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ANNUAL REPORT

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PS Kenya 2018 Annual Report

Compiled and edited by Joyous A.L. Begisen

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Disclaimer: The 2018 Annual Report covers essentially the period from 1st January 2018 to 31st December 2018. All necessary efforts have been taken to make sure that the information contained in this publication is correct and not misleading. However, the possibility of errors or unintentional omissions cannot be excluded. Any use of information, in full or in part, should be accompanied by an acknowledgement of PS Kenya as the source.

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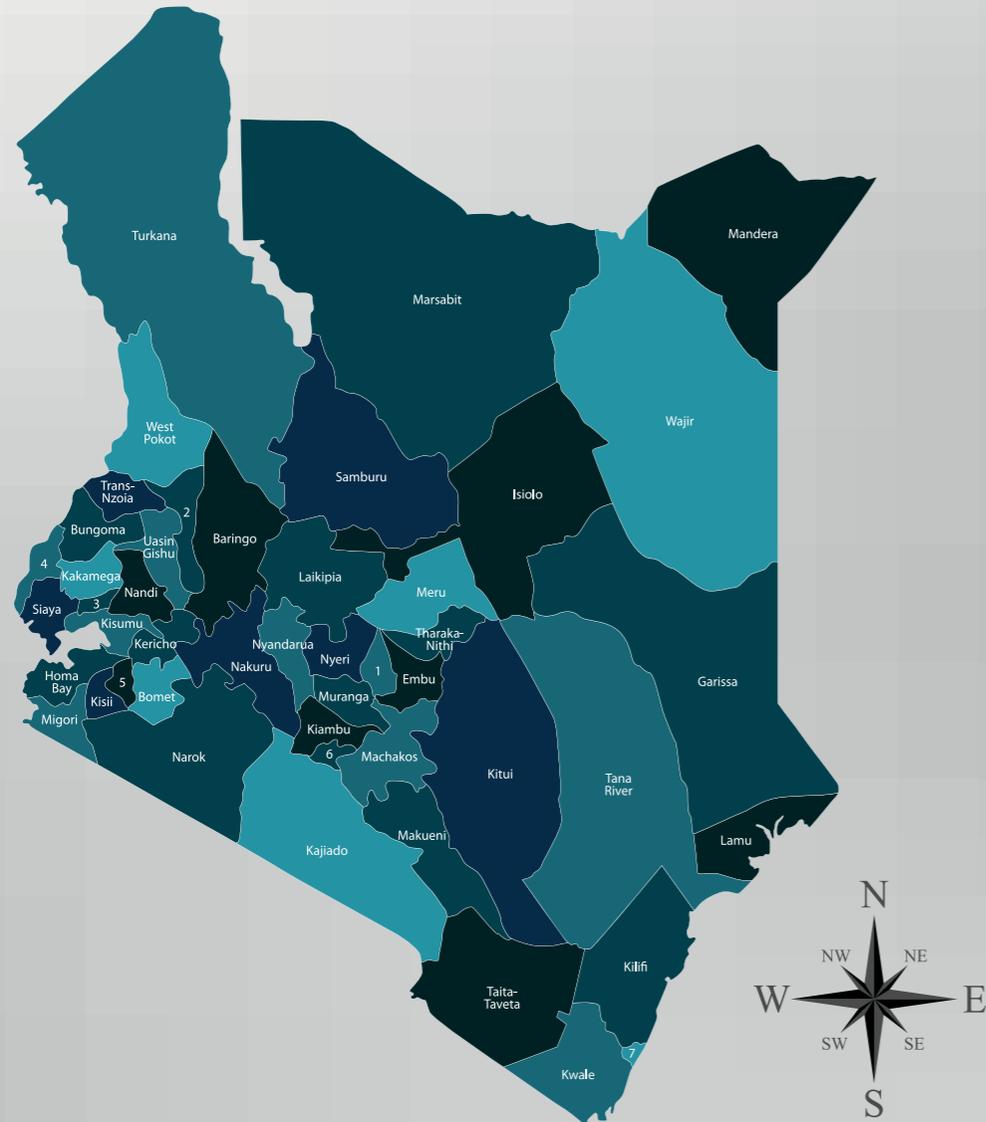
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POPULATION SERVICES KENYA (PS Kenya) is the leading Social and Behaviour Change, Social Marketing and Social Franchising organization in Kenya. PS Kenya has 30 years' experience of measurably improving the health of Kenyans by supporting the Ministry of Health (MoH) to address public health priorities 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 encourages healthy behaviours by putting into consideration human behavioural dynamics.

Our focus is to serve Sara, the Hero of our story. She is at the centre of our strategic plan: her disease burden, family planning needs, health-seeking behaviour and required solutions to survive and thrive. In following Sara's health-seeking needs, we have learned that viewing health areas as isolated silos ignores the fact that Sara and her family have cross-cutting needs in multiple health areas, from family planning to HIV to health threats affecting her children. Sara predominantly seeks health solutions from private providers who can address many different needs in one convenient location. This presents a vast opportunity for PS Kenya to expand and improve the quality of information and services Sara accesses from private sector providers.

PS KENYA'S FOOTPRINT AROUND THE COUNTRY



LIST OF COUNTIES

- Migori
- Kisumu
- Kakamega
- Kilifi
- Homa Bay
- Busia
- Nairobi
- Siaya
- Mombasa
- Nakuru
- Turkana
- Vihiga
- Kitui
- Baringo
- Bungoma
- Samburu
- Uasin Gishu
- Narok
- Kwale
- Machakos
- Muranga
- Kiambu
- Kisii
- Makueni
- Nyamira
- Bomet
- Lamu
- Taita
- Elgeyo Marakwet
- Embu
- Isiolo
- Kajiado
- Kericho
- Kirinyaga
- Laikipia
- Meru
- Nandi
- Nyandarua
- Nyeri
- Tana River
- Tharaka Nithi
- Trans Nzoia
- West Pokot

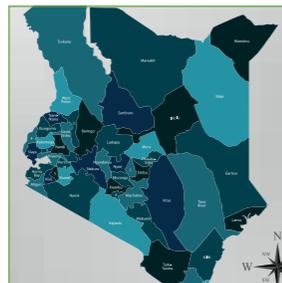
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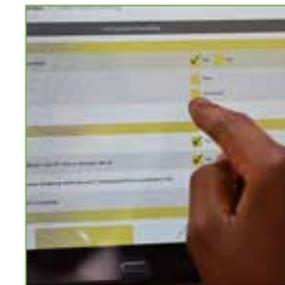
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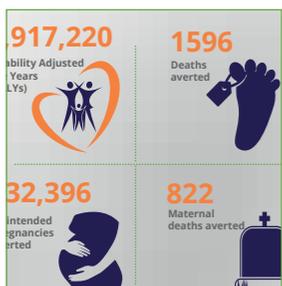
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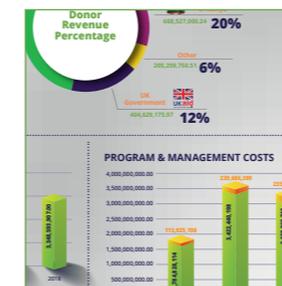
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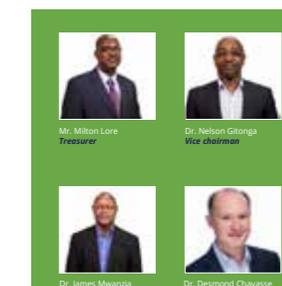
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MESSAGE FROM THE BOARD CHAIR



We are midway through our five-year Strategic Plan. In 2018, I was privileged to chair the mid-term review meeting with management and fellow board members and I am pleased to say that we are on course to achieving our strategic plan goals for 2020.

