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ps Kenya

Healthy lives. Measurable results.

ANNUAL REPORT 2017

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OUR MISSION

Our mission is to measurably improve the health of Kenyans by promoting functional, sustainable and healthy markets, increasing demand for and access to quality and affordable health products and services.

OUR VISION

Our vision as PS Kenya is to be the leader in strengthening health markets, empowering Kenyans to make healthy choices.

OVERVIEW

Population Services Kenya (PS Kenya) has been measurably improving the health of Kenyans since 1989. We address the most serious health challenges affecting resource poor and vulnerable communities in Kenya, including HIV/AIDS, Reproductive Health, Non Communicable diseases and the greatest threats to children under five including Malaria, Diarrhea, Pneumonia and Malnutrition. Our approach harnesses the vitality of the private sector to improve health outcomes for "Sara" - our archetype that focuses our interventions. PS Kenya is a member of the PSI Network.

MESSAGE FROM THE BOARD CHAIR

In 2017 we crossed the one-year mark of the implementation of the PS Kenya Strategic Plan which envisions PS Kenya as the leader in strengthening health markets, empowering Kenyans to make healthy choices. This strategic plan is guiding us to meet Sara's health needs despite the paradigm shifts being experienced in the developmental world, thereby enabling us to focus our energies on what matters to Sara. This includes her social and environmental determinants and how all these factors contribute to the choices that she makes about her health.

Through one of the pillars of our strategy which is reorienting our programs to increase health impact, we are taking a different tangent when probing the health market by ensuring that we address not only the health concerns that face Sara, but also the external factors in her environment that may bar her from living a healthy happy life. Our efforts are bearing results and we owe it to the strong and innovative team of staff who work with Sara to empower her to make healthy choices, as well as an able Board of Directors who provide the essential leadership and governance structures to make PS Kenya the great organization that it is.

In 2017 our long serving board members transitioned and we introduced new members to the board. First, let me take this opportunity to thank our two board members, Ms. Rose Kimotho and Professor Alice Mutungi for their years of service to PS Kenya family. Ms. Kimotho, a seasoned communications expert and media owner joined PS Kenya at the very beginning and helped us navigate the world of HIV when we introduced condoms into the market. Professor Mutungi, an obstetrics/gynecologist by profession helped us to social market our Femiplan range of modern contraceptives. The PS Kenya family will forever be indebted to their contribution to PS Kenya's mission and we wish both Ms. Kimotho and Professor Alice luck in their future endeavors.

We also welcomed three new members into the Board. I am happy to introduce Ms. Ann Ngethe, Dr. Rehana Mohamed and Mr. Ken Ouko to the Board of Directors of PS Kenya. Ms. Ngethe stepped in as our Board Secretary and brings a wealth of professional experience and expertise in training and performance solutions. Dr. Rehana Ahmed is a medical doctor with work experience in reproductive, maternal and child health in Pakistan, United Kingdom and across several countries of Africa and Asia. She brings expertise in the design of innovative projects to improve health services delivery in developing countries. Ken is a savvy Corporate & Investment Banking and Business Development Executive with a strong reputation of delivering business strategies and client focused solutions resulting in business profitability. With this new team in place we are confident to continue delivering PS Kenya to greater heights in service of Sara.

2017 has had its share of smooth sailing and learning curves but we excelled in delivering on our mandate and as the Board we remain focused on providing leadership on the strategy as PS Kenya delivers on its mandate of empowering Sara to make healthy choices. I also extend my appreciation and gratitude to our valued partners who have committed to work with us in making life better for Sara and look forward to delivering more health impact in 2018.

MESSAGE FROM CEO

It has been another exceptional year for PS Kenya as we focused on delivering health impact for Sara. With just over a year into the implementation of our strategic plan, we have witnessed the strategies we employed bearing fruit and which we have highlighted in this report to empower Sara to make healthy choices.

PS Kenya has been providing quality and affordable life-saving products and services to Sara and developing innovative communications to help Sara make healthy choices for her life and her family. We have also established health facilities through the Tunza network that provide affordable and reliable health services for Sara so she can have all her health requirements met in one place. In 2017, we worked alongside the Government of Kenya, our Development Partners and implementing teams to develop and promote sustainable health markets so that we reach Sara wherever she may be with the products and services she requires to survive and thrive. Despite the long electioneering period experienced in Kenya in 2017, we remained focused on achieving our targets of 2.3 Million DALYs (healthy lives added through our interventions) and 2.2 Million CYPs (couple years of protection).

As you read this report you will witness our strategy in action as we reorient our programs to increase health impact. Through our HIV/AIDS program, we are well on our way to achieve the WHO 90 90 90 goals by taking deliberate steps to introduce innovative ways of HIV testing through oral tests aimed at reaching those who are not reached by conventional channels while providing a discrete channel to test for HIV. We are also focused on ensuring that all who test positive are linked to treatment and have a viral load test administered. We are also working with partners to roll out Oral PrEP which aims at keeping HIV negative persons who engage in risky sexual behavior remain negative. In 2017 we strengthened our public-private partnerships when we empowered county governments distribute 1.8 million insecticide treated nets in western Kenya.

Through our franchise Tunza, we are plugged in with Kenya government's vision of universal health care by ensuring more and more of our facilities are empaneled into NHIF so more of our clients can access quality health services. And speaking of quality, I am proud to announce that PS Kenya through our Tunza franchise had an overall score of 86% in the biannual External Quality Assurance (EQA) Audit by the Population Services International (PSI) team. This was an increase of 12% in scoring as the franchise had a previous score of 74% in 2015.

We continued to use our youth and adolescent communication strategy through our platform "Kitu ni Kukachora" to engage young people in conversations about their sexual and reproductive health and have launched campaigns that are county specific in 5 counties. For the married couples, we introduced the "counselling for continuation" (C4C) model which targets women who had initially taken up a contraceptive method but then discontinued them for various reasons. Through this model, we hope to re-introduce the use of modern contraceptives so that they plan for the families that they want.

These are few of the activities we have implemented as we work towards measurably improving the health of Kenyans by promoting functional and sustainable healthy markets for Sara. We look forward to another great year of impact as we ensure that Sara has everything she needs to live a healthy and happy life.

HEALTH IMPACT

2,348,679

Healthy lives added through our interventions (DALYS)

172,671

Children that accessed treatment for diarrhoea, malaria and pneumonia through our franchise

2,199,061

Couple Years of Protection (CYPS)

229,200

Contraceptive services delivered through the Tunza franchise

49,120,387

Condoms distributed

194,069

Number who have accessed HIV services through the franchise

39,687,507

Water Treatment products distributed

DELIVERING 1.8 MILLION NETS TO KENYANS THROUGH MASS NET DISTRIBUTION

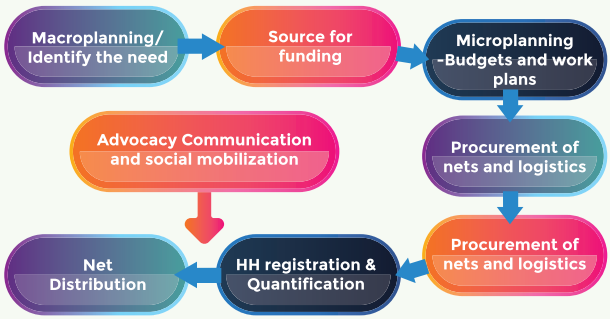
Imagine being given the task of delivering a life-saving commodity to 3.4 million Kenyans in months. If all these people lined up with their hands touching each other, they would cover a distance similar to the distance between Nairobi and London. In 2017, PS Kenya's mission was to deliver to the people of Busia and Kakamega counties our malaria prevention mosquito treated nets. This activity was a team effort between PS Kenya, the County Government's and the support of PMI/USAID between June and December of 2017.

According to Kenya Malaria Indicator Survey (2015), Malaria prevalence in the western counties of Kakamega, Bungoma, Vihiga and Busia stands at an average of 27% which targets them for malaria prevention interventions. For this process, we used mass net distribution, one of the interventions under objective 1 of the Revised Kenya Malaria Strategic Plan which aims to have at least 80 percent of people living in malaria risk areas using appropriate preventive interventions by 2018.

"Delivering 1.2 million nets meant working day and night to ensure all our people in all the villages were covered. In Kakamega County, we engaged over 1200 health care workers and 2329 village elders and community health volunteers working to deliver the nets" - Dr Faustine Sakari: Kakamega County Malaria Control Coordinator.

How We Did It

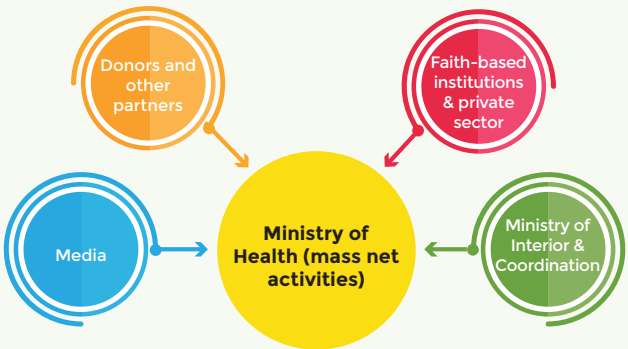
Mass net distribution is a complex process. It involves the following crosslinking and interacting activities:



We secured the nets overseas through a rigorous process of procuring, shipping, clearing, transporting, storing, redistribution and issuance to the user according to the laid down procedures. The main transport and warehousing work was done by KEMSA and was supported by Global Fund. The actual redistribution, storage and issuance to the populace was done by County Governments' Departments of Health with support from PS Kenya and financed by USAID.

Lorries used in delivering nets to distribution posts

The mass net distribution is both capital intensive and human resource demanding activity. It involves the coordination of several departments who give support to the program.



- Ministry of Interior and Coordination provided human resource for registration and social mobilization. In addition they also offered security and chaired planning meetings.
- Ministry of Education offered infrastructure for nets registration and distribution. Some of the schools served as net distribution points. They also formed a good social mobilization mechanism.

- The Faith-based institutions also provided infrastructure and human resource for distribution. They also provided a platform for social mobilization.
- Other line ministries, civil society organizations and the media played a role in the mass net distribution activities.

Household Registration

"Working to register all the people in the county is like conducting a mini census. It calls for hard work to ensure that all the involved staff work in harmony to move the process. In the end we were able to deliver over 99% registration of the people and 100% distribution of nets to the users." - Busia County Malaria Control Coordinator.

