JANUARY - DECEMBER 2024

PROGRESS ON FP2030 COMMITMENTS IN

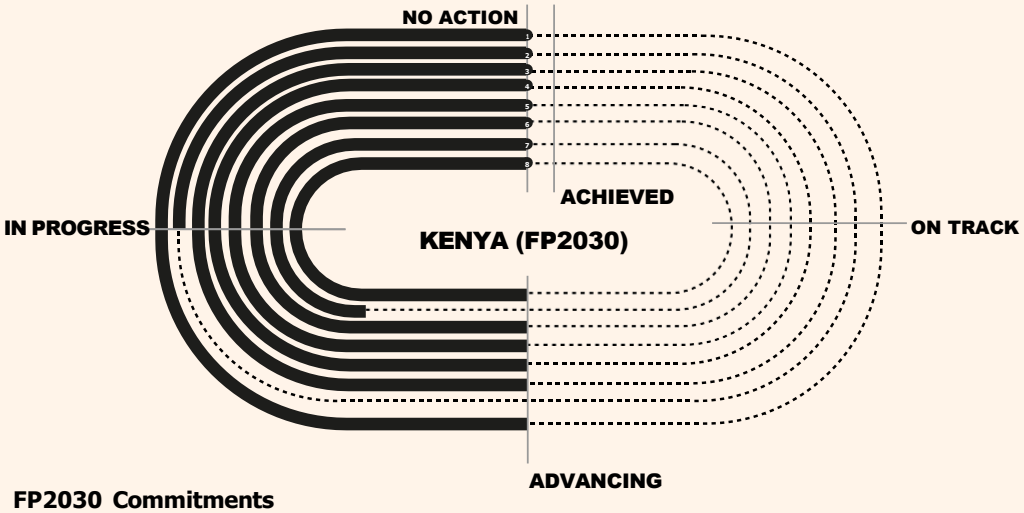
KENYA

Kenya is advancing implementation and monitoring of its FP2030 commitments through the Motion Tracker Approach (MTA), a CSO-led accountability mechanism that tracks government commitments through building coalitions, driving change and strengthening accountability This brief synthesizes partner contributions made toward achieving FP2030 commitments for the period January–December 2024. This data was validated during a stakeholder meeting on 29 October 2025 at Royal Tulip Hotel Nairobi, convened by Health NGOs Network (HENNET) in collaboration with Ministry of Health (MOH), National Council for Population and Development (NCPD), the SRHR Alliance, PS Kenya, and the FP2030 Hub.

VISION STATEMENT

Kenya reaps the socio-economic benefits attributed to all citizens through accessible, acceptable, equitable and affordable quality family planning services, with zero unmet need for family planning by 2030.

OVERALL PROGRESS JANUARY - DECEMBER 2024



FP2030 Commitments

1. To increase Mcpr for married women from 58% to 64% by 2030.
2. To reduce unmet need for FP for all women from 14% to 10% by 2030.
3. To ensure sustained availability of FP commodities to the last mile.
4. To enhance the capacity of human resources for health (HRH) to provide FP information.
5. To reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025.
6. To transform social and gender norms to improve male engagement in FP service utilization.
7. To improve the availability and utilization of quality FP data for decision-making
8. To increase domestic financing for family planning commodities to cover 100% of the requirements by 2026

Kenya is advancing towards most FP2030 targets, but without stronger domestic financing mechanisms, last-mile accountability and policy operationalization, the FP2030 commitments remain at a risk.

CONTRIBUTING PARTNERS 155

- 3 NATIONAL GOVERNMENT
- 2 PRIVATE SECTOR
- 42 LOCAL NGOs
- 18 INTERNATIONAL NGOs
- 8 COUNTY GOVERNMENT
- 67 YOUTH LED s YOUTH SERVING NGOS
- 3 FAITH BASED ORGANIZATIONS
- 4 ACADEMIA
- 2 MEDIA
- 6 DEVELOPMENT PARTNERS

COMMITMENT PROGRESS (2022 VS 2024)

