



Reproductive Health Network Kenya

Reproductive Health and Rights for All

2024

ANNUAL REPORT



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MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear Partners,

Our impact in 2024 was one characterized with growth and resilience amidst the shifting global political leadership on Sexual and Reproductive Health and Rights (SRHR) that is bound to bring significant changes to the SRHR funding landscape by influencing international aid and domestic policies. In line with its mission of 'improving access to quality and comprehensive reproductive health services through strategic partnerships and capacity building', RHNK advanced its work across the six (6) strategic pillars outlined in its 2022 – 2027 Strategic Plan. RHNK incorporated person-centered approaches in its interventions, invested in minds and community-led initiatives to transform policy changes and enhance uptake of SRH services, especially by the routinely marginalized communities, ensuring no one is left behind.

RHNK strengthened its engagements with the Ministry of Health (MOH) and National Council for Population and Development (NCPD) by aligning its interventions with the Government priorities and strengthening existing health systems, expanded its partnerships with like-minded local, regional and global organizations and donors/funders and enhanced its presence at the grassroots in the 44 out of the 47 counties in Kenya by 'putting people first' as the way forward to advance its vision of 'a healthy society with comprehensive health information for All.'

Through our interventions, and supporting the Government to attain Vision 2030 by investing in the people of Kenya, especially for those from previously marginalized communities through provision of an efficient and high-quality health care system with the best standards, RHNK was able to serve approximately 4.4 million women of reproductive age with SRH information and services across the country by the end of 2024.

As we anticipate policy restrictions, emboldened anti-rights movements and reduced funding for SRHR, RHNK looks forward to partner with cross regional experts and organizations, strengthen existing and explore flexible and sustainable funding opportunities and upscale its digital innovations to leverage the youth to harness their demographic dividend and technological advancements in data analytics for real time decision making and forecasting.

We thank you for partnering and supporting us on this journey and together in solidarity we shall continue transforming the health outcomes for all in Kenya and share best practices across the African region.

Best Regards,

A handwritten signature in black ink, appearing to read 'Nelly Munyasia', written over a light blue circular stamp.

Nelly Munyasia

OUR APPROACH:

In order to increase the chances of success for our interventions, in 2024, RHNK adopted a system thinking approach by strengthening its engagement with Government stakeholders to learn more about the system, co-design of program interventions and aligning with other key actors and stakeholders in the SRHR ecosystem in Kenya.

RHNK'S HEALTH SYSTEMS CHANGE APPROACH MODEL

PEOPLE-LEVEL OUTCOMES



Analysis of the problem we are focused on, for which people, their localities, the number of people affected and how it manifests in their daily lives.

SYSTEMS-LEVEL OUTCOMES



Analysis of how the components and workings of the existing system or institution cause the problem we are to address with our interventions.

ORGANIZATIONAL-LEVEL OUTCOMES



Analysis of what we need to strengthen to play our role to bring about the required changes in the existing system or institution.

WHERE WE WORK:

Founded in 2010, Reproductive Health Network Kenya (RHNK) is a legally registered network of over 600 trained health professionals from private and public health facilities, drawn from 44 out of the 47 counties in Kenya. Layered on RHNK's provider network is a youth-centric outreach platform that reaches deep into surrounding communities with SRHR information, education, referrals, advocacy, and other support through trained Youth Peer Providers (YPPs), Community Health Promoters (CHPs), and RHNK's "Nena Na Binti" Call Center. RHNK is a national SRHR leader working closely with relevant government entities in policy review and formulation and support sensitization of existing and developed policies and ensure their full implementation at the counties.

RHNK is a strong convener of SRHR stakeholders in Kenya; convenes a national self-care network led by the Ministry of Health, convenes the Reproductive Rights Coalition – Kenya, a multisectoral movement of SRHR stakeholders, and convenes the Pan-African Adolescent and Youth Sexual and Reproductive Health and Rights Scientific Conference which brings together stakeholders from across the region to share experiences and learn from each other including on innovations and best practices.

