

ORGANISATIONAL CAPACITY STATEMENT

Programme Background

Since 1985, Marie Stopes Kenya (MSK) has increased access to high quality affordable sexual and reproductive health (SRH) services for all people across Kenya to support its vision of a world in which every birth is wanted and a mission of children by choice, not chance.

As one of the leading specialised SRH providers in Kenya, MSK works with the Government of Kenya and other stakeholders to ensure the poorest and hardest to reach clients can access affordable SRH services that meet their needs. MSK implements a service delivery approach that is free from stigma, judgement, and discrimination, regardless of age, location, background, marital, or economic status. MSK provides all modern methods of contraception and comprehensive post-abortion care (CPAC), anteand post-natal care, sexual health counselling, gynaecological check-ups, cervical cancer screening and treatment, and testing and treatment of HIV and other sexually transmitted infections. Through 250+ permanent staff, MSK currently delivers services in 43 counties with all management and coordination of activities centralised in the country support office in Nairobi. To scale up and cover all 47 counties, MSK started the Public Sector Strengthening channel in 2019

MSK's service delivery channels are adapted to fit the different contexts of each county to maximise opportunities for building sustainable platforms that can provide lasting impact on the health outcomes of Kenyans. In 2020, over 400,000 clients were reached through MSK's service delivery points spread across the country.

Marie Stopes' strategy in Kenya was developed to ensure compliance with national strategies around reach, procurement of family planning (FP) supplies from national supply chains and delivery systems. MSK is an active participant in the SRH sector in Kenya, including the Kenya Health Federation, the National Adolescence SRH Technical Working Group, and other national and county-level technical working groups.

2020 IMPACT

1,249,886

Couple years of protection (CYPs) delivered by MSK in 2020

1,429,201

People across Kenya were using a family planning method provided through one of MSK's service delivery channels in 2020

£29,854,390 GBP

Direct healthcare costs sved by MSK in 2020.

570,000

Estimated number of unintended pregnancies averted by MSK family planning services.

190,855

Estimated number of unsafe abortions averted as a result of having accessed contraception provided by MSK.

1,981

Estimated number of maternal deaths averted by MSK services.

Who We Serve

MSK is committed to **leave no one behind** by serving the poorest, most underserved people. MSK places a strong focus on **reaching adolescents**, **those living in extreme poverty**, **and other marginalised groups**, such as people with HIV, people with disability, survivors of gender-based violence and disaster affected populations.

MSK's interventions are designed to fill gaps in provision and reach those with no alternative access to care. MSK's programmes are designed to meet the needs of adolescents for whose health and wellbeing the consequences of unmet need for contraception are particularly devastating. MSK trains and supports all staff to serve the adolescents with respect and without judgement, and to challenge any prejudices about who should be accessing contraception – including their own. MSK's adolescent strategy includes targeted



community mobilisation and provision of adolescent-friendly services. MSK supports adolescent and parent meet-ups, partnership with schools, social media engagement, and service delivery including pop-up events carried out in the community in pitched tents. Community-based events organised by community health volunteers often take place close to and in collaboration with schools to ensure school-going sexually active girls can easily access services. In 2020, 20% of FP and CPAC services offered were to adolescents aged below 20 years of age.

What We Do: Our Services

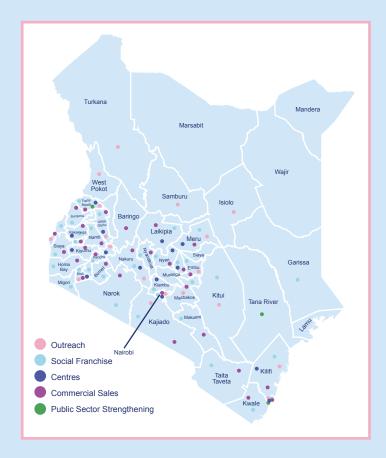
CONTRACEPTION - Choice is the cornerstone of our work. MSK aims to ensure that all people can access affordable modern contraceptive services and can choose the most appropriate method to meet their needs. MSK provides a full range of contraceptive methods including short-term contraception, long-acting reversible contraception (LARCs), and permanent contraception.

Other SRH services - MSK also provides non-core services to clients through its centres and social franchise network. Services include ante- and postnatal care (ANC/ PNC), sexual health counselling, gynaecological check-ups, cervical cancer screening and treatment, and testing and treatment of HIV and other STIs. These various services bring in more clients and provide the opportunity for cross-service referrals.

CPAC - The Kenyan Constitution grants women the right to access abortion services under a range of reasons, including to save the life of the mother, in the case of rape and incest, or to protect the health of the mother. However, a lack of clinical guidance on how to operationalise this has contributed to stigma, leading to fear from both women and healthcare providers to access and provide abortion, even when the health of the mother is at risk, within the national regulatory framework. In 2012, an estimated 500,000 abortions occurred in Kenya as per the Kenya Demographic Health Survey. About 120,000 women received care for complications of unsafe abortions. As of 2015, 49% of all pregnancies in Kenya were unintended, with 41% of unintended pregnancies ending in abortion. A multi-sectoral group including MSK, convened by the Ministry of Health (MoH), has developed CPAC Guidelines (2019), which were signed into action in 2019. MSK's CPAC services offer a continuum of care including managing complications of unsafe abortion, counselling to identify and respond to client's emotional and physical health needs and providing post-abortion family planning to help clients prevent future unintended pregnancies to reduce morbidity and mortality from unsafe abortions. In 2020, MSK provided 82,419 CPAC services.