ACHIEVED ON TRACK NOT ON TRACK

Commitment	Progress status (2022)	Progress status (2024)
Commitment 1: Increase the modern contraceptive prevalence rate (mCPR) among married women from 58% to 64% by 2030.		
Commitment 2: To reduce unmet need for FP for all women from 14% to 10% by 2030		
Commitment 3: To ensure sustained availability of family planning commodities to the last mile		
Commitment 4: To enhance the capacity of human resources for health (HRH) to provide FP information and services.		
Commitment 5: To reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025.		
Commitment 6: Transform social and gender norms to improve male engagement in family planning and eliminate social-cultural barriers to FP service utilization.		
Commitment 7: Improve availability and utilization of quality FP data for decision making		
Commitment 8: Increase domestic financing for family planning commodities to cover 100% of the requirements (currently at USD 30M) by 2026.		

PROGRESS BY COMMITMENT (2024)

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Commitment 1	To increase mCPR (married women) from current 58% to 64% by 2030.

Progress: Kenya's mCPR reached 57.5% in 2024, representing approximately 0.5 percentage points above the 2022 KDHS baseline of 57.0%, against a 2030 target of 64%. The remaining gap of 6.5 percentage points over six years requires an average annual increase of approximately 1.1pp, roughly double the current rate of change making deliberate acceleration essential. Progress is anchored by FP mainstreaming within RMNCAH and HIV programmes across all 47 counties, training of 2,800 health providers in comprehensive FP counselling and expanded method mix, and demand-generation outreach reaching 1.2 million individuals. Community-based distribution of DMPA-SC has expanded reproductive autonomy and last-mile access in pastoralist zones. FP Technical Working Groups are active in some counties, and FP has been integrated into maternal, postnatal and HIV services, reducing missed opportunities. However, some counties lack dedicated FP budget lines, inconsistent DHIS2 data entry undermines evidence-based planning, and incomplete operationalization of FP-CIP II and the Self-Care Guidelines at county level continues to limit policy translation into services.

How CSOs can influence change:

- Demand consistent FP commodity availability at all service delivery points, report stockouts publicly using eLMIS and escalate to county RH coordinators and KEMSA within 48 hours.
- Advocate for dedicated, ring-fenced county FP budget lines within MTEF processes, targeting all 16 counties currently without them and using Youth for Sustainable World's public expenditure tracking model as an evidence base.
- Use community scorecards and exit interview data to track service quality, provider competency and method availability, and feed findings into county TWG quarterly performance reviews.

Partners: *AccessED Initiative, Action Against Hunger, African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, Akili Dada, AMREF International University, Asegis Community Network, AU-IBAR, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, Center for Study of Adolescents (CSA), Center for the Study of Adolescence, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Promotion Fund, Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Ereto Nadupa Organization, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Greenhance Development Initiative (GDI) Kenya, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Ipas, Isiolo Gender Watch, Jacaranda Health, Jhpiego Kenya, Kakamega Community Centre, Kakamega MNCH Alliance, Kano Community-Based Organization, Kapsaos Professional Youth Group, Kenya Community Support Centre, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Koibatek Ogiek Women and Youth Network, Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, National Council for Population and Development (NCPD), NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Peace Pulse Network, Ray of Hope, Reproductive Health Accountability and Response Kenya (RHARK), Reproductive Health Champion Organization, Rise Empowerment CBO, Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural Empowerment Development Organization (REDO Kenya), Rural to Global Organization, Safe Community Youth Initiative, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, SRHR Alliance Kenya, ST John's Community Center, State Department for Higher Education, StepDialogue, Sustainable Rural Initiatives (SRI), TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, United Malindi Artist, USAID Nuru ya Mtoto — DREAMS Project, Usawa, Utalii Youth Organization, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa, Youth for Sustainable World.*

PROGRESS BY COMMITMENT (2024)

ACHIEVED | ON TRACK | NOT ON TRACK

Commitment 2 — To reduce unmet need for FP for all women from 14% to 10% by 2030.