Notably, PS Kenya superseded projected targets in delivering health impact in 2018. Against a target of 1,847,212, PS Kenya was able to deliver 1,917,216 Disability-Adjusted Life Years (DALYs), and 1,045,860 Couple Years of Protection (CYPs) against a target of 1,001,954.

Our success this fiscal year was driven by our focus on the three pillars of the strategy: Reorienting programs to increase health impact; enhancing the PS Kenya brand; and financial sustainability, which are geared towards ensuring that by 2020 PS Kenya will be the leader in strengthening health markets, empowering Kenyans to make healthy choices.

At the beginning of the year, following the transition of the previous CEO, Joyce Wanderi-Maina was appointed as the new CEO of PS Kenya through a competitive process. Joyce having previously served as the Chief Operational Officer (COO) and having been with PS Kenya and PSI for accumulative 12 years brings in her wealth of experience in the developing world to lead the PS Kenya family in the attainment of our strategic plan. At the same time, Dr. Anne Musuva - Njoroge took up the mantle of the COO. Dr. Anne has served in various roles at PS Kenya including Deputy Chief of Party,

Health Communication and Marketing Program and Director of the Malaria and Child Health. The two appointments speak volumes of PS Kenya's culture and how we value and appreciate our own talent. I wish Joyce and her team the best.

PS Kenya is committed to strengthening partnership with all our stakeholders. In 2018 we conducted a stakeholder survey to elicit feedback on how PS Kenya can better support the Government vision in Health. The valuable insights from the survey have enabled us to realign our programmes towards supporting the Government initiative.

We continue to pride in our governance structures that guide and shape the future we envision. Particularly, we commend the three board committees; Strategy, Governance, and Audit, that have done exemplarily well in offering support to the management team. We are also proud of the dedicated team of people across the country working hard every day to deliver on our mandate. I reiterate, our people are the driving force behind our achievements. Thank you to each one of you for your energy and for your contribution to the PS Kenya vision and dream.

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. On our part, the board has strengthened its governance and fiscal oversight role and we remain committed and dedicated to serving PS Kenya and the people of Kenya.

We hope that our 2018 achievements inspire you to gain renewed confidence in PS Kenya leadership; and our courage, which propels us every day to enter uncharted waters and disrupt the norm where necessary, to implement innovative programs that serve Sara, the Hero of our story.

Our focus is to serve Sara, the Hero of our story. She is at the centre of our strategic plan: her disease burden, her Family Planning needs, and her health seeking behaviour and required solutions, to survive and thrive.

MESSAGE FROM THE CEO



I am pleased to share with you the PS Kenya 2018 Annual Report, taking stock of and highlighting our achievements in 2018.

PS Kenya aligns 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. Already, we have made significant progress on this roadmap, 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.

We are on track in evolving our programs towards holistic market approaches that are dynamic and adapt to environment changes. In 2018, we were able to increase our program scope with two new interventions including: HIV Self Testing and increasing Family Planning access through Community Health Agents. These projects are trailblazers and designed to influence policy for better health outcomes for Kenyans.

As thought leaders in Social Behaviour Change, we conceptualised the first Africa Social Behaviour Change conference to be hosted by PS Kenya in 2019, an African chapter designed to address the uniqueness of the African continent with culture at the core of it. On our commitment to design and implement impactful and measurable social behaviour change interventions, we were able to customise & institutionalise a new Social Behaviour Change Approach dubbed 3D (Diagnose, Design, and Deliver). Through this approach, we developed four SBC strategies (HIV, Reproductive Health, Malaria & Nutrition).

2018, also saw our Tunza Franchise celebrate 10 years of quality service delivery; through which we continue to contribute towards

UHC by strengthening service provision in the private sector, hence increasing access points for quality care. In 2018, we were able to facilitate empanelment of about 50% of Tunza providers to the National Hospital Insurance Fund (NHIF) meaning that our clients have the opportunity to be a part of the 6.9 million population estimate covered by the NHIF social insurance scheme.

In the spirit of the Sustainable Development Goals, specifically goal 17, 'Partnership for the Goals', PS Kenya is cognizant of the need to enhance county engagement by partnering with the Government of Kenya on key areas of devolution implementation, aligned to the organization strategy. At the end of 2018, we had identified 10 key counties for strategic partnerships and commenced exploring areas of strengthened partnership as we continue to position PS Kenya as a key partner in priority counties by 2020.

PS Kenya is driven by health impact. Innovative technologies and effective data management and use, are at the centre of our work. In 2018, we harnessed several technologies to improve service delivery, manage data and to measure impact of our work.

Finally, at PS Kenya we value our staff and we do our best to ensure that we are retaining talent in the organization. The aggregate staff satisfaction for PS Kenya increased to 84%. This speaks volumes about the Employee Value Proposition that we offer to our staff.

PS Kenya continues to work towards building sustainable health systems that can meet the ever changing needs of the people we serve. Our footprint across Kenya allows us to innovate to solve the toughest health challenges facing Sara. In this report, we share progress made towards stronger health systems that are more effective, efficient and equitable in ensuring that no one is left behind; and, acknowledge support from the Government of Kenya, our development partners, civil society, private sector and implementing partners that play a key role in empowering Kenyans to make healthy choices.

“For the youth, the arts are a central part of their lives. They model their behaviour around actors and musicians who they deem to have this exclusive lifestyle that they aspire to live. Therefore, the Kenya National Drama Festival provides a platform where the youth can learn how to make positive health choices that will ensure they pursue their goals and achieve their dreams. That is the message we share at the festival through our kukachora (make a plan) platform.”

PS Kenya CEO

Joyce Wanderi - Maina

PS KENYA 2018 HEALTH IMPACT

1,917,220

Disability Adjusted Life Years (DALYs)



1596

Deaths averted



1,045,869

Couple Years of Protection (CYPs) provided



232,396

Unintended pregnancies averted



822

Maternal deaths averted



33,099

HIV infections averted



53,975,194

Condoms distributed



212,997

HIV Testing Services (HTS) provided through the social franchise



2,332,163

Long Lasting Insecticidal Nets distributed



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 Behavior 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 affordable, reliable and high-quality health services can be accessed.



Medical Detailing

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

HIV AND TUBERCULOSIS

PS KENYA'S HIV and TB program uses an evidence-based approach to increase access to affordable, sustainable and high-quality HIV and TB services in the private sector across five strategic areas:

- 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 with HIV (PLHIV) and their contacts.

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.



“ There is a shop near the beach written ‘Mwanaume kamili hujua status yake ya HIV’ (A true man knows his HIV status). Seeing this message every day made me go to clinic to get tested. Knowing my HIV status has given me confidence and I encourage other men to get tested in order to protect themselves and their families.

Joel Odera

Kisumu County



37 hubs were established across Kenya to increase viral load coverage. Each hub supports at least 10 spokes/facilities. This increases with larger hubs, such as the Meru Training and Referral Hospital that currently supports 37 facilities and the Kitale District Hospital that supports 45.



Turnaround time (TAT) of samples received at the hubs from the spokes was enhanced. PS Kenya developed a system that allowed for the remote login of samples received at the hubs from the spokes. This reduced data entry errors and the turnaround time (TAT) for clients to receive their results. TAT is now down to an average of six days across the 37 hubs.



SMS system USSD code 20027 launched to allow clinicians to access a patient's viral load results instantly. This provides better service delivery, as the client does not have to wait for the hard-copy results in transit or in areas with internet connectivity issues. This is in addition to the option of accessing results through the website www.nascop.org.



1,247

Children and adults enrolled into ART treatment in 116 care and treatment facilities supported by PS Kenya.



282,235
HIV tests conducted.



7,616

Children and adults currently getting ART at our franchise partners (Tunza, Goldstar and Huduma Poa).

