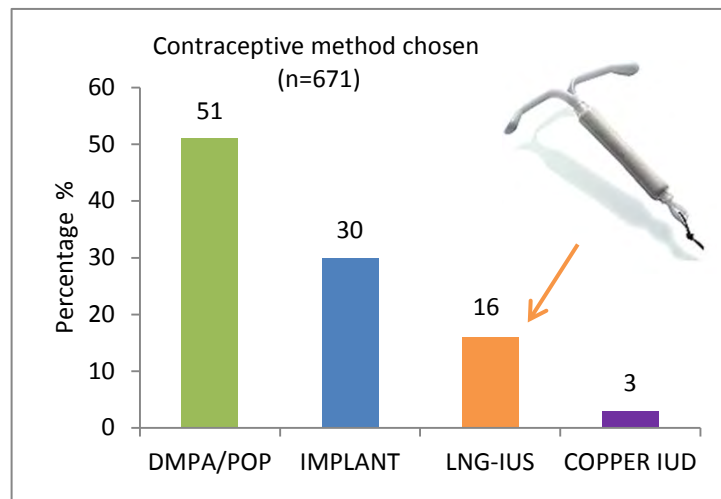
- Institutionalize comprehensive pre-service training on LARCs for sustainability
- Emphasize on-job-training methodology to accelerate the pace of scale-up
- Ensure supply of commodities and equipment to meet demands for LARCs, and implants in particular
- Intensify efforts to improve IUD uptake

Uptake of the Levonorgestrel Intrauterine System among Recent Postpartum Women

Dr. Masaba presented on a study introducing the LNG-IUS, an intrauterine system that releases progestin and is approved for use up to 5 years. The LNG-IUS also has non-contraceptive benefits related to reduced menstrual blood loss. Among the 671 study participants, 16% choose the LNG-IUS, compared to 3% who chose the copper IUD and 51% who choose short-term methods such as DMPA and oral contraceptive pills. In follow-up, continuation rates, satisfaction, and acceptability were similar to the implant.

Next steps for further introduction and scale-up of the LNG-IUS include:

- Build on the enthusiasm around the LNG-IUS
- Advocate for LNG-IUS to be included in the national method mix for Kenya
- Advocate for a negotiated public sector price
- Promote the substantial non-contraceptive health benefits of the LNG-IUS to encourage demand for the method



Discussion

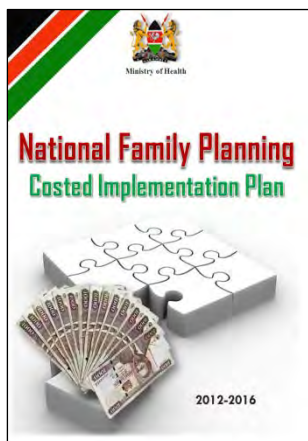
The presentations offered in the session on LARCs resulted in a number of clinical questions regarding the new methods. This provided an opportunity to provide clarification about the safety of LNG-IUS use with antiretroviral medicines and expulsions of the Sino-implant (II). The panel was also able to clarify that client reported perceptions of fewer side effects with the LNG-IUS as compared to the copper IUD could be related to different menstrual changes between the two methods and the non-contraceptive benefits of the LNG-IUS.

For more information: A journal article on preliminary results from the LNG-IUS study is available from *Contraception*. Additional articles and research briefs on the results from the Sino-implant (II) and LNG-IUS studies are forthcoming. The LARC training of service providers was based on the LAPM training plan, developed with support from PROGRESS and available from the DRH website.

VI. Policy Contribution and Quality Assurance

George Kichamu, Deputy Director of Policy and Research at the National Council for Population and Development (NCPD), facilitated the final session which included presentations on the costed implementation plan (CIP) for family planning, an adolescent and youth sexual and reproductive health (AYSRH) activity, support provided to the DRH, and monitoring scale-up of FP integration within HIV Comprehensive Care Centres (CCCs).

Development and Use of the Family Planning Costed Implementation Plan



Ruth Wayua, Program Officer at the DRH, presented on the Costed Implementation Plan and how it serves as a call for a renewed commitment, partnership, and coordination to reposition FP. The CIP outlines strategic interventions, with cost, that need to be implemented in order to maintain the current contraceptive prevalence rate of 46%, as well as to accelerate it to 56% by 2015. The CIP has enormous potential for use as a foundation for advocacy and resource mobilization in the context of FP2020.

