

REPUBLIC OF KENYA



MINISTRY OF HEALTH

**REPRODUCTIVE HEALTH
COMMUNICATION STRATEGY
2016-2021**

2016

REPUBLIC OF KENYA



MINISTRY OF HEALTH

REPRODUCTIVE AND MATERNAL HEALTH SERVICES UNIT (RMHSU)

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AYSRH	Adolescent and Youth Sexual & Reproductive Health
BCC	Behaviour Change Communication
CHVs	Community Health Volunteers
CPR	Contraceptive Prevalence Rate
FGM	Female Genital Mutilation
FP	Family Planning
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IMCI	Integrated Management of Childhood Illnesses
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic & Health Survey
KHSSP	Kenya Health Sector Strategic Plan (2013-2017)
LAPMS	Long Acting & Permanent Methods
NHSSP	National Health Sector Strategic Plan
PMTCT	Prevention of Mother to Child Transmission
RHICC	Reproductive Health Inter-Agency Coordination Committee
RMHSU	Reproductive and Maternal Health Services Unit
RTIs	Reproductive Tract Infections
SDGs	Sustainable Development Goals
STIs	Sexually Transmitted Infections
SV	Sexual Violence
TFR	Total Fertility Rate
TWG	Technical Work Groups

FOREWARD

Strategic communication is increasingly being recognised as an essential element of any successful health, social or development programme. When properly implemented, communication results in sustained change in policy, social norms and behaviours. Communication is also essential in overcoming barriers to access to services or generating demand for such services. Within the context of reproductive health, communication has been seen as an important input into tackling sexual and reproductive health issues including deteriorating indicators, unmet need for reproductive health, inadequate focus to adolescent sexual and reproductive health, sexual violence and poor utilisation of available services as well as weak dissemination of existing policies and guidelines on reproductive health to the lower levels.

This Reproductive Health Communication Strategy seeks to increase the proportion of national level policy makers' knowledgeable on the socio-economic significance of reproductive health and devoting sufficient resources to meet the reproductive health needs of Kenyans. The Strategy also seeks to increase awareness and the level of knowledge in the community about reproductive issues affecting them and available services with a view to increase the proportion of individuals within the reproductive age bracket utilising available reproductive health services. Overall, it is aligned to global efforts as espoused in the SDGs. Hence, working in concert with other RH strategies, it seeks to help deliver the SDG ambition of ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, by 2030.

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

The review of this Communication Strategy was a collaborative effort of the Ministry of Health through the Reproductive and Maternal Health Services Unit (RMHSU) and various partners and stakeholders. The German Development Cooperation (GDC) through the SGBV Networks Project provided technical and financial support to the review of the Strategy. The review and revision of the Strategy was led by a Communication Consultant contracted with support from the SGBV Networks Project and facilitated by RMHSU through the IEC/BCC Programme.

We wish to take this opportunity to thank all those who contributed to the process and hope that the implementation of the Strategy will contribute towards the realisation of reproductive health goals among all Kenyans.

A handwritten signature in black ink, appearing to read 'Dr. Jackson Kioko', with a large, sweeping flourish underneath.

Dr. Jackson Kioko

Ag. Director of Medical Services, Ministry of Health

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The task force members included Dr. Jeanne Patrick, Dr. Anne Ng'ang'a, Dr. Jonah Maina, Anne Njeru, Mary Magubo, Joyce Onyango, Phares Ngare, Isabella Ndigwa, Ruth Muia, Sophie Ngugi, Clarice Okumu, Anne Gituto, Alice Mwangangi, Zainab Lukhale, Hambulle Mohammed, Mary Gathitu, Damaris Mwanzia, Philip Mbithi and Mary Okumu (PSK).

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Dr. Patrick Amoth

Head, Division of Family Health,
Ministry of Health

EXECUTIVE SUMMARY

This five-year Reproductive Health Communication Strategy provides the broad framework within which communication should serve as a strategic input into the implementation of the national RH policies and strategies. The RMHSU seeks to reverse the negative trends in various RH indicators and strives to achieve the internationally set SDG target of universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, by 2030. This Strategy identifies the key issues to be addressed to help support the achievement of priority RH objectives and strategies both in the National Reproductive Health Strategic Plan (NRHS) and as articulated by stakeholders at various forums. As highlighted in the Kenya Health Sector Strategic Plan (KHSSP), the Constitution of Kenya (2010) puts a premium on improvement of health standards, stipulating that every citizen has a right to life and a right to the highest attainable standard of health including RH and emergency treatment. It adopts a dynamic, evidence based and participatory approach in planning and implementation of communication interventions.

The development of this Strategy was done through a review of the 2010-2012 strategy which was conducted through consultations and interviews with various RH stakeholders, and analysis of key documents. The main objective of the review was to extend the scope of the strategy to more comprehensively cover Sexual Violence (SV), and the reproductive health issues for the adolescent and youth.