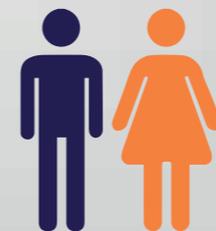


47,506

INSTI and OraQuick kits distributed as at December 2018. PS Kenya is the lead agency for the two-year HIV self-testing kit pilot project in Kenya. The project is aimed at developing a private sector market for HIV self-test kits and increasing adolescent access to and uptake of self-testing through this channel.



Rolled out PrEP through select private sector facilities and supported demand creation in targeted clusters: The Lake Region (Kisumu, Kisii and Migori), Nairobi (including parts of Machakos and Kiambu) and the Coast (including parts of Kilifi).



38,000

More than 38,000 young men and women trained on correct and consistent condom use.



Association of Practitioners in Advertising (APA) Loeries award received for the 'Pinch, Place and Roll' campaign on proper condom use.



26,000

Over 26,000 men and women in Turkana reached with mobile day and night screenings of our edutainment drama Heroic Cut, which highlighted the benefits of Voluntary Medical Male Circumcision (VMMC) and about 13,700 reached on VMMC through road shows, sport and talent sponsorships and a further 54,000 through a door-to-door sensitisation campaign.



40,000

Over 40,000 people reached with Social and Behavioural Change Communication through road shows and more than 78,400 engaged for HIV Testing Services through road shows and events with testing on site.



Marketing Society of Kenya (MSK) Awards, 1st runner up-Best Digital Campaign for HIV self-testing kits communication.



More than 250,000 Government of Kenya condoms distributed during activations by PS Kenya.

“ I have seen mothers lose their children to Malaria. The advice I receive at the antenatal clinic has made me more aware of how to protect myself and my unborn child. This net is my first step to ensuring that we are safe from Malaria.

Irene Auma

Siaya County

MALARIA AND CHILD HEALTH

APPROXIMATELY HALF OF the world's population is at risk of Malaria. In Kenya, 52 out of every 1000 children born do not live to the age of five years (KDHS 2014) with Malaria placing more than 70% of the population at risk. Malaria transmission and infection risk in Kenya is determined largely by altitude, rainfall patterns and temperature. Therefore, Malaria prevalence varies considerably by season and across geographic regions. The national Malaria prevalence rate stands at 8% (KMIS 2015), with an estimated 70% of Kenyans being at risk of Malaria.

Population Services Kenya through the Health Communication and Marketing program (HCM), supported by the United States Agency for International Development/President's Malaria Initiative (USAID/PMI), assisted the Government of Kenya, through the National Malaria Control Program (NMCP), to implement the objectives of the Kenya Malaria Strategy 2009-2018 (Revised 2014). Key strategies included provision of long-lasting insecticidal nets through MCH clinics and mass distribution and implementation of community SBCC activities.

In Child Survival, PS Kenya through HCM is supporting the Ministry of Health in increasing immunization coverage in Homa Bay County. This is informed by the findings of a household survey done in Homa Bay County in 2016 by IPSOS Synovate and PS Kenya that indicated knowledge as the biggest barrier to completion of the immunization schedule. According to the World Health Organization, a child is considered fully immunized when they have received one BCG, three doses of Pentavalent vaccine, three doses of polio and one measles vaccine in their first year of life. Kenya aims to reach 90% national immunization coverage and 80% in each county.

Lastly, under the Malaria and Child Health Program, PS Kenya ran **Weekly Iron and Folic acid Supplementation (WIFS)** targeting adolescents (10-19 year olds) through nutrition education and a weekly Iron supplement to both in and out of school girls, to promote anaemia prevention. In Kenya, the anaemia prevalence among adolescents (10-14 years) is 16.6 % (KMIS 2015) and 22 % among Women of Reproductive Age (KNMS 2011).

MALARIA AND CHILD HEALTH 2018 RESULTS



2,332,163

Mosquito nets were distributed in over 4500 health facilities. PS Kenya distributes LLINs routinely targeting pregnant women and children less than 1 year in 4500 public health facilities across 36 counties in Kenya.

23



Counties (malaria epidemic and endemic) evaluated on 2017/18 mass net distribution. A total sample of 4125 households were interviewed during the Post Mass Long-Lasting Insecticidal Net (PMLLIN) Survey.



Kenya Malaria Strategy (2019-2023) the malaria program through HCM supported the Malaria Program Review (MPR) process through technical input and development of the new Kenya Malaria Strategy (2019-2023) to be launched in 2019.

MALARIA SHUJAA

'Malaria Shujaa' Campaign was developed to address key malaria behaviours on net use, malaria prevention in pregnancy and prompt care seeking for malaria. Through interpersonal communication, the campaign reached 145,330 households. Another 207,859 individuals were reached through small group communication sessions while 1,621,880 caregivers were reached through radio messages.



509,958

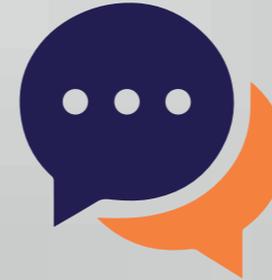
Sponsored SMS calls reached 83,400 caregivers (74% females and 26% males) in 15 counties across the malaria-endemic regions.



301 Community Health Volunteers (CHVs) trained to increase their knowledge of immunization and the importance of completing the KEPI schedule among the caregivers. This was done using the immunization CHV training developed in collaboration with Homa Bay County and partners.



A Technical Working Group was formed and is supported to review immunization progress in the sub-counties.



The communication subcommittee under the County Technical Working Group developed vernacular messages to better reach the target audience.



37,882

Households reached with immunization messages through community interpersonal communication while 2461 defaulters were reached and referred for immunization in link facilities.



Radio messages were aired to support the interpersonal communication reaching 78% of caregivers of children under 2 years who tuned in to Radio *Ramogi* and Radio *Nam Lolwe*.



Improving Nutritional Status of Adolescents through Nutrition Education & Weekly Iron & Folic Acid Supplementation



Prevalence of anaemia among school going children 5 - 15 Years

25.4%
*WHO



Prevalence of anemia among non-pregnant WRA 15 - 49 Years

20%
*WHO



Prevalence of Anaemia among WRA 15 - 49 Years

22%
KNMS 2010



Early Child Bearing Age by 18 years

25%
KDHS 2014



Busia

66,260 Adolescent reached with Nutrition Education. 52,245 Adolescent girls have consumed WIFS

Nakuru

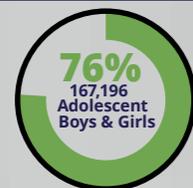
47,657 Adolescent reached with Nutrition Education. 35,044 Adolescent girls have consumed WIFS

Kitui

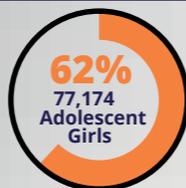
42,450 Adolescent reached with Nutrition Education. 33,375 Adolescent girls have consumed WIFS

Overall progress

Overall progress of adolescents reached with Nutrition Education Target: 221,374



In School Adolescent Girls consuming Recommended Dose (4 Supplements per Month) Target: 125,334



In School & Out of School adolescent girls consuming any WIFS Target: 221,374



Iron deficiency is the main cause of disability among adolescent girls. In Kenya, Anaemia prevalence among adolescents 10-14 and 15-19 years is 16% and 22% respectively. For adolescent girls, there are consequences for academic potential & productivity at home & in the community. The Weekly Iron Folic Acid Supplementation Project (WIFS) aims to reduce Anaemia rates through optimizing cost effective delivery of an integrated package of nutrition education and Weekly Iron Folic Acid Supplementation



PS Kenya employs cutting edge health interventions to address unmet reproductive health needs and disparities across the country to give women and families at large; power to decide when they would want to have children, how many and how much time in between one child and another. The overall goal of our Reproductive Health/Family Planning program is to contribute to the increase of modern Contraceptive Prevalence Rate in Kenya.