Through collaboration with the local administration and Sub County teams, village elders and registration clerks were recruited for household registration. The existing trained community health volunteers were given preference. A one day training was then carried out by the Sub-County Health Management Team (SCHMT) and public health officers on correct filling in of the household register and data collection process. Household registration was conducted for 5 days including weekends in order to reach those who are not available over weekdays.

A poster used for social mobilization

The household registration process identified the exact net needs for each county as indicated in the table below. The data in Busia included an additional net need based on sleeping spaces for Matayos Sub County.

County	Net Need Based On Registration
Kakamega	1,280,725
Busia	608,901

Registration based on sleeping spaces

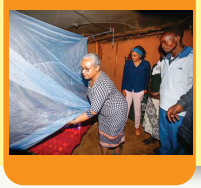
As part of our endeavors to innovate how nets are distributed, Esikulu Sub Location in Matayos Division, Matayos Sub County was selected by the County to have the net distributed according to the number of sleeping spaces. Household data collection on sleeping spaces was successfully conducted in 10 villages in Esikulu Sub location covering 3907 Households. A total of 15,853 Sleeping spaces were determined covering a total population of 23,325. Based on universal coverage, (1 net for every 2 people in a household) the population would have required approximately 12,959 nets against the 15,853 nets required after mapping of sleeping spaces. This is an 18% increase in net need based on the sleeping spaces.

The Net Distribution

The distribution process just like registration was a collaborative affair between the PS Kenya and county partners. It started with training of the different cadres of staff used in the exercise. This was followed by redistribution of nets from the divisional interim warehouses to the fixed posts from whence the nets were issued to the household heads. The whole process involved lots of advocacy, communication and social mobilization by the interior and health ministries, and the media. Of all the LLINs received, 99.7% were distributed in Kakamega and Busia counties.

At the end of it all PS Kenya was proud to distribute 1.27 million nets Kakamega and 607,165 nets to Busia counties.

Other Achievements



2,111,618
Nets distributed to children under one year and pregnant women

4,475
Health workers trained on commodity management

9
County malaria control coordinators on leadership and management

KENYA MALARIA COMMUNICATION STRATEGY LAUNCHED

Strategy to Guide Malaria Interventions

The Ministry of Health through the National Malaria Control Program and with support of USAID funding launched the revised Kenya Malaria Communication Strategy since the previous strategy had come to an end in 2014. The strategy provides a framework for the coordination of activities around advocacy, communication and social mobilization in the Malaria program in order to achieve a change in behaviour at political, service delivery, community and individual levels.

The strategy will support core strategies of the Kenya Malaria Strategy (2009-2018). The core of this document advocates for coordinated implementation of malaria intervention at national levels through the Advocacy, Communication and Social Mobilization (ACSM) team, and at county level through the Health Promotion Advisory Committees (HPACs). The revised strategy was launched on 24th April 2017, a day before World Malaria Day and during a global WHO led meeting to announce Kenya's selection into the pilot countries for the malaria vaccine. This provided a shared platform where key malaria issues were discussed.

What Key Stakeholders Said

"Universal net coverage remains a key strategy of the Kenya government because bed nets contribute to reducing cases of Malaria. However, net coverage is not going to help if people do not use the nets, therefore behaviour change strategies will continue play a vital role in Malaria prevention and this is why the development of the Kenya Malaria Communication Strategy is timely because it highlights ways we can use communication to sustain malaria control in the country."

Dr. Cleopa Mailu, Cabinet Secretary, Ministry of Health

"We are steadily defeating Malaria and this is possible because of the many partners we have worked with over the years. We can improve on the use of nets and how quickly people get to clinics for treatment and that requires us getting key messages out to people of Kenya. This is why the US President's Malaria Initiative (PMI) is proud to support NMCP in the development of the Kenya Malaria Communication Strategy. This communications strategy is another tool we can use track effectiveness of the various malaria interventions we have set in place."

Karen Freeman - USAID Mission Director

Roadmap to the New Strategy

Through funding from PMI, the HCM project supported the review of the previous Malaria Communication Strategy (2010 -2014). This review was informed by two emerging issues: the mid-term review of the Kenya Malaria Strategy hence need to align the communication strategy and the change in government structure which devolved power, and health service delivery, to the county level. Some strengths of the previous strategy that needed to be strengthened included good progress in utilization of malaria control interventions, the identification of clear messages around prevention and case management, and good engagement of local media.

Key Interventions in the New Strategy

Four key strategies will be implemented in the Kenya Malaria Communication Strategy:

1. Strengthen structures for the delivery of ACSM interventions at all levels
2. Strengthen program communication for increased utilization of malaria interventions at household level
3. Increase inter-sectoral advocacy and collaboration for malaria control
4. Strengthen community-based social and behaviour change communication activities for all malaria interventions

THE MATERNAL CHILD NUTRITION PROGRAM (MCNP)

In Kenya, malnutrition is the single greatest contributor to child mortality, accounting for more than a half of deaths among children under five. In collaboration with the county governments, PS Kenya with support from UNICEF implemented a community-centered campaign to strengthen community resilience to handle shocks and stress in Kilifi, Kitui and Kwale Counties through:

1. Strengthening the coordination and capacities of counties on SBCC around key nutrition and health behaviors
2. Enhancing the capacity to manage and mitigate shocks through improved key practices at community and household level.

The key practices were packaged in an umbrella campaign dubbed 'Shika Tano' (High 5) that supported and congratulated mothers who practiced 5 key behaviours including:

- Exclusive breastfeeding
- Treatment of diarrhea with ORS and Zinc
- Food diversity - giving foods from more than 4 food groups
- Iron/Folate supplementation amongst pregnant women
- Vitamin A supplementation amongst children 6-59 months

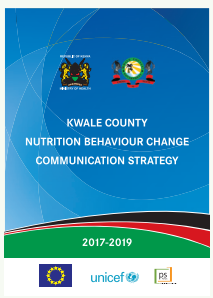
In Kitui County, PS Kenya is also supporting enhanced nutrition counselling among households receiving the cash transfer for improved nutrition outcomes. The program, known as NICHE (Nutrition Improvement Through cash and Health Education), is anchored on the Shika Tano campaign, with an additional emphasis on budgeting and meal planning.

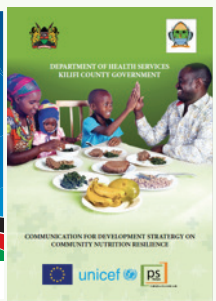
Key activities included:

1. Community entry meetings
2. CHMT & CHV Trainings
3. Household visits (HHs) and small group communication sessions
4. Community outreaches and dialogue days
5. Monthly community unit review meetings and support supervision sessions with the Counties
6. Community Referrals through CHVs for children under the age of 5, pregnant and lactating mothers and children who needed further attention to health facilities.

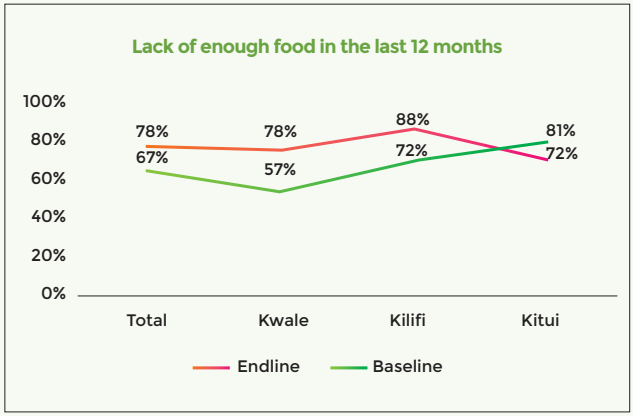
Key MCNP Achievements

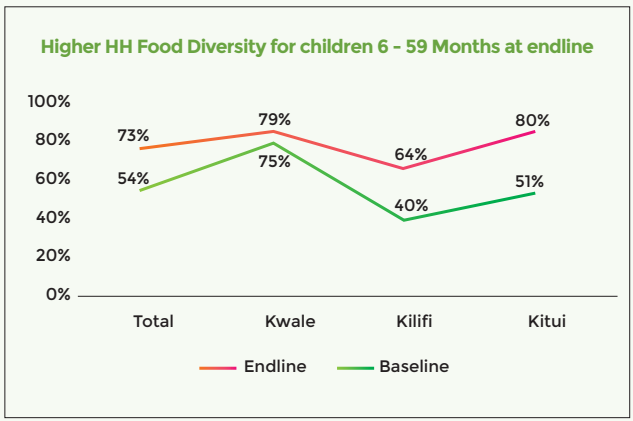
- Development of SBCC strategies for Kwale, Kitui and Kilifi Counties.





- An end-line assessment in comparison to the baseline was done. Below are some findings that show uptake of community resilience in the communities.





The study also evaluated effectiveness of Shika Tano, the campaign was most recalled for exclusive breastfeeding (EBF), Iron and Folic Acid supplementation (IFAS) and Vitamin A.

An additional qualitative evaluation done by Kimetrica in Kitui County availed the insights below:

On relevance and appropriateness - Almost all beneficiaries felt the information was relevant, useful and had positive health effects

33-year-old woman, female-headed household, Mataani, Ngaie: *"The medicine we are getting from the clinics is helping us, not just for the mother but also the child in the body. Before they [women] used to give birth to children with deformities like carved nose, carved mouth, but when they are using these medicines it has helped them. The child is healthy, it looks nice."*

On effects on knowledge- Most beneficiaries had learned from the Shika Tano campaign and were aware of its messages. However, there were some knowledge gaps which revealed a need to expand the campaign.

I was told I should breastfeed every two hours and this regulates the flow of the milk. Before, someone would give birth and leave the child at home and go to the market and return in the evening. But like that, the milk was not regulated and the milk dried up so we had to give them other food like uji." (34 years old, Kathekani, Keutunda).

"The information was important. I learned new things, that as pregnant mothers we should eat foods that increase our blood levels. We didn't know this." (29 years old, Utondomoni, Ekani).

On effects on attitudes- majority of beneficiaries agreed that the Shika Tano campaign positively changed their attitudes, and said they were actively trying to ensure their children were fed a balanced diet.

Effectiveness of Shika Tano

- Knowledge of **Shika Tano** was reported above average (62%) with a much higher proportion reported in Kwale (67%) and much lower in Kitui (39%).
- Majority, when asked about what **Shika Tano** was about, majority mentioned the five areas of **Shika Tano**.