Some of the major factors informing the review include:

- SV continues to be a major concern as access to services is limited and survivors and their families are highly stigmatised. The effects of SV on the victims and their families are notably seen to have contributed to Kenya's failure to attain the Millennium Development Goals (MDGs) and the national goals contained in Vision 2030.
- Global development agenda was restructured as SDGs came to replace the MDGs. It was therefore important to realign national RH communication efforts to this new reality, and specifically SDG 3 that speaks directly to RH issues.
- The adolescents and youth comprise a bigger proportion of the Kenyan population and, therefore, due to their importance in RH, there is a need to refocus interventions to deliberately target them.
- The unmet needs for RH remain high across all priority components as presented in the national RH policy;
- While several policies and guidelines for RH are in place, the dissemination to lower levels, especially to the counties, is weak;
- The public sector is increasingly focusing on demand creation for RH services;

- There is increasing recognition that communication is an important input for achievement of programme goals and objectives;
- Despite the existence of documented best practices or promising approaches in RH communication in the country, a number of communication programmes are not strategic in approach;
- Coordination across sectors and among partners working in RH requires strengthening;
- Most RH related communication programmes are donor-funded, hence not sustainable;
- Of significance is the inadequate health communication technical capacity in the health sector.

The vision and goal of the RH Communication Strategy is to achieve the national RH goals as articulated in the national RH policy; that is to enhance the RH status of all Kenyans by increasing equitable access to RH services, improving quality, efficiency and effectiveness of service delivery at all levels and improving responsiveness to clients.

The Communication Strategy seeks to realise a number of objectives at various levels; policy, institutional and programmatic. The objectives are to:-

- a. Increase the proportion of national level policy makers knowledgeable on the socio economic effects of RH and devoting more resources to the prevention, control and promotion of utilisation of RH services;
- b. Increase the proportion of organisations collaborating and allocating resources in the planning and implementation of strategic communication programmes at the national, county and community level;
- c. Increase awareness and the level of knowledge in the community about RH issues affecting them and available health solutions;
- d. Increase the proportion of individuals utilising available RH services under key thematic areas;
- e. Increase the uptake of preventive, treatment and control services among vulnerable populations at the national, regional and community level.
- f. It will employ the following strategies towards realising the outlined objectives:
 - a. Policy advocacy to reposition RH as a national agenda and mobilise resources and build institutional commitment to meet RH challenges.
 - b. Capacity strengthening of communication amongst decision makers and programme implementers to integrate communication as a core strategic RH input to meet RH goals.

- c. Targeted, evidence-based strategic communication campaigns on all key RH themes designed using best practice principles to improve knowledge, create demand and utilisation of available services.
- d. Media relations and media advocacy to raise the profile of RH challenges nationally and to improve the quantity and quality of RH information disseminated to the public through the mass media, including use of digital health to create demand and improve access to services.
- e. Coordinate communication interventions amongst RH players for coherence and synergy.
- f. Document and disseminate best practices in RH communication to share experiences and increase evidence based programming in communication.
- g. Interactive new media platforms to reach key audiences, especially the adolescents and youth.

The Strategy will be implemented in three distinct but complementary domains, namely the policy, institutional and programmatic. A thematic approach has been adopted to ensure each thematic area gets sufficient and sustained focus. The coordination of planning and implementation of the Strategy will be done by the RH Communication Technical Working Groups at the national, county and sub county level. It is expected that the communication activities will be integrated into the overall planning frameworks at all the levels. In addition, a communication expert shall be asked to oversee its implementation and monitoring. The communication expert will develop a branded platform for launching RH related communication activities especially in the digital space, production and dissemination of communication materials. He/She will coordinate a core team of experts to oversee the development and implementation of a crisis communication plan. The RMHSU will be responsible for the overall monitoring of this Strategy. RMHSU and partners will therefore define a mechanism for collecting data and reporting on key output indicators. A monitoring and evaluation expert will be contracted to undertake an outcome and impact assessment and further develop an implementation framework.

1 INTRODUCTION

1.1 Purpose and Character

Strategic communication is now recognised as an essential element of any successful health, social or development programme. When implemented in a coordinated manner and integrated in a wide range of interventions, strategic communication can result into sustained change in which an organisation adopts new policy direction or an individual or a community adopts new behaviours and social norms. It can also help overcome barriers to access to services or generate demand for such services.

This Strategy provides a framework that aligns communication with the goals and vision of the national RH policy. This is in turn expected to contribute to the achievement of the broader health sector objectives outlined in the National Health Sector Strategic and Investment Plan 2013-2017 (NHSSP), Vision 2030 and the Sustainable Development Goals (SDGs).

The Strategy is national in scope hence it is a framework strategy as distinct from strategy at the level of project/theme or campaign level interventions. Its purpose is to provide strategic direction and to guide actions on those components within the landscape of RH in Kenya that can be influenced by communication at the policy, institutional and programmatic levels. However, a five-year implementation plan has been provided in the Operational Approach (Chapter 5) to guide programme level and operational activities. It seeks to focus communication on those “strategic” aspects that can provide the highest pay off from a macro point. It also defines priority audiences and issues, formulates strategic direction and actions, and determines the best way to invest resources on those aspects within the scope of RH that can be influenced by communication as a strategic input.

As an input to RH, strategic communication is likely to only play a complimentary role and will not compensate for inadequate health care or access to health services. Nor can it produce sustained change in complex health behaviours without support of a larger programme for change including components addressing capacity, health care services, technology and changes in regulations and policy. It is for this reason that this Strategy proposes coordinated action at the policy, programmatic, institutional and individual/community level to overcome the challenges facing RH in Kenya.

An implementation plan is included to support the operationalisation of the Strategy.