REPRODUCTIVE HEALTH/FAMILY PLANNING

INVESTING IN FAMILY planning is fundamental to achieving Kenya's health and development goals. When women in developing nations have the ability (access and right to contraception) to space out their pregnancies by at least three years, their babies are twice as likely to reach their first birthday.

There is also evidence of the anti-poverty effects of family planning. For example, women who space out their pregnancies are more likely to advance their education and earn an income to support their families.

PS Kenya employs cutting edge health interventions to address unmet reproductive health needs and disparities across the country to give women and families at large; power to decide when they would want to have children, how many and how much time in between one child and another. The overall goal of our Reproductive Health/Family Planning program is to contribute to the increase of modern Contraceptive Prevalence Rate in Kenya

National indicators show some progress towards achieving the national targets by the year 2020. However, there still exists high disparities on these indicators with some counties having a very low modern contraceptive prevalence rate and a high unmet need for contraception.

The objectives of PS Kenya's Reproductive Health/Family Planning program include:

- Improve the adoption and maintenance of healthy behaviours related to family planning and maternal health through social behaviour change communication;
- Increase access to and demand for high-quality health products and services;
- Strengthen ownership and stewardship of reproductive health initiatives at both at national and county levels; and
- Support Reproductive Maternal Health Services Unit (RMHSU) at the Ministry of Health to gather evidence and stakeholder support to advocate for the gradual reduction of free supply of family planning commodities to the private sector, while engaging and supporting private sector players to play a bigger role.

PS Kenya reproductive health/family planning target audience

- Sexually active unmarried youth aged 15-24 years.
- Married couples aged 18 – 49 years.

REPRODUCTIVE HEALTH/FAMILY PLANNING 2018 RESULTS



2018 Kenya National Drama Festival: In partnership with the Ministry of Education Science and Technology (MoEST), PS Kenya used theatre, a key behaviour change channel, to influence the attitudes and behaviour of young people around sexual and reproductive health through targeted co-created content.



Kitu ni Kukachora themed items presented from the zonal to the national level. Kitu Ni Kukachora which basically means “Make a Plan” is a platform co-created with the young people in Kenya; for the young people in 2015. It represents a platform that seeks to holistically address the core pillars of youth culture including Health, Education, Social Issues, Leadership & Governance and Economic Empowerment.



53,000

Students reached with Kitu ni Kukachora themed items presented during the Regional Drama Festival competitions.



200

Adjudicators trained on adjudicating items with Kitu ni Kukachora and SRH messages.

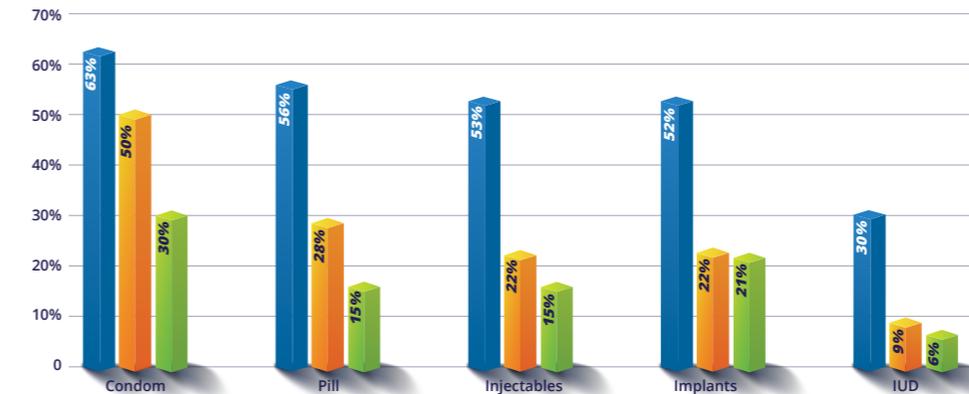
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Counties (Kilifi, Nakuru, Baringo and Nairobi) ran ‘The Choice is Mine’ radio campaign to assess the effect of radio campaigns on general behavioural change among married couples (aged 18 – 49 years) including in uptake of family planning services and clinic visits to Tunza clinics and other public/private clinics.



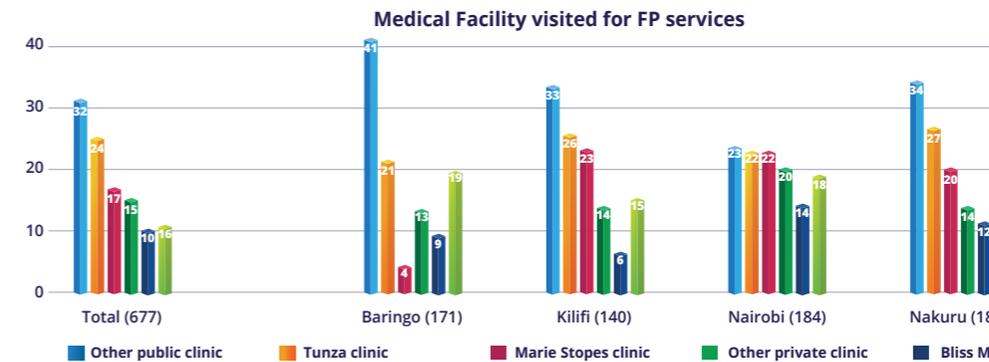
Over 500 Teachers sensitized on supporting students to develop Sexual and Reproductive Health [SRH] themed items.

Multi-dimensional approaches have been employed to promote the use and uptake of contraception. In Kenya, mass media campaigns have been used for sensitization, especially among women of reproductive age and their spouses on the different FP methods as well benefits of contraception.



Awareness & Usage - Family Planning Methods
All family planning methods are known by the majority except for IUD. There is an outstanding lead in awareness and usage for condoms meaning it is the prevalent family planning method.

■ Awareness (677)
■ Currently using (518)
■ Ever used (672)



Call to action - By region

Across the regions, public clinics were the most visited all through except for Nairobi where they were visited in almost equal levels with Tunza clinics and Marie Stopes clinics

SPECIAL

FEATURE

PS KENYA COMMERCIAL

THE SOCIAL MARKETING arm of PS Kenya is on a mission to successfully leverage private sector infrastructure to deliver a sustainable business for the organization. Through the utilization and pooling of resources, PS Kenya is able to drive access to vital health products for Sara; the consumer, including Trust condoms, family planning products (Femiplan pills and Injections), new oral contraceptives (Femigirl and Femipill), the Supanet long-lasting insecticidal net (LLIN) and the Waterguard water treatment solution.

The Trust condoms brand has maintained lead market share for over 30 years and continues to remain relevant while increasing volume and value sales. This is still only the beginning for the brand, with the launch of a new campaign and new packaging.

In the 2018 Annual Report, PS Kenya's commercial department shares with you the evolution of its number one selling health product, Trust Condoms.

THE EVOLUTION OF TRUST CLASSIC CONDOMS

Trust Condoms social marketing was initiated with funding from USAID in 1993 with DFID coming in in 2001.

This was largely informed by three insights: Condoms were not readily available or accessible in the early 90s, pharmacies were the only retail outlets selling condoms and were usually very

expensive and minimum quantities of free condoms were available at the time and mostly in clinics.

The key intention of the introduction of Trust was to increase accessibility in rural and urban outlets by getting more retail outlets to sell a package of three Trust condoms at KES 10 (getting condoms to non-traditional outlets).

