

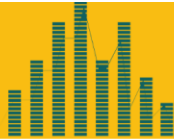
Assisting Women in Mutomo to Space Children and give birth to the number of children they can afford to provide for, give good care and promote their well being

---



# IMPACT EVALUATION REPORT FOR FAMILY PLANNING

**JUNE 2024**



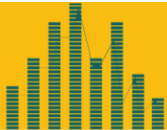
# **IMPACT EVALUATION REPORT FOR FAMILY PLANNING PROJECT IMPLEMENTED BY SMPI IN MUTOMO SUB-COUNTY, KITUI**

Assisting Women in Mutomo to Space Children and give birth to the number of children they can afford to provide for, give good care and promote their well being

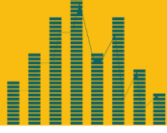


## **Summary of Family Planning Project-Mutomo**

No	Category	Description
----	----------	-------------



<b>1</b>	<b>Table of Contents</b>	
2	Foreword.....	0
3	Introduction .....	3
3.1	About.....	3
3.2	Historical Background .....	3
3.3	Funding /Sustainability .....	4
3.4	Project Background: Family Planning & Teenage mothers .....	5
3.5	Project Approach.....	6
3.6	Project Theory of Change .....	0
4	Impact Evaluation Approach and Methodology.....	4
4.1	Approach.....	4
4.2	Methodology.....	5
5	Impact Evaluation Findings.....	2
5.1	Introduction .....	2
5.2	Project Level Impact .....	0
5.3	Awareness and Knowledge .....	1
5.4	Attitudes and Beliefs.....	1
5.5	Access and utilization.....	3
5.6	Barriers and Challenges.....	6
5.7	Individual and Community Level Impact.....	7
5.8	Sustainability.....	9
6	Conclusion and Recommendations.....	10
6.1	Conclusion.....	10
6.2	Recommendations.....	1
7	Annexes.....	2
7.1	Key Indicators .....	2
7.2	Household Interview Questionnaire.....	3
7.3	Key Informant Interview Questionnaire.....	5
7.4	Focus Group Discussion Questionnaire .....	6



## 2 Foreword

This report is an impact evaluation of the Family Planning project-Mutomo implemented by the Sweden Mutomo Projects International NGO (SMPI).

In cognisance of the fact that unplanned large families contribute to poverty in developing countries. The project educates men and women on maintaining manageable family sizes. In collaboration with the county health ministry, SMPI introduced the family planning project in Mutomo, Kitui South, Kitui County. Since 2014, about 118,447 women have benefited from this initiative.

The goal of the impact evaluation was to seek information about the observed changes or 'impacts' produced by an intervention. These observed changes can be positive and negative, intended and unintended, direct and indirect. The impact evaluation used 'causal attribution' or 'causal inference' to establish the cause of the observed changes and linked them back to the project intervention.

The impact evaluation also examined the strategic role of SMPI as well as its contribution to sexual and reproductive health, gender equality and women's empowerment, and population dynamics. The evaluation was based on a comprehensive review of documents covering the conceptualization, design and implementation stages. This was followed by an intensive field work for further data

collection and validation of preliminary findings. The field work included key informant interviews, focus group discussions and individual and home and health facility site visits. The evaluators worked to obtain the perspectives of all stakeholders and systematically ensured the validity of collected data by means of triangulation techniques. Specific evaluation criteria were formulated during the preparation phase, which focused on relevance, efficiency, effectiveness and sustainability underpinned knowledge, attitude, and practices and Behaviour Change (KAPB) towards Family Planning, in line with the "KAP" theory. According to the KAP theory, human health behavioural change is achieved through the acquisition of the right knowledge, generation of attitudes, and adoption of behaviours (or practices) in three successive processes<sup>1</sup>.

The evaluation was complemented by an analysis of the monitoring and evaluation system established by SMPI through use of Project Staff and Community Mobilizers. Findings in this report principally provides basis for evidence-informed decision making to guide ongoing implementation.

At the outset, the Family Planning Project is fully aligned to international and national commitments, priorities, and has shown responsiveness to Mutomo population humanitarian needs and the transition from poverty to better, lower middle-income status.

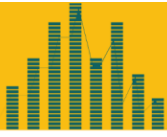
The Family Planning Project has achieved significant progress over the past decade. The key tenets for success have been:

- ✓ **Patience and sustainability:** A 10-year journey from concept to consistent implementation.
- ✓ **Credible community presence:** Educated community mobilizers in distinctive blue vests for ease of identification build and fostered trust in the community.

<sup>1</sup> Kim T.R., Ross J.A., Smith D.P. KOREA: Trends in Four National KAP Surveys, 1964–1967. *Stud. Fam. Plan.* 1969;1:6–11.

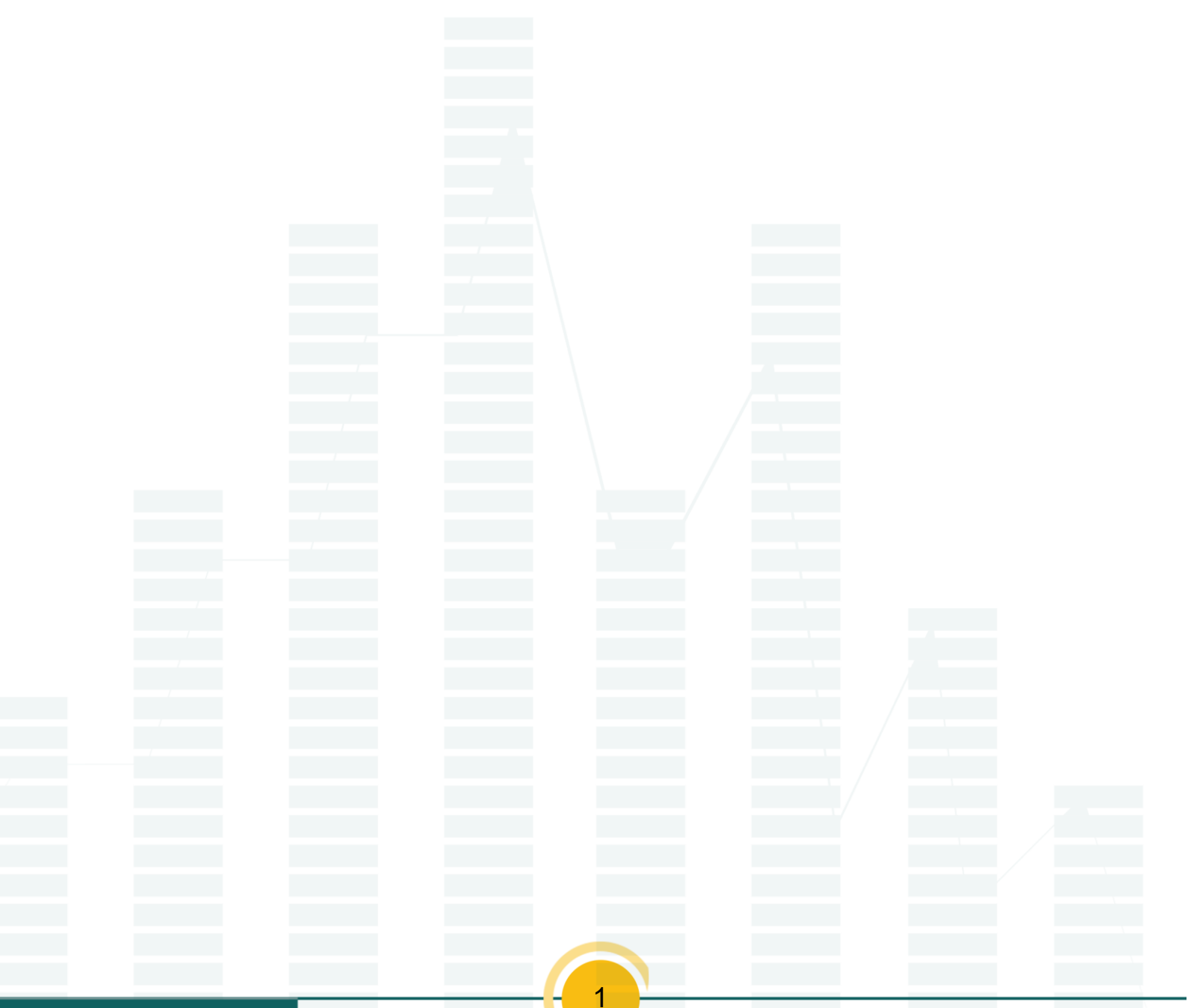
doi: 10.2307/1965090. [[CrossRef](#)] [[Google Scholar](#)]

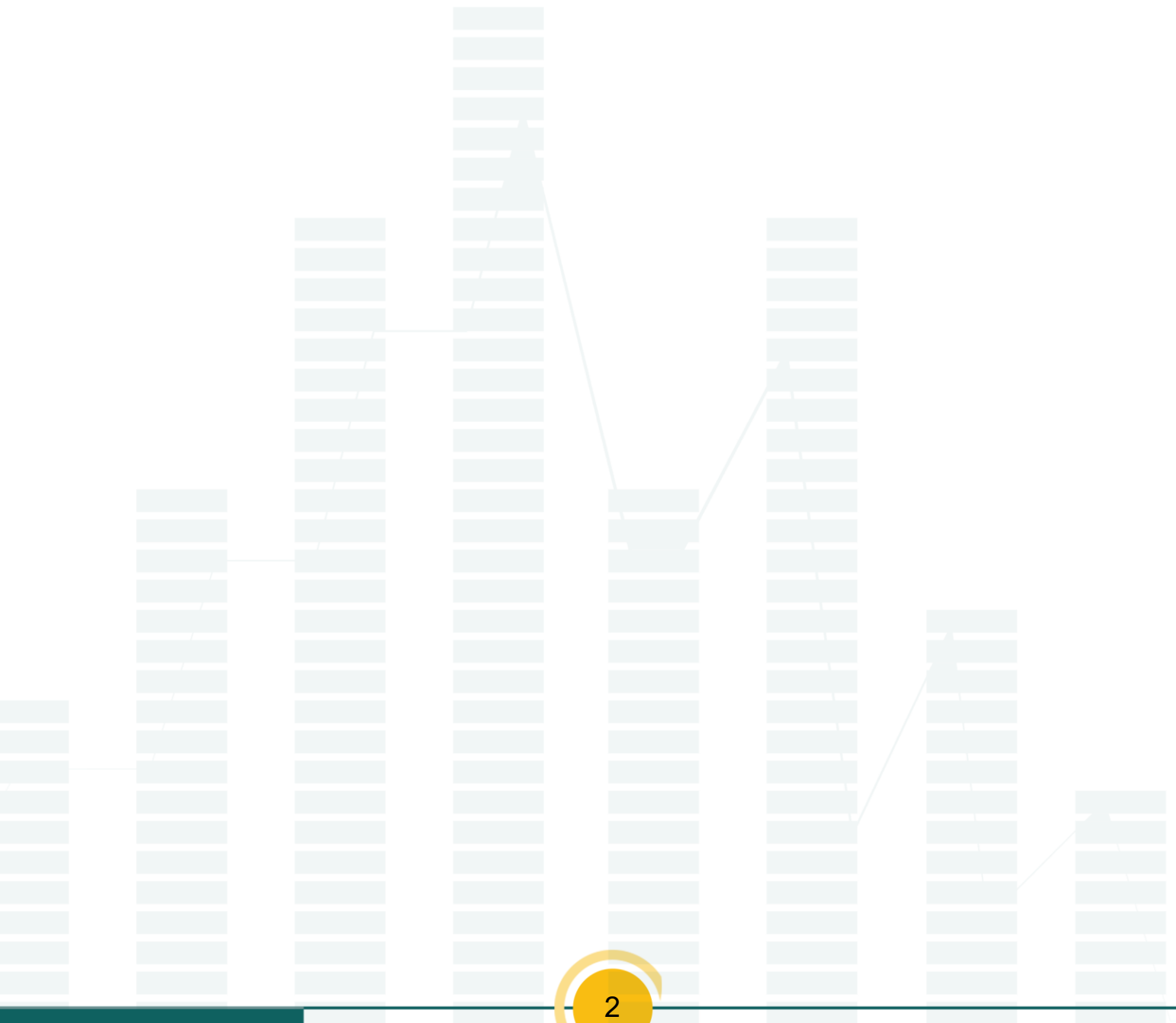
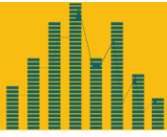


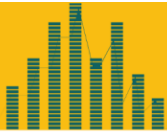


- ✓ Uniform messaging: SMPI information booklet used across all districts ensured consistent communication.
- 1. Devolved health services: County-level decision-making improved accessibility and responsiveness.

