



ORGANISATIONAL CAPACITY STATEMENT

PROGRAMME BACKGROUND

Marie Stopes Kenya (MSK), an affiliate of MSI Reproductive Choices, is registered in Kenya as a local Non-Governmental Organization (NGO) operating within the country. MSK has been providing access to high-quality and affordable sexual and reproductive health (SRH) services to all people across Kenya since 1985. MSK's bold 2030 strategy states: "By 2030, no abortion will be unsafe, and everyone will have access to contraception".

In Kenya, there is still a high rate of MMR of 355 deaths per 100,000 live births and a total demand for family planning of 76% among married women aged 15-49 years. We believe everyone, from whatever background, should be able to choose whether and when to have children and that services for post-abortion care should always be accessible, affordable, and safe.

MSK is proud to offer a service delivery approach that is free from stigma, judgement, and discrimination, regardless of age, location, background, marital status, or economic status. MSK provides all modern methods of contraception and comprehensive post-abortion care (CPAC), ante- and 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. With over 200 permanent staff, MSK delivers services in 41 counties with all management and coordination of activities centralized in the country support office in Nairobi.

MSK's service delivery channels are adapted to fit the different contexts of each county. The goal is to maximise opportunities for building sustainable platforms that can provide lasting impact on the health outcomes of Kenyans. In 2022, 694,078 clients were reached through MSK's service delivery points across the country.

MSI Reproductive Choices' 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, working alongside the Kenya Health Federation, the National Adolescence SRH Technical Working Group, and other national and county-level technical working groups.



2022 IMPACT

1,006,477

Couple years of protection (CYPs) delivered by MSK in 2022.

694,078

Clients across Kenya visited Marie Stopes Kenya Service Deliver point and received a service in 2022.

£30,600,257

Direct healthcare costs saved by MSK in 2022.

581,596

Estimated number of unintended pregnancies averted

203,680

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

1,914

Estimated number of maternal deaths averted by MSK services

1,467,169

People in Kenya are using a family planning method provided by MSK (This includes contraceptives provided in past years)



WHO WE SERVE

MSK is committed to leaving no one behind by serving the poorest, most underserved people. MSK strongly focuses on reaching adolescents, communities 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 strives to fill gaps in provision and reach those with no alternative access to care. Specifically, MSK's programmes are designed to meet the needs of adolescents whose long-term health and well-being are directly impacted by unmet need for contraception. MSK trains and supports staff to serve adolescents respectfully and without judgement, and to challenge any prejudices about who should be accessing contraception. MSK's adolescent strategy includes targeted community mobilisation and provision of adolescent-friendly services. MSK supports adolescent and parent meet-ups, creates partnerships with schools, engages on social media, and expands service delivery,



including community pop-up in pitched tents. Community-based events organised by community health volunteers and in collaboration with schools ensure sexually active girls pursuing their education can easily access services. In 2022, half of MSK's FP and CPAC services were offered to clients aged 25 or younger.

WHAT WE DO

OUR SERVICES

Contraception - Choice is the cornerstone of our work. MSK aims to ensure universal access to affordable modern contraceptive services as well as the option to choose the most appropriate method that suits one's needs. MSK provides a full range of contraceptive methods, including short-term contraception, long-acting reversible contraception (LARCs), and permanent contraception. In 2022, MSK 1,006,477 couples years of protection (CYP) through its family planning services. MSK also held a free vasectomy campaign serving over 200 clients and commemorating World Vasectomy Day.

CPAC - The Kenyan Constitution grants women the right to access abortion services for 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 in cases that fall within the national regulatory framework. 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 which were signed into action in 2021. MSK's CPAC services offer a continuum of care – ranging from managing complications from unsafe abortion to counselling clients.. MSK also provides post-abortion family planning services to help clients prevent future unintended pregnancies thus reducing future morbidity and mortality from unsafe abortions. In 2022, MSK provided almost one hundred thousand CPAC services.

Other SRH services - MSK provides other SRH services to clients through its centres and social franchise network. Services include ante- and postnatal care (ANC/ PNC), delivery, sexual health counselling, gynaecological check-ups, laboratory and pharmaceutical services, ultra-sounds, cervical cancer screenings and treatments, and testing and treatment of HIV, PreExposure prophylaxis (PrEP) and other STIs. These various services bring in more clients and allow cross-service referrals.