Progress: This commitment is not on track and requires urgent corrective action. Kenya's unmet need for FP among all women stands at approximately 14% based on the 2022 KDHS baseline, unchanged against a 2030 target of 10%. Achieving the target requires a reduction of 4 percentage points over six years, equivalent to approximately 0.67 percentage points annually, a rate current partner activities have not demonstrated at population level.

Civil society in partnership with Ministry of Health and development partners have expanded access to FP by scaling up community-based distribution of self-injectable contraceptives, strengthening mobile outreach and integrating FP into maternal and child health services. In 2024, last-mile interventions reached an estimated 127,000 women of reproductive age particularly across arid and semi-arid counties such as Turkana, Garissa, and Wajir, as well as in urban informal settlements in Nairobi, Mombasa, and Kisumu. Despite these gains, integration of FP into humanitarian and disaster response systems remains weak. Although awareness of the MISP framework has increased, no county has institutionalized FP within emergency preparedness plans or pre-positioned contraceptive commodities for crisis deployment. Kenya's ASAL counties simultaneously carry the highest unmet need and the greatest humanitarian exposure from drought and displacement, making this absence both a programmatic and humanitarian failure. Additional barriers include persistent socio-cultural stigma in pastoralist communities, high turnover of community Health Volunteers undermining last-mile distribution continuity, absence of real-time county-level unmet need data for targeted response and limited domestic financing for sustained demand-creation activities.

How CSOs can influence change:

- Lead advocacy to mandate FP inclusion in all county emergency preparedness plans and MISP protocols, beginning immediately with the 10 highest-need ASAL counties; this is the single highest-priority gap nationally
- Continue mobilizing hard-to-reach communities through CHV networks and community dialogues and advocate for CHV incentive and retention schemes to reduce turnover in last-mile delivery systems
- Document and report community-level unmet need data to county health teams and FP TWGs, linking evidence directly to county budget allocation decisions and MTEF submissions

Partners: *Action Against Hunger, African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, Akili Dada, Asegis Community Network, AU-IBAR, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, Center for Study of Adolescents (CSA), Center for the Study of Adolescence, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Greenhance Development Initiative (GDI) Kenya, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Isiolo Gender Watch, Kano Community-Based Organization, Kenya Community Support Centre, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Koibatek Ogiek Women and Youth Network, Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Peace Pulse Network, Ray of Hope, Reproductive Health Accountability and Response Kenya (RHARK), Reproductive Health Champion Organization, Rise Empowerment CBO, Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural Empowerment Development Organization (REDO Kenya), Rural to Global Organization, Safe Community Youth Initiative, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, ST John's Community Center, State Department for Higher Education, StepDialogue, Sustainable Rural Initiatives (SRI), TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, Tiko, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, United Malindi Artist, USAID Nuru ya Mtoto — DREAMS Project, Utalii Youth Organization, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa*

PROGRESS BY COMMITMENT (2024)

ACHIEVED ON TRACK NOT ON TRACK

Commitment 3 — Reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025

Progress: Kenya has made substantive progress in commodity security. In 2024, AHF and MoH supported the national and county-level FP commodity forecasting, quantification and bi-annual reviews. Step Dialogue facilitated joint quantification exercises with county pharmacists and trained 140 health managers on LMIS and CEWAS tools. In addition, FP commodities are embedded in the national Essential Medicines List and UHC benefits package. HEDSO partnered with Zipline Kenya to demonstrate drone-based FP commodity delivery to remote facilities in Kisumu, Homa Bay, Kericho and Nyamira, providing a scalable ASAL model. Digital eLMIS inventory management enables real-time stock tracking across facilities. These contributions reflect sustained coordination between DRMH, KEMSA, UNFPA and civil society.

However, last-mile availability is constrained by persistent stockouts in ASAL counties caused by cold-chain failures, inadequate transport and delayed county procurement. Data on implementation of TMA and RHCS strategies at national and subnational levels remains scanty signaling a documentation and accountability gap.

How CSOs can influence change:

- Track and publicly report commodity stockouts at facility level using eLMIS, disaggregating by county, sub-county and contraceptive method, and escalate identified patterns to KEMSA and county RH coordinators within 48 hours
- Advocate for county buffer stocks and decentralized depot models in the highest-stockout ASAL counties, champion Zipline drone delivery scale-up as an evidence-based ASAL solution and engage county TWGs to document RHCS strategies.