What was it about?	Total	Kwale	Kilifi	Kitui
Exclusive Breast Feeding (EBF)	76%	78%	82%	46%
IFAS	61%	64%	66%	29%
Food Diversity	61%	65%	66%	27%
Vitamin A Supplementation	49%	49%	61%	7%
Diarrhea Treatment / Management	22%	28%	17%	15%

"Before, I never used to see sorghum or millet as nutritious, so I would take it to the market... [But] I learned that I should consume that food with my family," said a 34-year-old farmer from Kathekani (Keutunda). A 34 year-old woman from Kiimani (Ekani) said, "During the old time we used to grow green grams and we sold all of it in the market. But now once we grow it, we sell, then we remain some for the household consumption."

Effect on behaviours; Overall, the vast majority of CFA beneficiaries reported changes in their behaviours related to the five topics covered by the Shika Tano campaign. While some changes were easy to implement (e.g. exclusive breastfeeding for children under six months, and pregnant women taking IFAS), others were more challenging (e.g. ensuring a balanced diet).

As one 39-year-old woman in Mutulini (Ekani) explained, *"Before the Shika Tano initiative, we used to feed our children before the end of the six months. But now because of the initiative we are breastfeeding up to six months and after we cook for the children.*

One 29 year-old woman from Kasekini (Keutunda) said, *"Before I got this information about treating diarrhea with ORS... we could mix some water with salt and give it to the child. But now that I learnt the importance of ORS I always go to the dispensary to get ORS and zinc."*

"Most of the foods are very expensive for us to access but after the trainings we have learned we can use some of these smart foods, that is sorghum, millet, even the leaves of the green grams, to improve our diet. We can also use chicken eggs to improve our diet. So we are trying even though it is very expensive to acquire them." (36 years old, female-headed household, Vuty, Ekani).

IMMUNIZATION PROJECT - EVIDENCE BASED SBCC PROGRAMMING

According to the national policy and guidelines on immunization, Kenya intends to attain 90% and 80% fully immunized child coverage nationally and in every county to ensure that children do not die due to diseases that can be prevented through immunization. A child is considered fully vaccinated when they have completed the immunization schedule and received the 2nd measles vaccine.

While the Government of Kenya provides routine and emergency vaccines free of charge in all public health facilities through the Unit of Vaccines and Immunization Services (UVIS), these services are not being fully utilized by caregivers.

PS Kenya's Mandate

PS Kenya, under the Health Communications and Marketing (HCM) project funded by USAID, is charged with the responsibility of creating awareness on the importance of immunization and therefore increase awareness of the vaccines offered to the target audience.

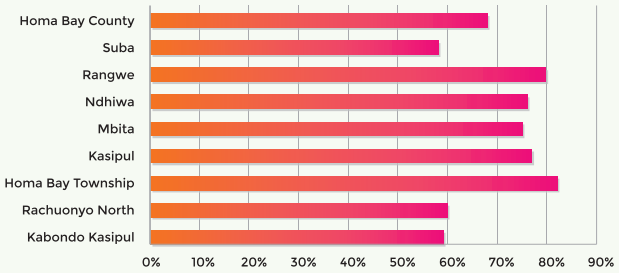
The Immunization Communication Objectives

The objectives of the immunization SBCC campaign is therefore to increase the number of caregivers who:

1. Know the recommended number of vaccines for children under the age of 2 years.
2. Know when to go to Health Facilities to complete the immunization schedule.
3. Can recall at least 4 immunizations and the diseases they prevent.

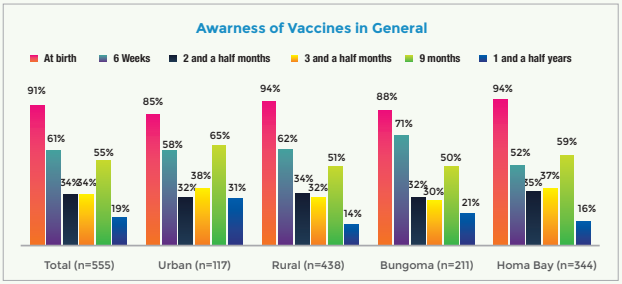
This immunization social behaviour change communication campaign is therefore focused on one of the Counties with the lowest coverage in Kenya - Homabay County.

Immunization Coverage

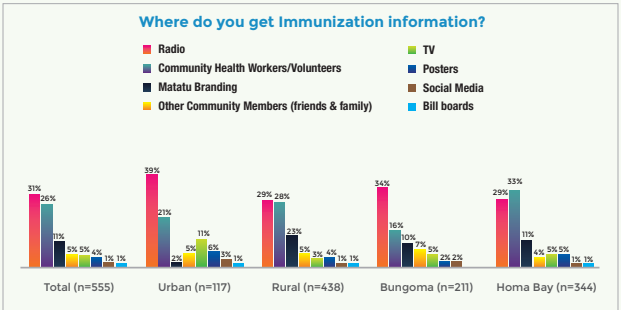


Understanding the Problem

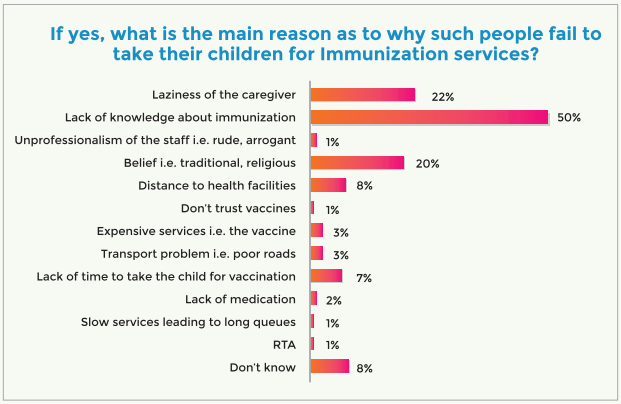
In 2017, we carried out a household survey in Homabay County to ascertain the knowledge, attitude and practices that affect uptake of immunization. The baseline survey revealed that awareness of vaccines in general was highest at birth, similar to national trends observed in the 2014 KDHS. More than half of the respondents were aware of the immunization administered at 6 weeks after birth. Rural respondents recorded higher awareness numbers at 62% compared to the peri-urban respondents at 58%. The immunization awareness numbers were lowest in the subsequent months of 2 and a half to 3 and a half months for Pentavalent, Polio, Rotavirus and Pneumonia vaccines then a slight increase was observed for measles at 9 months. The baseline survey also indicated higher knowledge levels among rural based caregivers than among urban caregivers across various vaccines.



Radio was the primary source of information among caregivers (31%) and Community Healthy Volunteers was the second most important source of information (26%).



The respondents also gave the following reasons for not taking children for Immunization.



Lack of knowledge was cited as a key barrier followed by caregiver attitudes and beliefs.

Our Response

Based on the responses we got from the survey above, the immunization SBCC campaign was then implemented in Suba and Kabondo Sub Counties through:

1. Trained Community Health Volunteers (CHVs) going door to door in mapped households to carry out interpersonal communication with caregivers of children under two years.
2. Radio through the immunization campaign whose tagline is "Kutomaliza Chanjo ni kukatiza ndoto" based on the premise that immunization is the best option to safeguard the health and therefore dreams of one's children.
3. Targeted SMS was also used to speak to caregivers of children under 2 and expectant mothers.

Collaboration in the Immunization Project

The immunization project relies heavily on close collaboration of Homabay County Health Management Team (CHMT) led by the County Director for Health, Dr. Gordon Okomo and the County Extended Program on Immunization (EPI) Coordinator, Mrs. Christine Ong'ete, PS Kenya and partners supporting other aspects of the immunization project in the County. USAID supported quarterly consultative forums through which project progress was deliberated upon and further collaboration birthed.

Our Achievements

Through the support of USAID Health Communications and Marketing (HCM), these are the achievements realized in the course of implementation of the SBCC project in 2017:

1. Development of an immunization training guideline by the County for their own use; a first of its kind.
2. Training of Trainers: HCM supported Homabay County to groom 30 in house master trainers from the 8 sub counties – in future Homabay County will not need to outsource technical assistance in training their Community Health volunteers on immunization and dialogue methodology.

3. Training of 603 Community Health Volunteers: The 603 community health volunteers now have crucial knowledge on importance of immunization, causes of infection, vaccines and diseases they prevent and adverse events following immunization among others. The aim of training the CHVs is also to create sustainability. Once the donor funded project ends, the CHVs will incorporate immunization in their regular household visits.
4. The implementation of the household survey: The survey was carried out in Homabay County to get a picture of what knowledge, attitudes, practices and behaviour are affecting immunization uptake; the outcome of this survey informed the channels to be used and the thematic areas to address in the efforts to increase immunization uptake.
5. Immunization collaborative workshop: The workshop brought together various stakeholders supporting the immunization project; the outcome was the constitution of a County Technical Working Group for immunization; the first ever in Homabay and among the first of its kind. This working group will enable the County and partners plan, make decisions, resource mobilize and monitor goings on together in the County and generally ensure there is no duplication of effort among partners.
6. HCM reached a total of 7,869 people (2,816 Males and 5,053 Females) with immunization messages through interpersonal communication session carried out by the trained CHVs in Homabay County.
7. Through household level interpersonal communication session done by Community Health Volunteers, a total of 1,545 Children (43% being between 0-11 months and 57% between 12-24 months) were referred for immunization services to nearby health facilities.
8. Development of information, education and material support to Homabay:
    a. Support CHVs in identification by caregivers and increase project visibility in the County
    b. Support reporting by CHVs and health facility tracking by developing reporting tools such as the CHV Monthly Immunization Documentation Summary tool, Immunization defaulter tracking summary and health facility immunization tracking summary tool
    c. Support vaccine and defaulter tracking in link Health facilities by creating posters and job aids supporting CHVs to carry out follow up at household level.

"I have struggled with my granddaughter since my daughter died and left her, an infant only 2 weeks old. I have ensured she attends all her clinics and gets all the immunization thanks to the encouragement and constant reminders from our community daktari." Mama Atieno is from Kabondo Sub County and is one of the projects main target audience, a caregiver of a child under 2 years. Thanks to the project, mama Atieno gets regular visits from the Community health volunteer.

TOWARDS 90-90-90 IN KENYA

As guided by the World Health Organization, the overall goal in HIV prevention and care is to achieve the 90-90-90 targets by 2020. That is, having 90 per cent of all people testing and knowing their status; of those who test positive for HIV, 90 per cent of them to be automatically enrolled into anti-retroviral treatment; and 90 per cent of those patients in treatment successfully suppressing their viral loads.

The result of this strategy will be a reduction in the rate of new infections and spread of the virus, particularly in high risk demographics. In addition, adherence to the initiative will ensure better quality of life for people living with HIV. PS Kenya is on the journey to helping Kenya achieve the 90-90-90 goal. To this end, we managed to test 214,074 people, against a target of 198,040, across PS Kenya and implementing partner franchise sites. This is a performance of 108 per cent.

