



Healthy lives. Measurable results.

ANNUAL REPORT
2019



Compiled and edited by Ezra Abaga and Nancy Njoki

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Population Services Kenya (PS Kenya) is the leading Social and Behaviour Change, Social Marketing and Social Franchising organization in Kenya. For the last 31 years, PS Kenya (and PSI) has been improving the health of Kenyans by supporting the Ministry of Health (MoH) to address public health concerns in HIV and Tuberculosis, Malaria, Reproductive Health, Maternal Health, Child Health, Water and Sanitation, Nutrition and Non-Communicable Diseases. PS Kenya uses private sector techniques to make health markets work for consumers and supports Kenyans to take up healthy behaviours based on our extensive understanding of human behavioural dynamics.

Our focus is to serve 'Sara' (our target audience), who is at the centre of everything we do. Because we know that Sara's health needs are diverse, PS Kenya strives to offer an integrated package of support to meet Sara and her family's health needs.

Sara predominantly seeks health solutions from private and public health providers who can address many different needs in one convenient location. An analysis of Sara's health-seeking needs presents an opportunity for PS Kenya to expand and improve the quality of information and services she accesses from private and public health providers.

PS Kenya's Footprint is in all the 47 Counties

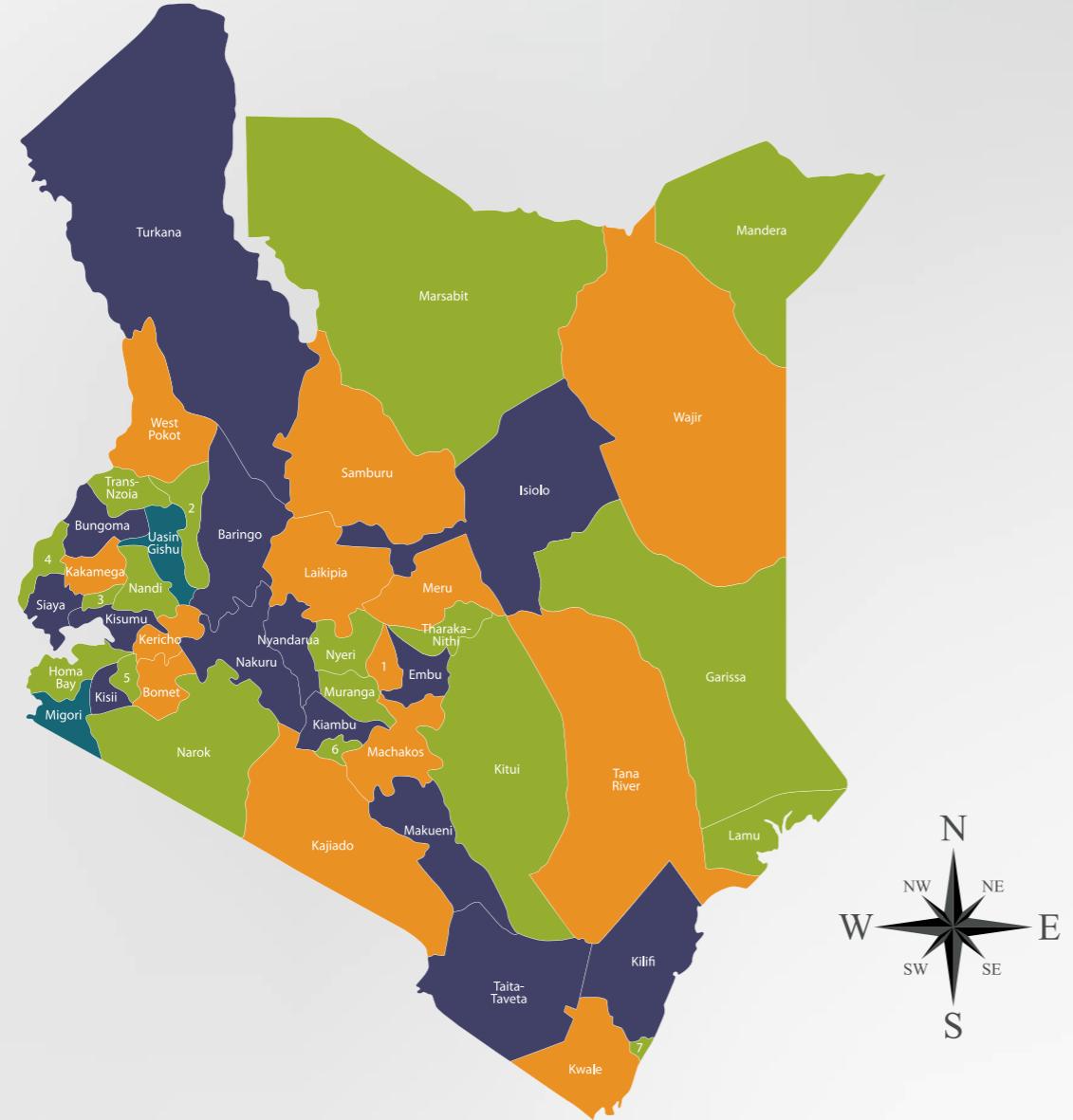


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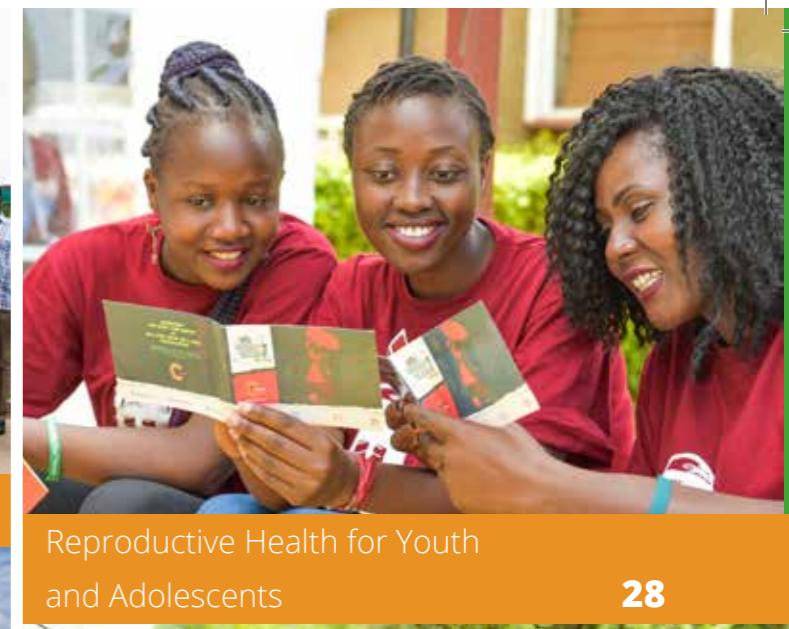
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MESSAGE FROM ANNE NG'ETHE PS KENYA BOARD CHAIR PERSON

PS Kenya aligned its programs and projects to the country's development plan as envisioned in the Kenya Vision 2030, and the Universal Health Coverage (UHC) agenda, through our 2016-2020 Strategic Plan. We have made significant progress on this journey, upholding our mission to measurably improve the health of Kenyans by promoting functional and sustainable healthy markets, increasing access to, and demand for quality and affordable products and services.