600 TRAINED HEALTH PROFESSIONALS FROM PRIVATE AND PUBLIC HEALTH FACILITIES, DRAWN FROM **44** out of the **47** COUNTIES IN KENYA

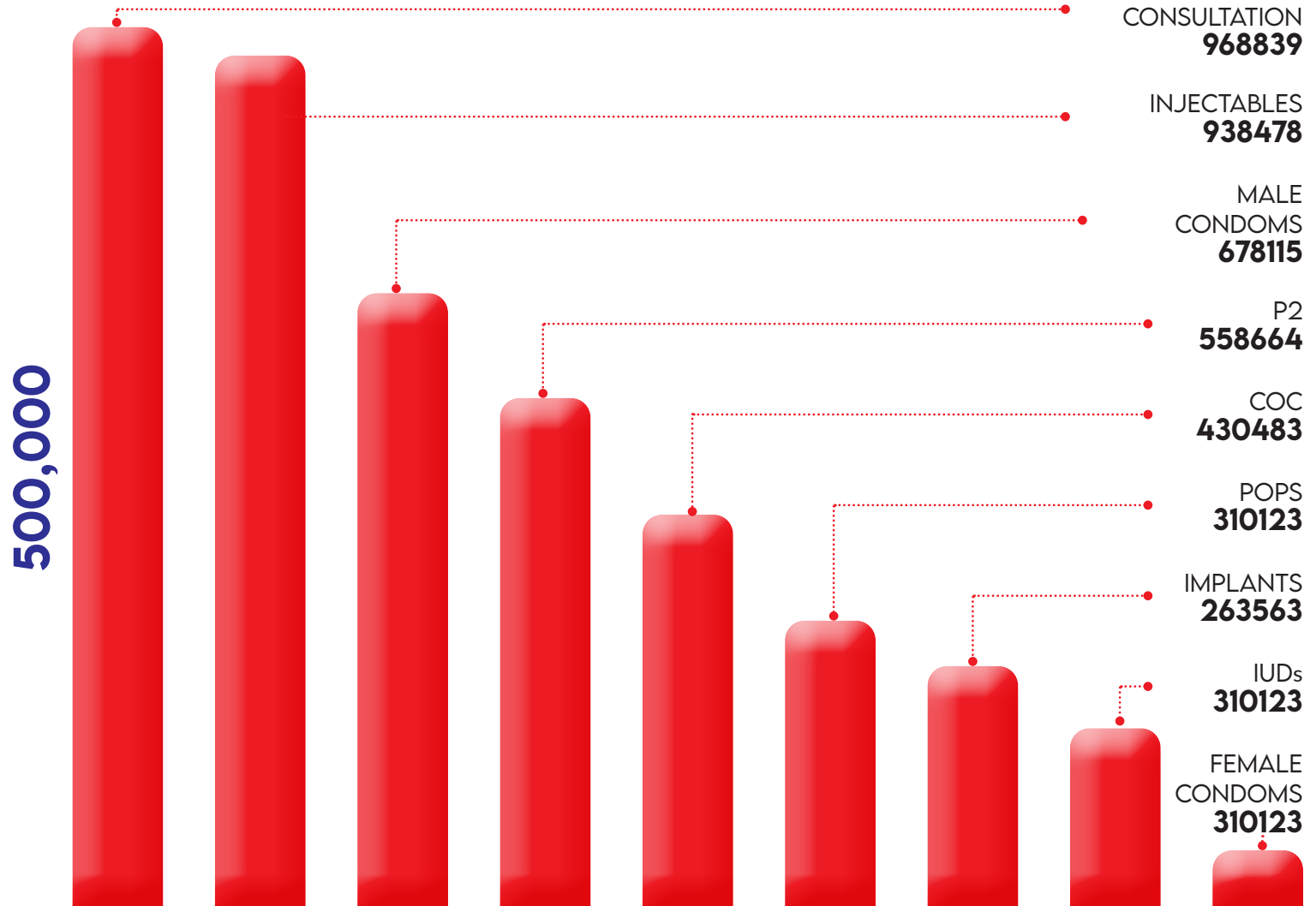


RHNK Youth advocates discussion during an SRHR advocacy and communications training

OUR 2024 REACH:



