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ps Kenya

Healthy lives. Measurable results

ANNUAL REPORT 2016

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OVERVIEW

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

ABOUT SARA - THE HERO OF OUR STORY.

Our focus is to serve Sara. She is the center of our Strategic Plan.

Her disease burden, her family planning needs, her health seeking behavior and the required solutions for her to survive and thrive are all key to what we do.

We intend to follow Sara's health seeking needs. We have learned that viewing health areas in isolation, ignores the fact that Sara and her family have cross-cutting needs in multiple health areas, from Family Planning and 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, the leader of social marketing and social franchising in Kenya, to expand and improve the quality of information and services that Sara accesses from private sector providers.

"The PS Kenya Board appreciates our partners, collaborators and the Government of Kenya for taking this journey with us"

MESSAGE FROM *THE BOARD CHAIR*

At PS Kenya, we are continually seeking new ways of ensuring that Sara and her family live a healthy life. This has required us to look at Sara from a holistic view and come up with interventions that will meet her health needs where she is.

This interrogation led to the development and implementation of our current strategic plan, which involves strengthening our health markets and reorienting our programs. Our vision enables us to focus our energies on what matters to Sara, including the social and environmental determinants and how all these factors contribute to the choices that she makes about her health.

We have begun seeing the fruits of this strategy as our interventions become more targeted and Sara is more willing to adopt healthier choices. We, however, understand that we may not be in this space for long and are making conscious steps to shape the health market so that it is more sustainable in years to come.

The PS Kenya Board appreciates our partners, collaborators and the Government of Kenya for taking this journey with us. We will continue to measurably improve the health of Kenyans by promoting functional, sustainable and healthy markets by increasing demand and access to quality and affordable health products and services.

MESSAGE FROM *THE CEO*

For the past 25 years, PS Kenya has been providing quality and affordable life-saving products and services to Sara and developing innovative communications to help Sara make healthy choices for her life and her family. We have also established social franchises that provide affordable and reliable health services for Sara so she can have all her health requirements met in one place.

In 2016, we worked alongside the Government of Kenya, our Development Partners and implementing teams to develop and promote sustainable health markets so that we reach Sara wherever she may be with the products and services she requires to survive and thrive.

Through our 2016-2020 strategic plan, we are now looking at the health markets through a different lens by ensuring that we address not only the health concerns that face Sara but also the external factors in her environment that may bar her from living a healthy happy life. Through our nutrition program for example, we are working to improve community resilience to nutritional shocks by communicating about the need to uptake positive nutritional practices while at the same time using community health workers to advise families receiving cash transfers to improve their livelihoods. In our Malaria program, we are working with wholesalers and distributors to create sustainable market for RDTs ensuring that fever cases are appropriately managed. Through our Reproductive Health program, we are looking at youth issues holistically so that we don't only address their reproductive health needs but we also address other pillars that influence their success including economic empowerment, social issues and education. In addition, our idea to integrate cervical cancer screening with family planning is helping us address two important health concerns for Sara in one sitting.

We continue to support the government in their quest for universal health coverage by enrolling our Tunza clinics into the national insurance scheme NHIF and promoting SupaCover, an insurance cover product for the informal sector. PS Kenya remains committed to supporting the government's bid to end malaria by distributing insecticide treated mosquito nets to near and far-flung areas like the Lamu islands along the Coast and Mfangano islands in Lake Victoria.

2016 has had its share of smooth sailing and learning curves but we excelled in delivering on our objectives achieving 1.7 Million DALYs and 1.4 Million CYP targets. We owe this success to our valued partners who have committed to work with us in making life better for Sara.

We look forward to another successful year of promoting functional and sustainable health markets to a healthy and happy Sara.

HEALTH *IMPACT*

67,523

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

1,716,418

Healthy Lives added through our interventions (DALYs)

1,212,997

Couple Years of Protection

161,344

Women who have been screened for cervical cancer through the Tunza franchise

218,940

Contraceptive services delivered through Tunza Franchise

40,002,671

Condoms Distributed

27,876,050

Water Treatment Products Distributed

2,272,300

Insecticide treated nets distributed through public health facilities and the trade

161,317

Adults screened for hypertension

230,636

Number of people who accessed HIV services through the franchise

NEW INTERVENTIONS TO AVERT *NEW HIV INFECTIONS*

Kenya has made significant strides towards the reduction of new HIV infections. The recent efforts are geared towards identification of HIV positive individuals and linking them to treatment immediately as well as ensuring those on treatment are achieving viral suppression in line with the UNAIDS call for 90 90 90.

PS Kenya has worked closely with the National AIDS and STI Control Program (NASCOP) and National AIDS Control Council (NACC) to support efforts in HIV prevention and treatment over the years. In 2016, some of the focus programs included:

1. HIV Care and Treatment in the Private Sector

The Current Condition

While there has been great achievement in increasing access to HIV care and treatment in the country, more efforts are needed to bring on board the private sector. These efforts have lagged behind due to various challenges such as the fact that HIV care and treatment is viewed as an unprofitable business, as a bulk of the HIV care and treatment services are offered free in the public. Knowledge and proficiency gaps of HIV services also exist among the private providers who also suffer high staff turnover. There is poor retention of patients and high incidences of lost follow-ups.

Providers seem not interested or motivated in following up patients who have defaulted or missed their appointments ignoring risks associated with such defaults. High costs of HIV care and treatment in the private sector - for providers that charge for services, some charge exorbitant costs for consultation; not adhering to the specified mark up on drug prices, provider demand driven lab requests and appointments for the purpose of making profits. Cost of tests to clients is still high specifically CD4/CD8, viral load and resistance testing in the private sector labs. Due to the turnaround time of results (same day) most providers prefer using the private sector labs as opposed to the public-sector labs which offer the tests for free.

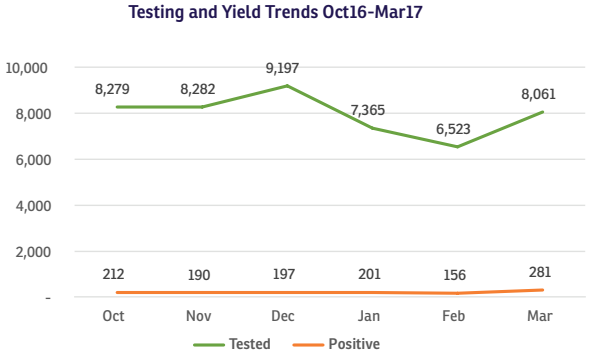
PS Kenya's Response

PS Kenya's vision is to support the development of sustainable HIV care and treatment in the private sector. To this end, PS Kenya has been working with a network of 119 private provider treatment sites, 91 mother to child transmission prevention sites and 350 testing and counselling sites from both the Gold Star and Tunza networks to address these challenges with a focus on building provider capacity to offer quality HIV services through Continuous Quality Improvement (CQI) mentorship.