The CIP is the best tool that we have to advocate for and mobilize resources. Everyone needs to take this document and use it.

– Gladys Someren

In order to fully utilize the potential of the CIP, the following next steps are recommended:

- Use the CIP for resource mobilization and advocacy
 - Engage budget officers from relevant Ministries
 - Engage parliamentary health committee
- Develop joint DRH and NCPD strategy or plan of action to engage counties on repositioning FP
- Develop a monitoring tool for the CIP at national and county levels

Advancing Adolescent & Youth Sexual and Reproductive Health



Following a skit enacted by the Family Health Options Kenya (FHOK) Youth Group on the need for coordination of AYSRH activities, Pamela Onduso, Programs Advisor at Pathfinder International, introduced a two-phase AYSRH activity that 1) described, mapped, and assessed the current AYSRH activities in Kenya; and 2) used an established scoring criteria to identify the evidence-based interventions (EBIs) from among all those identified in the first phase, and documented those in a report. Aisha Mohamed, ASRH Program Manager at DRH, presented on the results, including identified gaps such as inadequate documentation and dissemination of existing best practices to facilitate scale-up and replication.

Map of areas with AYSRH activities

To follow-up on the work already completed, the DRH and partners should pursue the following next steps:

- Disseminate AYSRH EBI document to county health managers
- Support counties to utilize the EBI document to inform AYSRH interventions in line with the county health agenda
- Appeal for resources to support scale up of EBIs
- Use the EBI document to inform the development of AYSRH strategy

Providing Technical Assistance to the Division of Reproductive Health

Mr. Abisi described the work that PROGRESS had done to support the DRH to finalize the family planning first visit card and client card and to revise the RH integrated support supervision tool and checklist. All of these tools were also field-tested before finalization. PROGRESS also supported the DRH to conduct a quality improvement and management approach, Standards-Based Management and Recognition (SBMR), in 5 hospitals in Rift Valley. Implementation of the approach led to improved adherence, with facilities reaching an average of 82% adherence to the 122 quality standards.



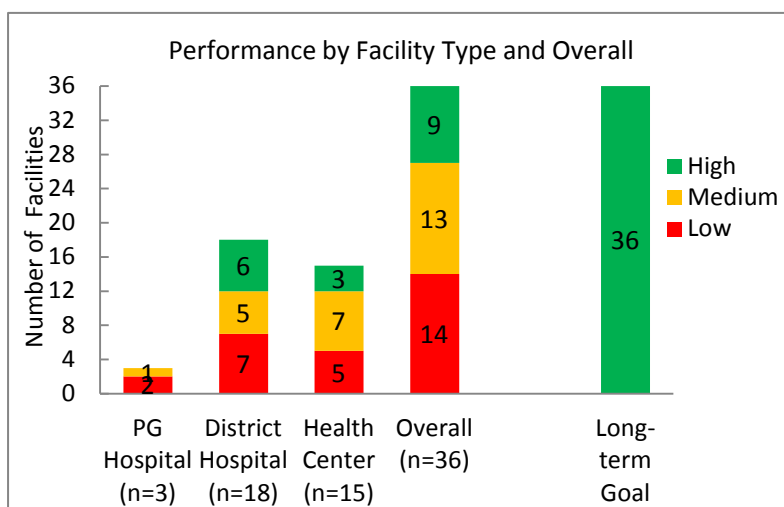
The Four Steps of SBMR

To continue to strengthen the DRH and FP services in Kenya, next steps include:

- Disseminate and utilize the new FP client cards and supervision tools within programs
- Replicate SBMR in other facilities
- Advocate for counties to implement SBMR and similar quality improvement approaches

Monitoring the Scale Up of FP Integration into CCC: A Pilot Experience

Ms. Olawo presented on the pilot implementation of an approach to monitoring scale-up focused on FP integration into HIV CCCs in three provinces in Kenya. Results found that there was a good deal of support for FP/CCC integration and that it is in the process of being institutionalized within the national level health systems.



Sampled facilities (provincial general hospitals, district hospitals, and health centers) were assessed based on client reporting of being properly screened or counseled for FP, and/or offered a method or referral. Nearly 60% of facilities were ranked as medium or high performing.