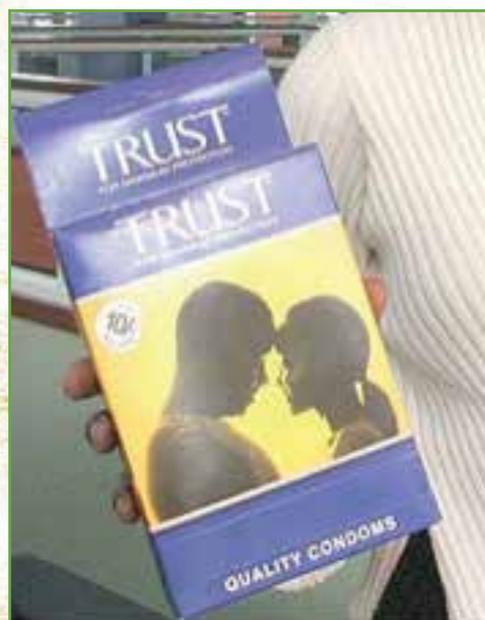
The pricing was informed by a study that was conducted which determined the price or willingness of consumers to pay without price remaining a barrier to use.

The marketing campaign dubbed 'Let's talk' was launched to support the brand and was focused on: Reduction of HIV and STIs; Prevention of pregnancy and minimizing embarrassment associated with condom purchase. This campaign was the first of its kind to open up discussions around condoms which was quite a controversial subject at the time.

In 1998, the brand continued to leverage on the ground gained by the **'Let's talk' campaign** and launched the **'Sema Nami' ('Talk to me') campaign**. This campaign drove the discussion of condoms to address barriers to use at the community level and was aimed at also communicating expanded availability of the condoms at retail level.

An additional brand push was included to drive loyalty by showcasing Trust brand as a must-have brand, the cool brand - **'Maisha iko sawa na Trust' (Life is great with Trust condoms)**.

In 1999, HIV was declared a national disaster in Kenya, giving condom social marketing the push it needed to move to the next level.



PRE-MILLENNIAL RESULTS

- Increased awareness of retail outlets as a source of condoms.
- Increased brand awareness – broke the ice on condom discussion. 68% of men and 48% of women had heard of Trust condoms.
- Overall 53% of men & 24% of women were willing to pay for condoms (KDHS, 1998).

POST MILLENNIAL GROWTH

After almost a decade of Condom Social Marketing (CSM), most of the target group at risk of HIV could still only pay KES 10 for condoms but the condoms were more readily available in kiosks, dukas and high-risk outlets due to the increased distribution.

Condom use was increasing but it still was not consistent. Incidence showed that the prevalence was high among 15 – 24 year olds. Therefore, communication had to shift to specifically target that group.

A key change was also realized with more support from the community and key instrumental people on condom communication. Communities became more receptive to messaging and interventions while the government and additional donors began seeking avenues to support HIV/AIDS programs.

A further study was conducted in 2001 to be able to identify any additional gaps that the initial campaigns were not addressing. The key gaps that came up included: Low-risk perceptions; myths and misconceptions (e.g. they have holes) and embarrassment to purchase and to stock condoms.

(Knowledge, Attitude and Practice study-KAP, 2001)

This new evidence would form the base of the new campaigns to be developed from 2001 to 2003. The popular train station advertisement was developed to address the misconception that condoms have holes.

Behaviour change communication was weaved into the brand communication to effectively address the key findings that arose from the 2001 study. **'Ukifreak bila sox, no diggity umetrip' campaign** (It would be a huge mistake if one has sex without a condom), was amongst the first singularly SBC campaigns that was aimed at addressing low-risk perception. The key messaging was around not being able to tell who is infected with the HIV virus just by looking at them and so it was imperative to always use a condom.

Heavy brand push activities were being executed concurrently with the placement of visibility items in-trade and continued listing and sales of the Trust brand.

POST-MILLENNIAL RESULTS

- Knowledge of condoms increased: 61% women and 72% men.
- Condom use - 35% to 37% with a regular, non-cohabiting partner (both men & women combined).
- Condom efficacy – from 50% to 77% (both men & women combined).
- Trusted partner as a reason for non-condom use with a regular non-cohabiting partner decreased from 50% to 48% (both men & women combined).
- Trusted partner as a reason for non-condom use with casual partner decreased from 21% to 13% (both men & women combined).

Trade – availability of condoms in retail increased from 28% to 30% in urban and 17% to 20% in rural areas. In wholesale outlets, availability shot from 24% to 40% in urban and 13% to 37% in rural areas. Brand appealed to youth - 45% said that Trust is “a brand for them, fits with their lifestyle and is of high quality/my partner would approve”

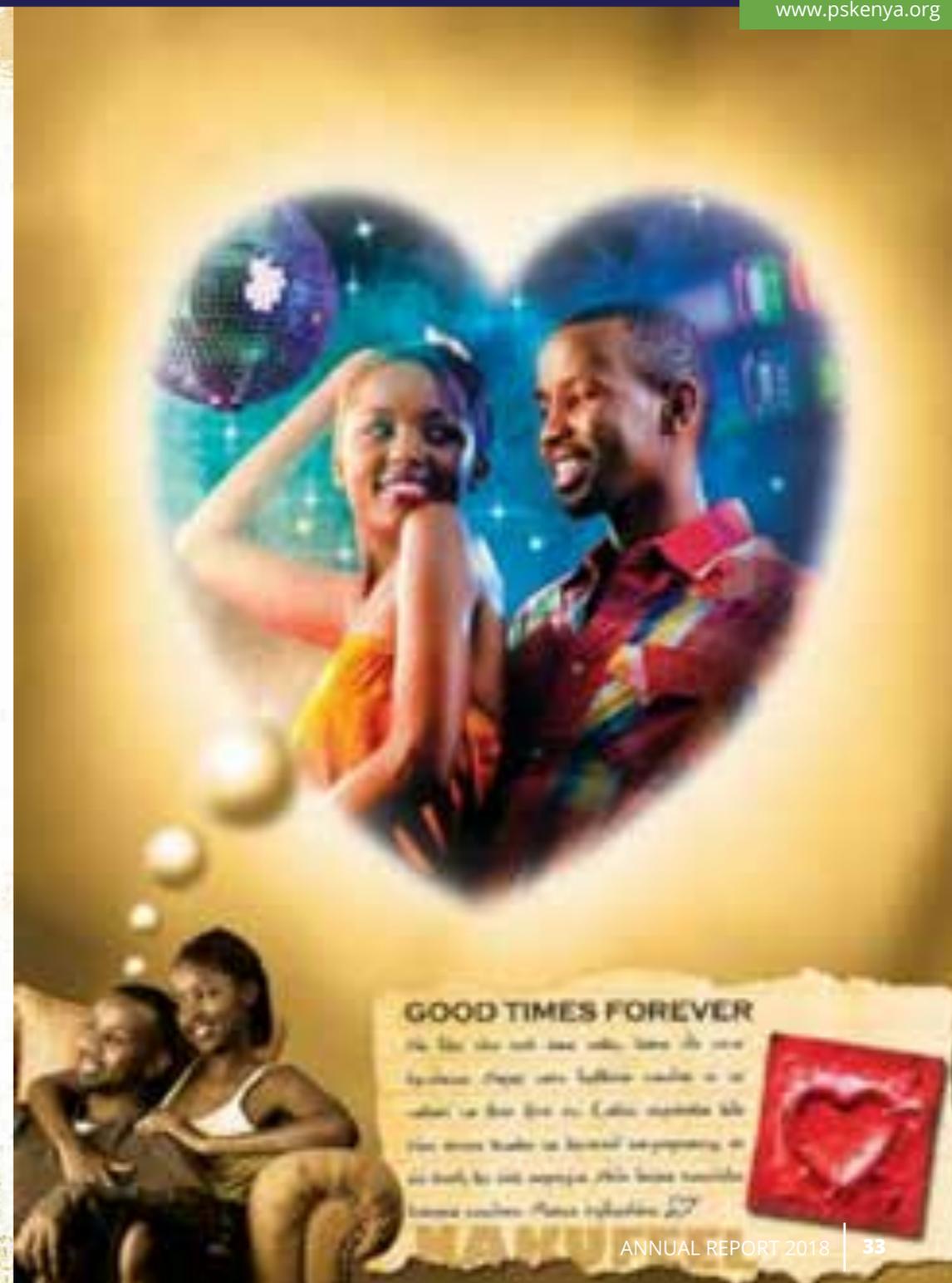
(PSI KAP -Knowledge, Attitude and Practices Study, 2003) & KDHS 2003