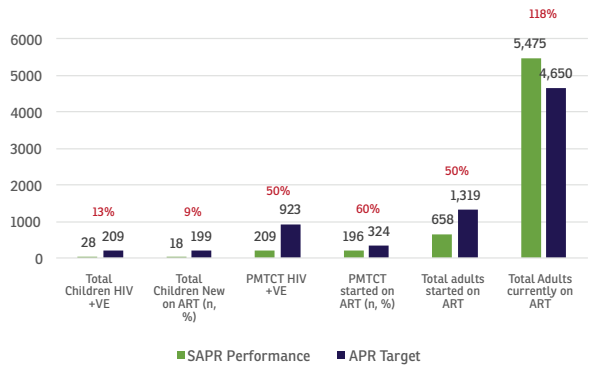
As part of the sustainability plan, PS Kenya also continued to support the franchise private providers to address sustainable private sector supply chain for drugs and diagnostics. In addition, we are working towards building a private sector where clients or insurance are willing to take on part of or all the costs.

To date, we have 5,475 clients enrolled on treatment in the private sector. Between October 2016 and March 2017, we have been able to test 46,827 clients, with 1209 adults being positive. Of this, only 50% were enrolled into treatment. A total of 945 children were tested with 28 turning positive and 18 being enrolled into treatment. This indicates a major challenge in follow up of clients which is an area that we are going to continue supporting providers to improve on.

TOWARDS THE FIRST 90: TESTING



TOWARDS THE SECOND 90: ENROLMENT INTO TREATMENT



2. Test and Start Campaign

PS Kenya has also been supporting NASCOP with a campaign to create awareness of the Test and Treat campaign. The campaign seeks to create awareness of the need for one to get tested and if found positive, to start taking HIV treatment immediately to ensure reduced morbidity and reduced ability to transmit HIV to their partners. Those who are HIV positive and on treatment are also being educated on the need to adhere to their treatment to achieve viral suppression. The campaign dubbed ***Anza Sasa*** is being aired on various local vernacular radio stations.

3. HIV Self-Testing

HIV Self-Testing has the potential to contribute to universal knowledge of HIV status. Its appeal lies in that it offers people who are currently not reached with existing HIV testing services an opportunity to test themselves discreetly and conveniently.

PS Kenya with funding from Children's Investment Fund Foundation (CIFF) is rolling out HIV self-testing targeting populations that currently have high HIV prevalence in a bid to reduce new HIV infections; these include adolescent girls 15 – 19yrs, youth 20 – 24 years and men 25 – 49 years.

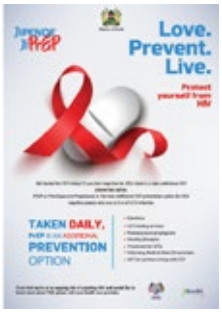
The demonstration project will see 85,000 HIV self-testing kits distributed in the counties of Mombasa and Nairobi through 75 private facilities and about 120 pharmacies over the next 2 years. The project will seek to demonstrate the potential of the private sector to reach adolescents, and other critical populations, with HIV self-testing.

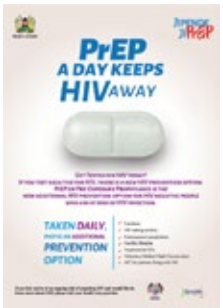
4. Oral Pre-Exposure Prophylaxis (PrEP)

Oral PrEP is one of the significant strides that Kenya has made in revolutionizing HIV prevention. The fight to reduce new infections cannot be won without addressing prevention among those who are HIV negative. The Ministry of Health has introduced PrEP as an additional HIV prevention strategy for people who test HIV negative but are at on-going risk of HIV infection.

As part of a Gates funded project led by Jhpiego, PS Kenya is rolling out PrEP in the private sector facilities. At the same time, supporting demand creation efforts to ensure that there is clear awareness on PrEP as part of a combination of other prevention strategies including condom use, VMMC, PEP, Treatment as Prevention and others.

The program is being implemented in 3 main clusters of Lake Region (Kisumu, Kisii, Migori), Nairobi (including parts of Machakos and Kiambu) and Coast. The project hopes to enrol about 20,000 people who are at risk on PrEP. Under this project dubbed Jilinde, PS Kenya was instrumental in supporting with development of national awareness creation campaign and launch of the national program.





JIPENDE JPrEP

FAMILY PLANNING AND CERVICAL *CANCER INTEGRATION, CAN IT WORK?*

Integration of health services may not be a new concept but it is one whose full impact is yet to be fully comprehended. Many health programs globally and in Sub-Saharan Africa have, in one way or another, tried a degree of integration. In most of these cases, the interventions are very short lived because of the complexities of successfully integrating health systems and interventions for greater health impact.

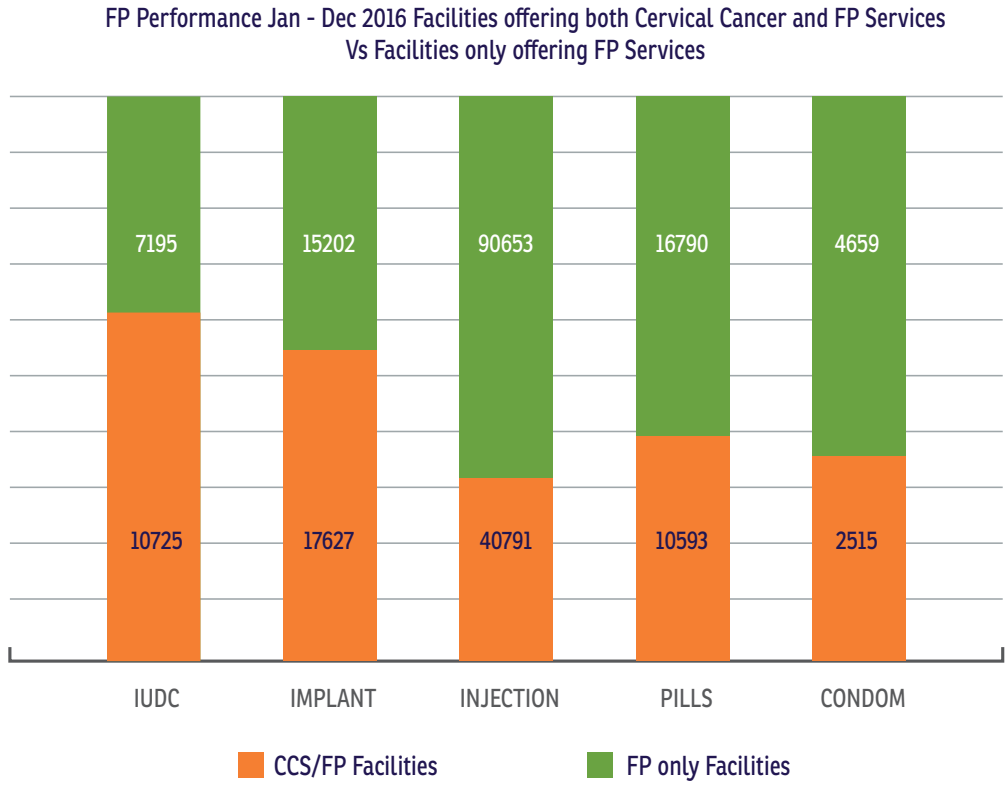
To fully appreciate the impact of integration, sufficient and sustained efforts over time are crucial. However, with increasing changes in the donor funding landscape and reduction in funding for various health programs, majority of project shelf life has reduced to anything from 1 to 3 years. The silo funding sequence for projects also impedes cross pollination of interventions making it difficult to leverage on different donor funds for a sustainable period of time to truly appreciate the impact of integration. On the consumer end, the new health consumer is less forgiving, hard pressed for time and seeking simplified consumer experiences.