CONTRACEPTIVE SERVICES BY METHOD



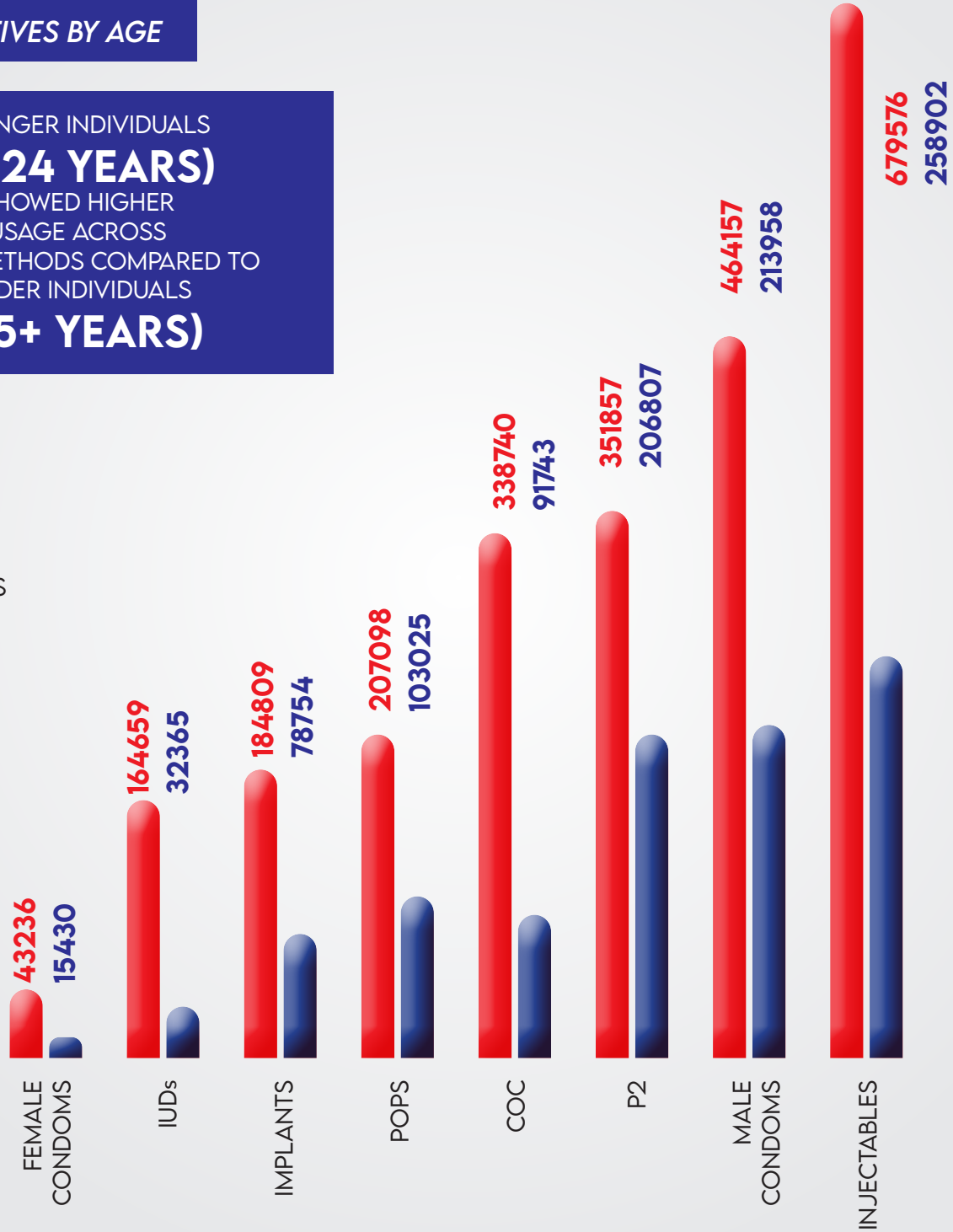
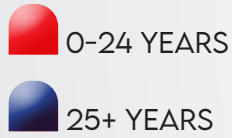
INJECTABLES (**938,478 USERS**) WERE THE MOST UTILIZED METHOD, FOLLOWED BY MALE CONDOMS (**678, 115 USERS**) AND GENERAL CONSULTATIONS (**968,839**). FEMALE CONDOMS HAD THE LOWEST UPTAK (**58,566 USERS**).