It is important that the recommendations made and lessons learned during the implementation of this project, as expressed by this report, are internalized and become the foundation on which future interventions will be premised.







## 3 Introduction

### 3.1 About

Sweden Mutomo Projects International (SMPI) is a non-profit organization whose aim is to contribute to a sustainable development with the improvement of the livelihoods of the residents of Mutomo District, Kitui South, Kitui County, Kenya. The projects implemented by the organization are financed through contributions from Swedish companies, Rotary clubs, organizations, individual donations and member fees.

The project aims at giving the local community the necessary support to develop and create participation and commitment towards positive growth.

#### Historical Background

Sten Kvarfordh, a member of the Uppsala-Carolina Rotary Club, travelled to Mutomo, Kenya as a volunteer dentist under the auspices of the Rotary Doctor Bank in 2001 to provide dental care for 6 weeks. Since then, Sten worked in various intervals until 2006. He then realized the need for dental care is certainly great, but other things were missing.

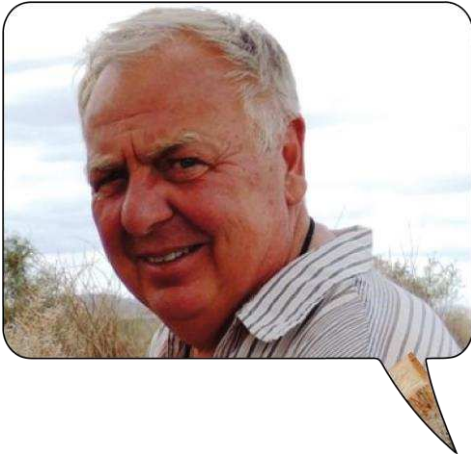
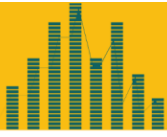
Sten observed the region's unfavourable climatic changes characterized by short rainy seasons and long dry periods of famine and drought. He also observed that more than 70% of the residents were peasant farmers who lived below the poverty line (1,25USD/day) unable to meet their basic needs and educate their education. The standards of living were very low with low literacy and unemployment levels amongst residents. HIV/AIDS prevalence was also high where he observed that nearly 60% of the patients visiting the facility were HIV positive in the early 2000s.

High unemployment, lack of water, lack of education, information on family planning, school premises in poor condition, children who are unable to receive education for cost reasons are some examples.

It is these facts that inspired Sten to initiate activities that were to alleviate poverty among the residents of Mutomo.

His dream is to see SMPI become a globally recognized organization of highly driven members and staff for the implementation of high quality projects and a continued desire to follow his founding motto of Helping people to help themselves.

SMPI (Sweden Mutomo Projects International Non-Governmental Organization) has a diverse staff expertise in field of water, sanitation and hygiene, family planning, Young Mothers support, Junior achievement, Sports, and agricultural improvement.



Jag heter Sten Kvarfordh och är tandläkare till yrket. Jag insåg tidigt att jag ville bidra till en bättre värld. När jag var i 30-årsåldern mötte jag en läkare som berättade om sitt arbete i de mest fattiga delar av Afrika. Jag kände genast ett kall och tänkte att jag en dag också skulle arbeta med att förbättra levnadsvillkoren för fattiga. I dag driver jag Mutomoprojektet som ska ge de 250 000 invånarna i regionen Mutomo i Kenya ett bättre liv. Projektet drivs som en ideell förening under parollen Hjälp till självhjälp.

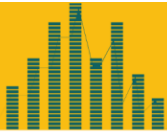
*My name is Sten Kvarfordh, and I am a dentist by profession. I realized early on that I wanted to contribute to a better world. When I was in my 30s, I met a doctor who told me about his work in the poorest parts of Africa. I immediately felt a calling and thought that one day I would also work to improve the living conditions of the poor. Today I run the Mutomo project, which will give the 250,000 inhabitants of the Mutomo region in Kenya a better life. The project is run as a non-profit association under the slogan Help for self-help.*

## 3.2 Funding /Sustainability

Several Rotary Clubs, businesses, private individuals, and members work together in the Mutomo project to support its population through various projects. Donors are offered the possibility to finance specific projects such as the construction of schools, water projects, family planning, young mothers, children's fund, junior achievement and sports.

In 2022, a new company was started in parallel with SMPI-NGO called SMPI – E (Enterprises) with a tag line for business for charity. Hence, the profits from the company shall finance the operations of the NGO wing in future.

SMPI-E conducts bakery operations, water and honey sales. Currently it's one of the biggest employer in Mutomo.



## Project Location

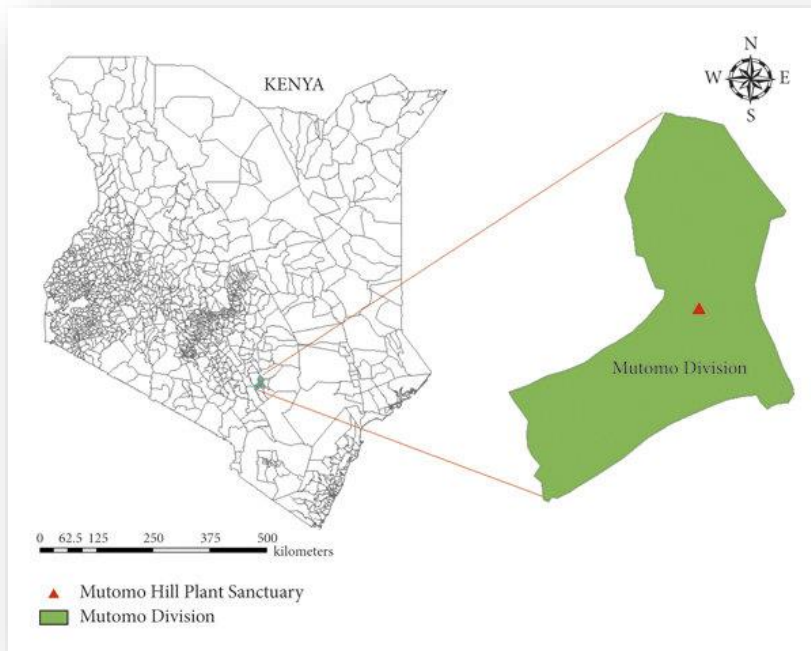


Figure 1: Map of Kenya showing location of Mutomo

### 3.3 Project Background: Family Planning & Teenage mothers

The project is implemented in Mutomo; Kitui South is one of the 8 electoral constituencies in Kitui County. The population of Kitui South as per National Housing and population Survey (2019), as at 2022 is projected as 192,421 (93,030 males and 99,390 females). The sub county has 6 wards (Ikanga/Kyatune, Mutomo, Mutha, Ikutha, Kanziko, Athi) with 41 county level villages.

The constituency covers an area of 6,133.70 square kilometres. Kitui South Constituency experiences one of the highest incidences of poverty which stood at 76 per cent<sup>2</sup>. The fact that the constituency covers the Eastern part of Tsavo National Park is another potentially significant factor for economic growth in the area.

<sup>2</sup>2012 according to study by Ministry of Planning and National Development titled: Geographic Dimensions of Well -Being in Kenya; Who and Where are the Poor?

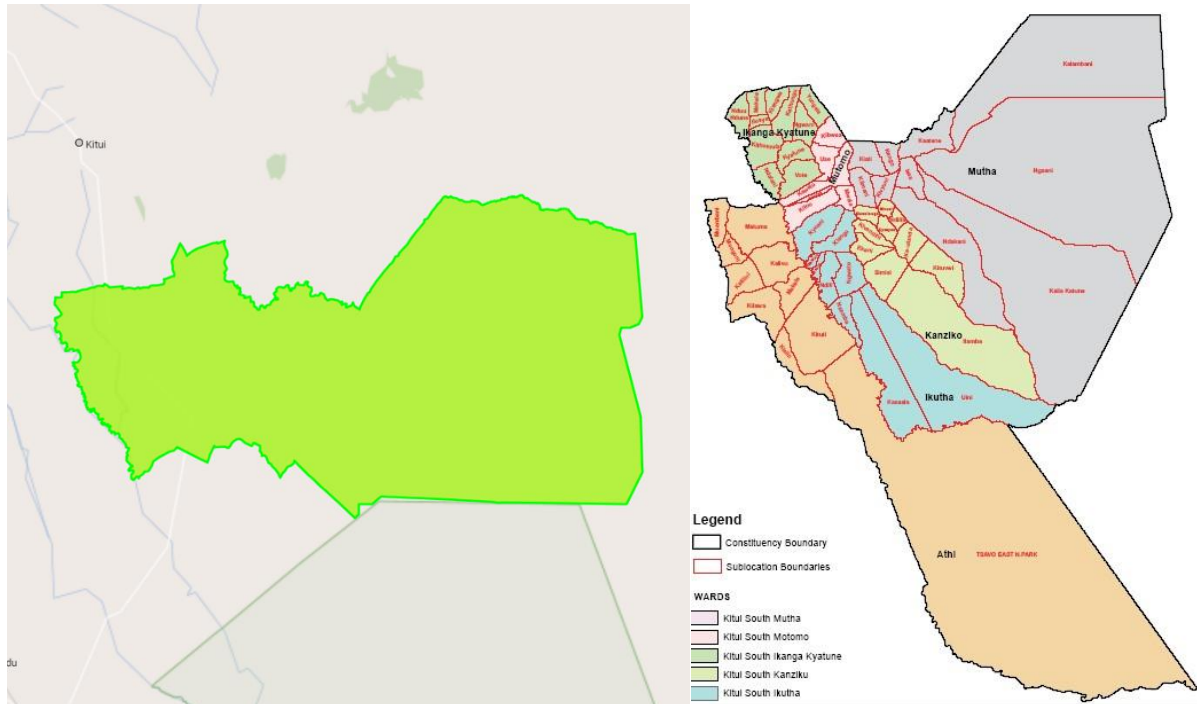


Figure 2: Project Location: Mutomo Sub County, Kitui County, Kenya

According to data from 2019, Kitui South sub-county has the highest population of 180,679, consisting of 87,350 males and 93,322 females (currently projected at 192,421 (93,030 males and 99,390 females)). Kitui South however has the lowest population density of 15.70 individuals per square kilometre (projected at 16.72 in 2022). Further 6,874 persons (M=3,208, F=3,666) are disabled in Kitui South. This population density in Mutomo, Kitui South of 16 individuals per square kilometre lower than for Kitui County recorded at 37 individuals per square kilometre, which is also significantly lower than the national average of 92 individuals per square kilometre. The distribution of settlements in the region is uneven and is influenced by a range of factors including land potential, livelihood zones, infrastructure access, land use systems, and the availability of social amenities.

Large and unplanned families continue to contribute to high levels of poverty in poor and developing countries. The program aims on creating awareness to the women and men on ways to have minimum

number children a family can afford to raise. In collaboration with county ministry of health and sanitation, SMPI has introduced family planning program in Kitui south.

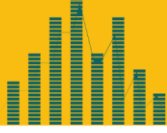
### 3.4 Project Approach

In 2013, hospital records reflected that Mutomo sub county had few people accessing contraceptives. This led to higher birth-rate and high poverty levels among the households. As a result of this, SMPI got concerned of uncontrolled births within the Mutomo community and arose the need to create awareness on family planning program.

First pilot project was done in 2013 at Ndakani location in collaboration with government health officers from the region.

The project adopted use of community mobilizers to reach the entire community members for trainings and referrals on contraceptives.

40 community mobilizers were trained by professionals from the SMPI project and ministry of health (both women and men) who took the idea positively.



Community Mobilizers are issued with booklets for training, jackets and badges for identification which are provided by SMPI.

**The project goal was to:** *To assist rural women to be able to space children and give birth to limited number of children they can provide for, give good education and promote their wellbeing.*

The project has been using the approach of engaging Community Mobilizers<sup>3</sup> drawn from the areas below:

- ✓ **Ndakani location whereby 42 people were trained to act as community mobilizers on the need of using modern contraceptives in 2013.**
- ✓ **Athi location where 45 community mobilizers were trained in 2014**
- ✓ **Simisi location where 43 community mobilizers were trained in 2016**
- ✓ **Kituti location where 125 community mobilizers were trained in 2017**
- ✓ **Kyatune location where 120 community mobilizers were trained 2018**
- ✓ **Mutha location where 120 community mobilizers were trained 2020**
- ✓ **Kasaala location where 120 community mobilizers were trained in 2021**
- ✓ **Maluma sub-location where 40 community mobilizers were trained in March 2023.**

### 3.5 Project Theory of Change

The envisioned theory of change is as presented below:

**Overall Goal:** Reduce poverty in Mutomo, Kitui South, Kenya by increasing access and utilization of family planning services.

**Problem:** High fertility rates contribute to poverty in Mutomo due to limited resources being spread across large families.