Through the Tunza social franchise clinics, the Reproductive Health team had been implementing a cervical cancer screening and treatment project and separately offering comprehensive family planning products and services to women of reproductive age (25-49years).

On one hand, the Cervical Cancer screening project was doing so well in terms of reach where for instance in a period of only six months, 45,619 women between the ages of 25-49 years had been screened for cervical cancer. However, none had been deliberately offered family planning information and services.

The family planning program during the same period was not doing well in terms of reach due to a relatively smaller budget for demand creation at the time. On realizing the huge missed opportunities in offering family planning services to the large number of women coming in for cervical cancer screening, the team embarked on a task. that was to demonstrate that with limited resources coupled with complexities that come with health services integration, it was possible to employ cost effective integration interventions at demand creation and point of service delivery for illnesses or closely related health problems such as those in sexual and reproductive health.

We have observed over time, that the Tunza facilities that offer Cervical Cancer screening services, despite them only accounting for 20% of the overall facilities, have a higher yield for family planning services especially for long term family planning methods, IUCDs and implants as opposed to the facilities that only offer family planning services and no Cervical Cancer screening services.



As illustrated in the Table: Out of a total of 17,920 IUD clients seen in 2016, 60% of the clients were seen from Tunza facilities offering Cervical Cancer screening and FP services whereas the remaining 40% were from Tunza facilities offering only family planning services. On the other hand out of a total of 32,829 Implants clients, 54% of the clients were seen from a Tunza facility offering both Cervical Cancer screening services and FP.

The same trend is however not observed when we look at the uptake of short term methods in the facilities offering Cervical Cancer screening as illustrated above. This has led us to strongly believe that integration of Cervical Cancer screening services with family planning services is critical in ensuring we minimize lost opportunities for the provision of family planning services. This is especially the case with the long term family planning products and services for clients who would have otherwise been screened for Cervical Cancer and gone back home with an unmet need for family planning.

HARNESSING TECHNOLOGY 'EVA SYSTEM' *TO ENHANCE DIAGNOSIS OF CERVICAL CANCER*

Cancer of the cervix is the 5th most common cancer among women worldwide. In Kenya, it is second most common after breast cancer, with 19.3% and 20% reported cases respectively (KEMRI, 2010). Cervical cancer is the leading cause of death in women in Kenya.

Opportunities to prevent, cure and alleviate suffering from cervical cancer exist through:

- Primary prevention of HPV infection,
- Secondary prevention by screening,
- Treatment of precancerous disease and early stages of cancer and,
- Tertiary care for women with invasive cancer.

In Kenya, it is estimated that only 3.2% of women aged 18-69 years have been screened in any 3-year period (WHO/ICO Information Centre on HPV and Cervical Cancer, 2010).

Various tests have been recommended as screening methods in Kenya. They include:

- Visual Inspection with Acetic Acid (VIA),
- Visual Inspection with Lugol's iodine (VILI),
- Cytology using Conventional Pap smear and,
- HPV testing.

Although VIA/VILI is widely used in developing countries, it has lower specificity (49-86%) compared to cytology.

PS Kenya has contributed to this effort by equipping 75 Tunza Facilities with VIA/VILI for cervical cancer screening as well as cryotherapy machines for the treatment of positive pre-cancer lesions.

Some of the challenges with VIA/VILI is the inability to preserve images for possible consultation (quality assurance support) and for evidence based feedback to clients (visualization of the process). Many clients are strongly influenced and make informed decisions when they visualize and internalize their health concerns. PS Kenya's strategy involves reaching out to women aged 30-49 with information on Cervical Cancer screening and the treatment of pre cancer lesions through static and outreach models. Besides equipping the provider with skills and logistics, PS Kenya reinforced and established referral mechanisms for bigger lesions or suspicious cases that require further management.

In July 2016, PS Kenya approached Mobile ODT, a company that developed the EVA System (a system that uses technology to diagnose cervical cancer), for a possible partnership. Talks begun, a partnership proposal was written and in September of the same year, PS Kenya and Mobile ODT struck a deal. We agreed to conduct a pilot that would run for a period of 3 months in 2 Tunza facilities i.e. Wama Nursing home in Ongata Rongai and Boores Clinic in Thika.

ABOUT THE EVA SYSTEM

The EVA system is an image capturing device that when used alongside VIA/VILI improves diagnosing of pre-cancerous lesions since visualization of the cervix is improved through magnification.

The system provides the opportunity to capture images while performing cervical cancer screening using VIA/VILI and store them, in a cloud based data platform, for review at a later time. The captured images can therefore be shared for quality assurance support and mentorship so as to ensure clients are receiving the utmost level of care.

The EVA system is made up of 3 components:

i. **Easy to use device:** the EVA Scope is a mobile colposcope equipped with an ultra-bright light source and a powerful magnification lens for enhanced visualization.

ii. **User friendly mobile app:** the EVA App enables secure image capture and patient data tracking for remote consultation, patient tracking and improved referral and follow up.

iii. **Cloud based information system:** the EVA Cloud provides secure and unlimited access to real time data. This will assist to monitor provider utilization cases reviewed, anonymized patient statistics and intuitive tools to enhance quality control as well as provide quality improvement opportunities.

PS Kenya staff training healthcare providers at Wama Nursing Home and Boore's Medical Clinic respectively.

Provider taking images using EVA device during Cervical Cancer Screening at Boore's Medical Clinic.

Conclusion

After the 3-month pilot period, we saw that the EVA system aids in better visualization of pre-cancer lesions, supports objective supervision and improves the confidence of the client in the process and therefore increasing treatment uptake.