From the first 90 to the second 90

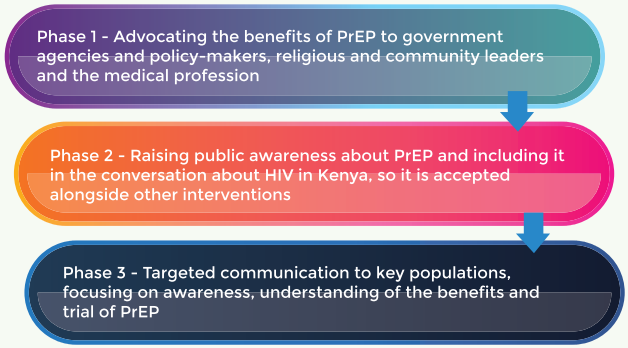
To support the overarching target of 90% of all people knowing their status and 90% of those testing positive being enrolled into treatment, PS Kenya developed the Anza Sasa campaign. This strategy was evidence-based, and it is scientifically proven that starting anti-retroviral treatment on the day of diagnosis ensures faster viral suppression and improves the overall prognosis for the patient.

Anza Sasa continues to improve the linkage rate, which currently stands at 60.6 per cent. Factors that led to this rate include the itinerant nature of people seeking services at our health facilities (they may test in one location but receive treatment – due to work, travel or privacy concerns – in another. This challenge is being reviewed by the team this year).

Similarly, PS Kenya with funding from the Children's Investment Fund Foundation, is set to unveil the pilot program for HIV self-testing kits being made available through private health facilities. These kits will allow people to know their status in the privacy of their own homes and is a critical step in stopping the spread of HIV. Coupled with rigorous follow-up and counselling, the self-testing kits will help PS Kenya work towards achieving the first two 90s in the WHO strategy.

In addition to the self-testing kits, oral pre-exposure prophylaxis (PrEP) is another tool in the fight to reduce new infections. It is used to reduce the chance of contracting the virus by people who test negative, but continue being at risk. PS Kenya works under the Jilinde umbrella with the Gates Foundation, Jhpiego and the Ministry of Health.

Our work commenced with the national PrEP launch in May 2017 and we continue helping implement the communications framework in 3 steps:



Program successes to date include:

- Reaching more than 11.9 million Kenyans with messaging about PrEP through radio and television
- Connecting with more than 81,400 people through our dedicated Jipende JiPrEP social media channels (Facebook, Twitter and YouTube)
- Producing and distributing over 30,816 information education communication collateral pieces
- Implementing demand creation in 3 Jilinde target regions: The Lake Cluster (Kisumu, KIsii and Migori counties), Nairobi (including the counties of Machakos and Kiambu) and Coast (the counties of Mombasa, Lamu and Kilifi).
- Adopting the Human Centred Design principle to reach key populations – 13,973 MSMs (men who have sex with men), 15,849 FSWs (female sex workers) and 3,118 AGYWs (adolescent girls and young women) – leading to 10,906 clients being enrolled into PrEP treatment through 67 supported facilities

Towards the last 90 and beyond

Viral load suppression is a key component of improving health outcomes for people living with HIV and reducing the spread of the virus. This has been adopted as a key policy initiative by the National Government and through NASCOP, it is working to ensure more patients are virally suppressed. In 2017, Kenya undertook 1,040,726 VL tests, with 870,194 being suppressed. This indicates adherence to treatment.

PS Kenya, through its network of private sector facilities, conducted 4,111 tests, with 79.6 per cent of samples being virally-suppressed. This indicates that with continued support, access to quality and affordable treatment for patients and sustained monitoring from medical facilities and professionals, it is possible for Kenya to achieve the last 90, with 90 per cent of all people who have tested positive for HIV being virally-suppressed. This will turn the tide of new infections in the country and help realise the vision of a generation free of HIV.

EMPOWERING YOUNG PEOPLE TO TEST FOR HIV

The Situation

There are currently 4.9 million Kenyans aged between 15 and 19 years, marking Kenya as a youthful nation poised to benefit from the gains of this demographic dividend. However, this cohort – and indeed the future of the nation – is threatened by the increasing number of new HIV infections. That is, while HIV prevalence in this age group is low at approximately 1 per cent (compared to all adults at about 5.6 per cent), the number of new infections continues to rise rapidly at an estimated 20,000 per annum. The challenge facing the Ministry of Health is getting younger Kenyans to know their HIV status and if positive, starting treatment immediately.

Reasons behind this laxity to testing include the pervasive mentality amongst them that they are healthy and therefore cannot have HIV, the continued stigma they encounter when seeking access to sexual health services and the desire for privacy when they do test.

Our Response

The Increasing adolescent access and uptake of HIV self-testing (HIVST) through the private sector project is funded by The Children's Investment Fund Foundation (CIFF) and implemented by PS Kenya. This is in line with the Ministry of Health's agenda of using self-testing as a key tool in the fight against HIV infection, and CIFF's Accelerating Children's Treatment Initiative (ACT) objectives.

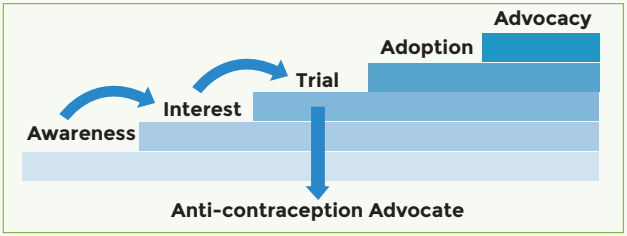
The two-year project is the first large-scale demonstration of using the private sector to deliver HIV self-testing in sub-Saharan Africa. The knowledge generated on demand creation, reaching younger audiences, strengthening linkages to care options and enhancing supply chains, will help shape the future of HIV self-testing across Kenya and the region.

PS Kenya is implementing the project in the counties of Nairobi and Mombasa with the aim of reaching the all sexually active men and women aged up to 39 years. The focus groups are men – who test infrequently for HIV – and young women in the 20 to 24 age cohort who may be in relationships with older men. Distribution of the kits will be done through pharmacies and private clinics with a younger patient profile.

In the participating chemists, the self-testing kits will be available to all customers, while in Tunza clinics, providers will offer them to clients seeking reproductive health services but decline an in-facility HIV test. Providers may also distribute HIV self-tests to patients who can give the kit to their sexual partners, a secondary distribution approach that has been successful in ante-natal care facilities.

Our Goals

COUNSELING FOR CONTINUATION (C4C) - HOW MIGHT WE INCREASE CLIENT SATISFACTION WITH THE FAMILY PLANNING METHOD OF CHOICE?

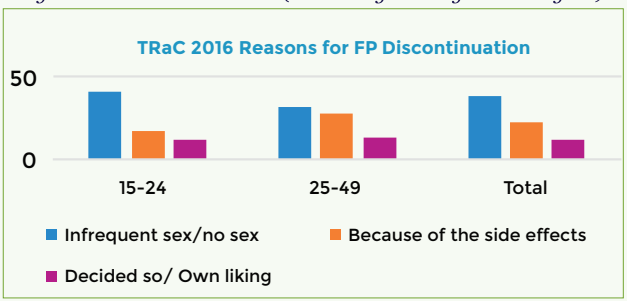


Key Consumer Insights

- 1 in 4 clients who start using a modern method will stop using within a year for a method-related reason
- Clients that are dissatisfied with their method are often more vocal than satisfied users

High quality counseling has been hypothesized as a way to decrease method-related discontinuation and improve satisfaction with contraception

Why do women discontinue? (Excluding no longer needing FP)



RH Baseline 2017 survey insights on reasons for discontinuation

- **Health Concerns:** heavy menstruation, lack of menstruation, abdominal pains, nausea, indigestion, and high blood pressure
- **Side effects:** excessive bleeding, lack of menstruation, low sex drive
- **Myths and Misconceptions:** MFPM especially pills/ OCs were perceived to cause cervical cancer

Side effects/health concerns to women/girls means: Fear of infertility

Current contraceptive counseling approaches in global family planning (FP) programs typically focus solely on the one-off interaction between provider and client, through a clinical lens instead of a long-term client experience lens. To have an impact on client satisfaction, we need to rethink how to use this opportunity, as well as create new ones, to improve longer-term satisfaction. The Counseling for Continuation (C4C) Initiative's goal is to improve client satisfaction and decrease discontinuation caused by method dissatisfaction or method failure by helping clients make better choices during counseling and retain key information about their method.

How can we improve client satisfaction with her contraceptive experience ?

Pre-counseling sessions	• Understand key benefits of different methods • Understand menstruation and why it is ok not to have regular periods • Narrow down to methods that are most appealing to the client • Refer for services	**Awareness** **Interest**
Counseling with provider	• Confirm method choice based on stated needs • Check medical eligibility • Reinforce menstrual changes if applicable • Explain 3Ws (what to do, what to expect, when to come back) for chosen method • Help client plan for correct use and side effect management	**Trial**
Post-counseling follow up	• Reinforce 3Ws and use/side effect management plan • Reinforce menstrual changes if applicable • Manage side effects as needed • Recruit satisfied users for testimonials	**Adoption** **Advocacy**

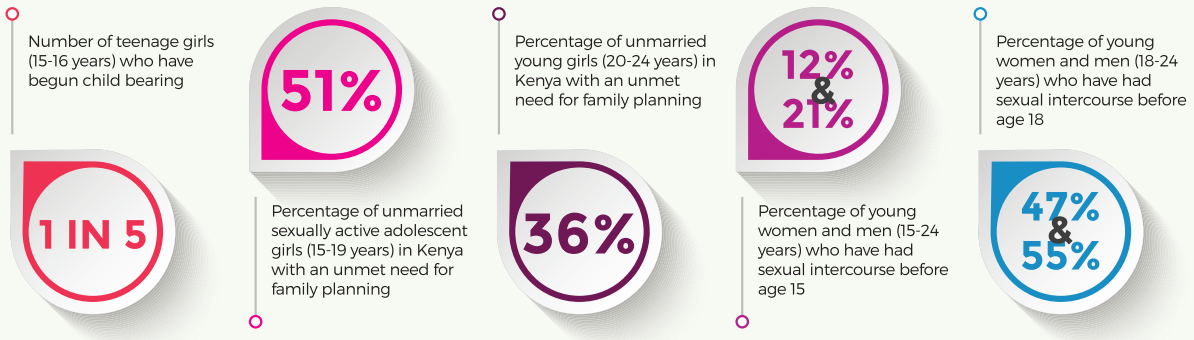
Counseling for Continuation Steps

KENYA'S YOUNG PEOPLE: UNEXPLORED CHANGE AGENTS OR DEAD END?