1.2 Guiding Principles

The following principles should underpin the planning, implementation and monitoring of this RH Communication Strategy:

- 1) **Results oriented** - The effectiveness of a communication effort should be ultimately determined by the health outcomes. Increased knowledge, approval and adoption of healthy behaviour should be verified by research;
- 2) **Evidence Based** – Communication planning should utilise accurate data and theories to inform and guide the activities;
- 3) **Client Centred** – Targeted audiences should be involved with a view to determine what their health needs are and participate in the process of shaping messages to address those needs;
- 4) **Participation** – Client involvement should be throughout the communication process including programme design, planning, implementation and evaluation;
- 5) **Benefit oriented** – The client must perceive the benefit of adopting the targeted behaviour;
- 6) **Service linked** – The health promotion efforts should be directed towards promotion of specific services to ensure self-efficacy of the target and the community enhancing empowerment;
- 7) **Multi-channelled** – Multiple channels that are complimentary should be used with a view to enhance effectiveness of communication and reach the target audiences;
- 8) **Technical quality** – The communication and related processes should aim to be effective through high quality messaging and products;
- 9) **Advocacy related** – Strategic communication should be advocacy-related, targeting the individual and policy level to influence behaviour change;
- 10) **Expanded to scale** – Communication is effective when its success at programme level can be expanded to other levels;
- 11) **Programmatically sustainable** - Effective communication programmes at all levels should aspire to be sustainable
- 12) **Cost effective** - Communication resources should be focused towards the most effective channels.

2.1 Situation Analysis

The RH Strategy has been developed by reviewing the 2010-2012 version and analysing new data on RH indicators, including adding emphasis on emerging issues such as SV and adolescents and youth. The methodology adopted for gathering relevant information included review of documents on RH, interviews with key persons at decision making levels of RMHSU, and consultative meetings with a section of implementing partners. A summary of key findings of the situational analysis is in Annex 1.

2.2 Reproductive Health Issues and Trends

Significant progress has been made through the efforts to improve the RH status of Kenyans over the last 36 years. These include the existence of equipped facilities with trained personnel that offer integrated RH services, and the ongoing strengthening of training to ensure quality. Major challenges, however, remain relating to some deteriorating indicators; the high unmet need and poor utilisation of RH services. These, coupled with Kenya's failure to achieve Millennium Development Goals (2001) targets and the aim to attain the Sustainable Development Goals (SDGs), necessitate fundamental changes in the area of Sexual and Reproductive Health. Key RH issues that have relevance to communication as a strategic input include the following:-

i) Improvement in Key RH Indicators

Key RH indicators that include total fertility rate and contraceptive prevalence rate among women has improved over the years. The KDHS (2014) shows that fertility rates have reduced to 3.9 births per woman compared to the 4.6 births per woman registered in 2008/2009. KDHS (2014) also shows that the contraceptive prevalence rate has also significantly gone up, from 46 percent in 2008/2009 to 58 percent in 2014.

ii) Priority Areas for RH

Priority areas outlined in the national RH policy based on the magnitude and significance of the problem are: maternal and new-born health, family planning, adolescent/youth sexual and RH and gender issues including sexual and reproductive rights. KDHS (2014) also shows rising concern in SV. Other priority areas are: Adolescents and Youth, HIV/AIDS, reproductive tract infections, infertility, cancers of reproductive organs, and RH for the elderly.

In order to make beneficial use of synergies, it is necessary that priority areas, strategies, programmes and services in the field of RH are interlinked.

- **Maternal and New-Born Health:** Maternal mortality is one of the key priority areas in the Reproductive Health related field including sexual violence, contraceptive prevalence rate, and early teenage pregnancy. The MMR is still high at 362 deaths/100,000 live births (KDHS, 2014). At the same time, KDHS (2014) reports a significant decline in infant mortality rate to 39 from 52 recorded in 2008/2009. Also, under-5 mortality rates have reduced from 74 in 2008/2009 to 52 in 2014. This success needs to be sustained through communication efforts among other interventions.
- **Sexual Violence:** Sexual violence incidence is on the rise with married women (14%) and married men (4%) reporting having experienced sexual violence from spouse/partner (KDHS, 2014). SV is a major contributor to high incidence of HIV/STI, unwanted pregnancy, teenage pregnancy and many other conditions. KDHS (2014) shows that 21% of Kenyan women have been circumcised, but prevalence by age suggests a slow decline over the years.
- **Family Planning:** The KDHS (2014) shows a massive increase in the contraceptive prevalence rate (CPR) to 58% from 48% in 2008. However, the unmet need for family planning among married people remains high (18%). The major challenge is not only how to tackle the increased unmet need but also how to address the persistent contraceptive stock-out. According to KDHS (2014), 77 percent of the total demand for family planning methods is satisfied, mostly by a modern contraceptive method.
- **Adolescent and Youth Fertility and HIV Infection:** Adolescent fertility in Kenya is still high. The KDHS (2014) states that 18% of girls aged 15–19 have begun child bearing or were pregnant. In addition, the report shows that both women and men aged 15-19 have lower levels of information on HIV infection than people in other age groups. Of adolescents aged 15–24 men have more knowledge of the HIV infection and prevention than women (54% and 64% respectively).

2.3 Other Factors Hindering Progress in RH

1. High HIV prevalence
2. Persistent harmful cultural practices including FGM and early/forced marriages
3. Poor health seeking behaviour for Reproductive Tract Infections (RTIs)
4. Rising incidences of cancer of the reproductive organs

5. Increasing cases of infertility
6. Lack of sufficient focus on RH needs of the elderly
7. A relatively low level of social and economic development
8. Inadequate access to sexual and reproductive health information by the adolescent and youths
9. Inadequate access to RH services during emergencies and humanitarian crises
10. Stigma and discrimination amongst certain classes/categories of persons including Persons living with HIV, Persons living with Disabilities and Key populations

2.4 The Policy Environment

There are well defined national health policies and an overall health sector reform agenda both which are expected to positively influence RH. Different policies, guidelines, standards and strategies have been developed and adopted with the majority of the developed policies having a legislative back up.