INNOVATIONS TO ADDRESS REPRODUCTIVE *HEALTH FOR YOUTH AND ADOLESCENTS*

There are 9.2 million adolescents and young people aged 15 – 24 years in Kenya. This is close to 20% of Kenya's total population. This is a key demographic whose health status directly affects the socio-economic status of the country. Even though we would want this age group to contribute positively in the development of the country, they are instead held back due to poor reproductive health status. Sexual debut is early in teenage life and unprotected sexual activity continues as they transition to adulthood.

Their rate of contraceptive use is low, translating to high unmet need for contraceptives. PS Kenya has identified this as one of the priorities, as the target audience is in dire need of specifically tailor made interventions which address their unique needs. This is because addressing their Sexual Reproductive Health (SRH) needs would significantly improve the current national SRH indicators and guarantee a healthy future generation.

What the youth know on reproductive health does not always directly translate to appropriate behavior. For example, TRaC 2016 showed us that 77% of young women intend to use contraceptives however their actual contraceptive use is still low. Despite several interventions targeting the youth, they are still struggling with SRH problems.

To address this gap in 2016, PS Kenya used the following approaches to meet the needs of adolescents and youth of Kenya;

1. Understanding their world - developing interventions together with the youth and co- creation.
2. Youth friendly service provision through the Tunza Social franchise.

A youth immersion session on understanding the youth and co-creating messages together with them.

Understanding their world and developing interventions with the youth.

In 2016, PS Kenya used Target Audience (TA) immersions to understand the youth of Kenya. We felt this was significant and instead of using the same interventions as previously used, we first needed to holistically understand the audience, gather insights and develop themes which would help us in designing the interventions. The approach believed that since the youth are the ones facing these problems every day then they are the ones who hold the key to their answers. The process started with explorative research which explored the lifestyle and needs which are synonymous with the youth. The themes generated from the explorative research were then used to provide communication ideas. At this stage, the youth were involved in coming up with the communication messages and the channels which would speak to them. From this approach, youth co-created messages were developed

and packaged for roll out. By using this approach, we gathered very exciting insights and in 2017 we are committed to explore this further and be the leaders in providing the opportunity where the youth design interventions for themselves. Going forward through 2017, we intend to combine the immersions and co-creation approach with Human Centered Design (HCD).

Youth friendly service provision through the Tunza Social franchise.

In 2016, PS Kenya used the Tunza Social Franchise Network to provide SRH services to adolescents and young people. We believe that to meet the contraceptive needs for adolescents and young people, health services must be offered in an environment where the adolescents and young people feel free to access them without being judged or condemned. To achieve this, our model for youth friendly services is through the integration of youth service provision with the other services in the facility.

A youth immersion session

To make sure that the service providers are equipped with skills and have the right attitude to field and deliver this model, PS Kenya trained and certified a total of 22 franchise providers. The main objective of the training was to address provider attitude and beliefs in providing youths with SRH services.

The approach of the training was through Value Clarification and Attitude Transformation (VCAT). This approach seeks to address the provider attitude and beliefs in serving the young especially with contraceptives. It ensures that the providers have the right attitude, are not judgmental and provide a conducive environment for young people to access services.

In 2016, we saw the numbers of adolescent girls and young women accessing contraceptive services in Tunza clinics increase. A total of 59,781 FP methods were issued to adolescent girls and young women. This accounted to 27% of all FP methods served through the Tunza franchise. Over 3,800 IUCDs and over 11,200 implants were served to this demographic.

When comparing these numbers, the proportion of young women opting for long acting methods were higher compared to the older generation. Although the increase in total numbers could not be directly attributed to the YFS training since a smaller proportion of providers were trained, there were higher numbers of youths served in the facilities which were trained. With this recognition, PS Kenya plans to train more franchise providers on provision of youth friendly services in 2017.

EXPANDING INTERVENTIONS *TO FIGHT MALARIA*

In 2015, malaria was the fourth highest cause of death, accounting for 10% of child deaths in Sub-Saharan Africa (World Malaria Report, WHO, 2015). Reductions in malaria deaths have contributed significantly to the progress towards achieving the MDG 4 target of reducing the under 5 mortality rate by two thirds between 1990 and 2015. Nevertheless, malaria remains a major killer of children, particularly in Sub-Saharan Africa, taking the life of a child every 2 minutes.

Malaria in Kenya

More than 70% of Kenyans are at risk of malaria. This preventable disease is responsible for the cumulative loss of 170 million working days each year and 13% of all deaths among children under 5 (34,000 deaths). Malaria still accounts for 16% of outpatient attendances according to the September 2014 HMIS data.

The vision of the revised Kenya's National Malaria Strategy 2009 - 2018 is to have a malaria free country through achievement of six key objectives. The first objective is to have at least 80% of people living in malaria risk areas using appropriate malaria prevention interventions by 2018.

Key strategies to achieve this objective include distribution of LLINs through appropriate channels i.e. Mass net distribution targeting malaria endemic and epidemic prone regions, routine distribution through clinics and social marketing approaches in endemic, epidemic prone and some seasonal malaria transmission areas in Kenya.

Indoor residual spraying in targeted areas, supporting the malaria free schools initiative and providing IPTp at antenatal clinics are complimentary initiatives.

PS Kenya's key areas of implementation in Malaria include:

1. Net Distribution

- ***Objective:*** Reduce mortality due to malaria by increasing LLIN (long-lasting insecticide-treated nets) ownership and use.

PS Kenya is the leading partner in routine EPI/ANC LLIN distribution in Kenya targeting 36 malaria endemic, epidemic prone and some seasonal transmission counties spelt out in the Kenya Malaria Strategy. Based on target population (pregnant women and children under 1) needs per target county, PS Kenya distributes approximately 200,000 LLINs per month (2.4 Million LLINs per year). In addition, PS Kenya through the US Presidential Malaria Initiative (PMI) funding successfully completed a mass distribution of 3.8 million nets in 5 targeted malaria epidemic prone counties in Western and Nyanza regions covering approximately 7.6 million people. Leveraging on DFID funding, approximately 800,000 social marketed nets have been distributed on an annual basis.

Other Successes

Based on national representative surveys, net ownership of at least one net of any type increased from **57%** in **2010** (KMIS) to **68%** (TRaC 2014) but reduced to 65% (KMIS 2015).

There has been an increase in HHs with at least one LLIN from **44%** (KMIS 2010), **54%** as per Malaria TRaC 2014 to an all-time high at **63%** (KMIS 2015).

A higher proportion of households in Malaria Coast endemic **(73%)**, Lake endemic **(89%)** and epidemic prone regions **(73%)** were more likely to have at least one LLIN as compared to HHs in other Malaria areas. However, apart from Lake endemic region, this is lower than the national target of 80% coverage.

Universal coverage (1 net for every 2 people) is still very low nationally having marginally increased from **38%** (TRaC 2014) to **40%** (KMIS 2015).