How We Do It: Our Service Delivery Channels

Centres MSK has 19 'Centres of Excellence' that provide quality, comprehensive FP services as well as a full range of SRH services to men and women, with special attention adolescent-friendly services across counties. MSK charges user fees to sustain operating costs and offers subsidised services to those in need. The centres serve as a blueprint for the infrastructure and quality of MSK's social franchise network, and as a referral site for MSK's outreach teams. MSK's centres also act as hubs for the training and resourcing of healthcare workers in Kenya. In 2020, MSK's centres delivered 35,922 CYPs, with 14,452 FP/CPAC services provided through centres.



AMUA Social Franchise Network

The strategic role of the social franchise network is to improve access to and increase uptake of LARCs and CPAC services, within the legal framework in Kenya. Established in 2014, MSK's private sector provider network, 'Amua', engages and unites otherwise fragmented private providers to deliver high quality SRH services. The AMUA Network leverages accredited private healthcare providers to offer quality FP and SRH services to low and middle-income clients in rural and peri-urban areas with high unmet need for FP through 155 social franchise facilities across 40 counties. In return for meeting AMUA quality of care and pricing requirements, private providers receive training in LARCs and CPAC provision, client counselling, and infection prevention. Providers also benefit from lower priced and higher quality equipment, branding, demand generation support, and on-going quality audits and coaching. In 2020, the AMUA network served 65,020 clients with FP, CPAC, and non-core services. A total of 514,495 CYPs were achieved through the network in 2020.

Outreach

MSK provides free, high-quality, and safe methods to rural communities across 42 counties through 13 mobile clinical teams. Using the infrastructure of public health centres, outreach teams increase contraceptive choices in these communities where the existing public and private health clinics struggle to meet the SRH needs of women and men. In 2019, 82% of outreach clients were high-impact clients. In 2020, the MSK outreach channel saw 173.312 client visits. The outreach teams delivered a total of 582,312 CYPs. 57% of clients served live on less than \$1.25 per day with 10% being under the age of 20 years.

Commercial Sales

Through the Sales Optimization, Reporting and Tracking (SORT) tool, MSK has been able to monitor and generate complex analysis of product sales in real-time, as well as map existing and potential outlets across Kenya to better understand the market gaps. Informed by the coverage gaps illustrated in SORT – which revealed that MSK has reached 933 out of 14,213 of potential outlets as of December 2020 – MSK has been able to push the agenda and think beyond the current approach of targeting only pharmacies and position themselves to sell to larger outlets such as private hospitals and distributors.

Additionally, MSK has begun plans to expand the basket of products and will be introducing to the market new products specifically condoms branded Lifeguard, Avibela, (LARC) and Back-up which is an Emergency Contraceptive.

Public Sector Strengthening (PSS)

MSK is working collaboratively with the MoH in 35 PSS sites to strengthen health systems. This creates a sustainable demand for SRH services as we provide training, competency assessments, joint support supervision with the MoH, support in commodity management, and demand generation. MSK are planning to expand to 45 PSS sites in 42 counties in 2021. In 2020, the MSK PSS service delivery channel recorded 58,479 client visits delivered a total of 81,928 CYPs.

Demand Creation and Behaviour Change communications



Community Health Volunteers (CHVs)

MSK uses CHVs to raise awareness and generate demand for SRH services in both urban and rural areas. In 2020, MSK worked with 540 CHVs for community mobilisation and provision of SRH information using various strategies including community talks and group meetings. The CHVs refer clients to MSK centres, outreach sites, and to the AMUA social franchise network. They also support the MSK marketing team to generate demand for SRH services provided in public sector facilities. In 2020, CHVs made 75,197 referrals to the Social Franchise network, 2,294 referrals to MSK's centres, and 128,615 referrals to outreach sites, including a total of 12,196 CPAC referrals.



Contact Centre

MSK's service delivery channels are supported by its toll-free contact centre for clients. Contact centre staff are trained nurses and counselors

who provide information and advice on a range of SRH topics, as well as referrals to MSK's service delivery points. Contact centre agents have been trained on how to talk about FP with clients and how to refer them to MSK sites, following scripts in both English and Kiswahili that are adapted to the local context, based on MSI global guidance and standards. The contact centre also serves as a safety net in cases of post-procedure complication, with clients able to phone for advice at any point before and after a service is delivered. MSK's presence on social media (Facebook, Twitter, WhatsApp, Instagram and Tiktok) has increased clients' accessibility to appropriate service provision facilities. In 2020, MSR's contact centre had more than 110.000 client interactions which included social media. with 2,238 being adolescent callers. 17,735 of these interactions, (14,684 from calls and 3051 from social media) ended in a referral being made (469 Adolescent clients referred), with 48% being PAC referrals, and 301 being adolescent referrals.

Partnerships and Advocacy

MSK works to create an enabling environment for the realisation of the SRH of all people, by advocating for the removal of restrictive policies and the protection of progressive policies. As a technical government partner, MSK also works closely with the government and county decision-makers to implement and operationalise policy changes. MSK also supports the MoH and the Office of the President to issue policy directives enabling private sector participation in the second implementation phase of Universal Health Coverage. MSK is also advocating for increased domestic financing of FP commodities by county governments to 3% of the total county health budget. Finally, MSK works with the Office of the President and World Bank towards considering the participation of the private sector in the implementation of Global Financing Facility.

In 2020, MSK supported a number of policy wins with the Ministry of Health approving various policies and quidelines specifically: PAC Package (quidelines, training and supportive supervision curriculums for task sharing of PAC), The National Curriculum and Training Manual on DMPA-SC- Kenya, The Reproductive Health Policy 2020-2030- Kenya and guidance for the delivery of RMCH services including telemedicine under Covid- Kenya.

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