

POLICY DISSEMINATION BRIEF

National Family Planning Guideline for Healthcare Providers – 7th Edition (2025)

Background

Kenya recognizes family planning as a fundamental rights issue and a critical driver of economic and social development. Committed to national and global goals, the country strives to ensure equitable access to rights-based family planning (FP) services across all levels of healthcare. The key feature of the 7th edition is the introduction of digital health solutions, including Digital Counselling (DC) and Direct-to-Consumer (DTC) services, which revolutionize access to quality family planning (FP) information, counselling, and products.

Kenya has made notable progress in Family Planning (FP), with the modern contraceptive prevalence rate (mCPR) increasing from 39% in 2008/09 to 57% according to the 2022 KDHS. The most commonly used modern contraceptive methods are injectables (20%), implants (19%), and contraceptive pills (8%). Despite these gains, significant inequities persist across counties, with some regions continuing to experience low access to and utilization of modern contraceptive methods.

Goal

- The overall goal of the guideline is to provide the standards that will guide all healthcare providers delivering comprehensive and quality FP services, aligned with programme priorities to accelerate access in tandem with national commitments.

Specific Objectives:

- Provide health care providers, implementing partners, and county and national MoH health managers with evidence-based information to guide the provision of comprehensive and quality FP services.
- Provide up-to-date information on the role description of various cadres in the healthcare system for service provision.
- Provide practical guideline to be followed for each FP method service provision.

Who Can Use These Guideline?

- All health service providers offering family planning services within the country.

Why use the Guideline

- It offers guidance for the provision of comprehensive, safe and quality family planning information and services in response to local challenges and highlight opportunities for increasing the uptake of family planning services.

Guiding Principles

- Updates the Medical Eligibility Criteria (MEC) and other issues in the provision of contraceptive methods It spells out task shifting / sharing.
- It promotes selfcare interventions and voluntary informed choice based on medical eligibility criteria.
- New strategies to increase access (e.g. Community Based Family Planning, Community pharmacy channel, Postpartum FP packages and Comprehensive Post Abortion Care (PAC) services which includes FP)
- Services for persons with special needs (e.g. PLWD, Mobile Populations, Adolescents and Youth).
- Integration of FP with other RH services (including HIV and AIDS and screening for cancers of reproductive organs) new contraceptive choices and male engagement.

Provision of FP Services by Different Categories of service Providers

Provider / Method	Male Condom	Female Condom	LAM	Pills (COC, POP)	Injectables	IUCD	Implant	Standard Days Method (SDM)	Other FAMs (Two Days Method Ovulation)	Female and Male VSC
Medical Doctor	Registered Medical Doctors can provide a full range of services related to the above.									
Nurse Midwife	Registered Medical / Midwife can provide a full range of services related to the above.									Counsel Refer
Clinical Officer	Registered Clinical Officers can provide a full range of services related to the above.									Counsel clients & refer. RH Trained RCOs can offer methods.
CBDs	Counsel Provide*	Counsel Provide*	Counsel Support Provide Refer*	Counsel Provide Refer*	Counsel Provide Refer*	Counsel Refer	Counsel Refer	Counsel Provide Refer	Counsel Refer	Refer
CHAs	CHAs provide an interface between CHPs and SDPs.									
Pharmacists and Pharmaceuticals Technologists.	Counsel Provide*	Counsel Provide*	Counsel*	Counsel Provide*	Counsel Dispense Provide*	Counsel Refer	Counsel Refer	Refer	Counsel Refer	Counsel Refer

*Only if specifically trained to do so.



Call to Action

- **National Coordination and capacity building:** To ensure FP at all levels are provided by trained health care providers; To ensure the community-based FP is provided by trained and certified healthcare providers based on the community health training curriculum including pharmacists and pharmaceutical technologists and Community Health Promoters (CHPs).
- **County / Health Facilities:** To ensure efficient institution and management of the integrated Logistics Management Information System (iLMIS) for FPHPTs to promote quality FP service provision, be gender sensitive and disability friendly. To put measures in place to ensure integration of FP with other services, including in maternal child health clinics, nutrition, comprehensive care clinics (CCC), Sexually Transmitted Infections (STI) clinics, youth friendly clinics, gynaecology clinics and post-rape care clinics.
- **Partners:** Capacity building.
- **All healthcare providers, including CHPs:** To create demand for FP services by providing correct information on FP, facilitating client referrals for FP services and following up clients at the community level (where applicable), to ensure equitable access to services for all, including groups with special needs; To enhance male engagement in FP.