In 2019, PS Kenya contributed significantly to the country's health impact, delivering 1.78 Million disability-adjusted life years (DALYs) and 1 Million Couple of years of protection (CYPs). PS Kenya has over the years contributed on average of up to 27% of total CYPs in Kenya; a significant contribution to the health sector through our service delivery work, community work and social marketing of commodities.

I am delighted to report that in 2019, PS Kenya was recognized for outstanding efforts in delivering Quality health, where partnerships with the Ministry of Health (MOH), development partners, health care providers and the efforts of our hard working team, led to PS Kenya's winning 6 awards during the inaugural Quality Health care awards. These included Winner 1) Award of Excellence in Improving Access to Primary Care Services, Tunza Social Franchise 2) Award of Media Excellence in health & wellbeing- Trust Condoms and 3) Best use of Social Media in healthcare-Kukachora.

We are delighted to have hosted the 1st Africa Social and Behaviour Change Conference in February 2019 which was an outstanding success! It was a testament to three decades of SBC leadership, an expertise that PS Kenya is now renowned for. The Conference attracted 627 delegates from 123 organizations and over 25 countries. 33 speakers shared their industry insights during 6 high impact plenary sessions. 171 presentations that were cited as innovative and positively disruptive were delivered. 19 organizations exhibited their capabilities. Our gratitude goes out to all the attendees, speakers, and presenters. It was a commendable feat by all.

In December 2019, we celebrated Tunza@10 to mark 10 years of the Tunza Franchise that has been redefining healthcare delivery in the private sector by offering quality and affordable services to Kenyans, touching lives and transforming communities. The network currently has a membership of over 400 facilities in 39 out of 47 counties in Kenya. In support of accelerating attainment of Universal Health Coverage (UHC) through the private sector, PS Kenya has worked with the National Hospital Insurance Fund (NHIF) to accredit over 200 Tunza facilities, opening additional access points to over 480,000 NHIF members currently capitated to the Tunza network.

These are a few of our accomplishments in 2019. As we step into a new decade of healthcare delivery, sustainability is critical for us. As we take stock of our years of growth and learning and the transformation we have seeded, we look boldly into the harvest of the future. We continue to take pride in our governance structures, which guide and shape the future we envision. Particularly, we commend our three Board committees; Strategy, Governance, and Audit, that have done exemplarily well in offering support to the management team. Our staff continue to be the driving force behind our achievements, and we thank them for their daily contribution towards the health of Kenyans. Thank you to each one of you for your energy and for your contribution to PS Kenya.

To the Government of Kenya, all our donors and partners, and on behalf of the PS Kenya Board, I thank you for the confidence and trust you continue to show in our work.

We hope that our 2019 achievements inspire you to gain renewed confidence in the PS Kenya leadership and staff team; and our courage, which propels us every day to enter unchartered waters and to disrupt the norm where necessary. We will boldly forge forward to implement innovative programs that serve Sara, the Hero of our story."

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MESSAGE FROM JOYCE WANDERI THE CEO

It gives me great pleasure to share with you the PS Kenya 2019 annual report that highlights our overall achievements as we continuously endeavor to serve Sara, the hero of our story, by empowering her to make healthy choices.

In 2019 PS Kenya ventured into new frontiers, serving Sara in the Arid & Semi-Arid lands through the Delivering Equitable and Sustainable Increases in Family Planning (DESIP) program funded by DFID in low Contraceptive Prevalence Rate (CPR) counties in Kenya. The DESIP project aims to increase the uptake of Family Planning Services with a focus on the young, rural, marginalized women and persons with disability. The programme

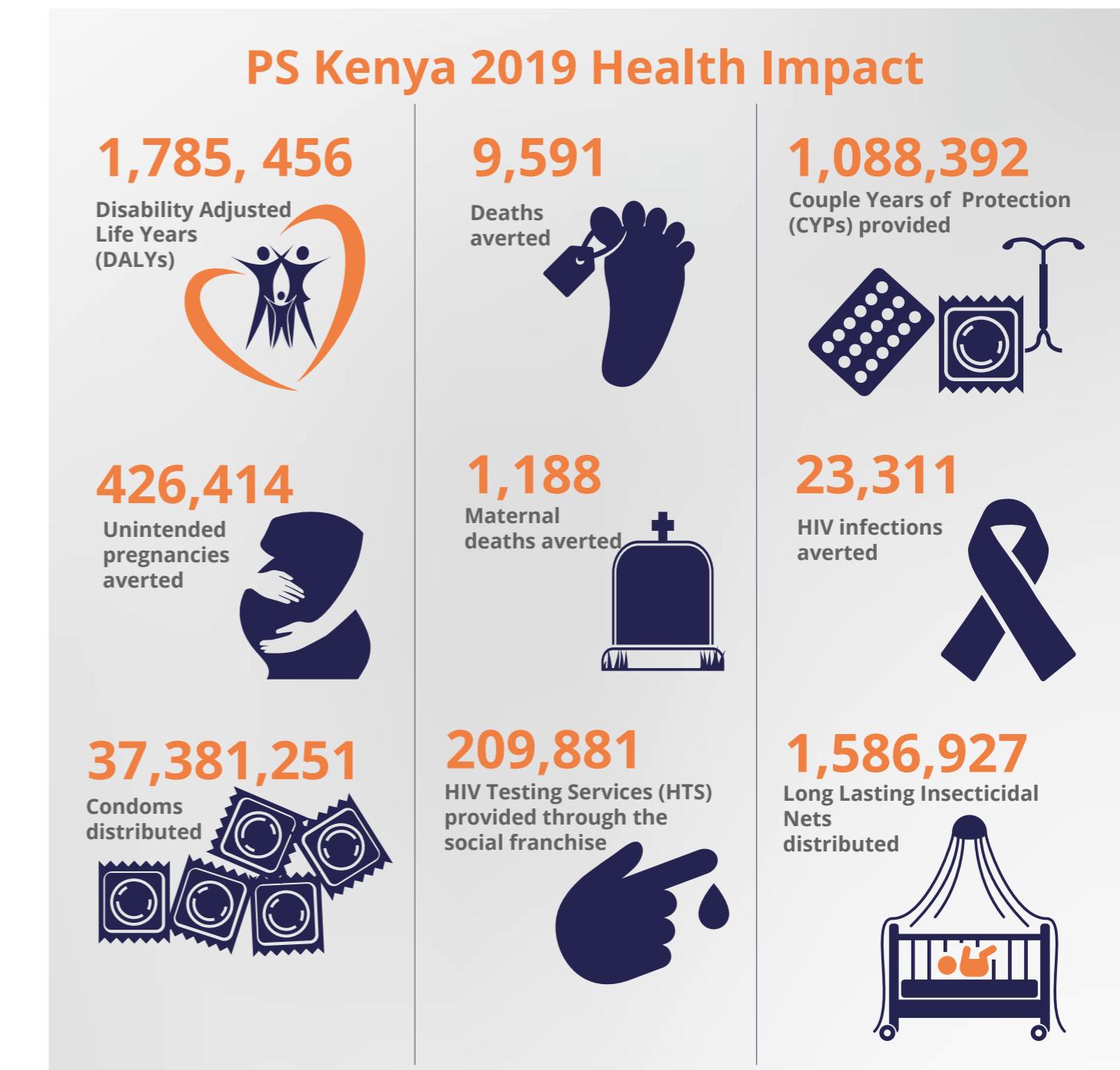
impact will contribute to reduced maternal mortality, new-born and child mortality and increased mCPR in Kenya.