These provide the background for sector activities in the field of RH, and Adolescent and Youth Sexual and Reproductive Health (AYSRH), whose overall goal is to improve the well-being and quality of health of the Kenyan population. Their aim is to address RH concerns as well as promote and protect reproductive health rights. The policy environment focuses on improving health care delivery services and systems through reforms. There is evidence that policies and RH programmes are beginning to prioritise IEC/BCC needs. However, majority of the policies/guidelines lack a well-articulated communication component to guide investment in communication to effectively support RH goals. This strategy provides an implementation matrix to deal with this gap.

2.5 Programmatic Environment and the Status of Communication

Communication is recognised as an essential input into programmes. In regard to RH, the role of the Ministry of Health is mainly to create demand for services and encourage programmes that sensitise and mobilise communities to achieve RH goals and objectives. These interventions, therefore, form an integral part of the community strategy currently under implementation in the health sector. Over 20 different players collaborate with the Ministry to implement the national RH strategy and many of these provide advocacy and critical RH services as a priority. Despite the existing communication interventions, there is inadequate inter- and intra-sectoral coordination between government agencies and NGOs/ key partners for a coordinated and technically-sound communication strategy implementation. In some instances, strategies are formulated at the central level and dispersed to the field without field level input, while in others, some actors formulate their

own strategies and proceed to implement them with little reference to the Ministry of Health.

Gaps are also evident in many aspects of Behaviour Change Communication (BCC) planning and implementation, an indication that many interventions are not strategic in approach. The donor dependent nature of many communication programmes components also affects both their content and sustainability.

2.6 SWOT Analysis

The situation analysis identified the strengths, weaknesses, opportunities and threats that are likely to affect the success of the Communication Strategy:

- a. **Strengths** are the existing resources or capabilities within the RH sector that the Strategy will build on. These include up to date, strong and supportive policies and legislation; strong advocacy ability by the RMHSU; RH stakeholders for resource mobilisation; and the ability of the RH team to engage partners and other stakeholders in achieving the RH goals.
- b. **Opportunities** are positive factors external to the programme that may favourably affect its success. In this context, such factors include; Emergence of new media platforms that are user friendly, fast and cost effective; Media convergence as an opportunity to launch a properly coordinated and effective campaign; Increased attention towards SV both globally and locally as a critical health issue; Increased investment towards public health; Increased buy-in from both the government and other initiatives (e.g. Beyond Zero Campaign). Increasing attention to PLWDs also presents new opportunity to target this special audience.
- c. **Weaknesses** comprise the internal negative forces that may hinder the success of programmes. These include disjointed implementation of communication strategy; poor reporting process and tools for SV and other programmes; lack of proper inclusion of youth in RH and SV communication campaign; lack of embedding of communication in RH programmes/projects; lack of the operational research aspect in RH programmes. Previously, programmes and communication campaigns have paid little attention to PLWD issues.
- d. **Threats** are the external factors or situations that may adversely affect the programme's success. Some of these factors include competing sources of information such as social media that may distort the MoH's RH-related messaging; Frequent change in information technology that may change the way the public use and access information; unforeseen consequences of the devolution process; and donor dependency. Anti-SRH groups also present a

persistent threat.

The objective of the Communication Strategy is to maximise on the strengths and opportunities and minimise or avoid the effects of weaknesses and threats to the

PRIORITY AUDIENCE	SUB-SEGMENTS	RATIONALE/KEY MOTIVATIONS
PRIMARY AUDIENCES		
Communities and individuals	Women of reproductive age The elderly Parents and guardians Pre-adolescents, boys and girls Adolescents and youth Men Care givers of children under 5. Caregivers of the elderly Caregivers of people with challenges Populations in difficult circumstances/humanitarian crises Special groups e.g. PLWDs, domestic workers, mobile populations	These are clients and beneficiaries of RH services.
Health workers	Doctors, public health experts, clinical officers, nurses, community health volunteers and community health extension workers.	They play a critical role in allocating resources and formulating policies

SECONDARY AUDIENCES		
<p>Policy makers at the county, national and international level</p>	<p>Government ministers and top decision makers in the health ministry, National Treasury; Information & Communication, Sports and Culture and Arts, Education and The Presidency</p> <p>County Governments</p> <p>Members of Parliament</p> <p>Parliamentary Committee on Health</p> <p>Development partner organisations at the national and international level</p> <p>Key and Relevant officers in MoH</p>	<p>They play a critical role in allocating resources and formulating policies</p>
<p>The media</p>	<p>Print, electronic and digital media journalists and their respective media houses operating at the national and county levels.</p>	<p>The media will be key partners in dissemination of RH information and will as well help reframe the debate within the context of national goals</p>
<p>Operational and implementing partners</p>	<p>NGOs, other organisations and institutions operating within the health sector at the national and county levels and who compliment services provided by the Ministry of Health.</p>	<p>The media will be key partners in dissemination of RH information and will as well help reframe the debate within the context of national goals</p>

programmes.

2.7 Priority audience segments

Two distinct audience segments (primary and secondary audience) emerge from the situation analysis. They are at the policy, institutional and programmatic level.