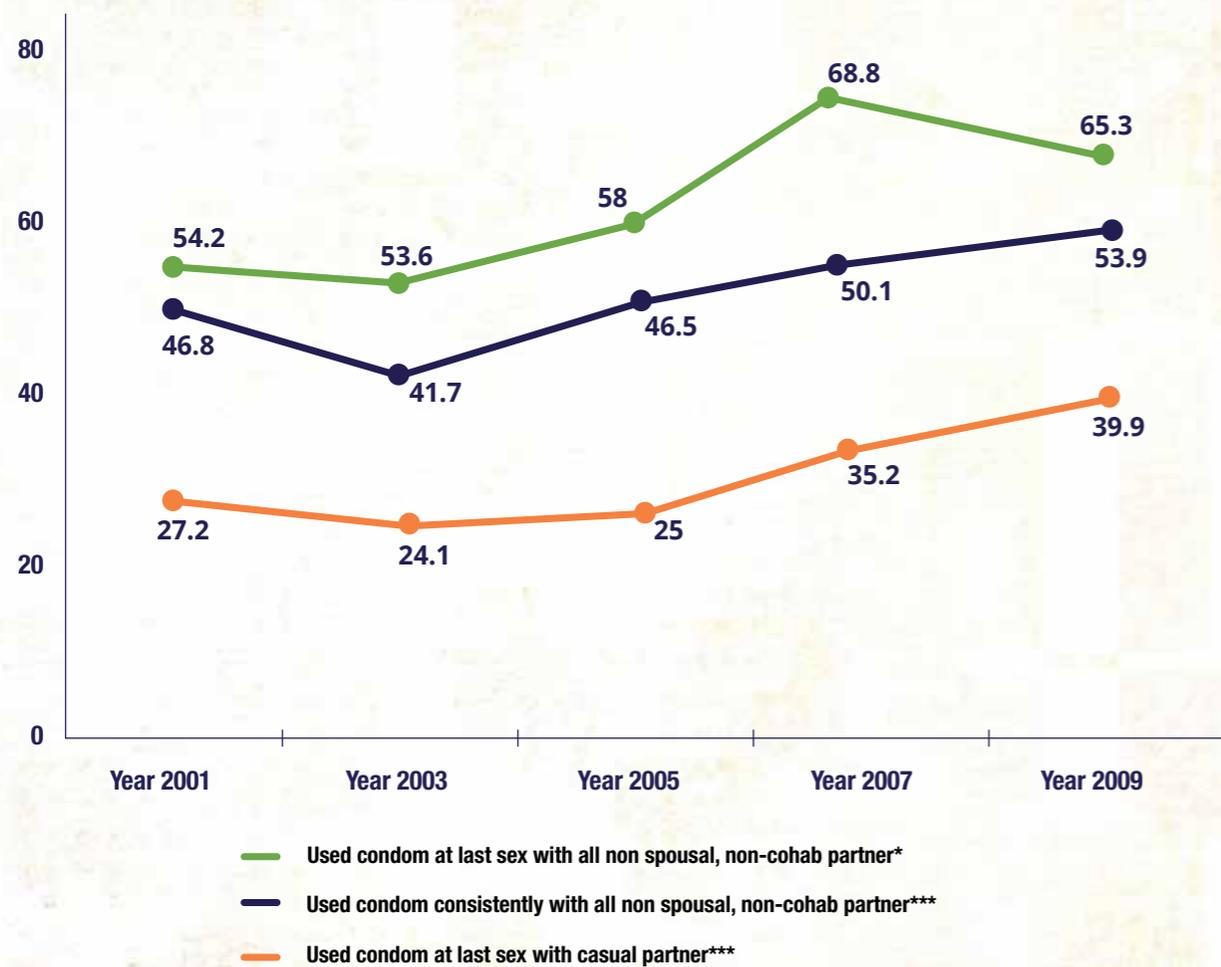
In 2004, it was clear that the brand still needed an additional push to ensure that consumers consistently carry and use Trust condoms.

The ‘**Je una yako?**’ campaign was launched driving brand endorsement by a key celebrity at the time - Nameless. This was a different execution affirming the cool image of Trust condoms and endorsed by local celebrities to help build a norm around ‘always carrying’ a condom.

In 2005, a monitoring framework was adopted that helped understand our audience better beyond their knowledge, attitude and beliefs to more individual or personal based perceptions. The new framework identified the key drivers for condom use among sexually active male youth as social norms, self-efficacy and social support.

These factors were addressed between 2006 and 2008. An integrated multi-media communication strategy was developed to address social norms, self-efficacy and social support with the hope of increasing correct and consistent condom use among sexually active males 15 – 24 years. This was executed from both a social behaviour change and brand perspective.





2010 – 2013 saw the continued support of the Trust condom brand with the launch of the **'Love bila regrets' (Love without regrets) campaign**. This campaign was a build-up from 2009 where the communication was centred on Trust condoms being a natural part of love. The campaign tied in the need for condom use and linked it to freedom in life - 'worry free'

A brand equity study was carried out in 2013 to establish the perception the brand held in consumers' minds and to measure the successes of the many campaigns rolled out in the past. This study showed that Trust condoms had the highest equity in comparison to competitor brands. The product was still meeting the needs of our consumers. However, it was clear that there was a need for a refresh to address the glaring insight in the feedback "Has been around for long"

LOVE
BILA
REGRETS



COMING OF AGE

2014 - 2016: PS Kenya shifted more focus to communication targeting the Trust condoms brand to continue to drive access and drive equity. Communication was also shifted towards an emotional rather than functional angle. Despite a storied history of championing condoms in Kenya, Trust condoms market share began to decline. After years of enjoying dominant market share, massive brand awareness and a loyal fan base, Trust condoms started to suffer stagnant sales and declining market share to new entrants. Trust condoms users were switching to more ubiquitous alternatives with massive margins that the trade quickly embraced. Users were quickly, and without much consternation, switching to alternative brands because they simply didn't hold Trust condoms in high esteem any longer – it had become the generic term to refer to condoms and consumers saw alternative brands as more

exciting and appealing. The problem was obvious – Trust condoms had rested on its laurels for years, offering discounts to the trade as the preferred way of keeping visible in retail outlets. Trust condoms had cut advertising and spending to look more cost-effective and as a result, the brand had lost the attention of the youth – the prime prospect.

Trust condoms went back to the drawing board; spoke to the youth, sought what inspired them, how they felt about condoms and what their dreams were in life. A proposed packaging refresh in 2014 was intended to turn the tides, along with a price hike to maintain cost recoverability but still, results were not as expected with a dip in sales due to among other reasons increased competition and limited communication on the changes.



The past three years have been revolutionary for PS Kenya's flagship brand – Trust condoms, with the launch of a fresh brand campaign dubbed **'Kuwa True' ('Be True to Yourself')**, to engage Johnny (the target audience) and his girlfriend, Gina.