We have grown our TB program portfolio through the Tuberculosis Accelerated Response and Care (TB ARC) phase II project and Global fund TB project. The goal of these programs is to reduce the incidence and number of deaths due to TB in Kenya. Our mandate is to promote participatory approaches that improve TB services through increased awareness and demand for TB services & treatment completion, improved and expanded private sector partnership that ensures provision of quality affordable TB care including early detection, diagnosis and treatment.

PS Kenya also kicked off a HIV self-testing program funded by CIFF. The goal of this project is to support the Government of Kenya reach the 95-95-95 UNAIDS targets by developing and catalyzing the market for HIV self-testing with a focus on at-risk men. Indeed, it has been a busy year, as we strive forth, we remain cognizant of the changing donor landscape that has seen us reinvent ourselves to ensure continued fitness for purpose, while remaining true to our vision and mission. The strong foundations that we have built over the years have supported program growth and new approaches while embracing a leaner, more focused, and effective talent base. The leadership remains committed to ensuring that PS Kenya remains a highly effective and accountable organization true to our vision of being the leader in strengthening health markets, empowering Kenyans to make healthy choices.

Lastly, I wish to thank each and every one of you for your continued commitment and support to the work we do and to the great work in 2019. It is because of your individual contribution that PS Kenya continues to be a great organization, always focused on Sara.

**Thank you for a great
2019, be blessed!**



How We Work



Social Marketing

We develop and market quality and affordable health products and services to reduce barriers to access and leverage the private sector distribution chain to reach those in need.

Social and Behaviour Change

PS Kenya uses an evidence-based Social Behavior Change (SBC) approach that allows for a deeper understanding of the underlying issues preventing a target group from adopting healthy behaviours.



Franchising for Health

PS Kenya has established a social health franchise of over 400 private providers under one brand name, 'Tunza', where the public can access affordable, reliable and high-quality health services.

Medical Detailing

Through Provider Behaviour Change (PBC), PS Kenya enhances the capacity of pharmacy providers to offer the right information, counselling and appropriate referrals.



The 1st Africa Social & Behaviour Change Conference

Disruptive Social Behaviour Change strategies for the future of Africa

Population Services Kenya hosted the first Africa Social and Behaviour Change Conference on 19th-21st February 2019. The meeting brought together over 600 delegates from 25 countries to share experiences and best practices within their areas of expertise as well as learn from each other. A key take out from the conference was that Africa needs to tell its own story, in its own way. Several sectors were represented at the conference including health NGOs, development partners, government, academia mobile technology, education, agriculture, civil society, financial institutions, underscoring the need to have a multi-sectoral approach to development and behavior change. There was an emphasis on building on a multi-sectoral approach- bringing the players including the beneficiaries, corporate sector, and governments around the table to explore behavioral solutions to various challenges.

Novel approaches such as behavioural economics and user centred design in developing solutions for "Sara" were discussed at length. There was consensus that Universal Health Coverage will be realized in Africa if governments and partners focus not just on infrastructure, but also on communities and factors that stop them from accessing health care. Solutions must be designed with the intended end users and not in boardrooms. In addition, communities have solutions to issues affecting them and what they need to do to drive meaningful change. Our work is therefore to help package these solutions and support execution to drive change at scale. This is the only way we can achieve sustainability in Social behavior change.

Social Behaviour Change has driven exceptional change in the health sector and in many ways has been perceived as a preserve of the development sector. The challenge now is how the Social Behaviour Change community of practice can transfer skills to other sectors to drive meaningful change across diverse issues affecting Africa.



The awards seek to honor excellence and innovation in the health sector for quality patient-centered care.

Population Services Kenya hosted the first Africa Social and PS Kenya beat stiff competition from other healthcare stakeholders to pick up six awards at the inaugural Quality Healthcare Kenya Awards held in 2019. The first of its kind in Kenya, the awards recognise stakeholders who are making scalable and sustainable contributions to the healthcare sector. These contributions are premised on the provision of health as a basic right and are going a long way in helping the government realise universal health coverage.

Winner -Award of Excellence in Improving Access to Primary Care Services, Tunza Social Franchise.

Winner-Award of Media Excellence in health & wellbeing- Population Services Kenya, Trust Condoms.

Winner-Best use of Social Media in healthcare, Population Services Kenya-Kukachora.

Awards in other categories:

1st Runner Up-Award of Excellence in Advancing Maternal and Child Health- Population Services Kenya Cervical Cancer.

2nd Runner Up-Award of Media Excellence in health & wellbeing- Population Services Kenya, - VMMC.

1st Runner Up -Best use of Social Media in healthcare, Population Services Kenya- Kuwa True.

The recognition invigorated our long-standing resolve of empowering Kenyans to make informed health choices. Health Cabinet Secretary, Sicily Kariuki, graced the ceremony that attracted 39 finalists.



A decade of transforming lives through quality health care

10 years of transforming healthcare in Kenya

In 2008, PS Kenya established the Tunza Family Health Network (Tunza) to offer quality, comprehensive and affordable health services to Kenyans. Through Tunza, we invest in the skills, quality and infrastructure of our provider network, through a social health franchise model.

Our investment in Tunza focuses on two main areas; Quality of Health Services and Business Support. For over a decade, Tunza's impact has been immense. To improve the quality of services, PS Kenya builds the providers' capacity through both structured classroom trainings and on job trainings sessions with our service delivery officers. More than 3,500 healthcare providers from 400 private facilities have benefited from our wide range of comprehensive trainings that are Ministry of Health led. Providers have been trained in family planning, cervical cancer screening, HIV management, safe motherhood, management of hypertension, diabetes, tuberculosis, and Integrated Management of Childhood Illnesses.

PS Kenya is also keen on growing entrepreneurs in the healthcare business. Through our Tunza business development programme, we have supported more than 300 healthcare providers, 52% of whom are women, by honing their entrepreneurial skills, and enabling clinic expansion in both scale and scope. We have witnessed providers grow their facilities from single roomed clinics to fully fledged maternity homes. To this end, Tunza is a major employer with a workforce of over 8,000 directly under its employment

with thousands more gaining from within the ecosystem. We started by offering support in a single health area: family planning. Today, Tunza is known as a one stop network that provides primary healthcare services to millions of Kenyans. The network has a membership of over 400 facilities in 39 out of 47 counties in Kenya.

In support of accelerating attainment of Universal Health Coverage (UHC) through the private sector, PS Kenya works with the National Hospital Insurance Fund (NHIF) to accredit over 200 Tunza facilities, opening additional access points to over 480,000 NHIF members currently capitated to the Tunza network. Our multifaceted approach to partnering with government, healthcare providers and development partners has been a hallmark of our growth and success.

In 2018, we launched Tunza Platinum to offer an expanded set of self-funded improvement opportunities for Tunza providers. The plan has a five-pillar value proposition: improved business systems, quality improvement, marketing support, access to affordable quality products and insurance aggregation. Our goal is to gradually wean the social franchise off donor funding, allowing for sustainable programming.