Partners: *AIDS Healthcare Foundation, African Network for Climate Action, African Population and Health Research Centre, Akili Dada, Baringo Women and Youth Organization, Broad Borders Hope Foundation, Caritas, ChildFund Kenya, Community Health Worker Champions Network (CHW-CN), Department of Health — Malindi Sub County, Dreams Redefined CBO, Elimu Kwanza Initiative, Great Ladies Organization, Health And Economic Development Strategy Organization (HEDSO), Kenya Red Cross Society, Kitui Youth Connect (KYC), Koibatek Ogiek Women and Youth Network, Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, MSI Reproductive Choices Kenya, Shimba She Rise, Global Afrikanas Konnections, Center for the Study of Adolescence, Step Dialogue, State Department for Higher Education, Ministry of Health, Pathways Policy Institute (PPI), KEMSA, UNFPA.*

PROGRESS BY COMMITMENT (2024)

ACHIEVED ON TRACK NOT ON TRACK

Commitment 4	To enhance the capacity of human resources for health (HRH) to provide FP information and services while also focusing special attention to the under-served, vulnerable and hard to reach population including populations in humanitarian/emergency situations

Progress: Kenya has made significant progress in strengthening HRH for FP through harmonized pre-service and in-service training. An estimated 2,800 health providers were trained in comprehensive FP counselling and expanded method mix under a curriculum harmonized by DRMH-MoH and UNFPA. Family Planning has been integrated into ANC, PNC, CCC, maternity wards, HIV clinics and youth-friendly service points, reducing missed opportunities. Disability-responsive service pilots were conducted in Kakamega, Kilifi and Kwale by MSI Reproductive Choices Kenya, Network for Research and Governance and Kenya Red Cross.

However, integration of disability-friendly services within FP delivery points is rated not on track nationally. Most facilities lack physical accessibility features such as ramps and accessible examination tables, provider training in disability-sensitive communication, adapted IEC materials in Braille, sign language and pictorial formats, and formal client complaint mechanisms. There are no national protocol or minimum standards for disability-inclusive FP delivery. In addition, Private and faith-based training institutions remain inconsistently aligned with the harmonized curriculum creating uneven provider competency levels.

How CSOs can influence change:

- Monitor quality of care through community feedback mechanisms and patient exit interviews, disaggregate findings by disability status, report gaps to county health teams and use evidence to advocate for disability-inclusive service minimum standards in the next national FP guideline revision
- Advocate for equitable deployment of trained FP providers to ASAL and underserved sub-counties, co-design disability-inclusive service standards with Organizations of Persons with Disabilities, and engage private and faith-based training institutions to align with the national curriculum

Partners: *Action Against Hunger, African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, Akili Dada, AMREF International University, Asegis Community Network, AU-IBAR, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, Center for the Study of Adolescence, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Ipas, Isiolo Gender Watch, Kakamega Community Centre, Kakamega MNCH Alliance, Kapsaos Professional Youth Group, Kenya Community Support Centre, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Koibatek Ogiek Women and Youth Network, Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Peace Pulse Network, Ray of Hope, Reproductive Health Accountability and Response Kenya (RHARK), Reproductive Health Champion Organization, Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural to Global Organization, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, ST John's Community Center, Step Dialogue, TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, Tiko, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, United Malindi Artist, USAID Nuru ya Mtoto — DREAMS Project, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa*

Commitment 5 — Reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025

Progress: The original 2025 deadline for this commitment has elapsed. While the 10% adolescent pregnancy target was not formally achieved. The most recent nationally representative data from the 2022 KDHS places adolescent pregnancy at 14%, and county-level data indicate persistently high rates in Kilifi, Homa Bay and Narok. Partners have established youth-friendly service points in over 200 health facilities across 30 counties, reaching more than 1.3 million adolescents in FY 2024/25 a 44 per cent increase from 900,000 in the previous year. Comprehensive sexuality education was delivered through StepDialogue's Tujijenge Teens initiative covering 60 schools in Kwale and Kilifi in partnership with MoE and KICD, and through Youth for Sustainable World reaching 169,000 youth using the national Understanding Adolescence curriculum. Multisectoral coordination platforms are functional in 30 or more counties. Postpartum and post-abortion FP services are linked to adolescent mothers through structured referral pathways via HEDSO and UTU BORA.