The Challenge

According to the 2009 Kenya Population and Housing Census (KPHC), young people below the age of 25 constitute 66% of the total population in Kenya. Adolescents on the other hand make up 24% of the country's total population (9.2 million). Nonetheless, they experience some of the poorest reproductive health outcomes in the country.

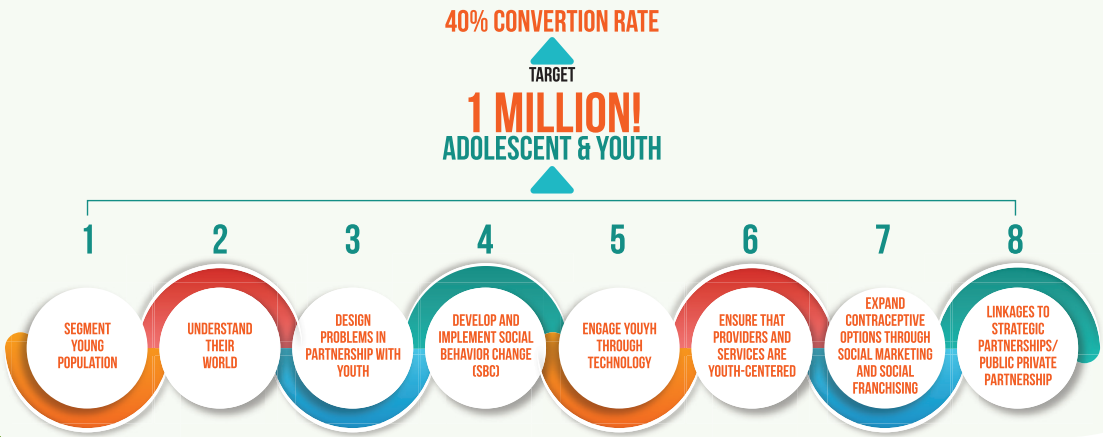
MAJOR SRH CHALLENGES FACING YOUNG PEOPLE



PS Kenya sexual & reproductive health strategy for adolescents and youth (15-24 years)

Our Approach

Using the 8 pillar model, PS Kenya is committed to supporting the Ministry of Health towards ensuring all sexually active young people; regardless of marital status or parity, have access to the widest available range of quality contraceptive options. To effectively address young people's SRH needs, PS Kenya tests new ways of collaborating with young people to re-imagine and re-define the way SRH programs are designed, delivered, measured and evaluated. We work to implement evidence-based programming, and share lessons learned.



Our achievements across each pillar

Segmenting the young population and implementing social behavior change interventions.

Key achievement: Reached over 100,000 Adolescents and youth through on-ground activations.

Adolescents and youth are not homogenous and there exists different sub segments with unique needs and therefore require tailor made interventions to address their needs. We therefore grouped them into three sub categories – Adolescents and youth in school, Adolescents and youth out of school, Married and/or pregnant adolescents/youth.

Below the line interpersonal communication interventions were implemented through small group sessions approach and reached adolescents and youth across all the 3 sub segments. The total number of adolescents and youth reached was as follows:

	AY in school (Unmarried)	AY Out of school (Unmarried)	AY out of school (Pregnant &/ Married)	Total.
Number reached.	47,702	30,513	21,881	100,096

Understanding the world of the youth and designing interventions together with the youth.

Key achievements: Developed county specific communication insights for 6 counties. (Kakamega, Kitui, Kilifi, Baringo, Nairobi)

Youth in Kenya have consistently been identified as an ever changing yet important population that requires special, specific and targeted attention to ensure that initiatives meaningfully connect to them and elicit the desired response. It is through the identification of their uniqueness that PS Kenya actively engages them through an immersion approach to insights generation.

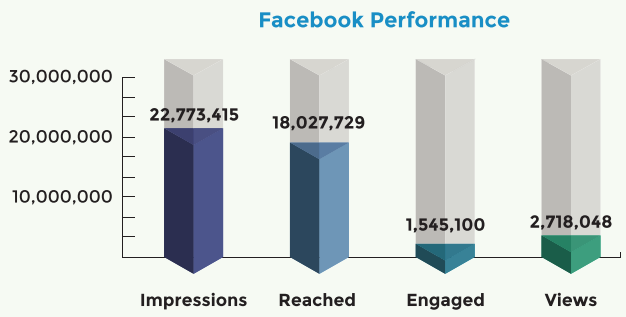
Understanding the world of the youth in Kitui County

Immersions can assume different forms including small group discussions (SGDs), one on one interviews, paired interviews or even key informant interviews. Some insights from the immersions were that Kitui youth are conventional in their way of thinking and have a structured way of life not out of choice but from what they feel the society has prescribed that is acceptable. They therefore feel they cannot openly reveal their true feelings especially around their sex life for fear of being judged or branded as unfocussed and a lost cause to the family and community at large. Due to these external pressures, they project different personalities depending on the audience. Technology is an enabler for their social life because they get the opportunity to be true to themselves without judgement, they feel social media allows them to blend in- be heard but not really be seen. Discretion when it comes to their sexual life is therefore paramount if interventions are to have real impact. One on one approaches and discretion in offering SRH services to this audience segment are key pillars to explore in implementation for meaningful engagement.

Engaging the youth through technology.

Technology such as mobile phones and social media have revolutionized the ways that many young people communicate and learn. Increasingly technology is being harnessed to reach certain segments of youth as an opportunity to share information, answer questions, and stimulate discussion and an interest in SRH.

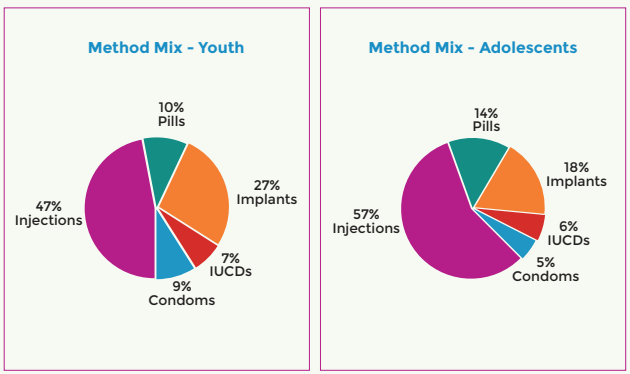
Key achievement: Reached over 18 million people through @Kukachora facebook SRH messages, 26% increase in Facebook followers (126,100 to 170,977) and Overall page performance up 83% from 18%



Expand contraceptive options through Social Franchising

PS Kenya looks at youth friendly in the context of changing provider's behavior towards youth. Services do not need to be youth only to be youth friendly. PS Kenya therefore believes in a holistic approach-systems thinking approach to youth services where the key focus is on building good relationships between the provider and the clients. Providers are supported and mentored through provider behavior change communication (PBCC) model. The providers are not only trained and supported to offer youth nonjudgmental counseling and a wide range of contraceptive methods, but also that privacy and confidentiality are ensured, and services are freely accessible to youth, which includes attention to cost.

Key achievement: 64,213 contraceptive methods provided to adolescents and youth in 2017.



Linkages to strategic partnerships/Public private partnerships.

Addressing youth issues holistically

Youth needs are diverse and not limited to health alone. In order to meet the needs of the youth holistically in 2017 we established linkages with other partners who focus on the youth. We specifically partnered with the Youth Enterprise and Development Fund (YEDF) and conducted a total of 10 youth joint forums with each forum having more than 100 youth participants. We also established partnership with the Ministry of Education through the Drama Festival Competitions and trained over 200 teachers on the development of scripts themed around young peoples need for success and responsible sexual and reproductive health.

A collaborative session with the Youth Enterprise Development Fund (YEDF).

EXCELLING IN QUALITY OF FAMILY PLANNING SERVICE PROVISION

The Tunza Family Health Network continues to excel in its provision of quality services in franchised health services including Family Planning (FP), Integrated Management of Childhood Illnesses (IMCI), HIV Testing Services, and Safe Motherhood among others.

This has also been supported by enhanced Quality Assurance processes through adoption and utilization of the Health Network Quality Improvement System (HNQIS) which is aimed at improving efficiencies to the manner in which Quality Assurance is carried out and managed.

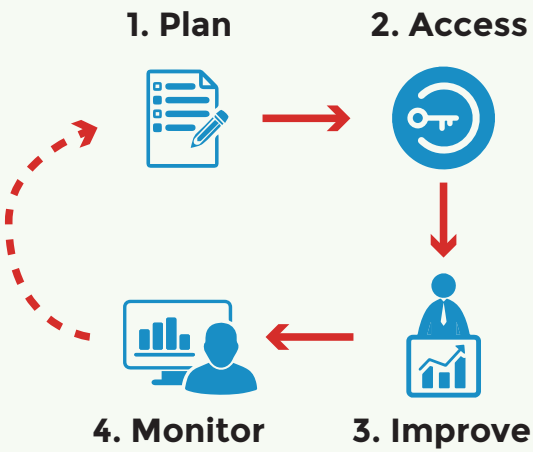
In 2017, the Tunza franchised was subjected to the biannual External Quality Assurance (EQA) Audit by the Population Services International (PSI) team. Every PSI network franchise implementing Family Planning is expected to undergo an EQA dependent on the previous score either yearly, biannual or triennially. The Tunza franchise had its previous EQA's every 2 years; i.e. 2011, 2013, 2015 and 2017.

The EQA was conducted by technical specialist's consisting of a program auditor, a clinical auditor and an auditor in learning. This included

1. Dr. Lisa Goldthwaite, OBS/GYN Clinical Assistant Professor, Stanford University MPH (USA)
2. Nindi Shoko, Nurse Midwife, MBA (Zimbabwe), Quality Assurance Regional Lead (QARL) Southern Africa
3. Dr. Endale Workalemahu, MPH (Ethiopia) DCR/COP

Dr. Endale, Dr. Lisa and Nindi pose outside a Nice View Medical Center in Msabweni and by the beach after conducting an audit at the facility.

Health Network Quality Improvement System



11 Tunza clinics from Nairobi, Coast and Eastern region including 2 referral hospitals were audited in a period of 2 weeks.

The audit process included observations of procedures being performed by providers, counseling sessions, supportive supervision by QAOs and key informant interviews.

Tunza provider inserting an implant to a client during the EQA.