ROADMAP SET FOR A NEW PROJECT



DELIVERING SUSTAINABLE & EQUITABLE INCREASES IN FAMILY PLANNING (DESIP) OBJECTIVES

Goal: To increase access to, and use of, modern contraceptives across Kenya, while increasing equity and sustainability, with a particular focus on adolescents, people living with disability and poor rural women.

Output 1:
Greater availability of FP commodities

Output 2:
Greater demand for FP commodities

Output 3:
Sustainability of the Private Sector

Output 4:
Improved & sustainable National ownership (Strengthened Public Sector)

Delivering Sustainable and Equitable Increases in Family Planning in Kenya



The DESIP Project is a 5 year UK AID funded programme, led by PS Kenya focused on Delivering Equitable and Sustainable Increases in Family Planning (DESIP) in counties with the lowest Contraceptive Prevalence Rate (CPR) in Kenya. The project will be implemented between 2019-2024 in 19 counties (Wajir, Garissa, Mandera, Samburu, Isiolo, Marsabit, Kilifi, Lamu, Kwale, Tana River, Mombasa, Baringo, Narok, Kajiado, West Pokot, Elgeyo Marakwet, Turkana, Migori and Homa Bay).

The goal of DESIP is to ensure that women and girls can safely plan for their pregnancies in line with sexual and reproductive health rights particularly the young rural, marginalized and persons with disability. The programme will lead to increased mCPR in Kenya and contribute to reduced maternal mortality, new-born and child mortality.



The project implementation approach system is strengthening at policy and service delivery levels to ensure sustainability, working with public, private and faith based health facilities. Other partners include:

1. Health service Delivery

- Population Services Kenya
- Health Right International
- Faith to Action
- Amref

2. Health Systems strengthening (cross cutting)

- Options Consultancy
- Voluntary Services Overseas (VSO)





Exploring the potential of task sharing between community and primary healthcare level to increase contraceptive uptake in Kilifi County, Kenya

A review published in the Journal of Reproductive Health and Contraception, recommends, 'To achieve Universal Health Coverage (UHC) there is a need to increase the accessibility of health services through task shifting due to skilled staff shortages. With proper training and supervision, delivery of contraceptives can be offered in a

safe and effective way by other cadres of healthcare providers who in normal circumstances are not qualified to offer these services.' In addition, WHO recommends on optimizing health worker roles to improve access to key maternal and new-born health interventions, these include contraceptive methods that can be delivered safely and effectively by other health worker cadres. These cadres would provide a range of family planning services related to: Oral contraceptives, Contraceptive implants, Injectable contraceptives, Education and counselling among other services as part of increasing access to Family Planning services especially in rural hard to reach areas.

In Kilifi County, PS Kenya in collaboration with the Ministry of Health - Reproductive Maternal Health Services Unit (RMHSU); the Community Health and Development Unit (CHDU); the Kenya Medical Training College (KMTC) and the County Government of Kilifi (through the Maverick project) is seeking to generate evidence on the safety and feasibility of task-sharing of Family Planning (FP) service delivery from level 2 (Dispensary) to level 1 (community level) by Community Health Extension Workers (CHEWs) with proper structures for training and support supervision. The general objective for this study is to generate evidence on task sharing for provision of FP methods at level 1 by the Community Health Extension Workers (CHEWs) through a community-based distribution implementation science approach in Kilifi County, Kenya.

PS Kenya supported MOH and KMTC to develop a two phased training curriculum in Kilifi. The first phase of the training being clinical skills based which was conducted by the National Trainers from the Reproductive and Maternal Health Department (RMHD). This comprised of classroom training, skills practice on humanistic models and two weeks clinical practice for competency acquisition under the supervision of the trainers and facility preceptors.

The second phase of training comprised of 6 months CHEW modular at KMTC comprising of a classroom, online and onsite training under the guidance of MoH Reproductive Health Coordinators and the KMTC trainers. The CHEWs have been offering FP services mainly at the community level after training and competency acquisition with over 1794 women taking up various family planning methods between June 2019 and December 2019 through various community based service delivery models.

Why Kilifi? Kilifi County is one of Kenya's 14 Counties considered hard to reach for FP nationally, and also one of the Counties with high unmet need for family planning among women of reproductive age (WRAs). The current modern CPR stands at 33% compared to the National CPR at 53%; thus Only 3 out of 10 women are using modern family planning

methods. There is over reliance on short-acting methods with 60% using injectable methods compared with 5 in 10 women at the national level. Teenage pregnancy is one of the highest in the country; 22% of girls aged 15-19 years in Kilifi County have begun childbearing; higher than the national level (18%) (KDHS 2014). Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. Unmet need for contraceptives among currently married adolescents in Kilifi (59%) is more than two times higher than the national level (23%).

Through this operational research project, PS Kenya and partners are looking forward to improve the social and policy environment for FP services in Kenya through Generating evidence on task sharing for FP service delivery from level 2 to level 1 by the Community health extension workers (CHEWs).

Challenges in Kilifi? In Kilifi, unintended pregnancies often result in negative health, economic and social consequences for both the woman and her child, including increased maternal morbidity & mortality, poor breastfeeding and nutritional status, and infant mortality.



The current modern CPR in Kilifi stands at
33%
compared to the National CPR at
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1794 women took up various family planning methods



3 out of 10 women in Kilifi are using modern family planning methods



22% of girls aged 15-19 years in Kilifi County have begun childbearing; higher than the national level (18%) (KDHS 2014)



What do we want to do? To open a conversation with women and men about the benefits and the importance of family planning for healthy timing and spacing. We need to make FP a discussion that involves all stakeholders and in so doing achieve the following;-

Increased access for quality family planning products and services by women ages 18-49

Increased informed demand for family planning products and services by women ages 18-49

Increased availability of a range of contraceptive methods at the community and facility level

Improve the social and policy environment for FP services in Kenya

Generate evidence on task sharing for FP service delivery from level 2 to level 1 by the Community health extension workers (CHEWs)

Reproductive Health for Youth and Adolescents

A Kenya Population Situation Analysis report shows that the majority of the population is aged below 20 years with about 24% of the total population being adolescents aged 10 -19 years. This is a key demography that has implications on the social, economic and political agenda of the country. A young population puts great demands on provision of health services, education, water and sanitation, housing and employment.

PS Kenya has identified this group as one of the priority target audience in dire need of tailor made interventions that address their reproductive health needs. We believe that addressing their Sexual Reproductive Health (SRH) needs now would significantly improve the current national SRH indicators and guarantee a healthy future.

Influencing behavior change in youth through Drama

Numerous reports show that adolescents and young adults are sexually active and majority of them usually do so with minimal or absolutely no information with regards to their sexual reproductive health. This early initiation to sex has implications for and consequences to their health and development. For example, they expose themselves to the risk of unwanted pregnancies, HIV/Aids and other sexually transmitted infections. To mitigate this, PS Kenya, which has expertise in developing targeted health messages, developed a youth friendly program dubbed 'Kitu ni Kukachora' (make a plan) that addresses the SRH needs of the youth. The program sensitizes youth on responsible sexual behavior to allow them make healthy choices.