A robust risk mitigation plan has ensured tighter controls for free net distribution and increased ownership of facility personnel in LLIN program compliance systems. PS Kenya has trained more than 3,800 health workers in 36 counties, who manage ITNs at facility level, on principles of proper commodities management, ITN quantification and reporting. Facility reporting on net distribution has continued to be high at over 85% on average. The community net distribution pilot was completed in Samia County and a final report has shown a tremendous improvement in universal coverage, ITN usage as well as a revelation that continuous community net distribution could be more cost effective than mass net distribution. This will inform future decisions on net distribution channels.

2. Capacity Building the National and County malaria teams

For effective oversight, linkages and malaria program implementation, a fully functional system including motivated staff at both national and county level are a necessary ingredient. To improve the capacity of the Kenya government, Ministry of Health, at both national and county level to facilitate malaria control interventions, PS Kenya has been providing technical support to the National Malaria Control Program (NMCP). This is done through participation in technical working groups, including case management, vector control and operational research resulting in improved malaria program management.

3. Behavior Change Communication (BCC) to Increase Net Use

In partnership with MoH, PS Kenya plays a leading role in behavior change communication to bridge the gap between net ownership and net use. PS Kenya utilizes innovative evidence-based behavior change communication techniques to address barriers to net use. These include both mass media and interpersonal communication (IPC) to ensure a "surround and engage" approach. IPC channels include both one-on-one household visits and small group sessions where communities are gathered national average.

4. Private Sector Fever Management

- ***Goal:*** *Increase the use of quality assured mRDTs to improve fever treatment*

PS Kenya implements this in private health facilities and pharmacies in the Coast region by focusing its interventions in Sales and BCC, Quality Assurance and Policy.

To increase availability of quality assured RDTs, the pilot procured and sold/ distributed 500,000 RDTs to private providers and pharmacies over the life of the project.

To increase demand, a two-pronged communication campaign targeting consumers and providers was implemented resulting in a 15.4% increase in the proportion of caregivers who could cite a private provider source of RDTs (from 10% at baseline to 25.4% at midline) and 73.6% of private providers initiated malaria driven testing with 30.4% testing with RDTs (Client Exit Survey, 2015.)

To improve the quality of care, the project worked with quality assurance officers who supported the providers in improving the quality of case management. Furthermore, the project participated in the midterm review of the Kenya National Malaria Strategic Plan and influenced the inclusion of the private sectors in MoH's plans for case management. The project has supported development of the MoH Quality Assurance Implementation Guide for Malaria that includes engagement of private sector.

Results from surveys carried out to track progress indicate that the quality of care between pharmacies and clinics is similar. Over 80% of clients testing positive for malaria received an effective anti-malarial treatment (Client Exit Survey, 2015). A further 80% of clients received the correct negative diagnosis (Mystery Client Survey, 2015).

Led by WHO, the project is developing a road-map documenting lessons learnt that can guide countries introduce RDTs in the private sector. The project lobbied and received approval from the Kenya Medical Laboratory Technic and Technologists Board (KMLTTB) to introduce RDTs in the private sector, including pharmacists through a special waiver. MOH is now leading the process of having a policy change to allow non-lab personnel to test.

Results from national representative surveys (KMIS 2010, Malaria TRaC 2014 and KMIS 2015) show that our efforts are achieving results. For instance, use of ITN was higher among children under 5 and pregnant women in HHs that had access to an ITN as compared to the general HHs. For HHs with access to at least one net of any type, a higher proportion of under-fives **(79%)** slept under any net in 2015, compared with **73%** in 2014 and **71%** in 2010. The same trend was observed in pregnant women use of ITNs in HHs that had access to at least one ITN which increased from **73%** in 2010, **77%** in 2014 and **82%** in 2015.

79% *children under 5 and pregnant women who slept under any net in 2015*

82% *pregnant women use of ITNs in HHs that had access to at least one ITN in 2015*

IMPROVING HEALTH OF POPULATIONS *THROUGH NUTRITION*

Why Nutrition?

Good nutrition plays a major role in poverty reduction, boosting economic development and in the realization of social goals in Kenya. It is central to human, social and economic development, health and survival. It should therefore be a priority at sub national, national and global levels.

Malnourished children are exposed to an increased risk of morbidity and mortality, delayed cognitive development and reduced productivity into adulthood. Malnutrition is a key hindrance to optimal child growth and development, maternal and child health and work performance due to reduced productivity. Investing in prevention of maternal and child malnutrition is thus key in the realization of long term benefits to the current and future generations.

Kenya's Nutrition Situation

- **Stunting** has decreased from **35% to 26%**
- **Wasting** has decreased from **7% to 4%**
- **Underweight** children have decreased from **16% to 11%** from 2008 to 2014.
- Despite this progress, the country is still lagging behind in terms of **stunting**, falling well short of its **16.3%** MDG target by **9.7%**.
- **Kitui, Kwale** and **Kilifi** are among the counties having the highest stunting rates in Kenya; **46%, 30%** and **39%** respectively.

The nutrition situation in Kenya is improving, with significant progress in tackling malnutrition in children under 5 having been made from 2008-2014 (Kenya Demographic Health Survey, 2014). However, regional disparities exist in the country with some areas having stunting levels above 40%.

Research shows that factors compounding stunting in these counties are:

- Myths, taboos and misconceptions about infant and young child feeding practices
- Religious beliefs affecting the uptake of health services and
- Heavy dependence on income to purchase rather than grow food.

In collaboration with the county governments, PS Kenya has designed and is currently implementing a community-centred 'Communication for Development' intervention to improve community resilience to nutritional shock in Kwale, Kilifi and Kitui. In Kitui County, PS Kenya is also implementing enhanced nutrition counselling among households receiving the cash transfer for improved nutrition outcomes.

Objectives of the Program

1. Strengthening the capacity of counties on SBCC around key nutrition and health behaviours.
2. Strengthen the co-ordination of county SBCC activities around key nutrition and health behaviours.
3. Enhanced capacity to manage and mitigate shocks for improved key practices at community and household level.

PS Kenya is achieving this through a campaign dubbed ***Shika Tano***. The Shika Tano campaign is promoting five high impact nutrition interventions (HINI):

1. Iron and Folic supplements for expectant mothers.
2. Exclusive breast feeding of infants from 0-6 months.
3. Appropriate complimentary feeding from 6 months to 2 years.
4. Vitamin A supplements for children under 5 after every 6 months
5. Diarrhoea management with ORS and Zinc.

The Shika Tano campaign concept is to give a care giver a 'high five' for any of the five key behaviours practiced appropriately. The Shika Tano campaign is being implemented through a mass media campaign and interpersonal communication which is done through community health volunteers. They go door-to-door talking to caregivers of children under 5 and women of child bearing age about the five high impact nutrition interventions in the 3 Counties.