PSI QA 5 Standards and 22 Sub-standards were assessed during the audit including:

1. Technical competency
2. Client Safety
3. Informed Choice
4. Privacy and Confidentiality
5. Continuity of Care.

The Tunza Franchise met 16 sub-standards fully and 6 sub-standards partially leading to an overall score of 86%. This was an increase of 12% in scoring as the franchise had a previous score of 74% in 2015.
The following were the observed strengths of Tunza:

- Integration of services (FP, cervical cancer screening, breast cancer screening, HIV, HTN)
- Universally positive relationship between Tunza facilities and PS Kenya
- Strong QA system and practices
- Tunza clinics benefitting from business support – many expansions happening and SafeCare as a source of pride
- Excellent grasp of value of Youth Friendly Services
- Improvements since last audit:
  - Much better IP system/understanding
  - Elimination of Tunza mobilizer targets/incentives for specific FP methods

The next EQA will be in 2020.

KEEPING MOTHERS SAFE FROM PREGNANCY TO DELIVERY – THE SAFE MOTHERHOOD PROGRAM

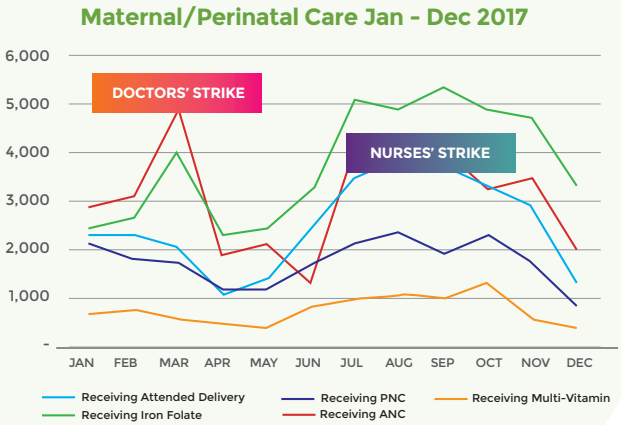
PS Kenya through the Tunza franchise has been implementing a safe motherhood program which aims at reducing maternal and perinatal mortality by increasing access to quality antenatal care and skilled delivery. The program is running in 99 BEmONC (Basic Emergency Obstetric and Neonatal Care) trained Tunza facilities. 48 of these facilities had Tunza mobilizers whose key role was to identify pregnant mothers in the first trimester in a region, link them to a health facility and track them to ensure they undergo skilled delivery in a health facility.

To ensure quality of service provision, the providers were supported by Quality Assurance Officers (QAOs) officers through supportive supervision, mentorship, on job trainings and quality assessments using the HNQIS tool.

During the course of the year, a total of 30,038 mothers delivered in Tunza facilities and were attended to by a skilled birth attendant. This was an increase of 154% compared to the previous year performance. In the year, a total of 36,369 clients seeking antenatal care were served with 33% (n=12,127) being first visits and 23% (8,202) being 4th visits.

Our Tunza facilities experienced a surge on the number of deliveries and ANC services during the 1st and 3rd quarter of the year which is attributed to the Doctors and Nurses strike during the year. The number of complications leading to both maternal and perinatal mortality also increased during the same period due to late referrals to Tunza facilities and delayed ANC visits.

To address the increased numbers of maternal and perinatal mortalities, the service delivery team conducted a maternal audit which identified some key gaps. This included provider skills, increased client traffic and delayed antenatal visits and poor infrastructure as the key causes. Going forward, the key activities will be training providers on BEmONC, strengthening MPDSR (Maternal and Perinatal Death Surveillance and Response) through weekly incident reporting and audits. The field team will work closely with the county coordinators to ensure timely auditing of deaths.



BABY JACOB ALIVE AND WELL THANKS TO **SAFE MOTHERHOOD TRAINING**

By Teresia Mutogia, Quality Assurance Officer, Eastern Region

We are an 8-strong team of PS Kenya Staff and the Kitui County Health Management team doing a joint support supervision visit of AIC Mulango Dispensary in Kitui. Mrs. Rose Katee, the nurse in charge of the dispensary is giving us a tour of the facility which now includes a maternity wing with 10 beds.

"This maternity triggers many memories, especially in December 2016 when government health workers are on strike, the facility was really busy as we had would be patients of the public health facility thronging our dispensary," Rose began narrating. "However on 8th December I encountered Mueni and she reminded me how grateful I am to have undergone the training that we went through given by PS Kenya on safe motherhood," she added.

Rose remembers that day like it was yesterday, aside from the endless queues of patients seeking treatment for various illnesses at the dispensary since the public hospital was closed, she met Mueni who presented with a complicated pregnancy. Mueni had initially visited the clinic for her routine ANC (antenatal clinic) check-up but in the course of the day she began complaining of abdominal pains. When the nurses examined her they confirmed that she was indeed in labor. This would have been normal except that 17 year old Mueni was around 8 months pregnant and in the initial stages of pre-term labor.

Mueni had little knowledge of her condition and when Rose examined her, she estimated that she was around 35 weeks pregnant. "Immediately she heard that she was in pre-term labor, Mueni panicked. She concluded that her baby was in trouble and could possibly die. It took a long time for me to calm her down but eventually she calmed down and began cooperating," continued Rose.

Calming down was the least of Rose's problems. Her facility being a small one was not equipped to house a pre-term new born and the government facility that had this unit was closed due to the strike. In addition, Mueni's family did not have money to go to another facility with the necessary equipment and the baby was due any time now. "I had no choice but to bank on what I had learnt about at the Safe Motherhood Training and hope for the best," said Rose tentatively. Rose needed to apply the Basic Emergency Obstetric Care (BEmOC) training which helps health providers safely carry out complicated deliveries to prevent death and disability in women and newborn babies.

Rose admitted Mueni and sent her to the labor ward and at around 3.30pm where she gave birth normally to a baby boy who had an Apgar score of 8 within the first minute, a really exciting feat for a pre-term baby!! The Apgar score is a measure given to newborns within a scale of 1-10; with 10

being good and 1 being poor. "I must give credit to all the safe motherhood trainings that I have attended including those that were organized and sponsored by PS Kenya. The skills I learnt came in handy as the new born ideally should have been admitted to a newborn unit which we currently did not have but I still managed to handle the situation," said rose.

While his birth weight remained stubbornly low at 1.3kgs, this baby was determined to live. The baby's delicate condition required that he was placed on Kangaroo mother care which Rose trained Mueni to do. This method of care is recommended for preterm infants and involves infants being carried, usually by the mother/father, with skin to skin contact. In addition, the since the baby was unable to latch onto his mother's breast to feed, Rose nurse inserted a nasogastric tube which acted as his feeding tube and after four days, he was introduced to spoon and cup feeding.

Two weeks after his birth, the baby could latch on the mother's breast and now weighed 1.5kgs. Due to financial constraints Mueni's family requested that she be discharged which Rose agreed to do after giving more training on breast feeding and overall care of an infant. A month later, Mueni returned with her son who now weighed 4.5kgs. This was great joy to everyone.

The Kitui CHMT thanked rose for sharing her experience with the team and proceeded to commend the facility especially when it came maternal and perinatal care. The CHMT indicated that the County was planning to use the Dispensary as a benchmark center where other facilities can visit to learn.

CLEAN COOKING IS MODERN AND SAVES YOU TIME AND MONEY!

Miriam Akinyi, a 30 year old wife and mother, is one of the 14.9 million Kenyans exposed to indoor air pollution because of using bio mass fuels like charcoal for her cooking. Indoor air pollution exposes Miriam and her children to Acute Respiratory Illnesses (ARIs), that is responsible for 14,300 deaths per year in Kenya. Unfortunately, about 12,155 of these deaths (85%) are in children under 5[1].

Miriam lives in the peri urban setup and often uses more than one fuel for her cooking – kerosene and charcoal. She prefers to use a kerosene stove in the mornings to fix breakfast for her school going children because it lights and cooks faster. On the flip side, she dislikes kerosene stove because of the smell it emits and risks it brings to her children and home. On the other hand, she prefers to use a charcoal cookstove (jiko) in the evenings when she has more time to cook and she perceives food cooked over a charcoal cookstove to taste better. However, she finds the charcoal jiko complicated to light, brings soot to her kitchen, irritation to her eyes and sometimes may cause her to cough.

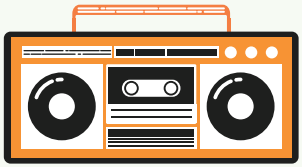
The use of clean cooking solutions and fuels can significantly lower pollution levels, reduce the amount of fuel consumed and improve livelihoods by providing opportunities for income generation and entrepreneurship.

PS Kenya, with funding from the Global Alliance for Clean Cookstoves is implementing UpishiDigi a cleaner cooking behavior change communications campaign designed for Miriam, one of the 11% of the urban Kenyan charcoal users. UpishiDigi seeks to increase her awareness of clean cooking solutions, specifically; cleaner and more efficient charcoal cook stoves, and their benefits. Practical Action Consulting is the technical partner in the project, providing technical expertise on the cookstoves sector.

UpishiDigi, (translated as modern cooking) attempts to modernize cooking solutions keeping in trends with dynamic modern times e.g smart phone, smart TV, smart everything!!! Miriam a trend setter in her own way, wants modernity for her family and life. UpishiDigi na jiko la kisasa za makaa (improved charcoal stove) positions her as a modern woman, saves her money, time and at the same time improving the quality of health for her and her family and protects the environment.

Using PS Kenya's 360 Surround and Engage strategy; UpishiDigi engages Miriam using multiple communication channels. Cognizant that awareness of a clean cooking solutions is a necessary but insufficient condition for behaviour change, the project is working closely with cookstoves manufacturers and financing institutions to address access to products and financing.