Engagement takes place on various platforms especially in learning institutions where majority of this age group is found. PS Kenya uses the Kenya Schools and Colleges Drama Festival

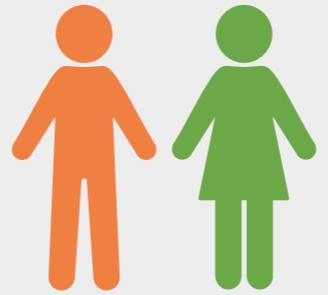
where the message is passed across by the youth themselves. To achieve this, PS Kenya partnered with institutions of learning to produce plays, perform choral verses, spoken word and cultural dances with themes on responsible sexual behaviour. This way, the target group owns the initiative and uses a fun and easy medium - theatre - to pass the message. For the second year now, PS Kenya with support from USAID Kenya, sponsored the drama festivals which has seen over 53,000 students reached through the 'Kitu ni Kukachora' themed presentation at regional and national platforms.

In 2019, 41 'Kitu ni Kukachora' themed items were presented at the national level compared to 27 items in 2018. A spoken word presentation by Shanzu Teachers Training College entitled 'Daughter' - which addresses the story of a young girl who got infected with HIV as a result of irresponsible sexual behaviour - made it to the state concert event.





Achievements in Increasing access to Reproductive Health Services for the youth



63,513

Young people reached through drama, theatre and film as channels for SBCC.



41

Kukachora themed items made it to the national level.



5,232

Students reached through one on one sessions during on-ground activations and game based learning.



74,364

Adolescents and youth reached with contraceptive services through the Tunza clinics which provide youth centered services.



Malaria and Child Health

Implementation of Baby Friendly Community Initiatives in Kwale County

Since October, 2018, Population Services Kenya, with funding from UNICEF, has been rolling out Baby Friendly Community Initiatives (BFCI) in Kwale County, Matuga Sub-county. The aim of this project is to engage the community in protecting, promoting and preserving breastfeeding through Maternal Infant and Young Child Nutrition (MIYCN).

"Community Mother Support Group" (CMSG) were formed and trained to oversee, plan and execute community baby friendly meetings and mobilizes community members to participate in BFCI activities. Successful implementation of BFCI needed formation of mother to mother support groups which comprise of pregnant and lactating mothers from the same village. These support groups act as avenues for sharing breastfeeding experiences thereby enabling mothers to support one another on issues of maternal nutrition (during pre-pregnancy, pregnancy and lactation) and on complementary feeding.

Mothers in the support groups also discuss how to start income generating activities such as group farming, poultry rearing to ensure economic empowerment and sustainability; and also deliberate on means to reduce maternal workload including redistribution of tasks for instance through male, family and community involvement.

PS Kenya supported Kwale County in facilitating external assessment in the 4 community units which were implementing BFCI and 3 out of 4 community units were certified as baby friendly.

BFCI External Assessment

PS Kenya supported Kwale County in facilitating external assessors from the Division of Nutrition and Dietetics to conduct an external assessment in the 4 community units which were implementing BFCI. 3 out of 4 community units were certified as baby friendly.



Fighting Malaria in Kenya

Malaria Shujaa campaign

In line with the national goal of a Malaria Free Kenya, PS Kenya through the Health Communication and Marketing (HCM) program, has supported the implementation of an evidence based campaign 'Sisi ni Mashujaa dhidi ya Malaria campaign'. The campaign celebrates community heroes and supports the community challenge - a social movement aimed at addressing malaria behavioural outcomes through a competition and reward system. The campaign was implemented in Migori, Bungoma, Kwale and Kilifi Counties with mirrored efforts supported in the remaining priority counties of Nyanza and Western. Through a blended evidence media mix targeting of pregnant women and caregivers of children under five years in priority regions, PS Kenya addressed key Malaria behaviors including net use, prevention of malaria in pregnancy and health seeking behaviour using different strategies including regional media, SMS and inter personal communication. About 3.2 million people have been reached by this campaign.



Malaria shujaa IEC materials highlighting health seeking behavior, Malaria in pregnancy and net use.



Radio placement of the campaign

Regional stations were used to reach 1.6 million people.



TV placement

Region TV stations used to reach 3 million people in Nyanza, Coast and Nyanza region.



Out Of Home placement

To complement mass media, outdoor advertising was utilized through health care channels targeting over 2,000 health facilities TVs with messages and 50 huduma centres.



SMS sponsored calls

A total of 364,258 were reached with SMS.



Interpersonal Communication for Malaria

A total of 129,544 households and 227,132 individuals were reached by CHVs at the community level.

Community Case Management

With support from GLOBAL FUND, PS Kenya strengthened Community Case Management of Malaria which is a key strategy for improving access to prompt and effective malaria case management through use of Rapid Diagnostic Tests (RDTs) to test for malaria and treatment of all positive cases with artemether-Lumefantrine (AL) by well-trained community health volunteers (CHVs). In addition PS Kenya,

- Conducted community health functionality assessments and supported CUs conduct community dialogue and action days.
- Strengthened health systems at County, Sub-County and community level through health facility support supervision, data quality audits, monitoring, evaluation and documentation.
- Partnered with 440 public schools on behaviour change communication for net use.



LLIN Distribution

PS Kenya, through the Health Communications & Marketing Project (HCM) distributes Long Lasting Insecticidal Nets (LLINs) targeting pregnant women and children under 1 year in about 4,600 public health facilities across 36 counties. In 2019, 1,571,180 LLINs were distributed.

HCM also delivered LLINs to health facilities in the Archipelago islands of Lamu, Homa Bay, Busia and Siaya counties thereby improving LLIN access. HCM also partnered with the enlisted counties in the LLIN program to enhance LLIN access by pregnant women and children under 1 year by distributing nets through outreaches, integrated medical camps and Beyond Zero clinics.



HIV/TB

PS Kenya's HIV and TB program uses an evidence based approach to increase access to affordable, sustainable and quality HIV and TB services in the private sector across five strategic areas. These are:

- HIV care and treatment
- Kenya national viral load scale-up project
- HIV self-testing kits
- Oral Pre-Exposure Prophylaxis (PrEP) and
- Social Behavioural Change Communication (SBCC)

For years, through the support of The Global Fund, TB Reach and PEPFAR, PS Kenya has been driving demand generation for TB services and delivering TB services through its social franchise network, Tunza. PS Kenya is also integrating TB screening and treatment into all the HIV treatment facilities we support in the private sector, with a focus on improving case detection among People Living The HIV and TB program works collaboratively with:

- The National Government, through the Ministry of Health and its various channels including the National AIDS and STI Control Programme (NASCOP), the National AIDS Control Council (NACC) and the National Tuberculosis Leprosy and Lung Disease Program (NTLD-P) by providing communication and technical support.
- County Governments and health devolved structures to support HIV and tuberculosis care and treatment and prevention services.
- Our implementing and service provision partners across the country by creating demand for services, providing technical assistance and support.
- Our franchise partners (Tunza, Goldstar and Huduma Poa) present in 36 counties to improve private sector performance and service delivery in HIV and TB care and treatment including HIV Testing Services, Prevention of Mother-to-Child Transmission, Care and Treatment, Tuberculosis Treatment and Voluntary Medical Male Circumcision.



“Working with the Kenya's national TB program to reduce TB incidences and related morbidity and mortality in kenya.”