#### Underlying Causes:

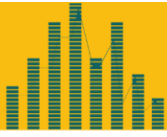
- **Lack of awareness:** Women and men may not be aware of family planning options or the benefits of spacing births.
- **Social norms:** Cultural expectations around large families may discourage family planning use.
- **Access barriers:** Difficulty reaching healthcare facilities or limited availability of contraceptives.

#### Interventions:

1. **Community Mobilization:** Train and equip community mobilizers (men and women) to raise awareness about family planning benefits and methods.
2. **Collaboration:** Partner with the County Ministry of Health to:
  - Train community mobilizers on accurate family planning information.

<sup>3</sup> <https://www.youtube.com/watch?reload=9&app=desktop&v=b8lCcrdb8y8>





- Increase access to family planning services within health facilities.
3. **Information Dissemination:** Develop educational materials (booklets, posters) about family planning options and their benefits (improved health, education, well-being for children).

## Expected Outcomes:

- Increased knowledge and positive attitudes towards family planning among women and men.
- Reduced social stigma surrounding family planning use.
- Increased utilization of family planning services by women and couples.

## Long-Term Impact:

- Lower fertility rates in Mutomo.
- Smaller family sizes allowing for better allocation of resources for each child (education, healthcare, nutrition).
- Improved health outcomes for mothers and children.
- Increased economic opportunities for families due to reduced strain on resources.
- Overall reduction in poverty levels in Mutomo.

## Monitoring and Evaluation:

- Track the number of people reached by community mobilizers.
- Conduct surveys to assess knowledge, attitudes, practices and behaviour towards family planning before and after interventions.
- Monitor the number of family planning services provided by health facilities.
- Track fertility rates in Mutomo over time.

## Assumptions:

- Community mobilizers will be effective in reaching the target population.
- Cultural norms can be shifted through education and awareness campaigns.
- Affordable family planning options will be readily available.

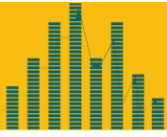
## Addressing Assumptions:

- Conduct training for mobilizers on effective communication and addressing cultural sensitivities.
- Partner with health workers to promote family planning as a positive change.
- Advocate for increased government funding or support from NGOs to ensure consistent access to contraceptives.

This Theory of Change provides a roadmap for the family planning project in Mutomo. By implementing the interventions and monitoring progress, the project was envisioned to contribute to a long-term reduction in poverty and improved well-being for families in the community.

In conclusion the established benefits of family planning (FP) in reducing maternal and infant deaths, promoting economic growth, and preventing unsafe abortions<sup>4</sup>, a significant unmet need

<sup>4</sup> Sully E, Biddlecom A, Darroch J, Ashford L, Lince-Deroche N, Riley T. Adding It Up: Investing in Sexual and Reproductive Health. New York, NY: Guttmacher Institute; (2019)



for FP persists globally, particularly in low- and middle-income countries (LMICs)<sup>5</sup>. Even though 63% of women globally use some form of contraception, 11.5% still have an unmet need<sup>6</sup>. This unmet need is particularly pronounced in sub-Saharan Africa, where only one-third of women use contraception and a staggering 23.4% have an unmet need [1, 6]. In Mutomo, at the project inception, the Contraceptive acceptance rate was 21.3 %.

Kenya has made strides towards increasing modern contraceptive use, with the national prevalence rate rising from 53.2% in 2014 to 58% in 2020<sup>7</sup>. However, an estimated 14% of Kenyan women still have an unmet need for FP<sup>8</sup>.

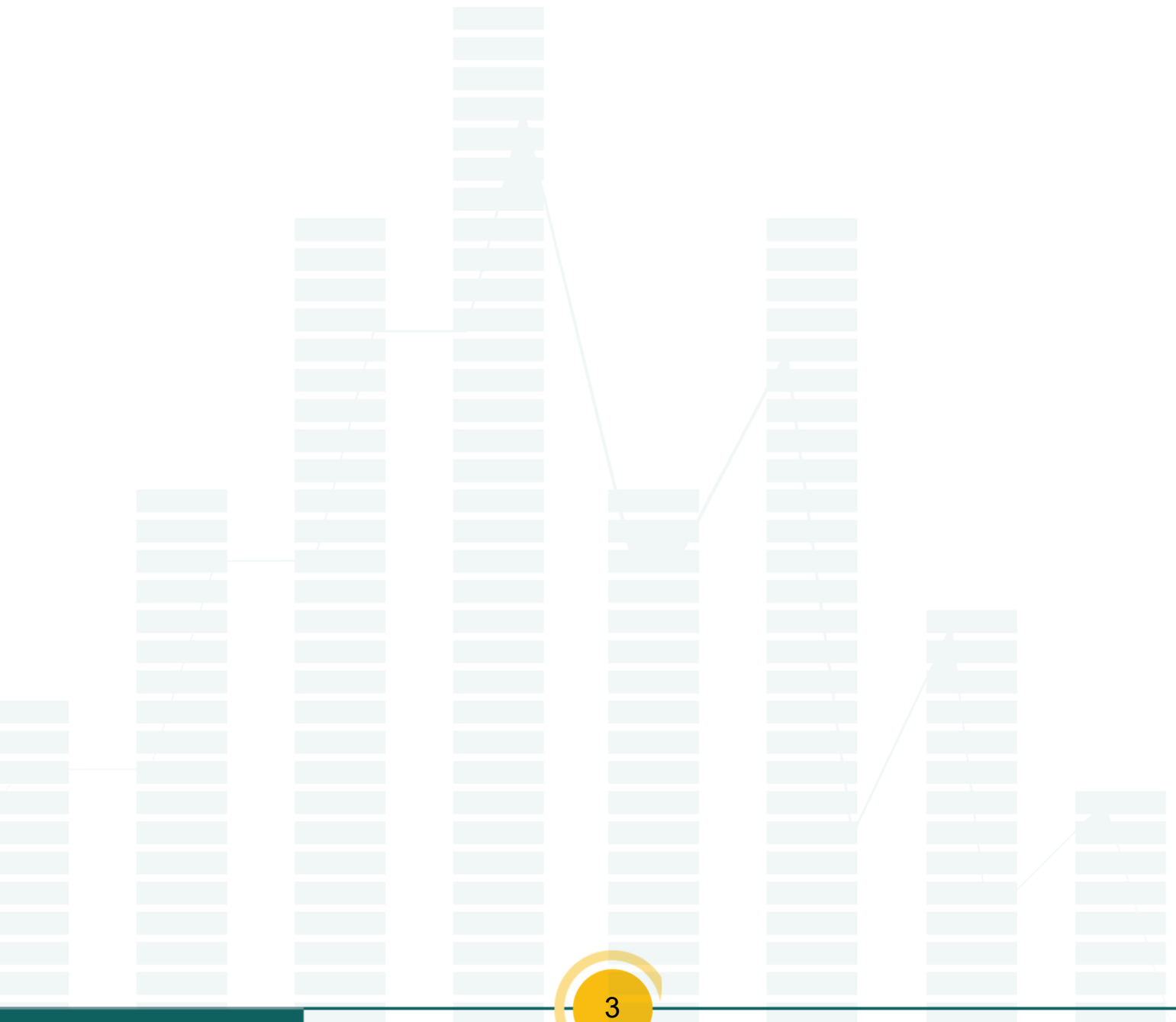
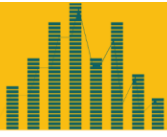
<sup>5</sup> Chola L, McGee S, Tugendhaft A, Buchmann E, Hofman K. Scaling up family planning to reduce maternal and child mortality: the potential costs and benefits of modern contraceptive use in South Africa. PLoS ONE. (2015) 10: e0130077. 10.1371/journal.pone.0130077

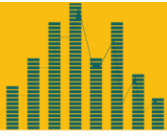
<sup>6</sup> United Nations DoE, Affairs S. World Family Planning 2017—Highlights (ST.ESA/SER. A/414). United Nations New York; (2017).

<sup>7</sup> Family Planning 2020. Kenya Commitment Maker Since 2012. Washington, DC: United Nations Foundation; (2020). Available online at:

[https://www.familyplanning2020.org/sites/default/files/Kenya\\_FP2020\\_Commitment\\_2017\\_1.pdf](https://www.familyplanning2020.org/sites/default/files/Kenya_FP2020_Commitment_2017_1.pdf)

<sup>8</sup> Kenya Demographic and Health Survey





**Impact Evaluation Approach**

**4.1 Approach**

The goal of the impact evaluation is to provide information about the observed changes or 'impacts' produced by the Family Planning Project interventions. These observed changes whether positive and negative, intended and unintended, direct and indirect are either directly correlated or attributable to the project interventions.

Hence the impact evaluation sought to establish the cause of the observed changes and link the back to the project interventions.

For the purpose of the project impact evaluation modern contraceptive use was defined as “the use of a product or medical procedure that interferes with reproduction from acts of sexual intercourse” while unmet need for FP was defined as “women who were sexually active, fecund, not using any form of contraception but did not wish to become pregnant at all or within the next two years”.

Unmet need for FP which has been addressed during the project implementation was based on the questions posed by Community Mobilizers during the sensitization:

“Would you like to have a child/another child, or would you prefer not to have any / any more children?” and

“Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?”.

The second question was used to assess the use of modern contraceptive use.



The key question which informed the impact evaluation was: *What have been the FP project interventions and implementation strategies that have supported actions to bring about change and deliver results?*

The impact evaluation was based on both qualitative and quantitative data collection methods. The data collection processes involved use of primary participatory data collection methods involving the use of key informant interview guides, focus group discussions, and Household survey.

The evaluation targeted a total of 118,447 women who have benefitted from the Family Project since 2013. These administrative boundaries have changed from the initial boundaries of Mutomo District, one of the districts of the former Eastern Province bordering Makueni Districts to the west, Kitui Central to the North, Tana River District to the east and Taita District to the south. The district was located between longitudes 37° 37'00 and 39°00'00' East and latitudes 1° 05 '00' and 1 0 50°00' South. The district covered an area of approximately 12,965.8KM2 including 6,290.3 KM2 occupied by the Tsavo National Park. The district then was divided into three administrative divisions namely, Ikutha, Mutomo and Mutha. The population back then.

The target population at the inception of the project was 189,651 (89,636 Male, 100,215 Females) as below:

1.	Ikutha	64,301
2.	Mutomo	67,732
3.	Mutha	57,898

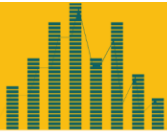


Figure 3: Mutomo District Profile, 2012<sup>9</sup>

According to the 1999 population census, the female reproductive population (cohorts 15-47 years) was 15,098 people, consisting 11.76 per cent of the population. This age group at inception of the Family Planning project was 22,334. The high growth rate required the district to identify and implement projects and programmes that were to adequately cater for the needs relating to maternity and child health.

The Mutomo District Development Plan also called for a well thought out family planning programme to curb the population rise and respond to low contraceptive acceptance rate (21.3%), Antenatal care (39%) and low birth rates in hospital (7.2%) and health centres (4%). The project responded through collaboration with the existing health posts: 1 Hospital, 1 Health Centre, 15 Dispensaries and 4 Private clinics<sup>10</sup>.

As at 2022, the projected population reached was 192,421 (93,030 males and 99,390 females) in Kitui South based on the political boundaries. The project reach and catchment has extended far and beyond Kitui South to neighbouring Kitui rural with a population of 118,173 (58,577 males, 59,596 females).

## 4.2 Methodology

The methodology was based on both qualitative and quantitative data collection methods to generate data during the study process. The data collection processes involved use of primary participatory data

collection methods involving the use of key informant interview guides, focus group discussions, and household survey.

The sampling framework is comparable to the approach used in the Kenya Demographic Health Survey, 2022. (In Kenya a nationally representative sample of 32,156 women aged 15–49 in 37,911 households and 14,453 men aged 15–54 in half of the selected households were interviewed. This represents a response rate of 95% of women and 87% of men. The sample for KDHS was from a population of 47,564,296 of which 23548056 were Males, 24014716 were Females and 1524 were Intersex)

For household survey questionnaire administered through KOBO, the Slovin's formula the study targeted a sample population of 389 as a representative sample of the 118,447 women who have benefited from this initiative since inception in 2013.

**Probabilistic sampling techniques** The study applied simple random sampling technique to determine the selection of the targeted households i.e., the project beneficiaries. The sample size was determined using Slovin's formula liable to adjustments to ensure that it represented a proportional part of the initial targeted population of 22,334 at the inception (based on the population census for Mutomo District).

The Slovin's sampling formula was used mainly due to.

- a) A finite population estimate based on the number of beneficiaries who exceeded the initial project scope of Mutomo District (Based on the inception plan of 2013).
- b) Slovin's formula allows a researcher to sample the population with a desired degree of accuracy, and hence triangulate findings to the entire population.