1 WHO, UNDP 2009

			
▪ On her favorite channels and time segments, the project promoted cleaner cooking, its benefits and linkage with improved charcoal stoves	▪ Small group sessions at churches, workplaces etc; engaging on what clean cooking is, its benefits and options available to her	▪ Social media; promoting cleaner cooking, tagging and sharing manufacturer posts	▪ Market storms demonstrating how these stoves work

Lessons learnt thus far

1. *Promoting 'clean cooking' raises awareness of options, but lacks a specific call to action. Only a category campaign can achieve measurable behaviour change (purchase and consistent use of an approved device and targeted to the different population segments using different fuels and technologies. E.g UpishiDigi na LPG, UpishiDigi na Ethanol, UpishiDigi na jiko za kisasa za makaa etc)*
2. *Charcoal stoves are not widely available within the private sector value chain and they retail for a minimum of Kes 4,000, a perceived heavy capital outlay for Miriam to part with at once. Behavior change will only be impactful if Miriam has the* **means** *to purchase cleaner cooking options. Access to easy pay mechanics will go a long way in helping her adopt cleaner cooking.*
3. *Behavior change is a process and requires resources (time and financial) to implement a step wise approach. The project is mandated to address awareness and linkage within one year; insufficient to address both awareness and linkage and have tangible outcomes. The project should have first addressed accessibility and financing; scoping the market and with private sector partners outline distribution and financing opportunities down to the last mile distribution at the community. Layer on the awareness pillar to an established access pillar, and the market forces would beautifully play out as expected.*

UPISHI DIGI
na JIKO SAFI LA KISASA

Cook stove Behavior change communication project

GLOBAL ALLIANCE FOR CLEAN COOKSTOVES

PRACTICAL ACTION
Technology challenging poverty

ps Kenya

SAFECARE ACCREDITATION: EMPOWERING TUNZA CLINICS TO IMPROVE THE QUALITY OF THEIR SERVICE

Over 80% of Kenyan adults work in the informal sector. They and their families typically do not have health insurance, unlike Kenyans with formal sector jobs who make mandatory payroll contributions for health insurance. Increasing insurance coverage in the informal sector is a key goal for the National Hospital Insurance Fund (NHIF), Kenya's sole public health insurance agency. Through the AHME program funded by the Gates Foundation and DFID, Population Services Kenya (PS Kenya) supported NHIF to develop a marketing strategy targeting the informal sector. At a cost of 500 Kenyan shillings (or 5 US dollars) a month, NHIF's Supa Cover product gives beneficiaries access to inpatient and outpatient services at both public and private health facilities.

In partnership with PS Kenya, NHIF launched a marketing campaign to register more informal sector households in 2016/2017. The joint NHIF-PS Kenya outreach teams undertook "below the line" marketing events, wherein community volunteers spread the word about NHIF and directed interested customers to a make-shift NHIF registration kiosks. These events took place in over 27 towns in Kenya in the course of five months. Additionally, NHIF advertisements were aired on 12 radio and five television stations in both English and local languages over a nine month period. Extensive customer education activities and outreach activities were also carried out at NHIF branches and Huduma (government) service centers countywide.

Achievements

NHIF's marketing campaign contributed to over 300,000 households registering for Supa Cover.

PS Kenya continues to carry out extensive customer education and registration drives using Community Health Volunteers (CHVs) to encourage Sara to register for insurance, especially for the Free Maternity Services (FMS) that offer safe hospital deliveries free of charge at accredited NHIF clinics. PS Kenya will also actively link FMS and NHIF members to the over 170 NHIF accredited Tunza Family Health Network facilities where quality of care is guaranteed.

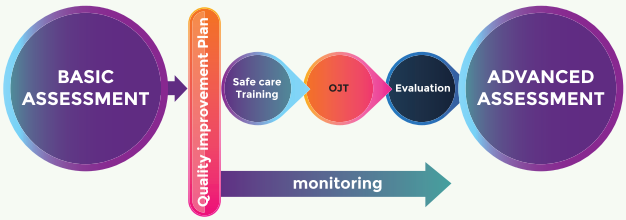
SAFECARE ACCREDITATION: EMPOWERING TUNZA CLINICS TO IMPROVE THEIR QUALITY SERVICE PROVISION

SafeCare is a set of standards that are structured for a stepwise improvement process for basic health care providers in resource restricted settings. SafeCare standards enable healthcare facilities to measure and improve the quality, safety, and efficiency of their services. Through a stepwise plan and technical support from SafeCare officers, facilities are assisted to move forward along a trajectory that paves the road towards international accreditation in quality.

The SafeCare standards are accredited by the International Society for Quality in Healthcare (ISQua), a global leader in quality improvement.

The SafeCare Quality Improvement Process

The SafeCare Process



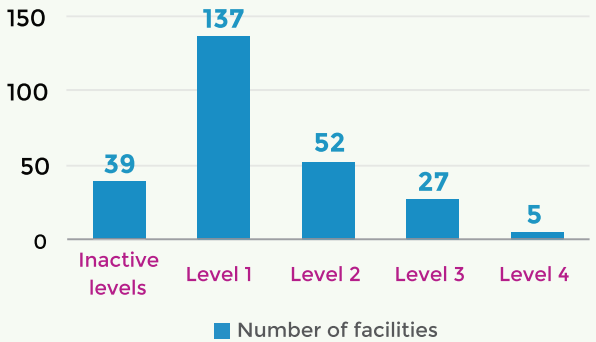
Tunza Clinics Achieved SafeCare Level 4.

Being in SafeCare level 4 means that these facilities have put in place strong quality systems in quality of care and they are just one step to getting the international accreditation. In 2017, 5 Tunza clinics attained SafeCare Level 4 joining a list of a coveted few private clinics in Kenya holding this accreditation. The 5 clinics are: Neema Hospital Kitui, St Patricks Health Care – Nairobi, Liberty Nursing Home- Embu, Mkunga Maternity and Nursing home in Nairobi and Nakuru Maternity and Nursing home in Nakuru.

An Award ceremony was held at Neema Hospital Kitui County to congratulate them for achieving SafeCare level 4.

From left, PharmAccess country Director, Kitui County Director for Health and PS Kenya CEO congratulates the Directors of Neema hospital Kitui.

Below is the progress of the SafeCare program in the franchise so far. All the below 260 facilities that are in the SafeCare program have received either a SafeCare baseline assessment or a follow up assessment and a quality improvement plan to help them move to the next quality level.



INNOVATING HOW WE ENGAGE COUNTY GOVERNMENT TO IMPROVE PARTNERSHIPS

Over the years PS Kenya has engaged and partnered with the national and a county governments on different fronts. We have supported the government from a technical front where we have capacity built them on Social Behaviour Change, Total Market Approaches, Commodity Quantification, Social Marketing among other technical areas in delivery of our health mandate. This partnership has always be held together by mutual respect and the need to serve Sara. This relationship has however been visible only at the higher corporate level and at best in co-operative documents like the Memoranda of Understanding (MOUs) that we sign with the national and county governments.

During our close interaction with our Ministry of Health (MOH) partners we sought views on how we can ensure that genuine partnership is visible, felt and evidenced at the intervention sites. Our county partner felt that most of the partners come with rosy presentation at the entry level and make promises of working for the good of the county but once they are authorised to start activities, they disappear only to be seen at the point of dissemination usually at the end of the project. PS Kenya endeavoured to change this notion in 2017 by developing a County Engagement Strategy that hinged on two key activities:

1) Quarterly Joint support supervision and

2) Bi-Annual breakfast meetings.

This activity and meetings provided an opportunity to genuinely relate with the county for an open, responsive and accountable manner. They provided a forum for the organisation to give an account of what it has achieved in lowering the disease burden at the counties and provide the county the opportunity to play their partner oversight role.

Other objectives of the meetings were to:

1. Give a status report to the County Executives on the progress of PS Kenya programs as per the signed MOUs or any other existing agreements between the organization & the counties.
2. Update County Executives on any new PS Kenya programs and future plans/strategic direction.
3. Allow the counties to interrogate PS Kenya programs (including financial information) and provide feedback to the PS Kenya Teams.
4. Understand county priorities and discuss areas of intersection with PS Kenya programs in a bid to align organizational programs/projects to county priorities.
5. Build and sustain the PS Kenya brand value and reputation as a leader, reliable, trusted and strategic partner in Social Marketing, Social Franchising and Social Behaviour Change Communication.
6. Advocacy for increased support (resource allocation) to Promotive and Preventive Health activities within the county (funded by the county budget).

The key audience for the two activities were the County Executives, CHMT and sub-County implementing teams especially for the Joint Support Supervision visits.

The Joint Support Supervision Meetings

These meetings involved a selected representation from the county who would visit all our activities ranging from demand creation to services provision at our Tunza Franchise clinics. The county technical leads would take lead according to the theme areas, for example, the County Health Promotion officer will handle the demand creation and communication activities while the County Reproductive Health Coordinator would handle service provision monitoring at the Tunza Family Network franchise.

Counties	Kiambu	Kajiado	Baringo	Nyandarua	Nyeri	Nakuru	Migori	Kisumu	Homabay
joint support supervision visits in 2017	2	1	1	1	1	1	1	1	1

Joint support supervision at GAWA facility with Kiambu CHMT and PS Kenya staff.

Breakfast Meetings

Breakfast meetings were very formal and detailed, targeting the County Executives, Chief Officers and Directors the CHMT .

In this meeting, PS Kenya and the county would review a detailed performance presentation covering information on the organization - its county specific programs and methodologies e.g. number of Tunza facilities in the county, service numbers (achievements) in the county, number of nets/condoms (to be) distributed in county, meetings/ activities supported and the total costs of activities which would be considered direct health investment to the county. The county would then review this based on support supervision they provided every quarter and the DHIS reports.

The meeting also addressed challenges encountered during implementation of project activities and explicit action items from both the County Executives and PS Kenya programs to address the challenges to ensure greater contribution to health.

In 2017 we held 12 breakfast meeting held across 9 counties Kiambu-2 Kajiado-1 Baringo-1 Nyandarua-1 Nyeri-2 Nakuru-1 Migori-1 Kisumu-1 Homabay-1, Kirinyaga 1.

Ps Kenya staff Wendy Adamba with Baringo County Leadership after a breakfast meeting.

The meetings have increased not only our visibility at the county level but created a platform for the counties to directly interact with the contribution the PS Kenya makes in their counties away from the written documents that they are commonly used to. A good example is a confection from one of the county directors when PS Kenya quantified the value of their support over the year with only one indicator **–total number of clinic nets distributed** in the county over the year. The county had received more than 30 million shillings worth of clinic nets. The director confessed that she had known for years that PS Kenya supplies nets, and really appreciated the support even more when she was shown the value of the investment.

Through these meetings, PS Kenya has entrenched its' value as a genuine, trustworthy and reliable partner.

We will seek to explore this avenue as a future engagement avenue which will in turn see greater benefits to the communities we serve.

OPTIMIZING OUR CABLES OF DEMAND CREATION AND PARTNERSHIPS

DEMAND CREATION

In year 2017, PS Kenya implemented an integrated demand creation intensification strategy, through interpersonal communication (IPC) in 150 out of 372 facilities in Tunza franchise. Through this strategy, Tunza Mobilizers are focused in certain health facilities to increase demand for services within these selected Tunza Franchise clinics. The 150 Tunza mobilizers were linked to the intensification facilities to reach the community with integrated social behavior change communication message through one-on-one, house hold visits, small group sessions and integrated outreach.