Persistent barriers include inconsistent CSE rollout in faith-based and rural schools, stockouts of youth-preferred short-acting methods reported in 21 counties in Q4 2025, stigma and lack of privacy at facility level. A revised post-2025 adolescent pregnancy target with county-disaggregated milestones is urgently needed.

How CSOs can influence change:

- Support youth-led advocacy and peer engagement platforms, prioritize Kilifi, Homa Bay and Narok as the highest-burden counties, and track CSE rollout quality in faith-based and rural schools, reporting gaps to county education and health departments
- Hold counties accountable for youth-responsive services through public scorecards against county adolescent health plans, link adolescent mothers to PPFP and post-abortion FP as a routine referral standard, and advocate for a revised post-2025 target with annual county-level milestones

Partners: *AccessED Initiative, Action Against Hunger, African Development and Emergency Organization (ADEO), African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, Akili Dada, AMREF International University, Asegis Community Network, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, Center for Study of Adolescents (CSA), Center for the Study of Adolescence, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Promotion Fund, Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Ereto Nadupa Organization, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Greenhance Development Initiative (GDI) Kenya, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Isiolo Gender Watch, Kano Community-Based Organization, Kenya Community Support Centre, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Koibatek Ogiek Women and Youth Network, Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, National Council for Population and Development (NCPD), NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Pathways Policy Institute (PPI), Peace Pulse Network, Ray of Hope, Reproductive Health Accountability and Response Kenya (RHARK), Reproductive Health Champion Organization, Rise Empowerment CBO, Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural Empowerment Development Organization (REDO Kenya), Rural to Global Organization, Safe Community Youth Initiative, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, SRHR Alliance Kenya, ST John's Community Center, State Department for Higher Education, StepDialogue, Sustainable Rural Initiatives (SRI), TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, Tiko, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, United Malindi Artist, USAID Nuru ya Mtoto — DREAMS Project, Utalii Youth Organization, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa, Youth for Sustainable World*

Commitment 6

Transform social and gender norms to improve male engagement in family planning and eliminate social-cultural barriers to FP service utilization.

Progress: In FY 2024/25, partners reached 2.4 million individuals through community dialogues, faith-based advocacy and social behaviour change campaigns, fostering a national conversation on gender equality and shared reproductive responsibility. Faith-based and community organizations expanded male involvement programs to 37 counties, with strong outreach through local barazas, workplaces, and community-based forums. Male engagement indicators are embedded in national FP guidelines and county-level strategies have been developed in Kwale, Kilifi and Isiolo. StepDialogue's Wajibika Wanaume initiative delivered 60 community dialogues targeting male champions, boda boda groups and religious leaders across Kwale and Kilifi. Center for Study of Adolescents (CSA) trained 20 male champions including boda boda groups and barbers in Kisumu. CSOs and MoH have also integrated gender-transformative messaging into digital media campaigns and radio talk shows, effectively reaching men and youth aged 18–35 years across all counties.

Despite this scale of reach, fewer than 25 per cent of men attend FP counselling sessions with their partners, indicating that outreaches have not yet translated into sustained facility-level behavior change. Most SBC interventions are project-based and donor-dependent with no sustainable domestic financing mechanism, and champion turnover is high due to voluntary, untended roles.