The impact of the campaign has been felt not only in sales volume achievement and dominance of market share in the condom category but also in winning the hearts and minds of consumers, which was a key objective of the campaign. According to a 2017 Brand Equity study carried out, The 'Kuwa True' campaign scored above industry norm from an emotional resonance, novelty and relevance perspective.

Besides the evolution in communication, the brand also evolved its pricing strategy in line with the consumer's willingness to pay. What was clear was that with the positioning of the brand, consumers felt they could pay more. This continues to drive the sustainability of the brand.



Show your true colours

In 2018, PS Kenya launched the **'Form ni Gani' (What's your choice/plan?)** campaign that sought to address the knowledge gaps of variants across the Trust brand. A new Trust classic pack was also launched to further bring a fresh, new outlook on the brand and drive loyalty.



DATA TO ACTION: HARNESSING TECHNOLOGY TO IMPROVE SERVICE DELIVERY

Quality Assurance (QA) in health provision is fast becoming an important area of focus in Kenya. QA provides an opportunity for immediate mitigation of potential patient care and safety challenges. Favourable health outcomes are also known to reduce the cost of care and make healthcare more sustainable.

For PS Kenya, it is important that the quality of care provided by the Tunza franchise is consistent with national and global standards and practices. This ensures the best possible outcome for patients seeking services in the franchise.

Three years ago, quality assurance visits conducted by PS Kenya Quality Assurance Officers (QAOs) were in the form of monthly assessments and follow-up visits that were based on a pre-determined routine schedule. This approach was unresponsive to the level of support needed across the different providers and produced a low return on investment.

To address this challenge, PS Kenya adopted the Health Network Quality Improvement System in 2016. The organization is now able to make data-

driven decisions that target program resources efficiently and ensure the level of technical support is influenced by a provider's client load and current quality levels.

THE HEALTH NETWORK QUALITY IMPROVEMENT SYSTEM (HNQIS) APP

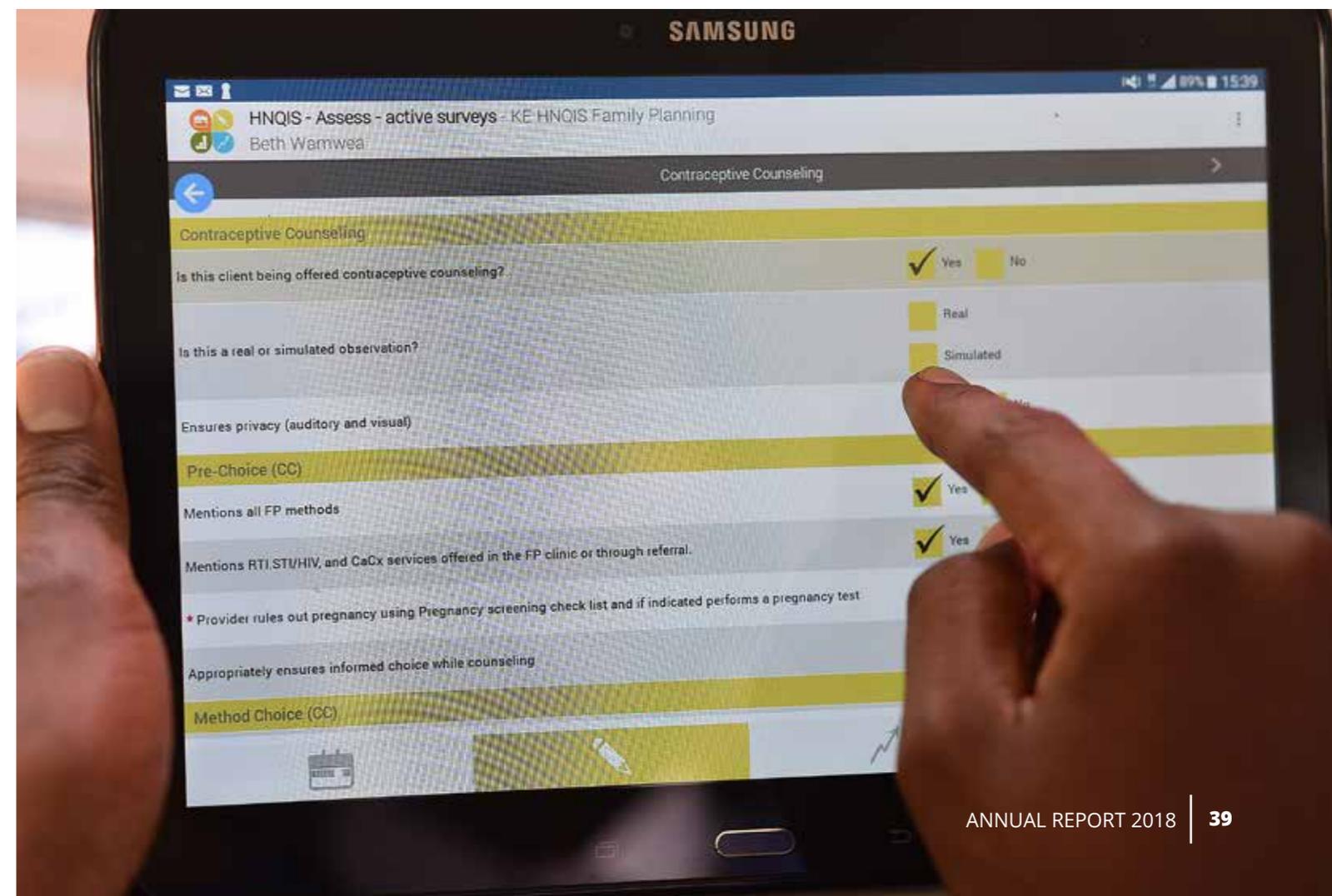
HNQIS is an Android open source app, used by QAOs as their daily management tool to assess, improve and monitor health workers' skills and knowledge on the provision of health services including family planning, HIV, tuberculosis and malaria.

HNQIS is fully functional without internet connectivity and operates off an Android application linked with the information management system, Demographic Health Information Software 2 (DHIS2), an open source technology adopted by many ministries of health across the world.

Data collected in the field via HNQIS by QAOs is transmitted in real time into DHIS2.

HOW (HNQIS) WORKS

- The electronic tablet-based system enables PS Kenya QAOs to:
- Effectively plan and schedule future assessments based on the facility's quality score and client load;
- Assess clinical procedures through case observation or simulation;
- Improve provider skills through the provision of instant and consistent structured feedback after an assessment and; and
- Monitor overall network performance using dashboards with a range of charts and tables that highlight trends.



PS Kenya uses interpersonal communication at the community to promote preventive and curative services across the health areas we work in. We engage Community Health Volunteers also known as Tunza Mobilizers for demand creation to promote uptake of health services or products from Tunza facilities, Ministry of Health facilities or a field service and product outreach.

PARTNERSHIPS AND OUTREACH

PS Kenya's Partnerships and Outreach department is a cable unit supporting the organization in

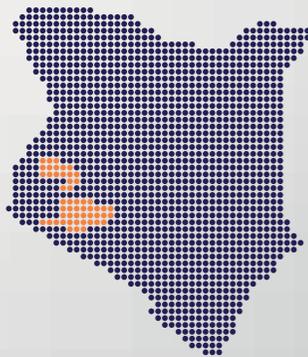


Partnerships: Establishing and strengthening relationships with County Governments to enhance visibility of PS Kenya and our programmes through strategically working with departments e.g. Community Health Services and Department of Health Promotion to support the development of national level communications as well as support capacity building of national and county health promotion staff to lead development and implementation of health communications.



Outreach: Leading in the implementation of interpersonal communication at the community, promoting preventive and curative services across all PS Kenya health areas (HIV, malaria, child health, reproductive health) targeting young men and women of reproductive health.