KEY ACHIEVEMENTS

- 80 County Health Management team members trained on Communication for Development (C4D) from the three Counties (23 in Kitui, 27 in Kwale and 30 in Kilifi). There is a C4D taskforce in each county chaired by the (CNC) County Nutrition Coordination which spearheads the C4D initiatives in the counties.
- Mapping out of community units (CUs) within our counties of implementation. In Kwale 11 CUs, Kilifi 12 CUs and 3 Wards in Kitui. This represents 150 CHVs in Kwale, 146 CHVs in Kilifi and 110 CHVs in Kitui.
- 27 community engagements and feedback meetings facilitated each month in the 3 counties.
- Support supervision and mentorship of the CHVs is conducted in all the CUs every month. Joint supervision with county representatives are facilitated on a quarterly basis.
- Maternal Infant and Young Child Nutrition (MIYCN) and Education Through Listening (ETL) workshops were carried out in the 3 counties, to health workers and CHVs.
- Developing and Launching of the ***Shika Tano*** campaign.
- Enhancing community nutrition knowledge to bring about behavior change. Through the door-to-door visits conducted by the CHVs, 252 household contacts (repeated visits) have been made so far: 53,015 in Kwale, 60,297 in Kilifi and 4,940 in Kitui counties.
- Developed and aired radio spots for the 3 counties.
- Supported development of key documents in the counties such as county nutrition action plans and complementary feeding strategy.
- Developed, printed and distributed integrated SBC materials (MIYCN Counselling cards, brochures, posters and calendars) to the three counties.
- Supported 5 county nutrition technical forums (CNTF) in the 3 counties; 2 in Kwale, 1 in Kilifi and 1 in Kitui.

ADDRESSING NUTRITIONAL NEEDS *OF ADOLESCENT GIRLS THROUGH WEEKLY IRON FOLIC ACID SUPPLEMENTATION (WIFS)*

The Weekly Iron Folic Acid Supplementation Project (WIFS) is an adolescent health and nutrition demonstration intervention project targeting school going and out of school adolescent girls aged 10-29 years. The aim is to reduce the rates of anaemia. This is in line with a WHO recommendation which states that WIFS should be a public intervention. The adolescent girls selected are expected to consume 60mg of Elemental Iron and 2.8mg of Folic Acid once a week. WIFS is expected to be delivered into the PS Kenya central warehouse in Mid-July 2017 for supplementation.

The WIFS project is funded by Global Affairs Canada (GAC) Right Start initiative through Micronutrient Initiative, will support the implementation of an Adolescent Girl Integrated Health and Nutrition (AGIHN) demonstration project in Kenya targeting 10 – 19 year old girls.

The Intervention

The WIFS project is using a 360^0 'surround & engage' communication strategy by using a combination of existing communication messages and channels to influence behavior change towards the use and consumption of WIFS. BCC interventions will be multilevel, to address social and structural barriers affecting uptake of desired behavior at the household, institutional, community and societal level.

At individual level, the focus will be on individual barriers; at the household level the factors to be address include: social support, advice, peer pressure; at the community level, the project will support the creation of a supportive culture and address prevailing gender and social norms; and at a societal level the project will aim to shape/ influence policies and regulatory frameworks.

The WIFS project will be piloted in 3 counties, 5 sub counties. Busia (Matayos), Kitui (Kitui South, Mwingi North) and Nakuru (Naivasha and Subukia) Counties.

The major benefit of reaching the adolescent girls through nutrition education and WIFS supplementation is the improved nutrition status specifically on anaemia. This will help with productivity, school performance and in the long run reduce child mortality and malnutrition rates.

Achievements

1. WIFS training material development: A draft copy of training materials has been shared and is ongoing validation.

2. Formative research has been finalized and a preliminary report has been shared. This will help in advising on the BCC strategy.

3. National, County, Sub County inception meetings and key stakeholders meetings have been carried out in all counties and buy in achieved. At the national level, a WIFS inception meeting was held and was well represented by the CECs and other stakeholders.

4. Formation of WIFS task forces at County and National level that will report to the National and County Nutrition technical Forum (CNTF) meetings and Terms of References (ToRs) have been developed and adopted to help in the smooth running and coordination of the project.

Lessons Learnt

1. There is need for separate sub-counties stakeholders meetings instead of a joint sub county stakeholder's meeting so as to incorporate relevant stakeholders who are unique to different sub counties.
2. The importance of involving relevant key stakeholders prior to implementing projects in order to ensure project ownership and adherence of stipulated protocols.
3. There is need to thoroughly assess target audience on language fluency and understanding. For example, Subukia stakeholders meeting was conducted in Kiswahili and the meeting was very successful.
4. Water and food is a great challenge, so we should think of ways to ensure that the girls do not get the supplements on an empty stomach.
5. A baseline, is necessary, to monitor impact of the project. A proposal has been made facilitating haemoglobin assessments at minimal costs, an aspect that can be factored in in the scheduled assessments.
6. Religious leaders approval is very important, especially the Catholic Church because they are known to be very skeptical about anything that targets WRA.

MANAGING HYPERTENSION
THROUGH INTEGRATED CARE

PS Kenya is in its second year of implementing Healthy Heart Africa – a hypertension program funded by Astrazeneca Pharmaceuticals. Through Tunza and other private health care providers, the program seeks to:

1. Increase awareness of hypertension, offering opportunities for community screening
2. Strengthen linkage of people screened with elevated blood pressure to HHA sites for hypertension managament
3. Provide access to affordable treatment through subsidized medication

The program realized the following achievements in 2016:

- **196,218** people reached with hypertension messages
- **143,871** people screened for elevated blood pressure
- Treated **27,845** people for elevated blood pressure

HHA has supported learning across our service delivery channels outlining

1. **Patient Awareness of hypertension.** It takes a long time (potentially years) for a patient to acknowledge and actively manage their condition on their own; even after discovery due to the fact that it is asymptomatic. Many Kenyans live with front of mind life challenges of feeding their family and paying school fees resulting in health not being a life priority.
2. **Patient management of hypertension.** Until a patient is fully aware and understands the need to proactively manage their

The program realized the following achievements in 2016:

condition, they are unlikely to turn up to clinic without prompting. Programmes must:

- Actively provide quality assurance and provision of HTN capacity building activities in addition to exploring task shifting of hypertensive care to lower cadres to support the increasing number of Kenyan adults to accessing hypertension treatment.
- Systematically manage patients through the pathway, by conducting follow ups, for instance through texting, calling and implementing specialized Hypertension clinics.
- Access data through collection of client indicators to ensure accountability of all people screened through to diagnosis and adherence. This level of data enabled follow ups to be conducted along the patient pathway.
- Ensure availability of hypertension drugs as outlined in the MOH protocol. Sites may be short of medicines and so cash shortages and other medicine priorities result in many sites not having the medicines available even though patients can afford them. This requires active management to ensure availability.