Special Story - 'Saved' By Prep

We are in Kisii County to interact with PrEP (Pre-Exposure Prophylaxis) users and hear their experiences using the drug. Our journey leads us to IRDO (Impact Research and Development organization), one of Jilinde project implementing partners. Jilinde is a Bill and Melinda Gates Foundation-funded project whose objective is to demonstrate that PrEP services can be offered at routine service delivery to prevent HIV infection. IRDO is located in Kisii town and deals with the health needs of vulnerable populations. PrEP is medicine that people at higher risk of HIV infection can take to prevent them from becoming infected with the virus. On arrival, we are directed to the clinical officer in charge who updates us on the progress of the program, thereafter understanding of what they do. It is impossible to miss the PrEP posters conspicuously displayed on the walls; a clear indication that the facility understands we are ushered into a room where we find three beautiful women.

They are fashionably dressed and keep scrolling through their smartphones. The ladies introduce themselves and engage us in banter. "I am ready and will go first." One of them says, "I am more than willing to tell my story. It may motivate people like me when they read about how PrEP 'saved' me" she says. Her name, she says, is Aurelia. Growing up, she faced many challenges including lack of school fees. Her situation overwhelmed her and she opted to look for any means to survive. The need to 'hustle' and make money saw her leave in search for employment in Kisii town and was accommodated by a childhood friend.

But work was not forthcoming. Her friend, she recalls, was living the high life. Aurelia admired her and sheltered learnt that she earned her living through sex work. Time passed and the friend started tagging her along to the 'base' (working station). Within no time, she too joined the business. Her first experience on the 'job' was 'hell' she says, she got inexplicable clients and being new on the job, it was all mental torture. However, she could not leave because at least she was earning money.

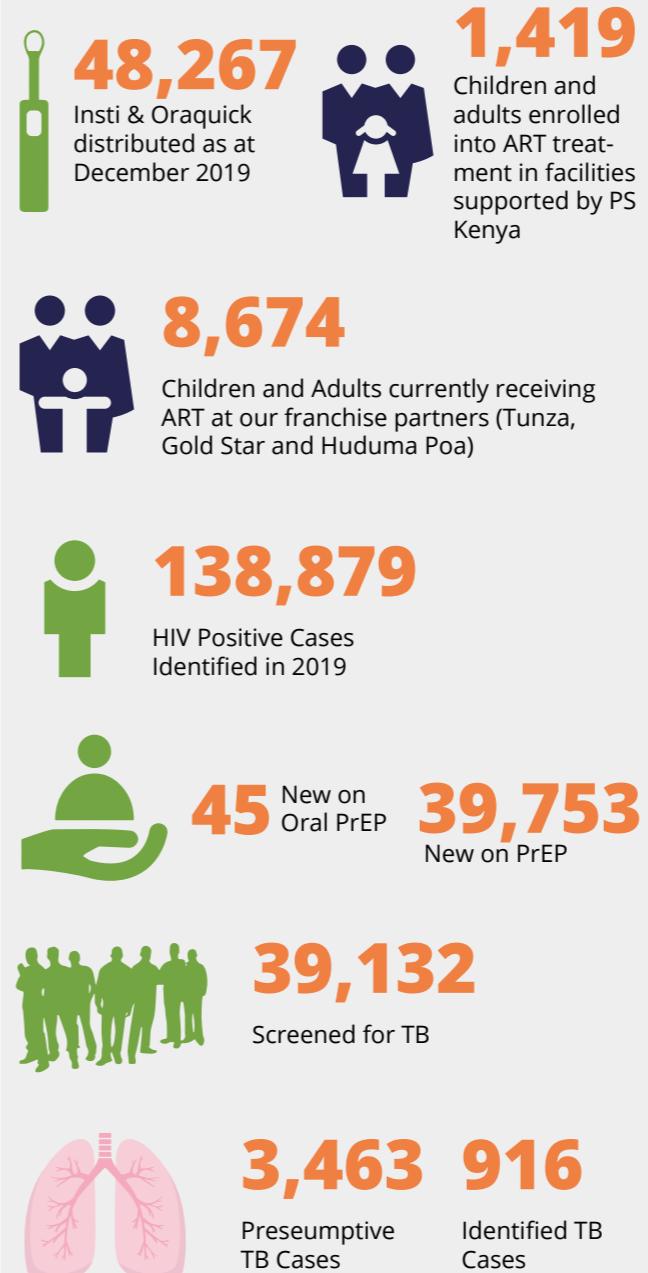


"At first it wasn't easy offering myself to a stranger, I was crying most of the time. My friends introduced me to alcohol, which made it easier," she says. Still, the job came with its fair share of challenges that affected her psychologically.

"I witnessed friends lose their lives to HIV. Others were raped, murdered, thrown out of moving vehicles or incapacitated from drug abuse. I also deeply feared being infected with HIV as I got clients who insisted on unprotected sex for a better pay. This continued for a while until I learnt about PrEP. PrEP, for me, is a 'savior'." Stumbling on PrEP information on Facebook stirred her curiosity and so when one day she encountered across.

Three months into using PrEP, Aurelia decided to start educating her peers about PrEP. Once again, she visited IRDO to see how the facility could help her colleagues. Today, she is a peer educator who acts as a link between the facility and her fellow sex workers. Her work entails teaching them about PrEP and linking them to IRDO for further discussions with health providers and counselors.

HIV program Achievements in 2019



Partnering to increase TB case finding

PS Kenya has partnered with the National Tuberculosis Program and AMREF Health Africa in a project that seeks to enhance the contribution of unengaged private health providers in TB service provision through innovative approaches.

The project is being piloted in 8 priority towns (Nairobi-Embakasi, Ngong, Thika, Garissa, Naivasha, Kisumu, Malindi, Changamwe and Jomvu) with standalone formal and informal facilities in a bid to reach undiagnosed TB patients.

This was informed by Kenya Pathway Analysis report which pointed out that 42% of patients with TB symptoms access the private sector as initial point of care in Kenya. The project has adopted Hub and Spoke model with focus in increasing TB case finding through improved access to TB diagnostic services. The spokes being the referring providers and linked to a hub which is a TB diagnostic centre- Gene expert site.

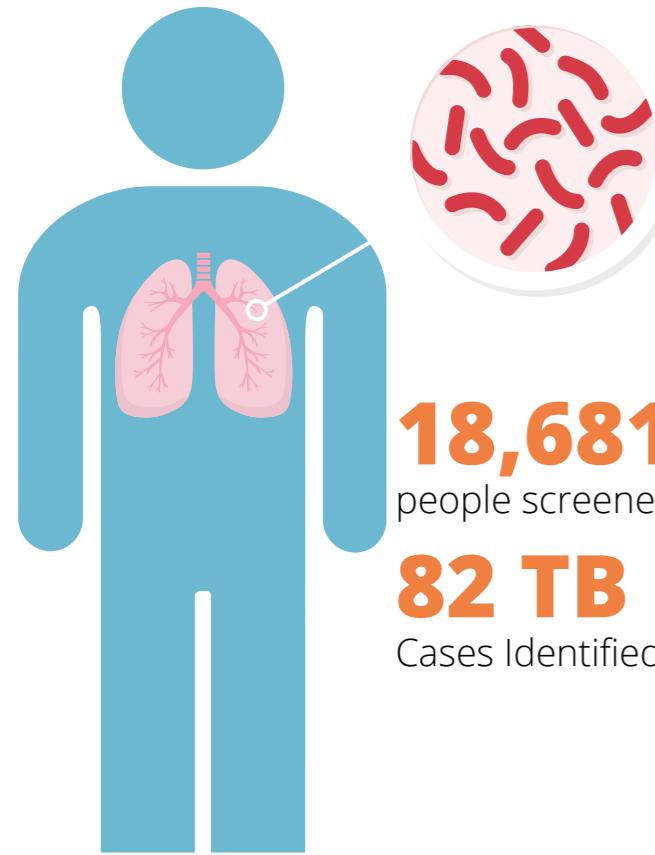
PS Kenya has mapped a total of 1,168 private providers who including pharmacies, private clinics, radiology service providers, NGO clinics, parastatal and institution clinics, mission dispensaries, nursing homes and laboratories operating in the project area.