PARTNERSHIPS AND OUTREACH 2018 RESULTS



Two Health Promotion Centres of Excellence (CoEs) launched in Kisumu and Kakamega. The CoEs are aimed at anchoring health promotion in the county and making equipment and learning resources accessible to the public.

OVER 15

Counties increased their health promotion budgets through PS Kenya technical support geared towards making health promotion sustainable in the counties. (Laikipia, Makueni, Kakamega, Kwale, Muranga, Kajiado, Kilifi, Kwale, Kisumu, Homa Bay, Kirinyaga, Muranga, Busia, Nairobi, Nakuru, Uasin Gishu, Mombasa, Kilifi and Kisii).



Social and Behaviour Change Communication (SBCC) technical assistance. In 2018, PS Kenya supported the development of communication strategies for two United States Government (USG) funded programs: Afya Halisi that supports reproductive health, maternal and newborn interventions for adolescents and older women and Afya Timiza that supports Sexual Reproductive Health for adolescents in Samburu and Turkana.

150

Community Health Volunteers also known as Tunza Mobilizers (TMs) engaged for demand creation through Interpersonal Social Behavior Change (ISBC) activities. The TMs reached 'Sara' with integrated (family planning, cervical cancer, safe motherhood and NHIF registration) health social behaviour change messages. This was done at both household and community levels through small group and one-on-one sessions. It was in an effort to promote the uptake of health services or products from Tunza, Ministry of Health facilities or a field service and product outreach.



150,098

Women of Reproductive Age (WRA) reached with messages to take a health service or a product and 15,091 men (majorly in Coast, Rift Valley and Lake Region) to support women improving their health-seeking behaviours, especially in family planning and safe motherhood.



Afya Yetu. Bima Yetu

31234

Registrations: Men were a primary target for NHIF registration being the household providers. Out of those reached and convinced, 40% were served through community-based outreach service posts.



527

Outreaches were conducted, yielding 16,345 Long-Acting Reversible Contraceptives and over 30,000 NHIF registrations.



9502

Pregnant women referred to Antenatal Clinics (ANCs) for antenatal care services and 4260 for hospital delivery after visiting safe motherhood facilities

HOW PS KENYA MEASURES HEALTH 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.

HEALTH AREA

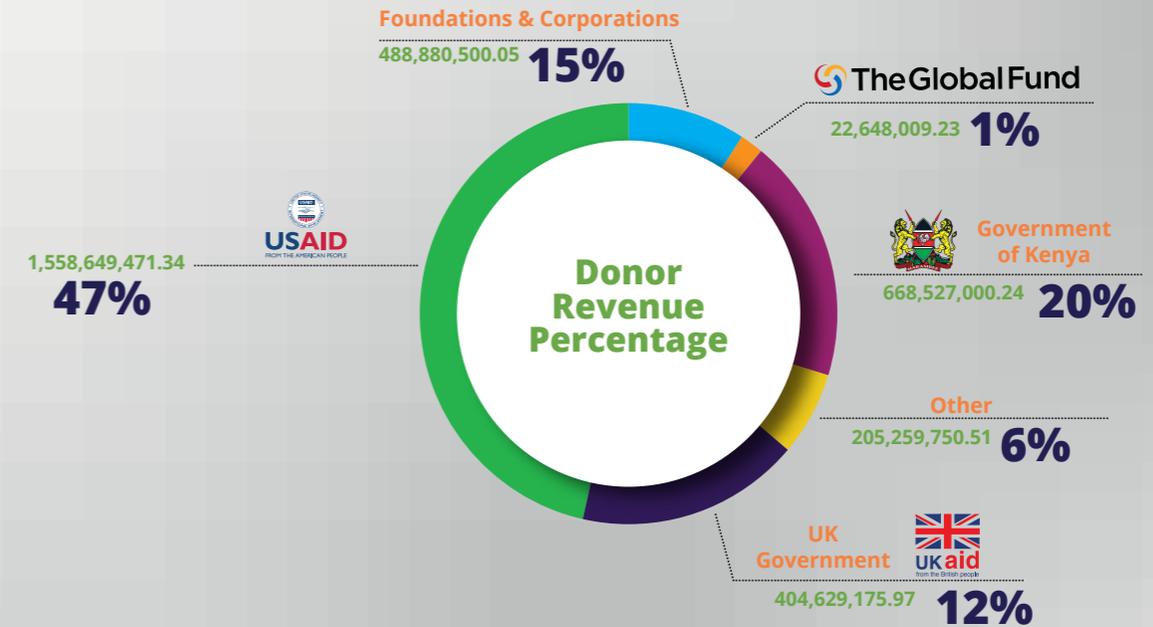
DALYS in 2018

Health Area	DALY
HIV & tuberculosis	1,437,854
Reproductive health	356,244
Malaria control	90,694
Child survival	32,424
Total	1,917,216

TOP TEN PRODUCTS & SERVICES IN 2018

Product/Service	Quantity
Condom	53,975,194
P&G Purifier of Water	27,875,040
Oral contraceptive pills	3,678,978
Long-Lasting Insecticidal Nets (LLINs)	2,332,163
Safe water solution	1,114,276
Chlorine tablets	501,290
Injectable contraceptives (3-month)	267,954
HIV Testing Services (HTS)	212,997
QAACTs provided after confirmatory diagnosis	96,981
Contraceptive Implant (5-year), insertion	50,514

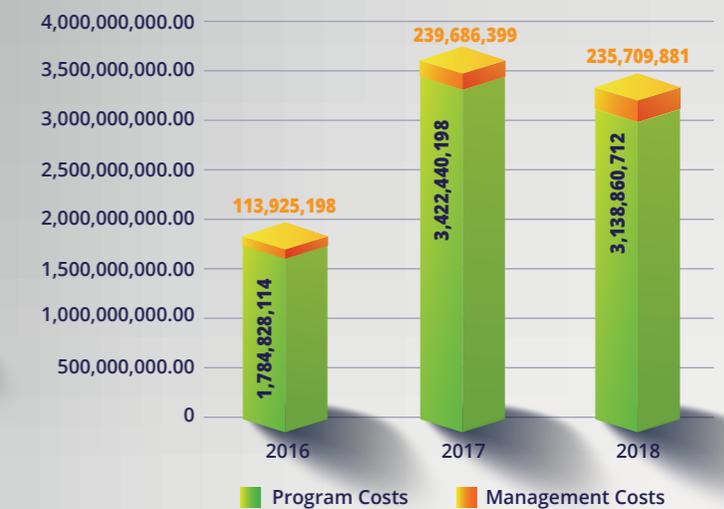
FINANCIALS



REVENUE BY YEAR



PROGRAM & MANAGEMENT COSTS



PARTNERSHIPS AND COLLABORATIONS

DONORS

- Government of Kenya
- United States Agency for International Development (USAID)
- The Department for International Development (DFID)
- African Health Markets for Equity (AHME)
- President's Emergency Plan for AIDS Relief (PEPFAR)
- The Children's Investment Fund Foundation (CIFF)
- Bill & Melinda Gates Foundation
- The United Nations International Children's Emergency Fund (UNICEF)
- The Global Fund
- Nutrition International
- Maverick Collective
- Population Services International (PSI)



BILL & MELINDA GATES foundation



KENYA GOVERNMENT PARTNERS

- National AIDS Control Council
- National AIDS & STI Control Programme
- National Malaria Control Unit
- Reproductive Health, Maternal Services Unit
- Neonatal, Child and Adolescent Health Unit (NCAHU)
- Health Promotion Unit
- Division of Nutrition
- Division of Non Communicable Diseases
- Community Health Services

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Healthy lives. Measurable results.

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