How citizens can drive change:

- Lead community dialogues and norm-changing campaigns, prioritising couples-based and intergenerational approaches in counties where male facility uptake remains below 25 per cent
- Actively engage men as champions of shared reproductive responsibility, promoting male-friendly service hours, couples counselling spaces and male peer educator networks at facility level
- Partner with faith and cultural leaders to embed FP messaging in existing faith platforms and advocate for dedicated SBC budget lines at county level to sustain programmes beyond individual project cycles

***Partners**: AccessED Initiative, Action Against Hunger, African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, Akili Dada, Ambassador for Youth and Adolescents' Reproductive Health Program, AMREF International University, Asegis Community Network, AU-IBAR, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, Center for Study of Adolescents (CSA), Center for the Study of Adolescence, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Diplomats For Health in Resilient Community, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Ereto Nadupa Organization, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Greenhance Development Initiative (GDI) Kenya, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Isiolo Gender Watch, Jacaranda Health, Kakamega Community Centre, Kakamega MNCH Alliance, Kapsaos Professional Youth Group, Kenya Community Support Centre, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Koibatek Ogiek Women and Youth Network, Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Pathways Policy Institute (PPI), Peace Pulse Network, Ray of Hope, Reproductive Health Champion Organization, Rise Empowerment CBO, Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural Empowerment Development Organization (REDO Kenya), Rural to Global Organization, Safe Community Youth Initiative, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, SRHR Alliance Kenya, ST John's Community Center, State Department for Higher Education, StepDialogue, Sustainable Rural Initiatives (SRI), TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, Tiko, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, USAID Nuru ya Mtoto — DREAMS Project, Utalii Youth Organization, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa, Youth for Sustainable World*

PROGRESS BY COMMITMENT (2024)

ACHIEVED | ON TRACK | NOT ON TRACK

Commitment 7 | Improve availability and utilization of quality FP data for decision making

Progress: Kenya has strengthened health information systems and data reporting through improved integration of DHIS2 and logistics management systems. Better alignment between national monitoring frameworks and county-level reporting systems has enhanced FP data quality and accountability. In FY2024/2025, 44 of 47 counties submitted FP reports through DHIS2, a reporting completeness of approximately 94 per cent and a 10 per cent improvement over 2023, driven by improved data literacy and systematic data quality audits. Partners like StepDialogue in collaboration with UNFPA, KNBS and Nakala Analytics trained 200 health workers, CSO staff and TWG members in data visualization, scorecard development and research translation. Jhpiego trained 200 or more facility and sub-county staff in Power BI and DHIS2 dashboards while APHRC developed county-level FP scorecards for Busia, Kakamega and Nairobi. Rural to Global Organisation developed a real-time commodity tracking dashboard. Additionally, data fragmentation across DHIS2, LMIS and e-CHIS with poor interoperability impedes national-level analysis, and most counties still treat data reporting as a compliance exercise rather than a planning and decision-making tool.

How CSOs can drive change:

- Use facility and community data to drive budget tracking and advocacy, linking DHIS2 performance findings directly to county budget hearings, MTEF submissions and health committee briefings, and making data publicly accessible through scorecards and dashboards
- Build community FP data literacy through scorecard training, push for a functional multisectoral FP2030 monitoring mechanism and advocate for DHIS2, LMIS and e-CHIS interoperability as a priority in MoH digital health investment plans

Partners: *Action Against Hunger, African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, AMREF International University, Asegis Community Network, AU-IBAR, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, Center for the Study of Adolescence, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Diplomats For Health in Resilient Community, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Greenhance Development Initiative (GDI) Kenya, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Isiolo Gender Watch, Jhpiego Kenya, Kakamega Community Centre, Kakamega MNCH Alliance, Kapsaos Professional Youth Group, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, National Council for Population and Development (NCPD), NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Peace Pulse Network, Ray of Hope, Reproductive Health Accountability and Response Kenya (RHARK), Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural Empowerment Development Organization (REDO Kenya), Rural to Global Organization, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, ST John's Community Center, State Department for Higher Education, StepDialogue, TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, Tiko, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, United Malindi Artist, USAID Nuru ya Mtoto — DREAMS Project, Utalii Youth Organization, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa, Youth for Sustainable World*

Commitment 8 — Increased domestic financing for family planning commodities to cover 100% of the requirements by 2026

Progress: National budget allocations for family planning commodities increased to KES 1 billion in both 2023 and 2024 before declining to KES 500 million in 2025, leaving a substantial domestic financing gap against the estimated annual requirement of KES 3.9 billion (USD 30 million). Disbursement remain to be the overarching barrier to realizing progress in FP financing.