CONTRACEPTIVES BY AGE

YOUNGER INDIVIDUALS
(0-24 YEARS)

SHOWED HIGHER
USAGE ACROSS
MOST METHODS COMPARED TO
OLDER INDIVIDUALS

(25+ YEARS)



HIV SERVICES



0-24 YEARS 25+ YEARS

INJECTABLE PREP
2 | 17

VAGINAL RING
4 | 8

BIOMEDICAL HIV PREVENTION
135 | 210

PREVENTION-PROPHYLAXIS-
ARVS-ORAL PREP
245 | 97

COUNSELING PSYCHO-
SOCIAL SUPPORT
3939 | 1329

MANAGEMENT MEDICAL ARVS
4371 | 11301

INVESTIGATION EXAMINATION
10046 | 3329

COUNSELLING POST TEST
11630 | 4402

CONSULTATION
34637 | 17023

INVESTIGATION-LAB TEST-
DIAGNOSTIC RAPID TEST
199978 | 17846

COUNSELING-PRE-TEST
330298 | 484454

SERVICES LIKE
BIOMEDICAL PREVENTION AND PROPHYLAXIS WERE
PREDOMINANTLY USED BY INDIVIDUALS

AGED 25+

EFFORTS HIGHLIGHTED SIGNIFICANT ACCESS TO PSYCHOSOCIAL
SUPPORT AND MEDICAL MANAGEMENT SERVICES.

STI SERVICES BY TYPE



THE LEADING SERVICES INCLUDED
LAB TESTS

(165,644),

MANAGEMENT OF SYPHILIS

(137,245),

AND POST-TEST COUNSELING

(80,845).

LOWER USAGE WAS NOTED FOR

MANAGEMENT OF CHLAMYDIA

(761 USERS).

POST ABORTION CARE



SURGICAL VACUUM ASPIRATION
(125,895)
AND DILATION & EVACUATION (D&E)
(158,977)
WERE MOST UTILIZED.