538 private providers were selected for engagement into the project based on their willingness to participate and high workload (client flow). 320 private providers were trained and sensitised on TB care and control before engagement to build their capacity in TB case finding and management.

The engaged private providers have been provided with TB reporting tools, motor rider services for sputum sample networking and continuous technical support visit in order to identify TB cases.

The project started in May 2019 and started collecting date in August 2019. From August 2019 to December 2019, the project has screened 18,681 people for TB, tested 1,288 using Gene expert and identified 82 TB cases who also put on treatment. The project is currently expanding the number of private provider engagement and improving quality of screening in order to increase TB diagnosis.

TB cases who were screened in order to increase TB diagnosis...



HIV Self-Testing Challenge Fund

HIV testing remains a key entry to universal access to HIV treatment and care. The opposite is true. Inadequate uptake of HIV testing services is a barrier to HIV prevention and treatment.

HIV Self-Testing is a high impact intervention to identify HIV positive people and initiate them on treatment. HIVST also provides an opportunity to provide linkages to HIV prevention services for those who test negative. Approaches to HIVST include community and facility based HIVST in both public and private sectors. Regardless of the approach applied, the testing model may either be directly assisted by a provider or indirectly-assisted using instructional videos and leaflets.

PS Kenya in partnership with PSI is implementing HIV self-testing project in three counties in Kenya. The project that is funded by a consortium of donors (CIFF, Unitaid and EJAF) hopes to increase uptake of HIV testing among men aged 20 – 34. The goal of this project is to support the Government of Kenya reach the 95-95-95 UNAIDS targets by developing and catalyzing the market for HIVST with a focus on at-risk men. We hope to achieve this by:

1. Optimizing distribution and linkage models in the public and private sector that increase uptake of HIVST among at-risk men ages 20-34;
2. Create a sustainable supply of HIVST kits that are conveniently available and accessible for those in need; and
3. Create an enabling environment for HIVST scale up and sustainability.

To create a sustained supply and demand for HIVST, PS Kenya is working with the Government of Kenya's Ministry of Health, through the National AIDS and STI Control Program (NASCOP) and other stakeholders such as the Pharmaceutical Society of Kenya through her member pharmacies, local distributors and community groups.

In 2019, PS Kenya distributed two types of HIV self-testing kits – oral-based and blood-based kits – through 530 pharmacies in Nairobi and Mombasa. With the increase of e-commerce, we added online pharmacies to the list of distribution outlets and noted good uptake through this channel.

Two new distribution models were launched in order to reach men who could not access the pharmacy product. The hotspot and workplace distribution models sought to reach men through places they are likely to be in large numbers.

PS Kenya piloted hotspot distribution in Nairobi's Embakasi and Ruaraka sub-counties and in Kisumu central and Kisumu East. The distribution carried out by trained community health workers sought to map specific male dominated hotspots such as bus terminus, boda boda sheds etc., sensitize the men, carry out demonstrations and distribute the kits. Interested clients also had an opportunity to test on site where a tent was set up for this purpose. Confirmatory testing was also available on site, conducted by a HTS counselor.

PS Kenya also piloted distribution of HIV self-testing kits through workplaces that employ a large workforce of men in Nairobi and Kisumu.

Achievements to date

PS Kenya was able to distribute 35,920 kits through the pharmacy channel. Of these, 19,258 kits were sold to clients as at the close of the year.

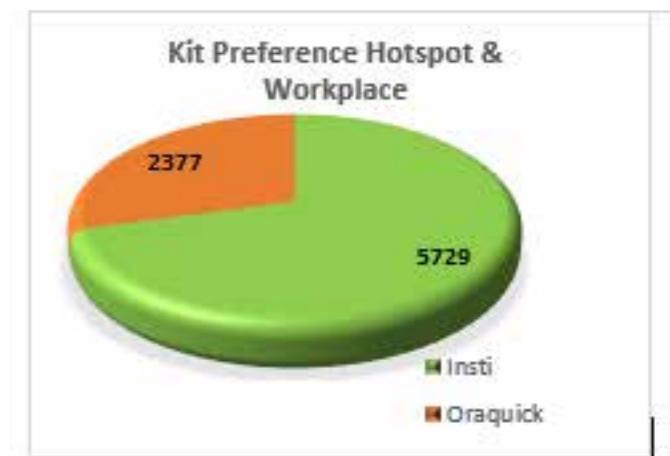


PS Kenya was able to distribute
35,920 Kits
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of the year

As at December 2019 approximately 60 outreaches had been carried out in hotspots and workplaces, distributing 8,295 kits in a span of two months. 80% of the kits were distributed to men aged 20yrs and above.



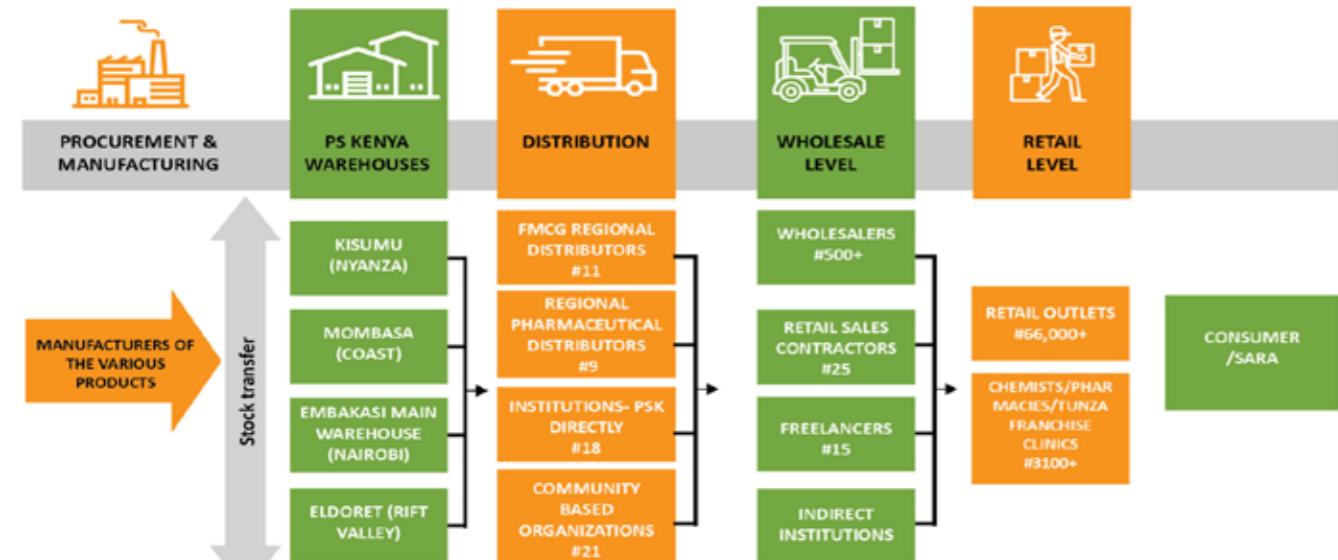
Commercial Department

Social marketing

Through Social Marketing, PS Kenya leverages on behavior change activities to increase access and use of health products. PS Kenya uses integrated consumer communication approaches as well as sales and distribution strategies. Through the utilization of commercial techniques, social marketing improves access and availability of vital health products to Sara across the 47 counties.