<sup>9</sup> Mutomo District Development Plan 2008-2012.pdf

<sup>10</sup> Mutomo District Development Plan 2008-2012.pdf

The Slovin's is considered appropriate for large populations. Slovin's formula gives the researcher an idea of how large the sample size needs to be to ensure reasonable accuracy of results<sup>11</sup>.

**Sampling formula.**

$$n = \frac{N}{1 + N (e)^2}$$

$$n = \frac{20000}{1 + 20000(.05)^2}$$

$$n = 377$$

Where;

**n** = Sample size,

**N** = 20,000 is the estimated total number of targeted population. (20,000 is the optimal maximum number in using this formula and covers any population far and beyond this)

**e** = Type I error rate (probability of committing an error in selecting non-representative sample from the population (.05).

The study reached 389 respondents from the administered questionnaire via KOBO way beyond the envisioned sample of 377 and was further complemented by Key Informant Interviews and Focus Group Discussions.

**Non-probabilistic sampling techniques:** On the other hand, purposive sampling approach was used for selection of respondents to participate in Key informant interviews and Focus group discussions to assess their opinion on how the project impacted and changed the lives of targeted project beneficiaries.

The Key Informant Interviews were undertaken with community mobilizers in: Mutha, Simisi, Kyatune, Kitute, Kasaala, Miambani, Simisi, Maluma, Kyatune, Kitute, and Kasaala, and nurses in charge of Health facilities in Mutomo and Ikutha. A total of 14 FGDs (145 participants in total; 15 M, 130 F) were done with women and mixed groups from the communities. A total of 13 KIIs (6F:7M) were carried out, with project staff and other stakeholders. The 389 household questionnaires respondents were picked randomly while the FGDs and KIIs' respondents were picked purposively.

Data analysis and management was through content and thematic analysis, and quantitative analysis using KOBO and MS Excel which informed development of the report.

Sex	Frequency	Percentage
Female	350	90%
Male	39	10%

Table 1: Sampled Respondent Population

<sup>11</sup> <https://sciencing.com/slovins-formula-sampling-techniques-5475547.html>

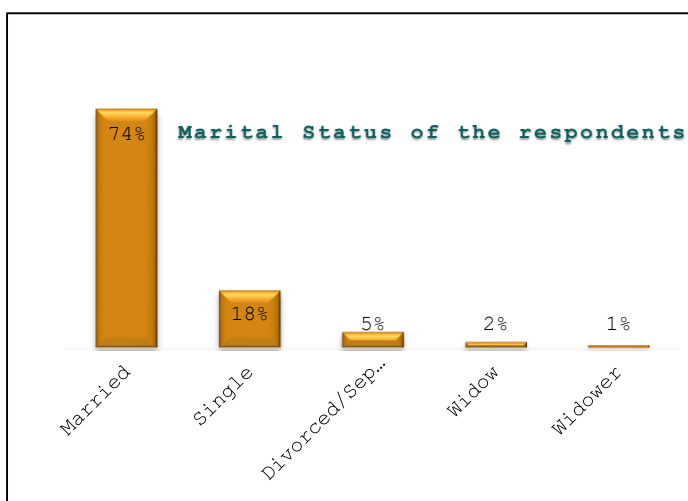
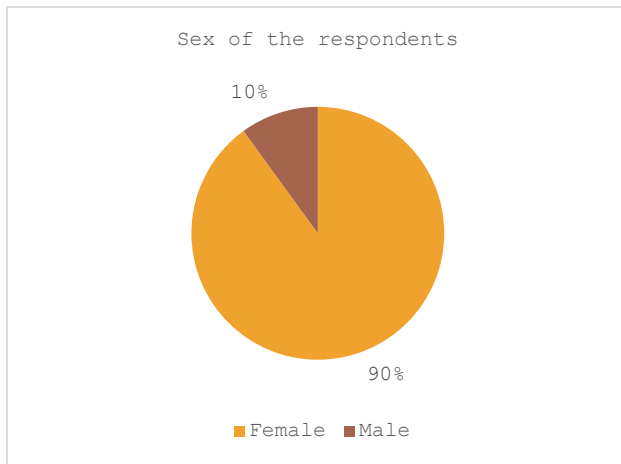


Table 2: Sex of sample respondents population

Majority of the respondents were married (74%), with 18% being single and 1% widowed.

Marital Status	Frequency	Percentage
Married	287	74%
Single	70	18%
Divorced	19	5%
Widow	8	2%
Widower	5	1%

Figure 4: Marital Status of Sample Respondents

In Mutomo, the average size of a household is 7 individual where 46.4 % of the households are women headed. 30 percent

of the household population is under age 15. Most women who lack the education, tools, and economic resources needed to raise healthy, educated children face the dire challenges of daily living and supporting their families. Kitui generally ranks among counties where children live with mother only (34.3%) second only to Makueni County (37.0 %) <sup>12</sup>.

Comparable nationally, households in Kenya have an average of 4 members. Women head 34% of Kenyan households. 40 percent of the household population in Kenya is under age 15, of the young population 21.2 % live with their mother only.

<sup>12</sup> Kenya National Bureau of Statistics

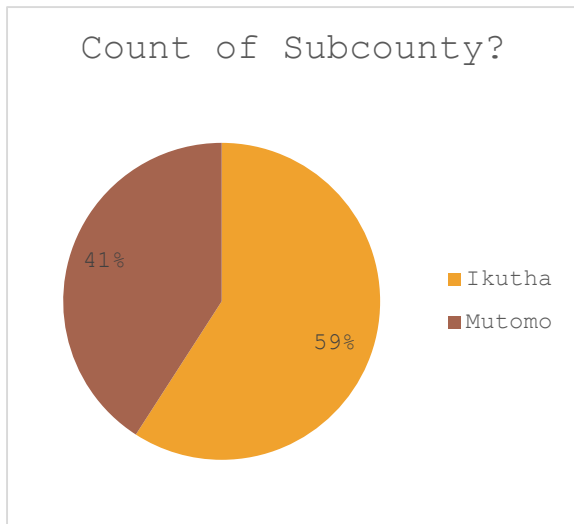
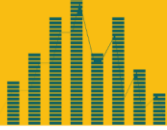


Table 3: Sample Sub County Respondent Representation

The sampled survey respondents were distributed as 159 (41%) in Mutomo and 230 (59%) in Ikutha.

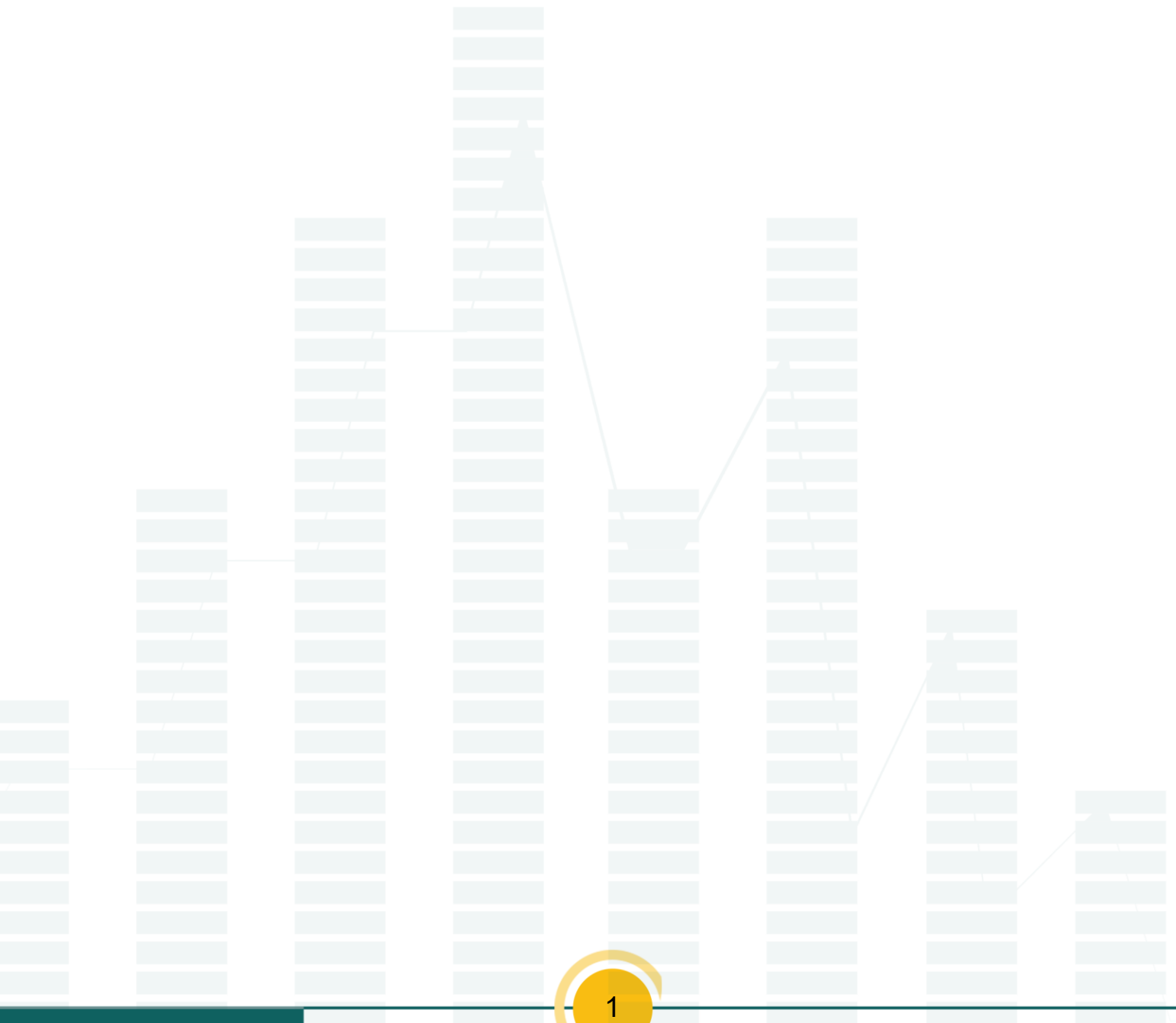
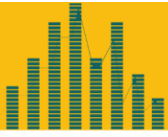


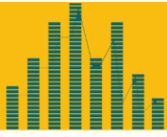
Key on Survey Respondents Distribution per location<sup>13</sup> (based on ward administrative boundaries):

	Location	Key Informants	Focus Group Discussion
1.	Ikanga/Kyatune	2	2
2.	Mutomo	3	2
3.	Mutha	1	3
4.	Kanziko	2	2
5.	Ikutha	3	3
6.	Athi	2	2
	<b>Total</b>	<b>13</b>	<b>14</b>

<sup>13</sup> The current ward administrative boundaries are drawn from initial location boundaries of Mutomo District at time of project inception in 2013







## 5 Impact Evaluation Findings

As per the 2019 Census the project area, Mutomo, Kitui South sub-county has the highest population of 180,679, consisting of 87,350 males and 93,322 females. The population is projected at 192,421 (93,030 males and 99,390 females) in 2022. Kitui South had the lowest population density of 15.70 individuals per square kilometre (projected at 16.72 in 2022).

In Mutomo, Kitui South, there are 82 community health volunteers/promoters who serve the catchment area, and there are just three ambulances, despite the long walking distances which is a significant barrier for pregnant women, young children, the sick, and the elderly. Those able to reach health facilities find services uneven, as basic equipment, essential medicines, and clean water are lacking. Poor health pushes families deeper into poverty in a vicious cycle of poverty and disease<sup>14</sup>.

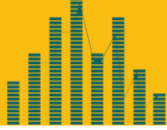
According to the 2019 population and household census report, the population of Kitui County where Mutomo is situated was 1,136,187. The population is projected at 1,210,035 in 2022 and further projected to 1,343,998 in 2025. The population density in Kitui County was recorded at 37 individuals per square kilometre, which is significantly lower than the national average of 92 individuals per square kilometre. However, it is projected that this figure will increase to 44 individuals per square kilometre by the year 2027. The distribution of settlements in the region is uneven and is influenced by a range of factors including land potential, livelihood zones, infrastructure access, land use systems, and the availability of social

amenities. The County has a doctor to patient ratio of 1:18000 and nurse to patient ratio of 1:2100. Such shortages in healthcare providers negatively affect the quality of healthcare. The County has 287 public and 65 private health facilities that serve a population of 1,134,472. The population comprises of 52% (589,925) females and 48% (544,547) males. The population density is 33 people per square kilometre, with an estimated 277,000 households. Annually, the population growth rate of Kitui County is estimated at 2.2%.