Facility-level inputs to support integration were generally in place, however, there was no correlation found between the facility performance ranking and inputs.

Suggested next steps include:

- Explore repeating scale-up monitoring approach with additional analysis of subjective drivers of provider performance, e.g. motivation, leadership
- Continue to strengthen the institutionalization of FP/CCC integration based on national level findings

Discussion

Discussion following the final presentations included follow-up on how the CIP will be used, kept up-to date, and monitored. Monitoring is an important next step as it will enable stakeholders to review progress on implementation and suggest revisions.

For more information: The Kenya CIP for FP is available on the DRH website. PROGRESS has also developed a report on CIPs in Kenya and three other countries, with lessons learned and guidance within the context of FP2020, available from the FHI 360 website. The AYSRH assessment report, *Taking Stock in Kenya*, and EBI report are available on the DRH website. The first visit and FP client card as well as the supervision tools will be available on the DRH website soon. A journal article on monitoring scale up of FP/CCC integration is forthcoming.

VII. Closing Remarks

The Girl Guides led the meeting participants in a traditional thank you, offering ‘flowers’ to the PROGRESS team and partners.

Gladys Someren made closing remarks on behalf of the MOH/DRH. She noted the excitement and enthusiasm for FP integration with the non-health sector, how task-sharing and new LARC methods are innovative and exciting, and that more work is needed to mainstream and scale-up these approaches. Finally, she thanked PROGRESS and its partners for supporting the MOH/DRH in all of this work.



Other notable remarks from throughout the day are included here.

The CIP is a tool that will empower us in Kenya to confidently advocate for investments in FP for the Kenya Vision 2030 with accurate figures of cost and priorities. In fact, the CIP can be referred to as the “Bible” of family planning program implementation in Kenya.

The Ministry of Public Health and Sanitation appreciates the critical role FHI 360 has played in helping us in developing the CIP.

– Dr. Issak Bashir, DRH/MOH



Within the context of Family Planning 2020 and Kenya’s new Population Policy, there is great opportunity for scaling-up the PROGRESS research results. We must all work towards achieving this, and the potential for a demographic dividend.

– Dr. Sheila Macharia, USAID



I’m pleased to say that I had the opportunity to participate in much of what was presented today. I’m happy that we are at this point today – to be able to share these great results and ask that we utilize them. Particularly for the county representatives, pay attention and take these lessons home with you to implement.

– Joyce Lavussa, WHO



The achievements of the PROGRESS project in Kenya could not have happened without the collaboration with and dedication of our partners, particularly the Ministries of Health. We are grateful for their support.

– Dr. Marsden Solomon, FHI 360

VIII. Acknowledgment of Partners

FHI 360 and the PROGRESS team would like to thank the many partners who contributed to and collaborated on the efforts and successes of the project. These include, but are not limited to the following:

- United States Agency for International Development
- The former Ministry of Public Health & Sanitation and the former Ministry of Medical Services
 - Director of Public Health and Sanitation
 - Director of Medical Services
 - Office of the Chief Nursing Officer
 - Office of the Chief Clinical Officer
 - Division of Reproductive Health
 - National AIDS and STI Control Program (NASCO)
 - Division of Community Health Services
- Provincial Directors of Public Health and Sanitation
- Provincial Director of Medical Services for Central, Eastern, and Rift Valley provinces
- District Medical Officer of Health for Chuka, Kiambu East, Kiambu West, Nyeri South and Tharaka districts
- Nairobi City Council/Office of the Medical Officer of Health
- National Council for Population and Development
- Clients and staff at the Mathare North, Githunguri, Ndeiya, and Wangige Health Centers
- The APHIA II and APHIA Plus projects, especially
 - APHIA II Central and Eastern Provinces project
 - APHIAplus Kamili project
 - APHIA II Rift Valley Province project
 - APHIAplus Nuru Ya Bonde project
- Family Health Options Kenya
- Gold Star Kenya
- Green Belt Movement
- Jhpiego, specifically the Tupange and Advance Family Planning projects
- K-Rep Development Agency
- Land o'Lakes
- Marie Stopes/Kenya
- PSI/Kenya
- Text to Change
- Pathfinder/Kenya
- Bill and Melinda Gates Foundation
- International Contraceptive Access Foundation



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