3. **Males demonstrate poor health seeking behavior.** Across HHA programmes across 5 implementing partners in 5 different parts of Kenya male's attendance at HHA clinics is a consistent 33%. Male specific activities are required for the programme to manage males and females equally.
4. **There is no cure for hypertension.** Treatment (depending on severity) can start with lifestyle changes and progress through a number of medicine offerings - as defined in the MOH protocol. A patient needs to attend a clinic regularly in order to successfully control their blood pressure.

MEETING SARA'S HEALTH NEEDS AT ONE PLACE – *THE TUNZA FRANCHISE MODEL*

About Tunza Family Health Network

The Tunza Family Health Network is a health social franchise launched in December 2008 with the principle goal of providing access to quality, affordable, reliable and friendly healthcare services to low income Kenyans. Through a "fractional" model to social franchising, PS Kenya enters into contractual agreements with select private health providers to deliver a specified package of franchised services in accordance with franchise standards under a common brand. As at December 2016, the Tunza Network had a membership of 353 facilities in 37 out of Kenya's 47 counties.

By being a part of the network, providers enjoy access to an array of benefits including support with demand creation to help increase client volumes, skills & competence building for clinical services, quality assurance & certification, accreditation & linkages to 3rd party players as well as business training & access to affordable financing.

Franchise Interventions

Family Planning was the flagship Tunza franchised service and continues to be a key area of focus to date. However, over the years, PS Kenya has integrated eight other services into the network including;

1. Cervical Cancer Screening and Preventative Treatment,
2. Safe Motherhood,
3. HIV Testing and Counseling,
4. HIV Care and Treatment,
5. Integrated Management of Childhood Illnesses (Malaria, Diarrhea and Pneumonia)
6. Tuberculosis,
7. Hypertension and
8. Voluntary Male Medical Circumcision.

For all franchised services, PS Kenya offers comprehensive training to help build service provider competence as well as ensure that services are offered in accordance to national treatment guidelines.

Despite, adopting a fractional franchise approach to franchising, PS Kenya places special emphasis on overall quality assurance. We are eager to ensure that service providers continuously improve on the quality of care for all services offered at the facility. This is a principle largely advised by the fact that, beyond the franchised benefits package, all member facilities in the network, are first and foremost primary healthcare centers that offer integrated health services to customers. PS Kenya uses the SafeCare International Health Standards, a certified, step-wise quality improvement process to manage overall clinic quality improvement.

The Government of Kenya (GOK) has aspirations to achieve universal coverage by 2030 and has chosen the National Health Insurance Fund (NHIF) to drive this agenda. To this end, PS Kenya works closely with NHIF to ensure that franchised facilities receive NHIF accreditation status. On the demand side, PS Kenya has continued to support the NHIF marketing team to educate and enroll customers to their health micro insurance products with special emphasis on the Hospital Insurance Subsidy Program (HISP) and the National Scheme Cover (Supa Cover).

2016 ACHIEVEMENTS

Scale up: In 2016, the franchise grew in scale by 12% with an additional 44 new facilities signing an MoU with PS Kenya to offer franchised services to their clients. New providers received training in Family Planning services and with time will be supported to integrate other franchised services.

Quality Assurance (QA): PS Kenya endeavors to continuously innovate in order to streamline and enhance its Quality Assurance processes. In 2016, in partnership with Population Services International, the Health Network Quality Improvement System (HNQIS) Quality Assurance tool was piloted and adopted. This brought great efficiencies to the manner in which Quality Assurance for franchised services is carried out and managed. HNQIS is a tablet based application linked to DHIS2 designed to enhance standardization and productivity in Quality Assurance.

Through HNQIS, the Quality Assurance team is able to:

- ***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 provision of instant and consistent structured feedback after an assessment and
- ***Monitor*** overall network performance using dashboards with a range of charts and tablets that highlight trends.

SafeCare: 62 Tunza facilities were incorporated into the SafeCare quality improvement program bringing the number of facilities working toward stepwise quality certification to 220. Our goal is to have 70% of our franchises improving quality through SafeCare by 2018 and each facility moving at least one SafeCare level up year on year.

NHIF Accreditation: A total of 125 Tunza facilities are currently accredited to provide health services to NHIF members. 40 of these facilities were empaneled in 2016 and PS Kenya worked closely with them to implement quality improvement measures that lead to NHIF empanelment. In addition to QA, support for accreditation included linking providers to NHIF regional braches for application processing.

Business Support: 41 Tunza providers were recruited into the program in 2016 bringing to 120 the number of Tunza networks members currently getting business support. New facilities were taken through a business assessment exercise and furnished with a Business Improvement Plan that would help address gaps identified.

All providers in the program continue to get supportive supervision from the Tunza business team to help them work through gaps and adopt best business practices in 6 key areas;

1. Financial management,
2. Risk management,
3. Stock management,
4. HR management,
5. Marketing and
6. Customer service.

Marketing: We continued to promote the Tunza Network at various local and global forums. All this is done while ensuring that branding and general marketing activities consistently run throughout the year to create awareness and demand for the franchise. A total of 905,539 individuals accessed franchised services through the Tunza Network.

HISP: This is a GoK flagship project under Vision 2030, to provide health insurance coverage, through the NHIF, to poor and indigent populations in Kenya. PS Kenya supported a 2 year pilot that ended in October 2016. Our role was to use Community Health Workers to provide customer education to 50,000 beneficiaries across 17 counties through house visits to encourage enrollment and stimulate service utilization. By October, the program had achieved a 95% registration rate in PS Kenya counties which was well above the national average. In addition, 70% of beneficiaries that reported being ill during this period used their NHIF card to access services.

National Scheme Cover: Within the year, PS Kenya supported NHIF to develop the 2016-2018 Informal Sector Strategy and marketing strategy. We were intricately involved in the execution of the marketing strategy's promotion activities which included a robust 360^0 marketing campaign dubbed Supa Cover. The key objective of the campaign was to grow customer enrollment by demystifying health insurance to the target market, create awareness of NHIF's unparalleled benefits package and ease of registration. Within a period of 12 months 370,000 new households signed enrolled for the cover.

Tunza Business Model: Over the last couple of years, PS Kenya has been exploring several opportunities on how to achieve sustainability for the social franchise. In 2016, we carried out a 2 month long concept testing exercise to establish the acceptability of the Tunza Business Model (TBM) value proposition. 60 facilities were exposed to the value proposition enabling us to collect invaluable feedback that would advise further development of the TBM. An enhanced version of the TBM is scheduled for piloting and roll out in 2017.

Climate Change Program: We implemented an 18 months climate change program that ended in October 2016. The program had a dual objective of working with health providers within the Tunza Family Health Network to increase uptake of energy efficient solutions and adopt responsible disposal of medical waste practices. By the end of the project, 97 facilities had adopted Efficient Energy Solutions 'Quick Wins' which included the use of natural light and energy saving bulbs. They reported a drop in power bills by 10-50%. A further 21 facilities had been accessed affordable credit from PS Kenya to enable them to purchase solar back equipment for their facility. We closed the year with an impressive loan portfolio with a default rate of only 1%.