There are 2,470 Community Health Volunteers (CHVs) at County level who have been trained on non-communicable diseases control and prevention. Health promotion messages reached a total of 259,236 households through media platforms and household visits by CHVs. In terms of community health services, the County has established 247 functional community units, but only 41 are fully functional and equipped with support from Catholic Medical Mission Board (CMMB). As a result, 279,969 persons were referred to health facilities by CHVs. In response to the Universal Health Coverage agenda, there should be at least 3 nurses per level 2 facility to provide basic quality health services. However, in Kitui County, 98.3% of health facilities have less than three nurses<sup>15</sup> a key impediment which affects reproductive health, maternal, neonatal, child, adolescent health (RM), the percentage of women with unmet needs for family planning was 56% (2023), which is slightly better than the baseline of 55.1% (2017). The percentage of deliveries conducted by skilled attendants is 65.2% of deliveries. At the County level the number of maternity units/ wards operational is 70 units.

<sup>14</sup> Catholic Medical Mission Board

<sup>15</sup> Kenya Health Facility Census Report September 2023



## 5.2 Project Level Impact

As per the project has wholly met the project goal in the project areas- assist rural women to be able to space children and give birth to limited number of children they can provide for, give good education and promote their wellbeing.

At project level:

- **118,447 women** have already benefited from the program since 2014.
- **The average number of children is 5** comparable to the County level of 3.2 and national level of 3.4.
- **The average size of households is 7** compared to the County level of 4.3 persons and national level of 3.8.
- **The estimated teenage pregnancy is 9** comparable to National Level rate of 15.
- 99% of the sampled population (385) use modern method of FP, this represents 117,262 of the entire target population; whereas 91% of the sampled population (354) hope to continue using the method in the foreseeable future, this represents 107,786 of the entire population and is comparable to 62% at County level and 57% at National Level.

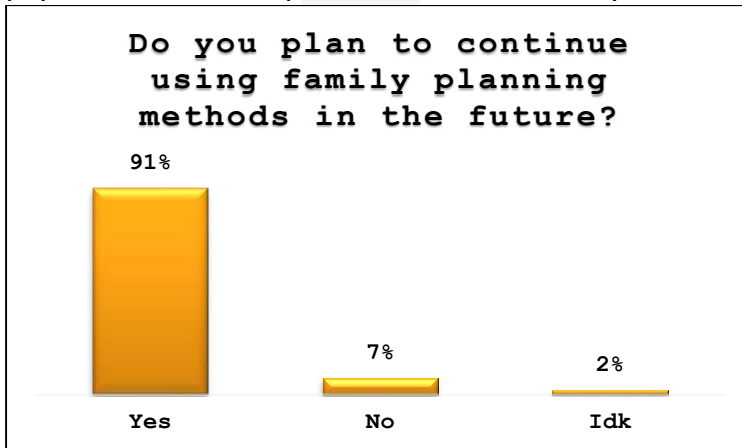


Table 4: Future plans to use FP

- The Unmet need for FP for married women aged 15-49 is estimated at 17 %.

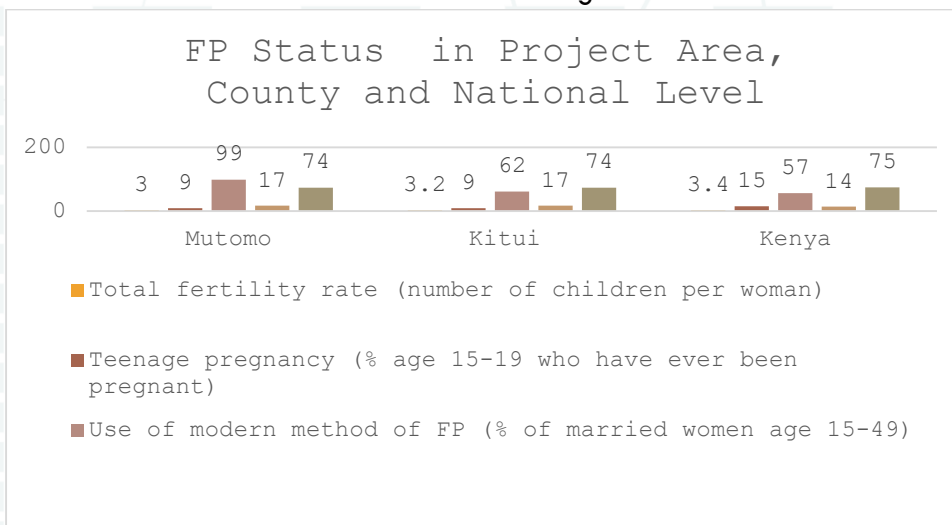
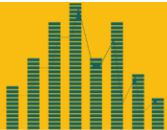


Table 5: Family Planning Status





The project impact is a below comparable to National and County Level Indicators

Indicators	National (Kenya)	County (Kitui)	Project Area (Mutomo)
<b>Fertility and Planning</b>			
Total fertility rate (number of children per woman)	3.4	3.2	3
Teenage pregnancy (% age 15-19 who have ever been pregnant)	15	9	9 <sup>16</sup>
Use of modern method of FP (% of married women aged 15-49)	57	62	99
Unmet need for FP1 (% of married women aged 15-49)	14	17	17 <sup>17</sup>
Demand for FP satisfied by modern methods (% of married women aged 15-49)	75	74	92
% deliveries conducted by skilled attendant	89 <sup>18</sup>	86 <sup>19</sup>	
Women aged 15-49 who had a live birth and had 4+ antenatal visits (%)	66	68	
% Reduction of teenage pregnancy		23%	
<b>Maternal and Child Health</b>			
Births delivered by a skilled provider <sup>2</sup> (%)	89	86	90
Women aged 15-49 who had a live birth and had 4+ antenatal visits (%)	66	68	72
Women aged 15-49 with a postnatal check during the first 2 days after birth (%)	78	78	80
Births with a postnatal check during the first 2 days after birth (%)	83	84	84
Children aged 12-23 months fully vaccinated (basic antigens) <sup>3</sup> (%)	80	73	80
Neonatal mortality <sup>4</sup> (deaths per 1,000 live births)	21	13	-
Infant mortality <sup>4</sup> (deaths per 1,000 live births)	32	23	-
Under-5 mortality <sup>4</sup> (deaths per 1,000 live births)	41	27	-

Table 6: Family Planning and Maternal and Child Health Indicators for the entire population based on KDHS, 2022

### 5.3 Awareness and Knowledge

The Family Planning Project has been emphasizing on family planning awareness which involved informing community members about options for having control over when to have children and how many to have.

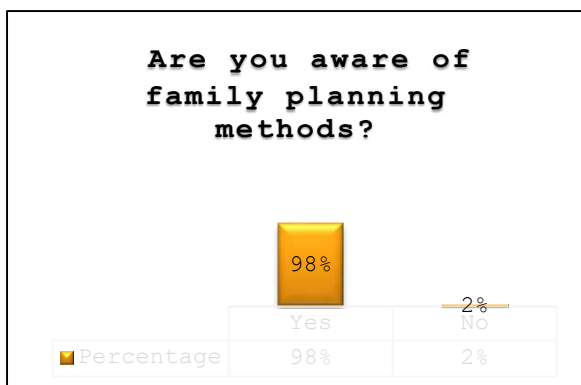
98% of respondents of the 389 randomly chosen respondents interviewed through the administered Household Questionnaire were aware about Family Planning including deciding if and when to get pregnant, and space in between children.

<sup>16</sup> KDHS estimate

<sup>17</sup> KDHS estimate

<sup>18</sup> KDHS,2022

<sup>19</sup> KDHS,2022

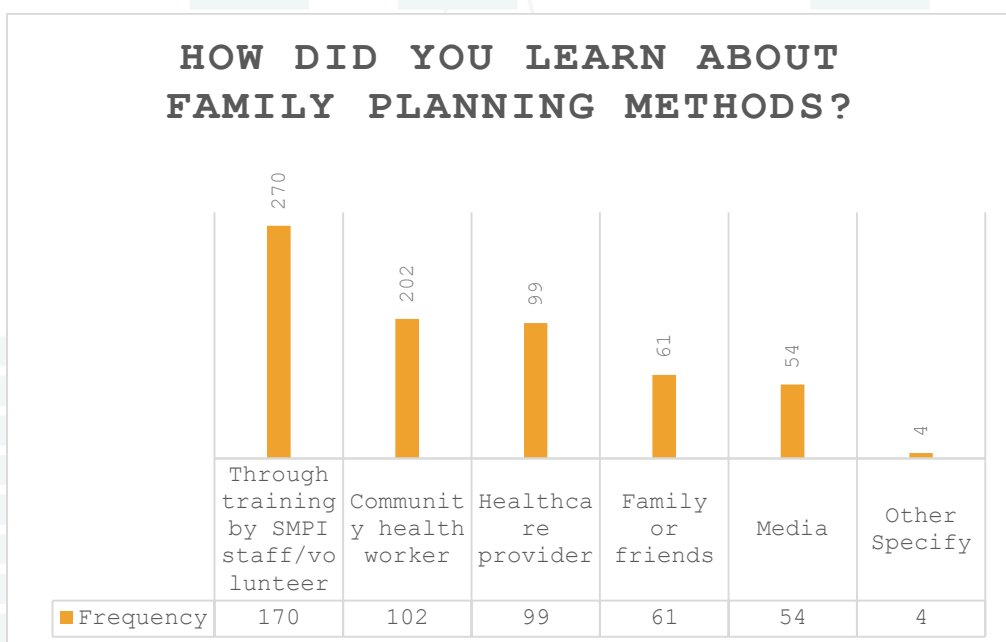


Sex	Frequency	Percentage
Female	381	98%
Male	8	2%

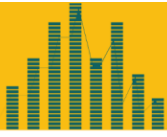
Table 7: Awareness on Family Planning

The respondents were also able to outline various benefits through the Household Questionnaire, Key Informant Interviews and well Focus Group Discussions such as it is good, helps space children and helps manage families to give them a better and valuable life.

The highest proportion of respondents were aware about family planning though SMPI.



	Frequency	Percentage
Training by SMPI	270	69%
CHW	202	52%
Healthcare provider	99	25%



<b>Family or friends</b>	61	15%
<b>Media</b>	54	14%
<b>Other</b>	4	1%

Table 8: Means of Awareness on Family Planning<sup>20</sup>

Awareness refers to your knowledge of the different methods available to achieve family planning goals. There are various birth control methods, like condoms, pills, or intrauterine devices (IUDs), and natural family planning techniques.

It is envisioned that awareness of family planning empowers the community to:

- ✓ Plan for the future by making informed decisions about starting a family when ready, both emotionally and financially.
- ✓ Spacing children which can be beneficial for both the mother's health and the well-being of existing children.
- ✓ Reducing unintended pregnancies which can be stressful and disruptive.

The respondents demonstrated awareness through their ability to name at least three family planning methods.

Value	Frequency	Percentage
Implants	316	81.3
Oral contraceptives (birth control pills)	284	73.04
Injectable contraceptives	249	63.91
Condoms (male and female)	238	61.3
Intrauterine device (IUD)	154	39.57
Tubal ligation (female sterilization):	115	29.57
Natural family planning methods:	108	27.83
Vasectomy (male sterilization)	27	6.96
Don't know)	5	1.3
Others (Specify)	2	0.43
Emergency contraception (morning-after pill)	2	0.43

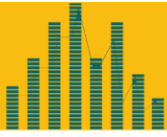
Table 9: Awareness levels on types of FP methods

## 5.4 Attitudes and Beliefs

In the context of the Family Planning project, in family planning, attitudes and beliefs play a significant role in whether individuals and couples choose to use contraception and how they approach family size. Beliefs (religious, cultural, health) and attitudes (positive: empowerment, negative: fear) greatly influence family planning choices. They impact if someone uses contraception, what method they choose, and how openly they communicate with partners. Addressing these through education and culturally sensitive approaches employed by the SMPI Family Planning project was key.

An interview with respondents revealed the below:

<sup>20</sup> There was more than one means of awareness stated by respondents



- **Religious beliefs:** Some religions had doctrines that discouraged contraception or limit acceptable methods and only allowing for natural methods mainly.
- **Cultural beliefs:** The cultural norms mainly among the Kamba Community influenced the ideal family size with preference of larger families to enhance chances of “making it in life”, gender preference varying from more men “to build family lineage” to more women “to bring more dowry”, and the role of women in family planning decisions being muted.
- **Health beliefs:** There were misconceptions about side effects or long-term health risks of contraception which also created fear and hesitation, with some being about affecting intimacy of married couples.

The community sensitization embedded positive attitudes stemming from a belief in individual reproductive rights, responsible parenthood, and overall health benefits of family planning.

The approach also dispelled negative attitudes linked to discomfort with discussing sex, fear of losing control, or disapproval from family/community since majority of community mobilizers were drawn from amongst community peers.