D&E
158977

SURGICAL-VACUUM ASPIRATION
125895

INCOMPLETE MANAGEMENT-MEDICAL-MISO
91433

MANAGEMENT-MEDICAL-FOLLOW UP
64182

MANAGEMENT SURGICAL-FOLLOW UP
32826

TREATMENT OF COMPLICATIONS
31346

MANAGEMENT SURGICAL-VACUUM ASPIRATION
16895

MISO-ONLY
16171

MANAGEMENT MEDICAL-MM
556

CONSULTATION
445

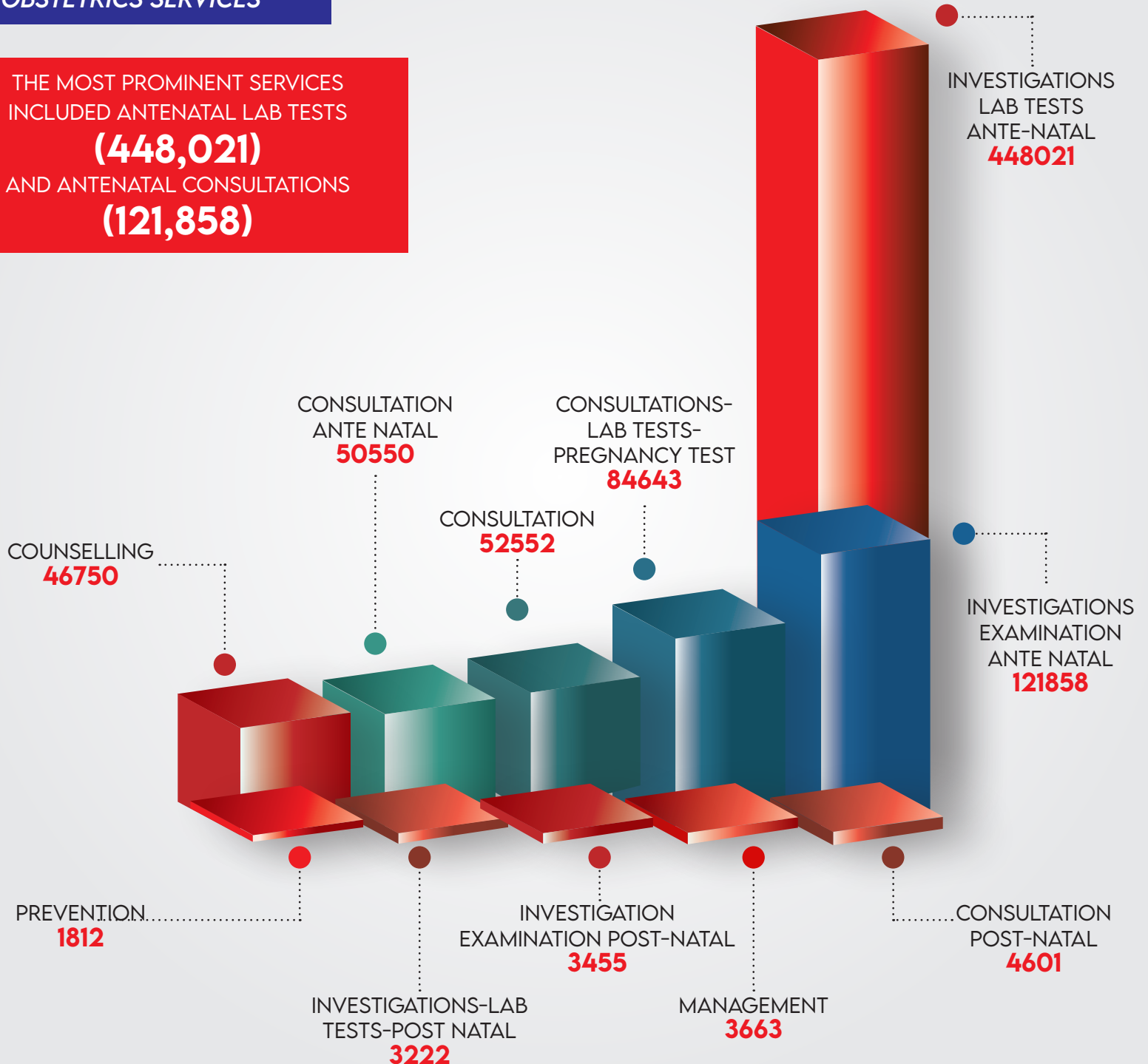
OBSTETRICS SERVICES

THE MOST PROMINENT SERVICES INCLUDED ANTENATAL LAB TESTS

(448,021)

AND ANTENATAL CONSULTATIONS

(121,858)



SGBV SERVICES

0-24 YEARS

25+ YEARS

COUNSELLING-FIRST LINE SUPPORT FOR GBV
1822 | 1274

COUNSELLING-SEXUALITY-GBV
4138 | 10210

COUNSELLING-MENSTRUAL HEALTH
6329 | 453

COUNSELLING-RELATIONSHIP
6395 | 946

CONSULTATION FOR CLINICAL, PSYCHOSOCIAL &
PROTECTION SERVICES FOR SURVIVORS OF VIOLENCE
11860 | 2862

COUNSELLING-GBV
15821 | 18332

OLDER INDIVIDUALS

(25+)

ACCESSED GBV-RELATED
SERVICES MORE THAN THEIR
YOUNGER COUNTERPARTS.





Dr. Omollo, RHNK Programs Director signing the Feminist Opportunity Now grant contract on behalf of RHNK

Dr. Edward Serem, the head DRMH with other MOH officials visit the RHNK booth at the World Contraception Day Celebrations 2024 in Narok



2024 MILESTONES:

1. SERVICE PROVISION

In 2024, RHNK served about 4.4 million women of reproductive age sexual and reproductive health information and services (representing a 76 percent increase in comparison to 2023) through facility-based care in its static and network facilities, outreach models and digital health interventions (Nena Na Binti Call Center).