2.8 Significance of the Context to the Communication Strategy

The Communication Strategy will:

- Build on the previous success in FP, MNH, ASRH, Gender and other programmes in RMHSU to raise and sustain political and financial commitment to RH;
- Reposition RH as an urgent health challenge facing Kenya by demonstrating how the deteriorating indicators are a threat to the achievements of national goals such as Vision 2030 and international targets such as SDGs;
- Build appreciation amongst decision makers and capacity amongst programme implementers to use communication as a strategic input to drive RH programme goals;
- Coordinate communication interventions by stakeholders to create coherence and build synergy;
- Create a strategic and coordinated approach to communication with a clear framework of implementation and demand for the appropriate use of services;
- Utilise evidence-based strategic communication interventions to increase the proportion of regular users of RH services by promoting services to segments in various stages of adoption of services and who have access to these services;
- Foster participatory strategic communication planning, management and evaluation capacity at the national, regional and community level by integrating RH aligned communication within the community strategy;
- Track overall performance and impact of RH strategy and BCC activities by establishing clear measurable indicators and benchmarks, documenting successful communication within the landscape of RH programmes and sharing lessons to improve communication initiatives at all levels.

3 STRATEGIC APPROACH

3.1 Vision and Goal

The overall vision and goal of this Strategy is to support the RMHSU and its partners to achieve the national RH goals as articulated in the National RH policy, which is to enhance the RH status of Kenyans by:

- Increasing equitable access to RH services;
- Improving quality, efficiency and effectiveness of service delivery at all levels; and
- Improving responsiveness to client needs.

3.2 Strategic Objectives and Goals

The strategy is guided by the following objectives and specific goals:

STRATEGIC OBJECTIVE 1 (Policy Level):

Increase the proportion of national level policy makers knowledgeable on the socio economic consequences of RH and devoting more resources to the prevention of sexual violence and promotion of RH services.

STRATEGIC OBJECTIVE 2 (Institutional Level):

Increase the proportion of organisations collaborating and sharing resources in the planning and implementation of strategic communication programmes at the national, county and community level;

STRATEGIC OBJECTIVE 3 (Programmatic Level):

- Increase awareness and the level of knowledge in the community about RH issues affecting them and available health solutions;
- Increase the proportion of local level champions supporting community utilisation of RH services;
- Increase the proportion of individuals utilising available RH services under key thematic areas;
- Increase the uptake of preventive, treatment and control services among vulnerable populations at the national, county and community level in both non-emergency and emergency contexts.

4 THEMATIC AREAS OF STRATEGIC INTERVENTION

The key RH themes will be addressed through strategic communication campaigns. Design of these campaigns will be evidence and needs based. During implementation, the cross cutting issues on Sexual and RH (SRH) rights and HIV/AIDS linkages will be taken into consideration.

4.1 Thematic Area 1: Maternal and New-born Health

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Women of Reproductive Age (WRA)	Promote the 4 focused ANC and PNC services (Most of the complications can be prevented when identified early during the focused-ANC visits, Individual birth plans and EMTCT can be initiated)	Behaviour change communication
Youth and adolescents		Health education
Men		Social mobilisation
Policy makers		Advocacy through Champions
Service providers		Policy brief
Communities		Social mobilisation
Change agents/ Influential Persons (FBOs, NGOs)		Participatory development communication
Persons living with disability		Social change and human rights based communication
Populations in difficult circumstances		Social marketing
Police/Judiciary		
	Promote delivery at the health facility by a skilled birth attendant (Majority of maternal deaths and complications occur due to lack of skilled birth attendant, poor delivery environment, lack of essential commodities that are life-saving these issue can be dealt with in the health facility where most of these provisions are available).	
	Promote uptake of FP services, cancer screening and health awareness during ANC and PNC.	
	Increase awareness on review of MPDSR/Near-miss at all levels	
	Ensure security of commodities for maternal health	

4.2 Thematic Area 2: Family Planning

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Women of Reproduction Age	Promote utilisation of FP services to Special groups – Adolescents, youth, PLWHA, rural women, persons with disabilities.	Health education
Adolescents and Youth		Social mobilisation
Men	Promotion of male involvement	Digital health, apps, social media
Policy makers		Participatory development communication
Service providers	Improve commodity security	Policy advocacy
Communities	Promotion of LARC, permanent methods.	Behaviour change communication,
Change agents/IP (FBOs, NGOs)		Social change and human rights based communication
Special & organised groups	Improve coordination in FP.	Policy briefs
Line departments		

4.3 Thematic Area 3: Adolescents and Youth

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Adolescent and youths (10-24 years)	Provide adequate information and ensure universal access to AYFS	Social and Behaviour change communication, digital health including apps, and social media
Service providers		
Commercial sex workers	Increase access to Post Abortal Care	Policy Briefs
Long distance truck drivers	Create awareness for the prevention of harmful practices e.g. FGM, drug/substance abuse	Edutainment
		Social marketing

Men having sex with men	Increase awareness on availability of SV information and services	Social and behavioural change communication
Influential Persons		Health education
Ministry of Health		Human rights based communication
Ministry of Education, Science and Technology		Social mobilisation
Ministry of ICT		Participatory development communication
Ministry of Devolution		
County Government		
Religious Leaders		
Media		
Police/Judiciary		