The key social marketing brands in PS Kenya's include; Trust Condoms, Femiplan Oral Contraceptives (OC) pills, Femiject Family Planning Injections, Waterguard Safe Water Solution, HIV Self Testing kits, SUPANET Long Lasting Insecticidal Mosquito Nets among others. Femiplan OC pills and Social marketed condoms account for 45% and 25% of all OC pills and condoms distributed in the country, respectively with government free OC pills, and condoms accounting for 50% and 71% respectively. PS Kenya's Social Marketing distribution value chain, is shown below.

PS KENYA SOCIAL MARKETING VALUE CHAIN



FP Quantification and Supply Planning Report, May 2019

2 UON (Universe of Need) Data, 2018, 3 Kantar Public, Retail Census, 2012

Through this product flow, PS Kenya works with manufacturers domiciled both in Kenya and abroad to increase reach. Twenty (20) regional distributors (a mix of pharmaceutical and Fast Moving Consumer Goods distributors) help distribute products to over 700 wholesalers. The PS Kenya Social Marketing team works with the distributors and wholesalers to break the bulk to directly reach 23 CBOs, 66,000 retail outlets (kiosks, dukas, supermarkets, bars & lodgings), 3,500 pharmacies and 1,586 clinics.

These retail, pharmacy and clinic outlets represent 46%, 49% and 32% of total private sector outlets that social marketing leverages. In addition to the distribution structure above, social marketing also implements integrated brand communication strategies for

all its brands. This helps to increase access and use of the products, increase brand equity and market share as well as amplify visibility to influence purchase. A 360-degree approach, as highlighted below, is developed through a Human Centered Design process and executed in line with program and country priorities. Through excellent execution of social marketing strategies, Trust Condoms, Femiplan OCs and Waterguard Safe Water treatment command 57.1%, 98.3% and 82.8% market share respectively.

Product Market share



To achieve its social marketing sustainability goals, all the products mentioned above have a positive cost recovery rate and are on track to be self-reliant in the short term while still meeting their social mission.



Partnership and Outreach Impact 2019

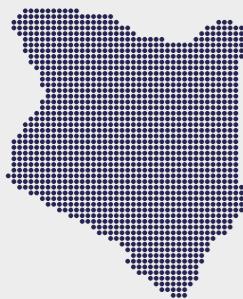


The Partnerships and Outreach department is a cable unit, that supports PS Kenya in establishing and strengthening relationships with the two levels of government and engaging program target groups at the community level. The department supports the Ministry of Health through the Divisions of Health Promotion and Community Health Strategy in developing national health communication and marketing campaigns.

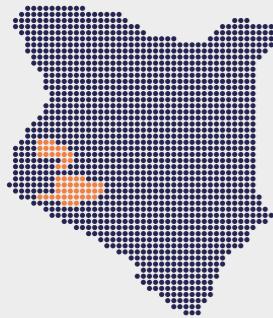
At the county level, the department works with County Health Promotion officers and Community Health Strategy focal persons in localizing national health communication campaigns and advocating for more resource allocation for health promotion activities by county health executives.

Outreach works with County Health Strategy and Health Promotion departments in capacitating Community Health Workers and youth groups to cascade localized health communications at the community level through interpersonal engagements.

RESULTS



Advocacy for resource allocation through technical support of PS Kenya, 14 counties (Nairobi, Mombasa, Kilifi, Kisumu, Kakamega, Uasin Gishu, Nakuru, Bungoma, Kwale, Homabay, Migori, Kiambu, Nyeri) increased resource allocation towards strengthening health promotion.



County Health Promotion Center of Excellence (CoEs)- supported Kisumu and Kakamega to operationalize CoEs in order to anchor health promotion at the county and to provide infrastructures to facilitate easier access of health promotion materials.



Social Behaviour Change Communication - Through Human Centered Design processes, the department supported 19 (Mombasa, Kwale, Kilifi, Tana River, Garissa, Wajir, Mandera, Marsabit, Turkana, Baringo, Elgeyo Marakwet, W. Pokot, Homa Bay, Migori, Narok and Kajiado) counties to develop Social and Behavior Change for Family Planning.



Reach - The program engaged 384 CHVs to reach 217,000 women of reproductive age with integrated health messages (reproductive health, Safe Motherhood and NHIF), where 17,043 were youths aged under 19. 20,007 men were also engaged on need to support women to seek essential health service and products.



Family Planning - Conducted 713 outreaches that yielded 37,575 LARCs, where 7,058 were youths aged under 19. 8,456 women were also screened for cervical cancer lesions and 407 were treated using Cryotherapy machine as a result PS Kenya CHV referrals.



Safe Motherhood - 7,999 pregnant women delivered in the hospital through referral efforts of PS Kenya linked CHVs.

HOW PS KENYA MEASURES IMPACT

PS Kenya estimates its health impact using the Disability-Adjusted Life Year (DALY), a metric developed by the World Bank and the World Health Organization to determine disease burden. One DALY equals one year of healthy life lost due to illness or death.

To calculate DALYs, PS Kenya incorporates a wide range of factors including disease prevalence information and information on the effectiveness of health products at preventing or treating diseases. Disease prevalence changes from year to year, so PS Kenya updates its models annually to take into account the latest on the global burden of disease as well as the latest research data on the efficacy of interventions.

These updates enable PS Kenya to continually report more accurate health impact estimates. More importantly, they help PS Kenya to refine its strategy, ensuring that programs are targeted, economical and effective.

PARTNERSHIPS AND COLLABORATIONS

- Government of Kenya
- United States Agency for International Development (USAID)
- The Department for International Development (DFID)
- The Children's Investment Fund Foundation (CIFF)
- Bill & Melinda Gates Foundation
- The United Nations International Children's Emergency Fund (UNICEF)
- The Global Fund
- Maverick Collective
- Population Services International (PSI)



KENYA GOVERNMENT PARTNERS

- Division of Reproductive and Maternal Health – (DRMH)
- Division of Community Health – (DCH)
- Division of National Tuberculosis, Leprosy & Lung Diseases Program
- National AIDS Control Council
- National AIDS & STI Control Programme
- Division Of National Malaria Program
- Neonatal, Child and Adolescent Health Unit (NCAHU)
- Health Promotion Unit
- Division of Nutrition and Dietetics
- Division of Non Communicable Diseases

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