98% (381) of 389 randomly chosen respondents interviewed through the administered Household Questionnaire confirmed that family planning was important for individuals and families.

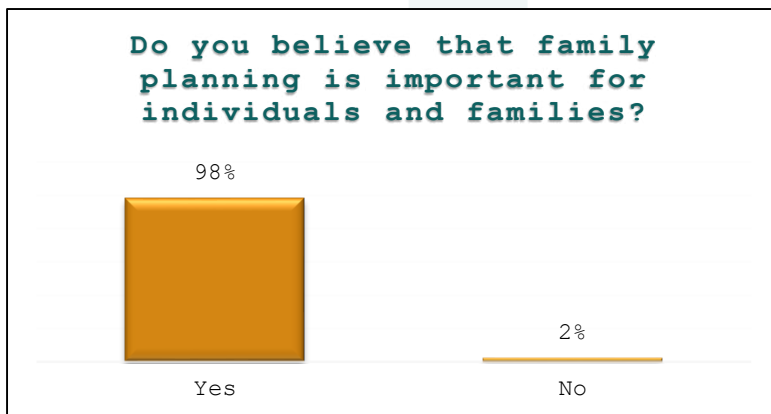


Table 10: Importance of Family Planning

Further, 99 % (385) of the of the 389 randomly chosen respondents interviewed through the administered Household Questionnaire confirmed an appreciation of family planning at community level.

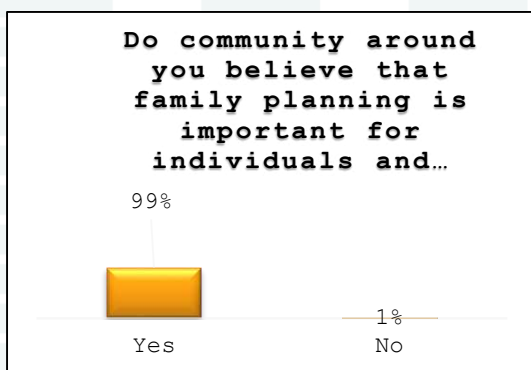
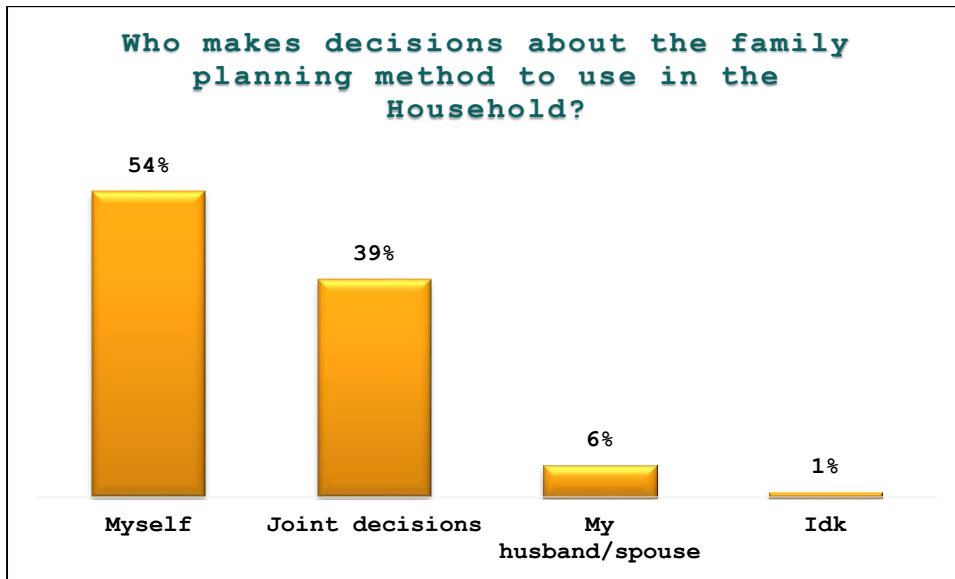


Table 11: Importance of FP at Community Level

Hence through SMPI approach communication about beliefs and attitudes between partners played a crucial for making informed decisions. 54% were able to make own choices with 39% undertaking joint decisions.



	Frequency	Percentage
<b>Myself</b>	210	54%
<b>Joint</b>	152	39%
<b>My husband/spouse</b>	23	6%
<b>I don't know</b>	4	1%

Table 12: Decisions about FP

Through continual understanding and addressing attitudes and beliefs, SMPI can create a more supportive environment for individuals and couples to make informed choices about family planning.

5.5 Access and utilization

Access in family planning means having birth control methods readily available (affordable, nearby clinics). Utilization is actually using those methods. Both are needed for effective family planning. Hence the need for SMPI to utilize a collaborative approach with the Ministry of Health through referral of the beneficiaries to nearby service points in health centres.

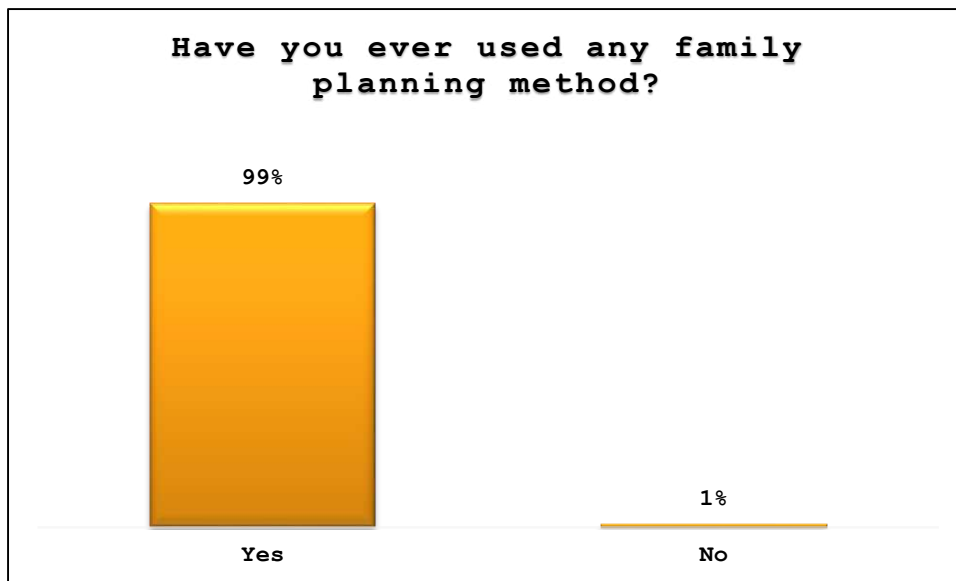
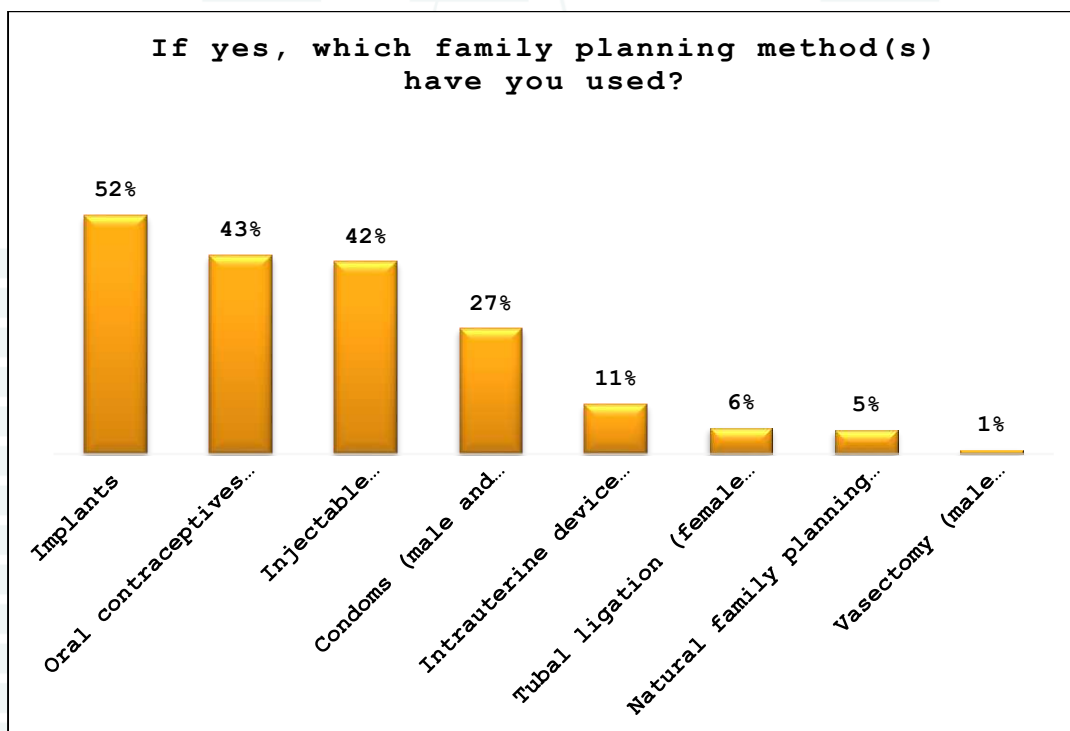


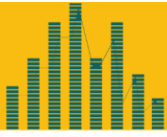
Table 13: Family Planning use

99% (385) of the 389 randomly chosen respondents interviewed through the administered Household Questionnaire indicated that they had used family planning method.

The survey examined the access and utilization to family planning services (contraceptive use) and the factors serving as impediments to the overall use. Though, the evaluation recorded a high level of awareness and access to family planning; this did not translate to uptake.

Only, 52% use Implants, which are long term and vasectomy which is male led approach has only 1% of the respondents taking the same up.

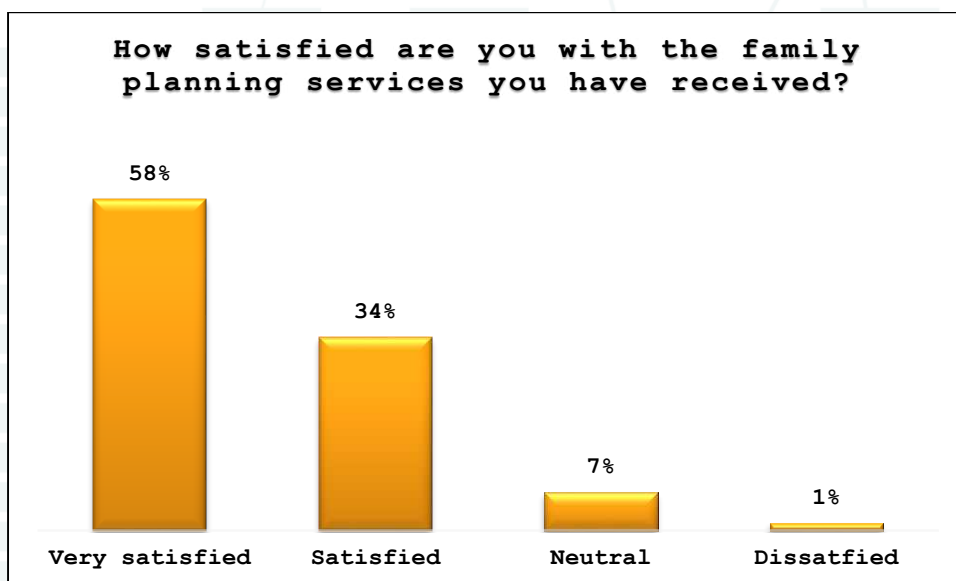


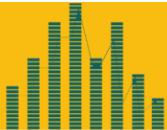


	Frequency	Percentage
<b>Training by SMPI</b>	202	52%
<b>Oral</b>	167	43%
<b>Injectable</b>	163	42%
<b>Condoms</b>	105	27%
<b>Intrauterine devices</b>	43	11%
<b>Tubal ligation</b>	23	6%
<b>Natural Family Planning</b>	19	5%
<b>Vasectomy</b>	4	1%

Table 14: FP methods used

Factors found to influence this result include perceived side-effects, friends' disapproval, age, culture and poor level of education among others. Also, the study found a positive association between couples' level of awareness, availability of family planning method and partners involvement (Chi-Square Tests (X<sup>2</sup>)=22.891; df=1; p=0.000 Chi-Square Tests (X<sup>2</sup>)=60.422; df=5; p=0.000; Improved family health  $\beta=0.380$ ,  $t=7.120$ , p-value= $<0.000$ ; access to education of children  $\beta=0.182$ ,  $t=4.328$ , p-value= $<0.000$ ; experience of fewer pregnancies  $\beta=0.081$ ,  $t=2.282$ , p-value= $<0.027$ ; and improved economic well-being  $\beta=0.070$ ,  $t=2.048$  p-value= $<0.042$ ).