4.4 Thematic Area 4: RH-HIV Integration

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Women of Reproductive Age	Promote counselling and testing of the community including adolescents and youth	Social and Behaviour change communication
Men		Social Media
Communities	Advocate and mobilise resources to support integrated RH/HIV services	Social marketing
Adolescents and		Policy Advocacy

youth	Increase community awareness of availability and importance of utilizing RH services for the HIV positive mothers	Health education
Policy makers		human rights based communication
Civil society/service providers		Social mobilization
Teachers	Advocate and mobilise resources to support people living with HIV/AIDs	Participatory development communication
Religious leaders		
Influential Persons	Link HIV/AIDs with SRH issues	
Adolescents and youth living with HIV	Advocate for Stigma reduction	
Parents and care givers	Increase promotion of Adherence to the AR therapy	
Media personalities/ Media		
CHVs		
Ministry of Education, Science and Technology		
Ministry of Health		
County Governments		
Police/Judiciary		

4.5 Thematic Area 5: Reproductive Tract Infections (Including STI, Prevention and Management)

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Women	Promote prevention and treatment of the RTIs and STI (screening and early identification is crucial in ensuring the RTIs and STI doesn't contribute to poor RH outcomes or HIV/Aids.)	Advocacy
Men		Health education
Adolescents		Counselling
Youth		Social mobilization
Policy makers		Behaviour change communication (BCC)
Ministry of Education, Science and Technology		Policy advocacy
Ministry of Health		Advocacy through champions
Influential Persons		Edutainment
County leadership		Participatory development communication
Health care workers		Advocate for the access of the RTI and STI services. (accessibility, affordability and availability)
Donors/Partners		
CHVs		
Opinion leaders/ Cultural leaders	Create awareness on signs and symptoms of Reproductive Tract Infections (Including STI)	
Parents and care givers	Address myths and misconceptions	
Mass media		

4.6 Thematic Area 6: Infertility

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Women of Reproductive Age	Increase awareness of the causes of infertility and possible interventions	Health education
Men		Social mobilisation, Participatory development communication
Policy makers	Reduce stigma associated with it.	Policy advocacy,
Service providers/ Civil Society	Increase awareness about sexual dysfunction, causes, interventions and reduce stigma associated with it	Behaviour change communication,
Communities		Social change and human rights based communication,
Change agents (FBOs, NGOs)		
Special groups		
Line departments		
Youth		
Media		

4.7 Thematic Area 7: Cancers of the Reproductive Organs

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Women	Create awareness of the RH related cancers (cervical and breast cancer are currently the leading malignant disease in women of reproductive age in Kenya).	Health education
Men		Counselling
Adolescents		Social mobilisation
Youth		Behaviour change communication
Policy makers	Advocacy for resources, lobbying for standards and	Policy advocacy
County leadership		

Health care workers	equitable services	Advocacy through champions
FBOs NGOs	Create awareness on the availability of cancers prevention and management services (lobby for cost effective and accessible resources and services for the cancers)	Edutainment
Donors/Partners		Participatory development communication
Civil society	Create awareness on the importance of screening and early detection.	
CHVs		
Teachers		
Opinion leaders/ Cultural leaders		
PWD		
Religious leaders		
Parents and Care givers		
Mass media		

4.8 Thematic Area 8: RH of the Elderly

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
The elderly	Demand creation and awareness on RH issues of the elderly and the availability of the services	Health education
Community caregiver		Advocacy
Mass media	Awareness creation in societal support structures	Counselling
Policy Makers		
Opinion leaders		
PWD		
Civil society/ services providers		

4.9 Thematic Area 9: Gender/Reproductive Rights and Sexual Violence

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Men	Promote gender equity and equality in decision-making in matters of sexual and RH.	Social mobilisation
Women		Participatory development communication
Pre-adolescents	Advocate for women to be fully involved in their gender issues/policies.	Advocacy
Adolescents		Social Behaviour change communication
Youth		Counselling
Ministry of Interior and Coordination of National Government	Create awareness of sexual and RH needs and rights.	Health education
Opinion/Cultural/Religious leaders	Promote male involvement in RH programmes	Human rights based communication
Health care workers	Advocate for an environment that allows and promotes equal access to information, services, opportunities, and benefits for all	Dissemination of research findings through media
Mass media		High publicity of SV issue during international and local celebrations
Policy makers	Create awareness for prevention of sexual violence to elderly, adolescents and youths	Community Dialogue Days
Civil Society		
CHVs		
PWD		
Donors/Partners		
Police/Judiciary		

4.10 Thematic Area 10: RH in Emergencies

AUDIENCE	ISSUES AND EVIDENCE	COMMUNICATION METHOD
Men	<p>Promote the access by all populations affected by emergencies to RH services in emergencies (MISP Minimum Initial service package).</p> <p>Advocate for the inclusion of RH in emergencies in the County Disaster preparedness and response plans.</p> <p>Advocate for the prioritization of MISP as a lifesaving service during emergency response.</p>	Social mobilization
Women		Advocacy
Pre-adolescents		Social Behaviour change communication
Adolescents/Youth		Counselling
Opinion/Cultural/Religious Leaders		Health education
Health care workers		Human rights based communication
Mass media		Dissemination of research findings through media
Policy makers		
Civil Society		
CHVs		
Persons with challenges (physical and mental)		
Donors/Partners		
Emergency service organisations/Police		

5. OPERATIONAL APPROACH

This Strategy will be implemented in three distinct but complimentary domains - policy, institutional and programmatic. RMHSU/MoH being part of the National Government will mainly focus on the development of policy guidelines and standards and their dissemination. Implementation will mainly happen in the counties as mandated by the Constitution of Kenya (2010). Hence, Counties will adapt policies, guidelines and standards developed and disseminated by national organs and customise these to their context. Strategies and tactics for adaptation will be tackled as a substantive agenda in the dissemination sessions with the outcome being a County strategy which includes an action plan. However, institutional development will happen both at the national and at the County levels. The need for coordination of RH communication activities between implementing was identified as a concern and has been factored into the implementation plan with the Technical Working Group as the critical coordination platform. This Strategy, therefore, seeks to:-

1. Deliver, in a coordinated and planned manner, advocacy to raise and sustain political and financial commitment to RH;
2. Stimulate dialogue about behavioural and social change; and
3. Build and sustain institutional and multi-sectoral support towards the achievement of the RH national goals through social mobilisation.