RHNK SERVED ABOUT **4.4 MILLION** WOMEN OF REPRODUCTIVE AGE SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES

76% INCREASE IN COMPARISON TO **2023**

An EPZ worker receiving services during one of our workplace outreach



2. CHAGUO MKONONI CAMPAIGN LAUNCH



DR. PATRICK AMOTH, EBS
*Director General
Ministry of Health, Kenya*



DR EDWARD SEREM
*Head of The Division of Reproductive and
Maternal Health Services
Ministry of Health*



NELLY MUNYASIA
*Executive Director
Reproductive Health Network Kenya (RHNK)*

In partnership with the Ministry of Health and Clinton Health Access Initiative (CHAI), RHNK launched 'The Chaguo Mkononi Campaign', meaning 'Your Choice in Your Hands', a transformative three-year initiative that aims to reshape access to family planning and contraception services throughout Kenya. By emphasizing the utilization of self-injectable contraception (DMPA-

SC) as a method mix and aligning with the WHO's definition of self-care, the campaign will empower women with the knowledge and agency to make informed decisions regarding their reproductive health.

MINISTRY OF HEALTH LAUNCHES CAMPAIGN TO PROMOTE SELF-INJECTABLE CONTRACEPTION



DR. PATRICK AMOTH, EBS
*Director General
Ministry of Health, Kenya*

3. KENYA EUROPEAN PARLIAMENTARY STUDY TOUR

The European Parliamentary Forum for Sexual and Reproductive Rights (EPF), Europe's only parliamentary network focused on promoting SRHR health and development in Low-Middle Income Countries (LMICs) in collaboration with the Reproductive Health Network Kenya (RHNK), an Associate Member of International Planned Parenthood Federation (IPPF) organized a parliamentary study tour to Kenya. The main objective of the visit was to raise awareness among the EPF parliamentary delegation and to understand the Sexual and Reproductive Health and Rights (SRHR) landscape in Kenya and to draw attention to the need for an increase in national budgetary allocation and prioritization of SRHR as well as the importance of OECD-DAC donor countries' commitment to ODA. Parliamentarians will receive updates on the latest trends and be empowered to fulfil their role as partners in state budgeting and holding governments accountable for their commitments. Some key findings from the visit were;

a. Gaps Between Policy and Implementation: There are significant discrepancies between SRHR policy and practice in Kenya. Although Kenya has ratified international declarations (such as ICPD25, UNCRC and Beijing Declaration) and committed to improving SRHR by 2030, enforcement of policies on abortion, early marriage, teenage pregnancy, access to contraception, human rights-based approach to sexuality education, LGBTQI rights and FGM remains weak.

b. Role of Local and International Stakeholders: Collaboration between local organizations and international actors such as the EU delegation in Kenya, UNFPA and IPPF is crucial. The EU, as a major donor in Kenya, supports various gender equality and women's empowerment projects, but there is a need for increased focus and funding on SRHR initiatives on behalf of Member States.

c. Community-Specific Challenges: Remote and marginalized rural communities and poor urban populations face unique challenges, including FGM, child marriage, poor maternal care and



limited access to SRH information and services. Socio-cultural barriers and environmental factors exacerbate these problems, requiring tailored interventions and engagement with community and religious leaders.

d. Challenges in Public Health Facilities: Public health facilities in Kenya face many challenges, including limited resources and staff, which affect the provision of SRHR services. This contrasts sharply with private facilities, which provide comprehensive services but are often inaccessible to low-income populations.

e. Educational Initiatives: Comprehensive sexuality education (CSE) programmes in schools show promising results in reducing dropout rates due to early pregnancy. Involving teachers and integrating human rights-based approach to sexuality education for adolescents into the curriculum are effective strategies.

f. Empowerment Through Skills and Education: Programmes targeting specific vulnerable groups, such as adolescent mothers, young grandmothers and Maasai girls, that combine SRH education with skills development are essential to empower women and thereby improve SRHR outcomes. Addressing period poverty through these programs can significantly improve SRHR outcomes by ensuring that women and girls can participate fully in educational and economic activities and lead as an entry point for empowerment initiatives on rights and access to services, particularly in communities where cultural practices like FGM are prevalent.

European Parliamentarians with RHNK Partners during an inception meeting of their visit





European Parliamentarians meet Maasai Elders and Leadership at our Naretisho Clinic in Kajiado County



EU, AS A MAJOR DONOR IN KENYA, SUPPORTS VARIOUS GENDER EQUALITY AND WOMEN'S EMPOWERMENT PROJECTS, BUT THERE IS A NEED FOR INCREASED FOCUS AND FUNDING ON **SRHR** INITIATIVES ON BEHALF OF MEMBER STATES.