At the current annual growth rate, full domestic coverage by 2026 is not achievable without a step-change in government commitment. FP is now a distinct budget line in the national and country Medium Term Expenditure Framework (MTEF).

Critical vulnerabilities. Approximately 65 per cent of FP commodity financing comes from UNFPA and USAID, creating structural donor dependence and fiscal risk as global health funding landscapes shift. Public expenditure tracking by Youth for Sustainable World in Kwale and West Pokot documented fluctuating county allocations, recurrent budgets consistently prioritized over development budgets, delayed disbursements and low fund absorption. Many counties still lack dedicated FP budget lines, and weak county financial tracking systems with no standardized allocation-to expenditure monitoring tools further obscure accountability.

How citizens can drive change:

- Advocate for increased domestic funding by setting county-specific minimum annual increase targets of at least 15 per cent year-on-year to progressively close the approximately 54 per cent domestic gap, and formalise disbursement timelines and absorption accountability to eliminate late-year underspending.
- Track and publish annual county FP financing scorecards covering allocation, disbursement and expenditure ratios, and engage county assemblies and finance committees through MTEF public participation to ring-fence FP allocations against reallocation

Partners: *Action Against Hunger, African Network for Climate Action, African Population and Health Research Centre, AFYA NI HAZINA (AFNIHA), AIDS Healthcare Foundation, Ambassador for Youth and Adolescents' Reproductive Health Program, Asegis Community Network, AU-IBAR, Baringo Civil Society Organizations Forum (BACSOF), Baringo County Empowerment Group, Baringo County PWDs Network, Baringo County PWDs Paralympic, Baringo Women and Youth Organization, BASWORET (Baringo South Women Response Team), Black Coffee Network, Broad Borders Hope Foundation, Caritas, CEDGG / LACCSOF, ChildFund Kenya, Community Empowerment and Development Centre (CEDC), Community Health Worker Champions Network (CHW-CN), Daraja Mbili Vision volunteers, Department of Health — Malindi Sub County, Dona Media, Dreams Redefined CBO, Educate! Kenya, Elimu Kwanza Initiative, Giving Light to Society, Global Afrikanas Konnections, Good Health Community Organization, Great Ladies Organization, Hands of Grace Community Group, Haven of Dreams — Kenya, Health And Economic Development Strategy Organization (HEDSO), Ipas, Isiolo Gender Watch, Jhpiego Kenya, Kakamega Community Centre, Kakamega MNCH Alliance, Kapsaos Professional Youth Group, Kenya Red Cross Society, Kenya Red Cross — Kakamega, Kitui Youth Connect (KYC), Korogocho Youth Network, KukuCare Community Foundation, Likuyani Community Empowerment Organization, Maisha Youth Movement, Mama Lucy Kibaki Hospital, Margaret Robi Foundation, Maseno University Public Health Students Association, Michigan Fellows Africa Initiative — Kenya Chapter, Mikeda Youth Empowerment Organization, Ministry of Health, Ministry of Health and Sanitation Kitui County, Mount Kenya Trust, Mr. Green Africa, MSI Reproductive Choices Kenya, MY BODY MY BODY, Nabulu Foundation, Nang'iri Women Gender Sector Working Group, National Council for Population and Development (NCPD), NEP KENYA, Network For Research fi Governance, Network for Research and Governance, Pastoralist Women for Health and Education, Peace Pulse Network, Ray of Hope, Reproductive Health Accountability and Response Kenya (RHARK), Reproductive Health Champion Organization, Rising to Greatness Community Based Organization, Rising Winner Youth Empowerment Initiative, Rural Empowerment Development Organization (REDO Kenya), Rural to Global Organization, Safe Community Youth Initiative, Salama Haven, Salvation Army International, SEEM Africa, SHIMBA SHE RISE, SRHR Alliance Kenya, ST John's Community Center, State Department for Higher Education, StepDialogue, TEEN MOTHERS, Tetea Jamii Social Justice Center, The Sojourners, Thy Great Achievers, TIMIZA YOUTH INITIATIVE, TINADA, Tongaren Subcounty Youth Organization and Kenya Malaria Youth Corps, USAID Nuru ya Mtoto — DREAMS Project, Utalii Youth Organization, UTU BORA, WE REACH, West Health Solution Youth Group, World Vision Kenya, YESAM, Youth and Women for Peace and Sustainable Development, Youth Care Africa, Youth for Sustainable World*