Below are the specific strategies:-

- a) Policy advocacy to reposition RH as a national priority and mobilise resources and build institutional commitment to meet RH challenges;
- b) Capacity strengthening on communication amongst decision makers and programme implementers to integrate communication as a core RH input to meet RH goals;
- c) Targeted evidence based strategic communication campaigns on all key RH themes designed using best practice principles to improve knowledge, create demand and ensure utilisation of available services;
- d) Media relations and media advocacy to raise the profile of RH challenges nationally and to improve the quantity and quality of RH information disseminated to the public through the mass media to create demand and improve access to services;
- e) Coordinate communication interventions amongst RH players for coherence and synergy;

- f) Document and disseminate best practices in RH communication to share experiences and increase evidence based programming in communication.

5.1 Implementation Framework

A thematic approach has been adopted in implementing this strategy over a period of five years. Community mobilisation activities will be initiated in areas where interventions are already up and running and will be expanded and replicated in new areas as services become available. Activities will be implemented at three inter-linked levels: national, county and sub-county. Implementation will be coordinated through the RH Communication Technical Working Group to leverage resources and to maintain coherence of communication activities among implementing institutions at the three levels, and with the implementing partners outside the public sector. Below are general recommendations on key Strategy implementation areas:

1. **Assign a communication specialist to manage the implementation of this Strategy:** Implementation of this Strategy will require focused efforts and it is recommended that the RMHSU assigns a communication specialist to specifically oversee its implementation. RMHSU, with its collaborating partners, will work out modalities of this function.
2. **Communication will be delivered from a branded platform:** A theme, logo and slogan to provide a branded platform for all communication materials will be developed at the beginning of the implementation of this Strategy. This will enhance coherence of messages and create synergy across different communication activities.
3. **Development and implementation of communication materials:** All materials produced will require pre-testing among intended audiences prior to implementation. The RH Inter-Agency Coordinating Committee will participate in the development of all creative materials to ensure their technical accuracy and appropriateness.
4. Design and implementation of communication interventions in thematic areas will be guided by a **strategic planning framework**.
5. **Dissemination of information materials:** Materials will be disseminated through a demand-driven network to ensure that the materials are distributed efficiently and used effectively at community level. Dissemination sessions will include substantive agenda on strategies and tactics for adaption resulting in a county strategy complete with an action plan. Guided by the National crisis communication plan, the sessions will also define a county crisis communication plan as indicated in (6) below.

6. **Crisis communication planning:** Communication campaigns will provide for crisis communication planning to prepare for setbacks or unanticipated circumstances that may occur and negatively affect the campaign. Key underlying principles in planning will be consideration for those affected and cooperation with the media. The crisis communication plan will ensure that crisis interventions are immediate and issue focused. A core team of senior managers with the capacity to respond during a crisis will be identified and prepared for any crises. A crisis communication plan will be developed during the augmentation phase of this strategy. The plan will ensure the promotion of access to RH services by all affected populations during emergencies including the definition and deployment of the Minimum Initial Service Package (MISP). County adaption of the crisis communication plan will form a substantive agenda during the dissemination sessions in addition to ensuring that RH in emergencies is included in the County disaster preparedness and response plans.
7. **Availability of quality and comprehensive RH services:** Efforts must be made to ensure that services being promoted are available and accessible at relevant outlets to avoid loss of client confidence in the campaigns and related promotion activities.
8. **Monitoring and evaluation (M&E):** Engage an expert to draw M&E plan which will be essential in objectively indicating progress towards the achievement of the objectives of the strategy and in tracking the key performance indicators of the programme as outlined in the M&E framework in Chapter 5.

5.3 Strategy Augmentation Plan and Budget

RMHSU will implement the following activities to bring the strategy to life:

ACTIVITY	STRATEGY	BUDGET ESTIMATE (Kes)	DATE
Publish RH communications strategy	Design and print 1,000 copies	600,000	Q1/2016
Develop communication strategy implementation guidelines	Assign consultant to lead development of guidelines 4 day workshop to develop guidelines.	2,500,000	Q1/2016
Publish RH communications strategy implementation guideline	Design and print 1,000 copies	600,000	Q1/2016
Coordination of planning and implementation of the Strategy will be done by the RH Communication Technical Working Groups at the national, county and sub county level	Meeting to sensitise and plan work by the Technical Working Group on communications	500,000	Q1/2016
Concept and development of a branded platform for launching and sustaining RH communication activities especially in the digital space	Contract out the designing and development of platform	5,000,000	Q1/2016
	Monthly social media campaigns	6,000,000	Q3-Q4/2016
Development of communication messages	Message development meetings	500,000	Q1/2016
Production/dissemination of communication materials	Design and Produce communication material. Disseminate through national, county and subcounty TWGs	1,200,000	Q1/2016
Establishment of a core team of experts to oversee the development and implementation of a crisis communication plan	Identify core team members, design roles and responsibilities. Hold meetings to develop a crisis communication plan	500,000	Q2/2016