COMPREHENSIVE SEXUALITY EDUCATION (CSE) PROGRAMMES IN SCHOOLS SHOW PROMISING RESULTS IN REDUCING DROPOUT RATES DUE TO EARLY PREGNANCY.



PROGRAMMES TARGETING SPECIFIC VULNERABLE GROUPS, SUCH AS ADOLESCENT MOTHERS, YOUNG GRANDMOTHERS AND MAASAI GIRLS, THAT COMBINE **SRH** EDUCATION WITH SKILLS DEVELOPMENT ARE ESSENTIAL TO EMPOWER WOMEN AND THEREBY IMPROVE **SRHR** OUTCOMES.



4. EXPANSION OF STATIC FACILITIES

RHNC increased the number of static facilities from one (1) to three (3). The three static facilities are strategically located to provide SRH services to previously underserved and marginalized communities.

a. REHNET Medical Center - Kwa Ndege, Embakasi, Nairobi

This is our model health facility that houses the Nena Na Binti Call Center and Social Enterprise. It is located in one of the peri-urban areas in Nairobi, provides adolescent and youth friendly services and serves youths in their diversity from the slum. The facility provides safe space for the teen mothers, gender diverse persons and commercial sex workers to have their SRHR issues addressed by the health experts and have conversations that support their mental well-being. This facility has a Call Center that provides non-judgmental SRHR counselling, mental well-being, Gender Based Violence counseling and support, referral to health care providers across the county, safe houses and linkage to pro-bono legal support.

b. Naretisho Health Center - Torosei, Kajiado

In Kajiado West, the nearest health facility was about 70 kilometers away, and poor road conditions further hindered access. As a result, maternal and neonatal deaths were alarmingly high, and young people lacked access to information on contraception and safe sex. In Kenya, 88% of live births are delivered in a health facility. However, in Kajiado County, the percentage of births occurring in health facilities is lower, highlighting challenges in accessing maternal health services. Due to the socio-cultural practices, many young girls were married early and had children, with some still facing the threat of female genital mutilation. Community Health Promoters tasked with educating the youth also lacked accurate information, further increasing the problem. Given this identified gap, RHNC embarked on a mission to establish its second model healthcare facility in this community with poor reproductive health

outcomes. After a thorough feasibility study, RHNC identified Torosei, a remote area near the Tanzania border, as the ideal location. This area had poor road access, no electricity, and limited network connectivity, making healthcare access extremely difficult.

In partnership with IPPF and with the support of the local Maasai community, RHNC established the Reproductive Health Network Medical Center (Naretisho) in Torosei. This center is strategically placed to provide SRH services, including maternal healthcare, family planning, and youth-friendly services.

RHNC INCREASED THE NUMBER OF STATIC FACILITIES FROM **1** TO **3**

THE FACILITY PROVIDES **SAFE SPACE** FOR THE TEEN MOTHERS, GENDER DIVERSE PERSONS AND COMMERCIAL SEX WORKERS TO HAVE **THEIR SRHR ISSUES** ADDRESSED BY THE **HEALTH EXPERTS** AND HAVE CONVERSATIONS THAT **SUPPORT THEIR MENTAL WELL-BEING**.

88% OF LIVE BIRTHS ARE DELIVERED IN A HEALTH FACILITY

RHNC EMBARKED ON A MISSION TO ESTABLISH ITS SECOND **MODEL HEALTHCARE FACILITY** IN THIS COMMUNITY WITH POOR REPRODUCTIVE HEALTH OUTCOMES

c. Manyatta Health Center - Manyatta, Kisumu

Manyatta is a peri-urban estate located in the outskirts of Kisumu. This area attracts residents earning relatively low incomes, who experience no access to piped water, despite Kisumu sitting on the shores of Lake Victoria, one of the world's largest fresh water bodies. Manyatta Health Centre is an RHNK owned facility, located in the heart of Manyatta slum that serves the population with comprehensive sexual and reproductive health services, with over 90% of the clients accessing services coming from poor and vulnerable households.