KEY IMPLEMENTATION BOTTLENECKS

- **Frequent FP commodity stockouts in ASAL and remote counties** driven by cold-chain failures, delayed KEMSA procurement cycles, poor last-mile logistical coordination and inadequate county co-financing. These persist despite FP inclusion in the national Essential Medicines List and UHC package.
- **Limited domestic financing and structural donor dependence**. Approximately 65 per cent of FP commodity financing in FY 2024/25 came from UNFPA and USAID. The estimated domestic gap is approximately 54 per cent of the annual national requirement, equivalent to a KES 2.1 billion shortfall.
- **Weak financial tracking and accountability at county level:** No standardized tools to monitor FP allocation-to-expenditure ratios, delayed disbursements routinely cause late-year procurement backlogs and low absorption, and limited CSO technical capacity to conduct rigorous budget analysis and hold duty bearers accountable at sub-county level.
- **Incomplete operationalization of FP-CIP II, the Self-Care Guidelines and the Adolescent and Youth Health Strategy** further limits county-level policy translation into services.

CROSS-CUTTING CALL TO ACTION

- **Secure Sustainable Domestic Financing:** Institutionalize ring-fenced FP budget lines at national and county levels. Set county-specific minimum annual increase targets of 15 per cent year-on-year to close the approximately 54 per cent domestic gap and reach 100 per cent commodity coverage by 2026. Formalize disbursement timelines and absorption accountability mechanisms to eliminate late-year underspending.
- **Strengthen Financial Accountability and Transparency:** Establish standardised county FP budget tracking tools covering allocation, disbursement and expenditure ratios. Require annual public reporting. Publish county FP financing scorecards to make underperformance visible to citizens, duty bearers and development partners.
- **Operationalize RH Policies and Frameworks.** Fully implement FP-CIP II, the Self-Care Guidelines and the Adolescent and Youth Health Strategy at county level with dedicated TWG oversight, workplan integration, county budget line and milestone-based progress reporting against measurable targets.
- **Integrate FP into the Minimum Initial Service Package (MISP) in all 47 counties starting with ASAL counties, pre-positioning commodities and training emergency responders;** issue national minimum standards for disability-inclusive FP delivery covering physical access, provider training and adapted IEC materials;
- **Establish a functional multisectoral FP2030 monitoring body.** Leverage private pharmacies, faith-based organizations and community distributors to supplement government supply chains and formalize PPP arrangements including drone delivery models.
- **Promote Public–Private Collaboration.** Leverage private pharmacies, faith-based organizations and community distributors to supplement government supply chains and extend reach to underserved areas.

LIST OF ACRONYMS

AFNIHA	AFYA NI HAZINA
ASAL	Arid and Semi-Arid Lands
AU-IBAR	African Union Inter-African Bureau for Animal Resources
CHIS	Community Health Information System
CHV	Community Health Volunteer
CHW-CN	Community Health Worker Champions Network
CSA	Center for Study of Adolescents
CSO	Civil Society Organization
DHIS2	District Health Information System 2
eLMIS	Electronic Logistics Management Information System
FP	Family Planning
HEDSO	Health And Economic Development Strategy Organization
HENNET	Health NGOs Network
HRH	Human Resources for Health
KEMSA	Kenya Medical Supplies Authority
LMIS	Logistics Management Information System
Mcpr	Modern Contraceptive Prevalence Rate
MOH	Ministry of Health
MTA	Motion Tracker Approach
NCPD	National Council for Population and Development
PPP	Public–Private Partnership
RHARK	Reproductive Health Accountability And Response Kenya
RHCS	Reproductive Health Commodity Security
SBC	Social and Behavior Change
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

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