ACTIVITY	STRATEGY	BUDGET ESTIMATE (Kes)	DATE
The RMHSU will be responsible for the overall monitoring of this Strategy. RMHSU and partners will therefore define a mechanism for collecting data and reporting on key output indicators.	Hold meetings to develop a M&E plan	250,000	Q1/2016
A monitoring and evaluation expert will be contracted to undertake an outcome and impact assessment.	Identify and contract M&E expert.	1,500,000	Q2/2016
Media and public launch of the RH communications strategy	A high-level public event highlighting key messages Media editorial content and commercials for print, broadcast and digital channels to create awareness on new platform and reinforce key messages	12,500,000	Q1/2016
TOTAL		31,650,000	

6. MONITORING AND EVALUATION FRAMEWORK

Monitoring and evaluation (M&E) will be essential in objectively establishing progress towards the achievement of the objectives of this Communication Strategy and in tracking the key performance indicators of the programme. The key aspects of the M&E framework for this strategy include:

- Monitoring of the communication activities as they happen.
- Assessing the outcomes and impact of the programme at regular intervals.

6.1 Monitoring of the Programme Performance

Monitoring of the performance of this programme will involve tracking and assessing the specific outputs of the communication activities. A mechanism for collecting data and reporting on the specific output indicators for each programme activity should be developed and implemented. Monitoring should be done at project and RMHSU level.

6.2 Assessing Outcomes and Impact of the Communication Programme

- The overall outcome indicators will form the basis for assessing the interim and long-term impact of the communication programme. This level of assessment should be conducted by independent research organisations. The key methodology for assessing communication indicators will be to assess changes in knowledge, attitudes, behaviours and practices.
- A monitoring and evaluation (M&E) specialist should be contracted to carry out this level of impact assessment. The scope of work for the M&E specialist would include:
 - o Review and finalise the outcome indicators;
 - o Design a comprehensive M&E plan and methodology relevant to the outcome indicators;
 - o Design a comprehensive strategy for assessing the impact of the Communication Strategy among all stakeholders;
 - o Conduct outcome and impact assessment surveys at specified and agreed time frames;
 - o Analyse the data, preparing reports and disseminating the survey findings to key stakeholders;
 - o Give recommendations for programme improvement.
 - o The M&E specialist will work closely with the

RMHSU, Department of Health Promotion, MoH and other stakeholders in implementing the above tasks.

6.3 Knowledge Management

It is important that key information, lessons learned and tacit knowledge gained in the process of developing and implementing the Communication Strategy are recorded in a systematic way and shared with partner organisations so that their value is not lost.

Initially, the role of the Knowledge Management component for communication activities within the sector will be to:

- Prepare and present quarterly reports on communication activities to the most senior management committee within RMHSU. This should help ensure that the leadership remains abreast of Strategy implementation and provide direction on future efforts.
- Information and experience could be shared through:
 - o Technical Working Group (and any other RH communication groups that are formed);
 - o Regular reports released to the media for dissemination to the public.

7. FINANCIAL RESOURCING

7.1 Resource Mobilisation

Availability of adequate financial resources and efficiency in utilisation are key in determining to what extent this strategy will be implemented and whether the stated goals and objectives will be achieved. The funds will be mobilised by implementing actors, at both the national and county levels, from the public sector budgets and development partners including the private sector.

7.2 Indicative Budget for Implementation (Year One)

RESULT AREA	COMPONENT	BUDGET ITEM	COST (Kes)
Policy formulation and strategic plan	Augment the communication strategy	Publish RH Communication Strategy; Develop and publish implementation guidelines; Operational mobilisation; Develop a digital platform and social media campaigns; Launch events at the national level and in strategic counties	31,650,000
	Advocacy for supportive policies and appropriate guidelines for RH	Workshops to review updated policies and guidelines, and develop/implement communication plan for advocacy	2,000,000
		Compile, produce and disseminate RH status report	5,000,000
		Media relations and advocacy including: Editors roundtables on emerging issues; Strategic media field visits; Media briefings with updated media kits	13,000,000
		Administration and coordination of strategy; Maintenance of digital platform and social media campaigns	2,000,000

RESULT AREA	COMPONENT	BUDGET ITEM	COST (Kes)
Capacity Building and Technical Support to counties	Increase awareness and the level of knowledge in the community about RH issues affecting them and available health solutions so as to drive uptake of services	Meetings to develop/agree implementation plans based on policy guidelines and standards	1,000,000
		Training workshops on strategic message development and dissemination to key audiences	1,000,000
		TWG to coordinate and implement inter-county communication campaigns to encourage service uptake	20,000,000
		Provide technical support for development of IEC/BCC materials; training materials; tools for capacity building	6,000,000
		Technical meetings to review adaptation and performance	1,000,000
Monitoring & Evaluation	Monitor implementation of policy guidelines and standards	Document and share best practices and success stories through media releases, high profile visits and events	600,000
		Develop M&E frameworks for communication activities	2,000,000
Resource Mobilisation	Sensitisation/ orientation of stakeholders	Develop and disseminate policy briefs; conduct stakeholder meetings	2,000,000
GRAND TOTAL			87,250,000

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Reproductive Maternal Health
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