MANYATTA HEALTH CENTRE IS AN RHNK OWNED FACILITY, LOCATED IN THE HEART OF MANYATTA SLUM THAT SERVES THE POPULATION WITH COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICES,

WITH OVER 90%

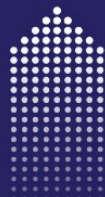
OF THE CLIENTS ACCESSING SERVICES COMING FROM POOR AND VULNERABLE HOUSEHOLDS.



A patient receiving treatment at our Manyatta Clinic Kisumu



Some of our Clients receiving services at the Manyatta Health Centre - Manyatta, Kisumu



European Parliamentarians with the RHNK staff at our REHNET Medical Centre-Embakasi.

OUR STATIC FACILITIES



The chief supporting the launch of our REHNET Naretisho Clinic in Torosei, Kajiado.

5. PROGRAMMATIC HIGHLIGHTS:

POLICIES AND GUIDELINES:

In collaboration with other partners, RHNK supported the Ministry of Health in the development of the following policies and guidelines;

- Revision of the Kenya National DPMA- SC Costed Implementation Plan
- The 7th Edition of the National Family Planning Guidelines
- The Social Behavior Change Strategy for Adolescents and Young People Sexual and Reproductive Health
- The Post-Partum Hemorrhage Costed Implementation Plan
- The Nairobi School Health Manual
- Understanding Adolescent Guidelines – A Guide for Parents/Care Givers
- The Nairobi County AYSRHR county strategic Action plan 2025-2029

COALITION BUILDING

RHNK strengthened coalition building in the SRHR movement in Kenya to encourage multi-stakeholder action and advocacy to facilitate a collaborative action at national and community levels with multi-sectoral actors for the realization of reproductive rights for all women and girls in Kenya and across the region. In 2024, RHNK;

- Supported the Ministry of Health in convening the Self-Care Core Group (SCCG) to coordinate partners implementing self-care for reproductive health activities at the national and county level
- Supported convenings of the Reproductive Rights Coalition - Kenya (RRC-K)
- In partnership with the Ministry of Health, held the 7th RHNK Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) Scientific Conference themed 'Priorities for Advancing AYSRHR in Africa' attracting over 800 delegates from 14 countries.





7TH RHNK
SCIENTIFIC CONFERENCE
Whitesands
Beach Resort and Spa,
Mombasa Kenya. June 2024.



PROGRAMS REACH

REACHED OVER **3,000,000** PEOPLE THROUGH ONLINE SRH CAMPAIGNS ON VARIOUS SOCIAL MEDIA PLATFORMS

TRAINED **59** PRIMARY SCHOOL TEACHERS ON AGE APPROPRIATE SEXUALITY EDUCATION.

REACHED OVER **20,000** YOUNG PEOPLE (IN AND OUT OF SCHOOL) WITH AGE APPROPRIATE SEXUALITY EDUCATION

TRAINED **140** HEALTHCARE PROVIDERS AND **225** COMMUNITY HEALTH PROMOTERS ON SRHR SERVICE PROVISION UPDATES.

TRAINED **72** YOUTH ADVOCATES ON SRHR MEDIA AND ADVOCACY.

REACHED OVER **4000** EMPLOYEES IN **4** SUGAR COMPANIES AND **2** EPZ THROUGH SRH OUTREACHES.





FREE: 0800 211 227
Text: 0775533117

SERVICES

1. SRH Counseling
2. Psychosocial Support
3. Mental Health and Well-being
4. Pro Bono Legal Aid
5. Telemedicine
6. GBV Counseling
7. Referrals

YOUR CONFIDENTIAL, NON-JUDGEMENTAL SRHR SUPPORT

Nena na Binti Call center seeks to ensure uninterrupted access to comprehensive SRHR information and services by adolescent girls, young women, young people, key populations and gender diverse persons free of stigma and discrimination.



OUR PARTNERS AND SUPPORTERS:



MINISTRY OF HEALTH



International
Planned Parenthood
Federation



CENTER for
REPRODUCTIVE
RIGHTS



Grand Challenges Canada
Grands Défis Canada



MINISTRY OF
FOREIGN AFFAIRS
OF DENMARK
Danida



African Population and
Health Research Center



Global Affairs
Canada





RHNK

Reaching Further,
Impacting More



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