HOW WE DO IT

SIX PILLARS OF SUCCESS

MSI Reproductive Choices' 2030 Strategy was designed to ensure that the organisation has the funding, partnerships, and organisational transformation necessary to deliver our goals and to eliminate systemic gaps.

Pillar 1: Leave No One Behind

MSI Reproductive Choices is supporting a game-changing shift in national ownership of SRH while filling gaps in provision to reach those with no alternative access to care. We strongly focus on reaching adolescents, those living in extreme poverty and marginalised communities with no effective access to public SRH services. We will achieve this primarily through outreach, public sector health system strengthening and single-provider models.



OUTREACH

We reach marginalised communities in hard-to-reach areas via our high-quality, client-centred outreach services, ensuring that the proportion of MSK clients served meets or exceeds the national poverty level. In 2022, the outreach team provided services to women, girls and men in rural communities in 19 counties through 4 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 2022, the MSK outreach channel reached 119,303 clients. The outreach teams delivered a total of 409,372 CYPs. Of the clients served by the outreach

team, 32% were living in poverty, 13% were first-time users of family planning and 10% were under the age of 20.



PUBLIC SECTOR STRENGTHENING (PSS)

Our “pathway to sustainability” starts with “gap-filling” service delivery and over time leads to direct capacity support, through to supervision support, finally to achieve full government ownership for long-term access to quality long-acting and permanent methods of contraception (LAPMs) and post-abortion care services. MSI is working collaboratively with the MoH in 156 PSS sites to strengthen health systems in 23 counties. This creates a sustainable demand for SRH services as we provide capacity building, competency assessments, joint support supervision with the MoH, support in commodity management, and demand generation. Advocacy through county and national governments towards commodity security, policy changes, and support following transitioning of 35 PSS Sites to indirect support. In 2022, the MSK PSS channel recorded 341,279 client visits delivered a total of 355,907 CYPs.



Pillar 2: Strengthen Private Sector Provision

We have significantly contributed to strengthening the private sector, ensuring sexual and reproductive health services and choice are widely available. Our fee-paying centre and maternity network endeavour to be fully financially sustainable, operating as the quality “backbone” for diversified SRH service delivery. Key channels for this pillar are our own network of centres and maternity hospitals and private sector network.



CENTRES AND MATERNITIES

MSK has 11 Centres of Excellence and 3 maternity nursing homes (two CEmONCs and one BEmONC). The Centres and Maternities Network offers quality comprehensive SRH services, including family planning, maternal and child health (ANC, delivery and PNC) and general outpatient services to men and women with special attention to adolescent-friendly services across nine counties. The MSK Centres and Maternities Network also acts as a hub for the training and resourcing of healthcare workers in Kenya. MSK charges user fees to sustain operating costs and offers subsidised services to those in need. In 2022, the MSK Centres and Maternities Network delivered 33,467 CYPs with 35,480 FP/CPAC visits. Additionally, 415 mothers delivered babies in our maternities. The Centres and maternities are spread across 9 counties.

PRIVATE SECTOR NETWORK

MSK’s Private Sector Network ‘Amua’ engages and unites private healthcare providers to increase access, choice, quality, and affordability of LARC and PAC services. By leveraging licenced private healthcare providers, MSK aims to strengthen health systems by reducing the burden on the public health sector and helping professionalise and organize the private sector. Amua is currently working with 100 low to mid-level private health facilities spread across 30 counties in rural and peri-urban areas. By harnessing the private sector capacity, MSK has scaled up efficiently and effectively while improving the private providers’ capacity, revenue and reputation. Private providers benefit from training in cross-cutting areas, quality support, marketing, and linkage with health systems for commodity support and NHIF accreditation. In 2022, MSK’s private sector network reached 132,065 clients (of which 45% were adolescents) thus delivering a total of 188,600 CYPs.

Pillar 3: Client powered SRHR

We provide contraceptives and medical post-abortion

care products via social marketing, making essential products available where women need them. The key channel for this pillar is social marketing for product sales. Through this channel, MSK has helped put SRH control into the hands of women and girls and simultaneously raise standards for the sector.