Health Area messages integrated:

- Reproductive Health and Family planning
- Cervical Cancer
- Safe motherhood
- National Health Insurance Fund

Program Objectives:

- Increased modern FP methods uptake
- Cervical Cancer Screening and treatment for women of reproductive age (WRA)
- Increased number of women completing four ANC visits and delivering in the hospital
- Increased National Health Insurance Fund registration

Program Achievements:

- **228,100** women of reproductive age reached with integrated messages through one on one, house hold, small group sessions and outreaches
- IPC supported facilities generated **58%** of total franchise FP methods and **83%** of total franchise Long Acting Reversible Contraceptive (LARC) respectively.

Integrated Outreaches:

These outreaches were carried out in the community and workplace:

- **14, 483** LARCs; **32%** of total franchise yield
- Cervical Cancer; **56,166** screened, **476** treated with Cryo and **240** referred for specialized services

Safe Motherhood

- **4,305** pregnant women refereed for ANC and **1,759** refereed for delivery within a period of six months
- **48%** of total referrals linked with NHIF as a birth plan option

COUNTY COORDINATION

The Health Communication & Marketing Project supported by USAID is tasked with building the capacity of County Governments to deliver Health Communication & Marketing Products and Services. The HCM project works with priority County Governments to entrench Health Promotion and Preventive Health interventions and promote them as efficacious Public Health Interventions.

In 2017 we set to position PS Kenya as the recognized integral partner in Social Behavior Change Communication, Social Franchising and Social Marketing. We formalized

relationships with 35 counties by signing MOUs and partnered with 10 counties during Annual Work Planning process. Consequently, ten counties allocated resource for health promotion activities. PS Kenya also participated in Cholera (Kisumu), Marburg (Mombasa) and Dengue (Transnzoia) outbreaks emergency response planning meetings.

STRENGTHENING HEALTH PROMOTION

The ask was to capacity build Health Promotion Unit (HPU), at National and County level in coordinating health promotion activities. This is what we achieved in 2017:

- Supported Health Promotion Advocacy Committees in **35** counties
- Prepped ground to devolve HPU Center of Excellence in Kisumu, Migori and Kakamega
- Worked with Mombasa, Kisumu and Trans-nzoia in developing emergency response communication materials

SOCIAL BEHAVOUR CHANGE ACTIVITIES

Malaria

Malaria SBCC program is implemented in three malaria endemic sub counties; Kwale, Bungoma and Migori, by LNGOs

- **80,667** house hold visited, reaching **154,774** people with malaria prevention messages

Nutrition

Implemented in Kitui, Kwale and Kilifi malnutrition prevalent sub counties

- **21,325** house hold visited, reaching **194,590** people with nutrition resilience SBCC messages

Immunization

- Program carried out in suba Sub County. **101, 229** care givers reached with SBCC messages aimed at increasing immunization uptake.

HEALTH INNOVATIONS TO RESPOND TO CUSTOMER NEEDS

The marketplace is dynamic and fast changing, and demand for products is constantly shifting as needs, wants, and technology change. Therefore, companies must always evaluate their existing product line and look for ways to ensure that it is up to date and in line with consumer desires. New Products are the life-blood of companies and societies as they offer new value to customers which drive company growth. In line with driving innovation, adding value to our target market 'Sara', as well as improving the health of Kenyans, PS Kenya launched four new products in quarter four of 2016 - Supanet Long Lasting Insecticidal Nets, Kinga Mosquito Repellant Soap, Femigirl anti-androgen contraceptive pill and Femipill Tri-phasic contraceptive pill. With the new products, PS Kenya will maintain its market leadership, sustain growth rate higher than the organic growth and most importantly remain responsive and relevant to its target audience.

Fighting the Bite!

In the past 5 years, tremendous efforts have been made to combat malaria with prevention and treatment interventions such as mass and routine mosquito net distribution. However, changes within the environment has caused shifts in the behavioral patterns of mosquitoes. A 2015 study in Western Kenya showed that mosquito biting times have changed with 15% of the mosquitoes biting between 6pm to 9pm while the majority (85%) bite from 9pm to morning.[1] This has called for innovation within the malaria vector category to combat these changes with new and improved methods of prevention. **PS Kenya is at the forefront of innovation with the launch of Kinga Mosquito Repellant Soap. The first and only mosquito repellant soap in Kenya that protects people from mosquito bites and has anti-bacterial benefits that guard against a wide range of unforeseen germs for up to 8 hours**. The soap is perfectly safe for all to use including children as it is made from natural oils and ingredients. Kinga Mosquito Repellant Soap is sold at an affordable price (Ksh. 55 for 50g and Ksh. 90 for 100g) and is available in three variants - Naturally Fresh with Citronella, With Aloe Vera and Citronella & With Glycerin and Citronella and is widely available in retail outlets countrywide. The mosquito repelling soap is not a substitute to net use but a complementary avenue to fight mosquitoes in Kenya.

Towards a Malaria Free Kenya!

Malaria is a major health problem in Kenya with a disproportionate effect on the poor, pregnant women and children under five. Over 70 per cent of Kenya's population, or over 27 million with a general population of 39million people, are at risk of malaria, 75 per cent of who live in rural areas (National Malaria Strategy [NMS] 2009–2018), with a goal to reduce morbidity and mortality caused by malaria. It has also been noted that only 59% of Kenyan households have access to at least one Insecticide treated net (Kenya Demographic Health Survey, 2014), well below the government target of 100%. Assuming one ITN covers at least 2 people, only 34% of Kenyan households meet this criteria (MOH 2015). While there is a decline in malaria burden, severity and transmission patterns attributed to expansion of coverage of parasite and vector control interventions, Malaria still remains a serious public health burden and still accounts for 30% of outpatient

1 https://www.ncbi.nlm.nih.gov/pubmed/26209103

attendances and 19% of hospital admissions (MOH 2015). It has been also noted that more than 20,000 children under the age of 5 also die from Malaria each year (MOH 2015).

Introducing an affordable quality insecticide treated net would bridge the gap and have a direct impact on Malaria prevention and reduction. **In line with improving the health of Kenyans and participation against the fight of malaria program, PS Kenya re-launched Supanet, the trusted long-lasting pre-treated mosquito net in the market that repels and kill mosquitoes for up to 5 years thus providing protection to families all over Kenya**. Supanet comes in a conical and Rectangular option for a bed size of 5x6, it is easy to use-detachable plastic ring and the consumer price is Ksh. 850 only. Supanet is available in leading retail outlets countrywide.

S.P. Visram outlet, Kisii

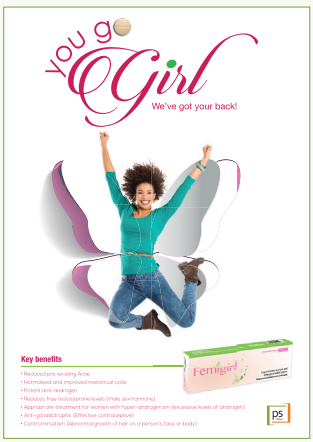
Khetia Supermarket, Eldoret

Freedom Without Worries!

The prevalence rate for the use of contraception for the Kenyan female is on an upward trend. More women continue to adopt modern methods of Family planning with the current CPR at 59.8% (Trac, 2016) vs 58% (KDHS, 2014) nationally. Use of hormonal methods continue to dominate the category at 53.6% with majority of the first-time users choosing short term methods i.e. pills (Trac, 2014). Every woman deserves a fruitful and rewarding life. That's why we provide quality contraceptive that safely lowers the risk of unwanted pregnancy. **PS Kenya is at the forefront of innovation in this category with the launch of Femipill and Femigirl contraceptive pills in the social marketed category.** According to Trac, 2016, 35% of FP users discontinue use of a method within one-year vs 31% in 2014. The primary reason for discontinuation was side effects (25.4%). To continue to remain relevant within the category, focus must be geared towards meeting the unmet needs of current consumers.

Femipill is the only Tri phasic product in the market for the 25-49-year-old woman that offers contraceptive benefits. The pill is designed to mimic the natural process with reduced side effects giving consumers Freedom to be themselves.

The current Femiplan brand is the market leader in the contraceptive pills category (TNS, 2017) however the brand does not resonate with the younger consumer. 67% of 15-19 year olds claimed to have never heard of Femiplan vs 55% of 25-49 year olds who have. (Trac, 2016). There was an opportunity to introduce a brand that appeals to the younger consumers who currently use other short term methods or are misusing the e-pill as an everyday contraceptive without knowledge of the side effects this causes. **With this in mind, PS Kenya launched Femigirl, an anti-androgen contraceptive an anti-androgen contraceptive for the 18-24-year-old woman that normalizes and improves the menstrual cycle as well as additional benefits for women with hyper-androgenism symptoms (acne, hirsutism).**



PARTNERSHIPS AND **COLLABORATIONS**

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Donors

- GOK
- USAID
- UKAID
- AHME
- EU
- UNICEF
- P&G
- Bill and Melinda Gates Foundation
- Astra Zeneca
- UNITAID
- Nutrition International
- CIFF
- Global Fund

Kenya Government Partners

- NACC
- NASCOP
- National Malaria Control Unit (NMCP)
- Reproductive Health, Maternal Services Unit (RHMSU)
- Neonatal, Child and Adolescent Health Unit (NCAHU)
- Health Promotion Unit (HPU)
- Division of Nutrition
- Division of Non Communicable Diseases
- Community Health Services

PS KENYA
BOARD

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- Ms. Salma Mazrui-Watt – Chairman
- Dr. Nelson Gitonga – Vice Chairman
- Mr. Milton Lore – Treasurer
- Dr. Susan Mukasa - Member
- Mr. Chris Jones – Member
- Dr. James Mwanzia – Member
- Dr. Desmond Chavasse – Member







NEW BOARD MEMBERS

- Ms. Anne Ngethe – Board Hon. Secretary
- Dr. Rehana Ahmed – Member
- Mr. Ken Ouko - Member



MEMBERS WHO HAVE TRANSITIONED

- Ms. Rose Kimotho – outgoing Board Secretary
- Prof. Alice Mutungi – outgoing Board Member


2nd Floor, Jumuia Place, Wing B, Lenana Road
P.O. Box: 22591 - 00400
Nairobi, Kenya

Tel: 0202714346, 0202714354, 0202715096, 0202715104
0202715098, 0202715091, 0202715097
GSM: 0722203199, 0733363630

Email: info@pskenya.org
Web: www.pskenya.org

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