	Frequency	Percentage
Very Satisfied	226	58%
Satisfied	132	34%
Neutral	27	7%
Dissatisfied	4	1%

Table 15: Satisfaction with FP

92 % of the 389 randomly chosen respondents interviewed through the administered Household Questionnaire expressed overall satisfaction with the access to Family Planning services.

The key avenues were through government hospitals hence access to FP commodities is key to satisfy the demand from the populations

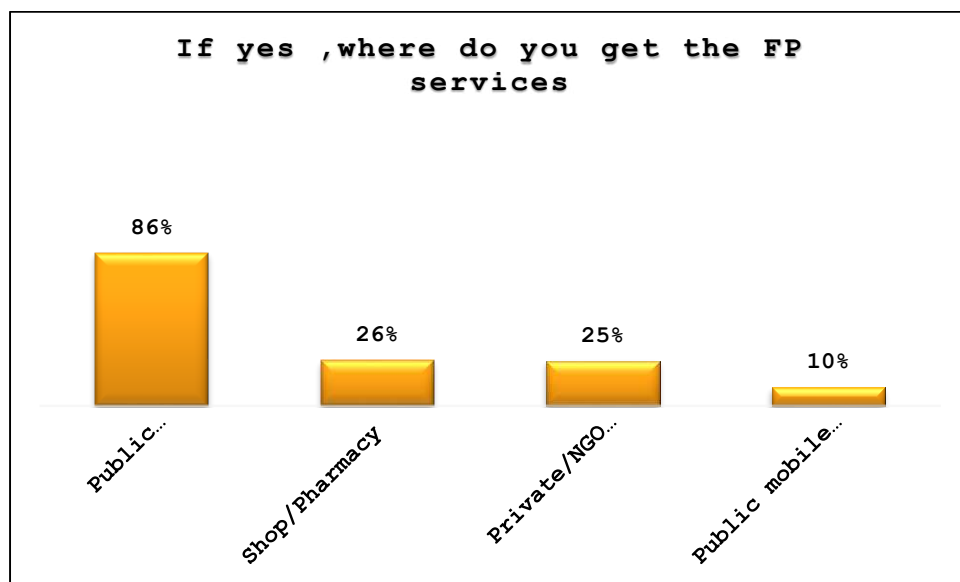
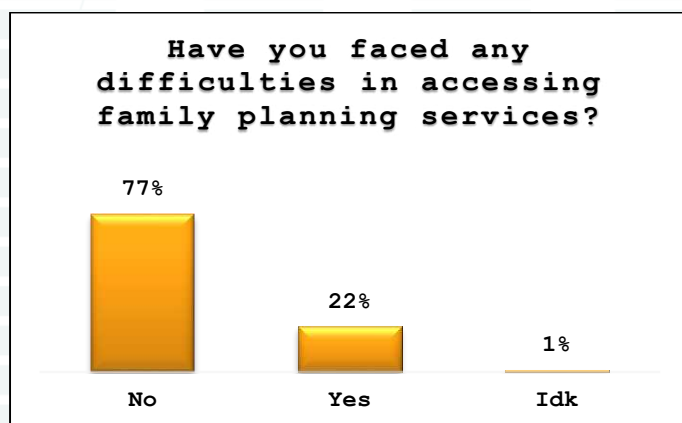


Table 16: FP service points

## 5.6 Barriers and Challenges

It is worth noting that 77 % (300) of the respondents highlighted that they did not face barriers and challenges in accessing FP with only 22% highlighting the same.



	Frequency	Percentage
No	300	77%
Yes	85	22%
I don't know/ Did not answer	4	1%

Table 17: Difficulties in accessing FP

Some of the difficulties can also be aligned with the existing myths and challenges such as FP being a cause of cancer, causing diseases and also leading to family disunity.

Besides the convergence of myths, shortage of commodities and walking distances remain key challenges.

### 5.7 Individual and Community Level Impact

59% (229) of the respondents interviewed through the administered Household Questionnaire noticed positive level impact since using FP.

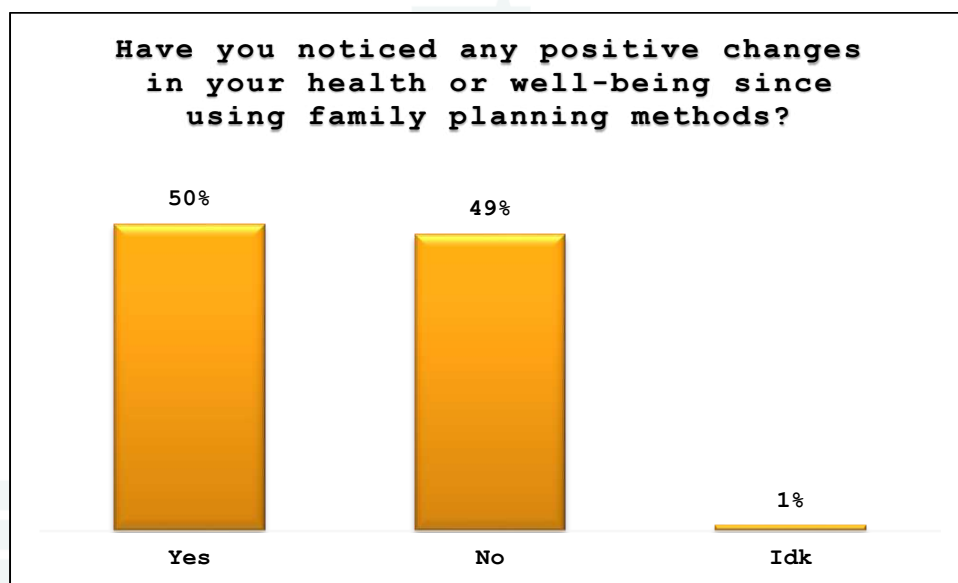


Table 88: Positive Changes in health or well being

Furthermore, the participants interviewed through Key Informant Interviews and Focus Group Discussions acknowledged;

- More control over their reproductive health
- Reduced stress or anxiety about unplanned pregnancies
- Improved menstrual regularity
- Potential health benefits of specific methods (e.g. clearer skin tone)

75% (292) of the respondents interviewed through the administered Household Questionnaire acknowledged that FP had not impacted family dynamics and relationships.

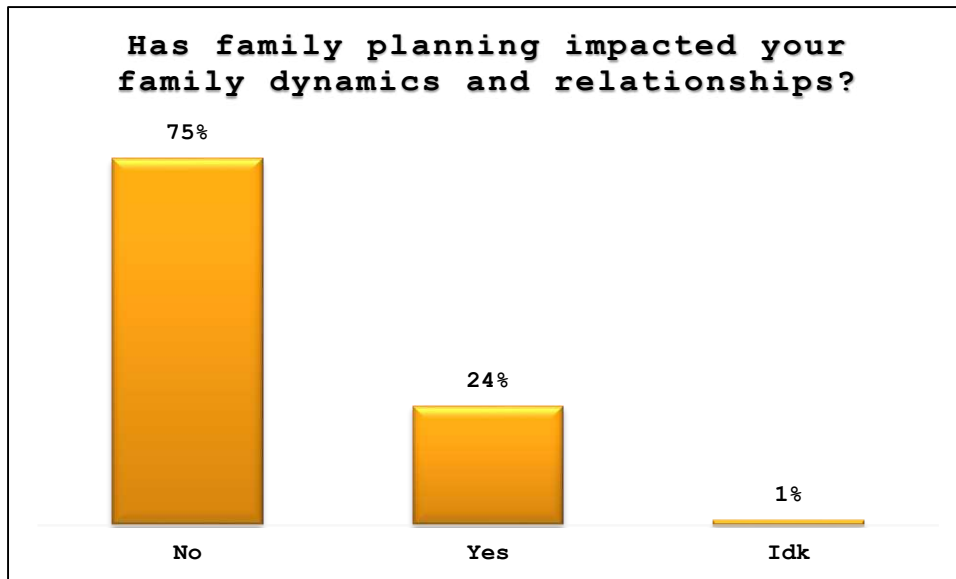


Table 19: FP impact on family dynamics and relationships

my husband is happy with the plans of spacing children	1	0.43
My spouse has had good times with me	1	0.43
My spouse has been happy	1	0.43
Happy husband	1	0.43
Husband is happy	1	0.43
My spouse has been having good time	1	0.43
- Helps in raising children we are capable of.	1	0.43
Having the number of kids I wanted.	1	0.43
The husband complains that the wife is not sexually active because of the family planning method	1	0.43
It has led to improved standards of living due to small family size and child spacing.	1	0.43
It has brought joy to our family since our family is not overstretched in terms of the numbers.	1	0.43

Table 20: Sample Response on family and relationship dynamics

A deep dive analysis through Key Informant Interviews and Focus Group Discussions revealed mix of positive and negative experiences with family planning methods these include:

✓ **Family well-being:** Enables raising a manageable number of children,

reduces stress about unplanned pregnancies, and improves overall family happiness.

- ✓ **Financial security:** Allows for better financial planning for fewer children, leading to improved standards of living.
- ✓ **Quality time:** Provides time for parents (both spouses) to focus on careers, hobbies, and each other.
- ✓ **Parental confidence:** Empowers parents to feel confident in raising their existing children.
- ✓ **Education:** Allows for easier child education and facilitates pursuing personal goals.
- ✓ **Health:** May have health benefits like improved menstrual regularity (unmentioned but possible with some methods).
- ✓ **Side effects:** May cause side effects like excess bleeding (mentioned) which can lead to misunderstandings with partners.

- ✓ **Reduced sexual activity:** The husband might be unhappy with a decrease in sexual activity due to the method (communication is key).

Overall family planning seems to have many positive benefits for individuals and family but has not led to an impact on the dynamics of the relationship.

## 5.8 Sustainability

52% (202) of the respondents interviewed through the administered Household Questionnaire are likely to recommend FP. This translates to

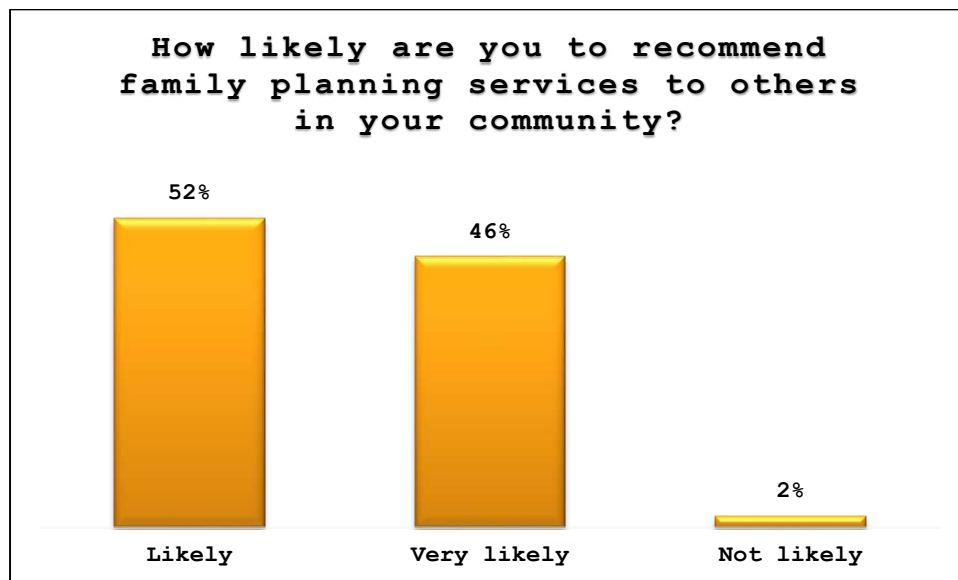
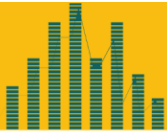


Table 21: Recommendation of FP

The sample of community respondents' interviews through Key Informant Interviews and Focus Group Discussions revealed community need for improved access to family planning (FP) services through:

1. Increased awareness about family planning methods and their benefits. This can be achieved through educational campaigns and community outreach programs.
2. People want readily available FP services at local health centres and dispensaries. This includes ensuring enough trained staff and well-equipped facilities.
3. Geographical accessibility is important, with requests for clinics closer to communities, especially in rural areas.
4. The cost of FP methods is a concern. Responses suggest making them more affordable among private sector providers or even free at public health facilities.
5. There's a need to ensure a consistent supply of various FP commodities like pills and injectables in public hospitals.
6. There is need for continued sensitizing community members, particularly men, about family planning.
7. Involving Community Health Workers (CHWs)/Community Health Promoters (CHPs) in creating awareness on distributing FP methods and educating the community is also key.

Overall, creating a successful family planning project and foreseeable sustainability requires a multi-pronged approach that addresses awareness, accessibility, affordability, and product availability.