COMMERCIAL SALES

MSK is strengthening its own product sales offering to expand access with an explicit focus on expanding product distribution, client care quality and creating sustainable programmes using commercial sales. Currently, we have the following products on the catalogue; Lifeguard Condoms, Avibella IUS, Misoclear, Mariprist and Backup. Through the Sales Optimization, Reporting and Tracking (SORT) tool, MSK collects instant, high-quality, standardised data on sales force activities, sales, and observations in the market. MSK has pushed the agenda beyond the current approach of targeting only pharmacies by positioning itself to sell to larger outlets such as private hospitals and distributors. We have a total of 7,500 outlets which comprise of pharmacies, grocery outlets, private and public hospitals. Through social marketing, MSK realized a CYP of 19,131 through this channel of service delivery.

DEMAND CREATION AND BEHAVIOUR CHANGE COMMUNICATIONS



Community-Based Mobilisers (CBM)

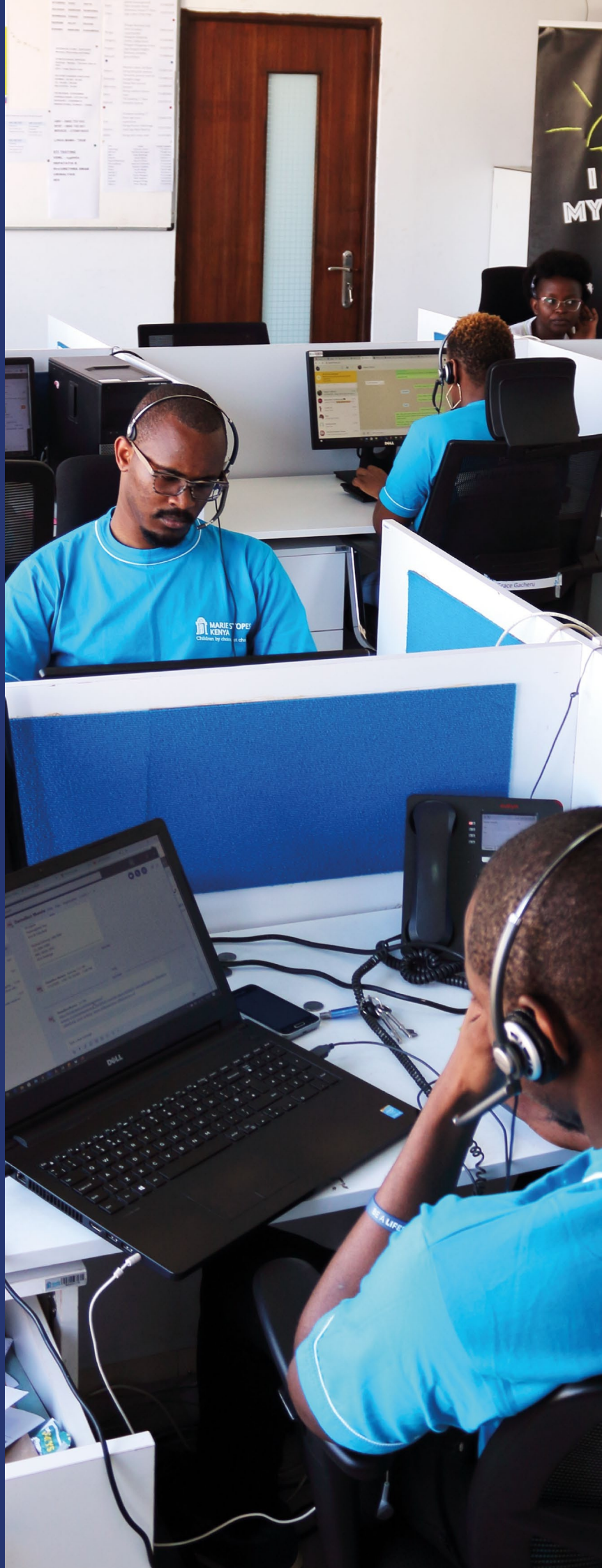
At MSK, we use a wide range of communication channels to reach our clients – mass media, digital, contact centre, and providers, to name a few. While these are all critical to support client, individual and community behaviour change, CBMs have many unique selling points. Working with CBMs is an opportunity to establish community-based champions for MSK, our services, and the changes they can bring. MSK uses CBM to raise awareness and generate demand for SRH services in urban and rural areas. In 2022, MSK worked with 28 CBMs for community mobilisation and provision of SRH information using various strategies, including community talks and group meetings across all the service delivery channels in 2022, we rolled out Community Connect (CoCo), a mobile application designed to help community-based mobilisers (CBMs) to perform their work more effectively. In 2022, Community Based Mobilisers made 5,163 referrals to the Social Franchise network, 6,442 referrals to MSK’s centres, and 166,493 referrals to outreach sites.