## 6 Conclusion and Recommendations

### 6.1 Conclusion

At a global level, family planning empowers countries to manage population growth. By giving individuals, the choice of how many children to have and when, these programs play a crucial role in economic development. Safe and effective contraception not only regulates fertility but also offers significant health advantages for both mothers and babies.

Family planning programs require a two-pronged approach: delivering essential supplies and services, alongside data collection to monitor progress towards national goals. In 2012, a global target was set: to reach 120 million new users of modern contraception in 69 of the world's

most impoverished countries by 2020. This ambitious "Family Planning 2020" (FP2020) initiative, along with initial commitments from over two dozen nations, spurred significant donor support for programs aimed at achieving this goal.

The Family Planning Project in Mutomo has the potential to be a powerful tool for reducing poverty and improving the well-being of families in the community. By increasing awareness and access to family planning services, the program can empower women and couples to make informed choices about their reproductive health. This can lead to smaller family sizes, allowing tenets for better allocation of resources towards each child's health, education, and overall well-being.

The Family Planning Project has achieved significant progress over the past decade. The key tenets for success have been:

- **Patience and sustainability:**

The project's success stems from its long-term commitment. Over a decade, the initial concept was carefully developed and then implemented consistently. This approach allowed for adjustments, learning from experiences, and building lasting relationships within communities.

- **Credible community presence:**

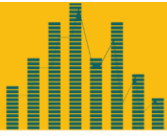
The use of educated mobilizers, easily identifiable by their blue vests, was crucial. This visual distinction helped establish them as part of a reputable organization. As a result, community members were more likely to trust and engage with the mobilizers, facilitating better communication and acceptance of family planning information.

- **Uniform messaging:**

The booklet produced by SMPI (presumably the project's managing organization) played a vital role in maintaining consistency. By ensuring all mobilizers across different districts used the same resource, the project guaranteed that everyone received the same accurate information. This uniformity helped prevent confusion and misinformation.

- **Devolved health services:**

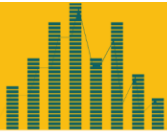
The shift from national to county-level health decision-making significantly impacted the project's effectiveness. This devolution brought health services closer to the people, allowing for more tailored approaches to local needs. Sub-county and County level health staff could respond more quickly and appropriately to community requirements, enhancing the overall impact of the family planning initiatives.



Our evaluation, which combined diverse perspectives and methodologies, identified opportunities to strengthen existing collaborations. This includes deeper partnerships with the Ministry of Health and exploring how SMPI can further contribute to scaling up the project. A key finding is that stakeholders view family planning as a collaborative effort. Individuals, communities, and donors from Sweden all play crucial roles. Based on this, our recommendations call for a gradual shift towards a county-driven program. Transitioning to a county-led approach requires careful consideration. Additional resources and a change in mind set among implementing partners might be necessary. This strategic reorientation will be a program-specific decision based on available resources.

## ○ Recommendations

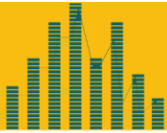
- ❖ There is need for continued collaboration with the other civil society organizations.
- ❖ There is need for generational change engagement through education for school children.
- ❖ There is need to tackle the challenges which lead to high number of children.
- ❖ Monitoring and evaluation data to inform evidence-based decision making is invaluable for a variety of uses, including, for example, program planning, development of costed implementation plans, and forecasting community needs. Data is also essential to track progress against milestones and for demonstrating pressing needs to donors. SMPI should put in place a robust M&E system through partnering with third party monitoring agencies to undertake random formative and summative surveys and evaluations to ensure adequate capacity to collect and interpret data so that they could use them when making decisions.
- ❖ There is shortage of contraceptives hence need to have a market-based approach in collaboration with private sector and public sector.
- ❖ There is need to integrate existing sustainability efforts with family planning initiatives. Stakeholder feedback highlights opportunities to improve factors that support long-term success. To achieve this, the Countystats team proposes a proactive approach through a sustainability framework. This framework would be a tool to regularly assess progress across all initiatives.
- ❖ There is need for elaborate monitoring and evaluation mechanisms for M&E, communication and advocacy across all initiatives.



**7 Annexes**

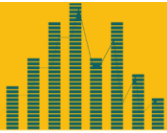
**7.1 Key Indicators**

<b>Indicators</b>	<b>2012</b>	<b>2022</b>
Community distribution by Distance to the nearest Health facility (%):		
0-1 KM	10	
1.1 -4.9KM	20	
5KM and more	70	
Average distance to health facility (Km)	10	10
<b>Fertility and Family Planning</b>		
Total fertility rate (number of children per woman)		3.2
Teenage pregnancy (% age 15-19 who have ever been pregnant)		9
Contraceptive acceptance/contraceptive prevalence rate %	21.3	68
Use of modern method of FP (% of married women age 15-49)		62
Unmet need for FP1 (% of married women age 15-49)		17
Demand for FP satisfied by modern methods (% of married women age 15-49)		74
<b>Maternal and Child Health (MCH)</b>		
Women age 15-49 who had a live birth and had 4+ antenatal visits (%)		68
Antenatal care (ANC) %	39	
Health facility deliveries:		
Hospital	7.2	
Health Centre	4	
Dispensary/Clinic	1	
Maternity	-	
At home	78.8	
Children age 12-23 months fully vaccinated (basic antigens) <sup>3</sup> (%)	-	73
Children vaccination%	94	94
No. of TBAs	25	-
No. of CHWs	52	82
Births delivered by a skilled provider (%)	11.2	86
Place of Delivery (%) –Hospital	7.2	
Place of Delivery (%)–Health Centre	4	
Neonatal mortality <sup>4</sup> (deaths per 1,000 live births)	3	13
Infant mortality <sup>4</sup> (deaths per 1,000 live births)	63	23
Under-5 mortality <sup>4</sup> (deaths per 1,000 live births)	115	27

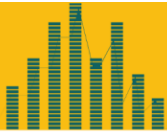


7.2 Household Interview Questionnaire

#	QUESTION	CODING CATEGORIES	SKIP
<b>Section 1: Awareness and Knowledge</b>			
1.	Are you aware of family planning methods?	1.Yes 2.No	
2.	If Yes. How did you learn about family planning methods?	<input type="checkbox"/> Through training by SMPI staff/volunteer <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Media <input type="checkbox"/> Family or friends <input type="checkbox"/> Community health worker <input type="checkbox"/> Other _____	
3.	Can you name at least three family planning methods?	<input type="checkbox"/> Condoms (male and female) <input type="checkbox"/> Oral contraceptives (birth control pills) <input type="checkbox"/> Injectable contraceptives <input type="checkbox"/> Implants <input type="checkbox"/> Intrauterine device (IUD) <input type="checkbox"/> Emergency contraception (morning-after pill) <input type="checkbox"/> Tubal ligation (female sterilization): <input type="checkbox"/> Vasectomy (male sterilization) <input type="checkbox"/> Natural family planning methods: <input type="checkbox"/> Other (Specify .....) <input type="checkbox"/> (Don't know) <input type="checkbox"/> (No answer)	
4.	<b>Section 2 : Attitudes and Beliefs:</b>		
5.	Do you believe that family planning is important for individuals and families?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Idk	
6.	What are your perceptions about the benefits of family planning?		
7.	<b>Section 3 :Access and Utilization</b>		
8.	Have you ever used any family planning method?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Idk	
9.	If yes, which family planning method(s) have you used?	<input type="checkbox"/> Condoms (male and female) <input type="checkbox"/> Oral contraceptives (birth control pills) <input type="checkbox"/> Injectable contraceptives <input type="checkbox"/> Implants <input type="checkbox"/> Intrauterine device (IUD)	



		<input type="checkbox"/> Emergency contraception (morning-after pill) <input type="checkbox"/> Tubal ligation (female sterilization): <input type="checkbox"/> Vasectomy (male sterilization) <input type="checkbox"/> Natural family planning methods: <input type="checkbox"/> Other (Specify .....) <input type="checkbox"/> (Don't know) <input type="checkbox"/> (No answer)	
10.	If no, what are the reasons for not using family planning methods?		
11.	How satisfied are you with the family planning services you have received?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied	
12.	If yes ,where do you get the FP services	<input type="checkbox"/> Public government hospital <input type="checkbox"/> Public mobile Clinic/outreaches <input type="checkbox"/> Private/NGO facilities /Clinics <input type="checkbox"/> Shop/Pharmacy <input type="checkbox"/> Friends/relative <input type="checkbox"/> Other Specify	
13.	<b>Section:4 Barriers and Challenges</b>		
14.	Have you faced any difficulties in accessing family planning services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Idk</b>	
15.	If yes, please specify the challenges you have encountered:		
16.	<b>Section 5 :Impact</b>		
17.	Have you noticed any positive changes in your health or well-being since using family planning methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Idk</b>	
18.	If yes in above kindly explain the positive changes	<input type="checkbox"/>	
19.	Has family planning impacted your family dynamics and relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Idk</b>	
20.	If Yes how		
21.	<b>Section 6 : Sustainability and Future Intentions:</b>		



22.	Do you plan to continue using family planning methods in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>ldk</b>	
23.	What support or resources do you think are needed to sustain family planning practices in your community?	<input type="checkbox"/> _____	
24.	How likely are you to recommend family planning services to others in your community?	<input type="checkbox"/> Likely <input type="checkbox"/> Very likely <input type="checkbox"/> Not likely	

**7.3 Key Informant Interview Questionnaire**

**KII informant interview guide for community mobilizer**

1. Can you describe your role and involvement in the family planning project?
2. From your perspective, what were the main objectives of the community mobilizers in this project?
3. How effective do you think the community mobilizers were in reaching out to the target audience for family planning services?
4. Can you provide examples of strategies or approaches that were particularly successful in mobilizing the community around family planning?
5. What were some of the challenges or obstacles faced by the community mobilizers during the project implementation?
6. How were these challenges addressed or overcome?
7. In your opinion, what impact did the community mobilizers have on increasing awareness and uptake of family planning services within the community?
8. In your recommendation what is your recommendation on the future role of community mobilizers in the awareness creation in your community?

**KII guide with health workers**

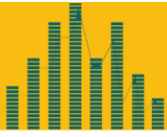
**Overall Impact:**

1. How has the family planning project influenced the community's attitudes and behaviours towards family planning methods?
2. In what specific ways has the project improved access to family planning services within the community?

**Service Delivery:**

1. Can you describe the range of family planning services provided during the project period?
2. Have there been any notable changes in the utilization of family planning services compared to before the project implementation?

**Health Worker Perspective:**



1. How has the role of health workers evolved throughout the duration of the project?
2. What were the most effective strategies employed by health workers to promote family planning within the community?

## **Community Engagement:**

1. What were the main challenges encountered in engaging the community in discussions about family planning?
2. How did the project address any cultural or social barriers to family planning uptake?

## **Sustainability:**

1. In your opinion, what aspects of the project contributed most to its sustainability beyond the project period?
2. What ongoing support or resources do health workers need to continue delivering effective family planning services?

## **Impact on Health Outcomes:**

1. Have you observed any changes in maternal and child health outcomes because of increased family planning uptake?
2. How do you anticipate these outcomes may further evolve in the future?

## **Lessons Learned:**

1. What were the key lessons learned from implementing this family planning project?
2. Are there any unexpected outcomes or insights that emerged during the project implementation?

## **Future Recommendations:**

1. Based on your experience with this project, what recommendations would you offer for future family planning initiatives?
2. Are there any specific areas or demographics within the community that require further attention in future interventions?

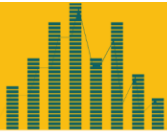
## **7.4 Focus Group Discussion Questionnaire**

### **Overall Impact:**

1. How has the family planning project influenced the community's attitudes and behaviours towards family planning methods?
2. In what specific ways has the project improved access to family planning services within the community?

### **Service Delivery:**

1. What is the range of family planning services provided during the project period?
2. Have there been any notable changes in the utilization of family planning services compared to before the project implementation?
3. How has the role of community mobilizers, community health volunteers and health workers evolved throughout the duration of the project?



4. What were the most effective strategies employed by health workers to promote family planning within the community?

### Community Engagement:

1. What were the main challenges encountered in the community in discussions about family planning?
2. How did the project address any cultural or social barriers to family planning uptake?

### Sustainability:

What aspects of the project contributed most to its sustainability beyond the project period?

### Impact on Health Outcomes:

Has there been any changes in maternal and child health outcomes in the community because of increased family planning uptake?

### Lessons Learned:

What were the key lessons learned from implementing this family planning project?

### Recommendations:

What recommendations would the community offer for future family planning initiatives?



**711 Business Hub, Kiambu Road Adj. to  
Runda Mall, Nairobi**

**Countystats@gmail.com**

**Telephone/Telegram/WhatsApp:  
+254 726 389 860**

**www.countystats.co.ke**

**2024**