Contact Centre

By 2030, our aim is for every woman and girl to be only one contact away from a safe provider. We have a fully operational contact centre that help us increase our reach and impact, connect clients with safe access points and ensure a continuum of care. It also supports improved client experience, driving word of mouth referrals in turn helping us generate more service income. Moreover, it is a rich source of actionable insights, which we use to drive our operations and become even more efficient.

MSK's service delivery channels are supported by its toll-free (0800720005) contact centre for clients. Contact centre staff are trained nurses and counselors who provide information and advice on a range of SRH topics and referrals to MSK's service delivery points. Contact centre agents have been trained to talk about FP with clients and refer them to MSK sites, following scripts in both English and Swahili 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 and Instagram) has increased clients' accessibility to appropriate service provision facilities. In 2022, MSK's contact centre had more than 105,164 client interactions which included social media, of which 974 were adolescent callers. 29,687 of these interactions, (21,347 from calls and 8,340 from social media) resulted in a referral for a service.



PARTNERSHIPS AND ADVOCACY

By 2030, MSK will have an outstanding reputation for being an influential and trusted partner to any individual, business, government, or organisation that shares our vision and complements our mission. We share our quality measures, insights, models and learnings openly, working with and learning from grassroots, local, national and global partners to shape SRH policy and remove partnerships barriers to access.

The National-level Policy and Partnerships Achievements for 2022

In 2022, MSK in partnership with the Ministry of Health (MoH) and other implementing partners, successfully finalized and launched the following policies and guidelines on Sexual Reproductive Health (SRH):

1. The National Reproductive Health Policy, 2022-2032, which aims to:

- (i) To achieve universal Reproductive Health coverage through quality and comprehensive Reproductive Health interventions across the country
- (ii) Improve responsiveness to client's reproductive health needs
- (iii) Strengthen the enablers (Health Systems Building Blocks) for Reproductive Health, including aligning partnerships and collaboration.

2. The National Guidelines for Self-Care in Reproductive Health, which emphasizes on equity in self-care, ensuring that all people,

including people with disabilities (PWD) have uninterrupted access to support from health care providers and medical support in public and private health facilities as guided by the World Health Organization (WHO) Guidelines on Self-care interventions for Health and Well-being, 2022 Edition.

The County-level Policy and Partnerships Achievements for 2022

1. MSK supported Machakos, Tana River, Mombasa, Bungoma and Trans Nzoia county governments to develop and launch the Post-Abortion Care (PAC) Costed Implementation Plan (CIP), hence increasing budget transparency.
2. MSK trained county government officials on Programme Based Budgeting (PBB), in line with the Public Finance Management (PFM) Act of 2012, which improved their skills and knowledge on the county annual budget cycle and process.
3. MSK support to county governments on the World Contraception Day (WCD) increased the awareness among partners on the need for a holistic approach to mitigate the teenage pregnancy crisis in Kenya.
4. MSK support to county governments on the World Contraception Day (WCD) contributed to increased awareness on mitigating the teenage pregnancy crises in Kenya.





CLINICAL QUALITY

MSK aims to achieve “gold standard” in MSI’s three quality indices: Clinical Quality Score (CQS), MSI Abortion Quality Index (MSAQI), and Client-Centred Care (CCC). Each service delivery team received at least one clinical quality internal audit and randomly selected facilities went through external compliance check by a designated supervisor and agreed action plan developed for action to strengthen quality systems. All providers across channel went through competency assessment. Competency assessment is the only way to guarantee a clinical staff member’s competency in a service. On job training, post training follows up coupled with facilitative supportive supervision was done to ensure safety was carried out across channel. Incidence management, product quality audit, Client record audit and capacity building based on training needs was also done across channel.

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