SOCIAL MARKETING @ PS Kenya

The Social Marketing arm of PS Kenya is on a mission. That is 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 to Sara, the consumer. These products include; Trust Condoms, Family planning products (Femiplan pills and injections), New Oral Contraceptives (Femigirl and Femipill), Supanet LLINs and water treatment solutions like Waterguard.

Trust Condoms: Our Journey So Far

The past two 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, an integrated communication strategy was developed and executed. However, the connection with Johnny on social media was unprecedented for a local condoms brand and we can see the impact of that.

Reaching the Target Audience

Skyrocketing smartphone adoption, soaring messaging application popularity, adoption of artificial intelligence and mobile marketing are just but a few milestones to watch out for in the digital environment. Social networking apps continue to dominate the digital space followed by utility apps with 90% of mobile media time spent on applications by males and females aged 18+ (KARF, 2016).

Brands, now more than ever, must align with the communication demands of the key target audience. For Trust Condoms, in all its operational facets, innovation is essential. It was therefore imperative for Trust to be the trendsetter and engage Johnny on social platforms where he spends most of his time gathering information and engaging in various conversations.

After a cleverly crafted out Social Media Strategy, Trust Condoms launched its social media campaigns on Facebook, Twitter and Instagram in 2015. The fan base as at May 2017 on Facebook, Twitter and Instagram have surpassed the campaign objectives to reach 164,427 fans, 14,300 followers and 10,200 followers respectively. For a brand that had no social media engagement in the first quarter of 2015 to witnessing such numbers, this is definitely a noteworthy achievement for the brand.

SOCIAL MEDIA STATS

FACEBOOK, TWITTER, INSTAGRAM, TELEGRAM, PODCAST & WEBSITE

	Q1 -2015	Q2 -2015	2016	2017
	0	68,577	146,470	164,427
	0	7,941	13,000	14,300
	-	-	9,000	10,200
TOTAL DIGITAL FANBASE (FANS/FOLLOWERS ALL PLATFORMS)	0	76,518	168,470	189,277

Trust strives to add a dash of humor, to the content posted on our pages while still communicating the brand message of protection from the vices Johnny is most concerned about (pregnancy, HIV and sexually transmitted diseases).

Strengthening our digital platform

To further strengthen digital engagement with the target audience, Trust condoms is now the first and only local condom brand with an online presence on Telegram and a brand website both launched in quarter one of 2017. ***(http://www.trustcondoms.co.ke)***.

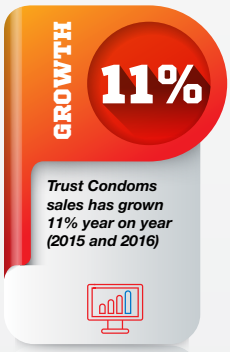
The expansion of digital platforms for Johnny is in line with the brand communication strategy.

The Results?

PS Kenya utilizes Trust social media platforms to not only communicate the brand messaging, but to also give Johnny a forum to air his views and engage with his peers in his own language. These platforms also act as a source of information for Johnny and gives a platform for the brand to quickly gather insights into Johnny's lifestyle and habits while incorporating his views and opinions in the brand communication strategies. The brand's digital space engagement has attracted online selling of the product as seen on Jumia.co.ke to further propel access of the product to the consumer.

With the execution of all these digital strategies (alongside other communication mechanics linked to digital campaigns), Trust Condoms sales has grown **11% year on year (2015 and 2016)** and its **market share has grown 13%** in two years.

All these efforts are just a preview of greater things to come. With insight filled strategies developed and executed in line with the organizational objectives, it is envisioned that the Social Marketing arm will keep being an innovative power house while still keeping Johnny at the core.



OPTIMIZING THE CABLES: SOCIAL BEHAVIOUR CHANGE COMMUNICATION & DEMAND CREATION USING *INTERPERSONAL COMMUNICATION (IPC) METHODS*

Family Planning & Cervical Cancer Outreaches

In 2016, PS Kenya pursued a "focused intensification" strategy with Integrated Outreaches to create demand for Family Planning and Cervical Cancer Screening & Treatment Services in 134 high-yielding Tunza Franchise facilities. Mobilization activities, carried out by CHVs, begin at least four days to the day of the outreach. The CHVs do household visits and Small Group Sessions using our very effective ETL (Education through Listening) Technique which allows for the target audience to dictate their priorities leading to a more personalized, relevant and comprehensive conversation with integrated messaging. The potential clients are then given a non-monetary coupon with which they can seek services at the nearest Tunza Facility or Tunza Outreach.

Our outreach effort contributed significantly to the total client numbers visiting our Tunza Franchise. Outreach activities delivered 161,217 clients for Cervical Cancer Screening & Treatment against a target of 85,920. This "integrated approach'" also contributed over 54% of the 32, 829 Long Acting Reversible Contraceptive (LARCs – IUCD & Implants) delivered by the Tunza Franchise.

Malaria SBCC Effort

PS Kenya carried out Malaria SBCC activities in Kisumu & Vihiga Counties reaching 26,467 households and 118,000 care-givers with malaria prevention and "net-use" messages. This was against a target of 26,467 HHS and 71,400 people to be reached through HH & SGS SBCC sessions.

Immunization

We trained a total of 141 CHVs in Kipkelion East Sub-county of Kericho who visited 10,308 households and talked to 20,616 caregivers with children under the age of 2 years about the benefits of Immunization.

Health Insurance Subsidy Project (HISP)

The Health Insurance Subsidies Program was carried out in 17 counties in Kenya. The project reached 82,981 beneficiaries in 17,491 households with HISP messages leading to a 95% uptake of the product.

THE HEALTH PROMOTION UNIT CAPACITY-BUILDING PROJECT

Under the HCM project, PS Kenya supports capacity-building effort of the Health Promotion Unit (HPU) to provide leadership in in the field of Health Promotion. To this end, the project supported the activities of

the National Centre of Excellence (CoE) by posting a Program Assistant to the COE who also double up as a Social Media Assistant. The HPU social media outreach was very prolific and at its peak, it attracted over 720,000 impressions on both its Facebook and Twitter feeds.

The organization also supported the drafting of the Health Promotion Monitoring and Evaluation Framework which is currently in the piloting stage. The organization also provided both material and technical support to HPU in the development of various campaigns such as the Guinea Worm and Polio campaigns. The organization also gave a hand to the Community Health & Development Unit (formerly CHS) in the development of its Advocacy Toolkit.

PS Kenya supports the coordination role of the Health Promotion function through the support to the County Health Promotion Advisory Committees (HPACs). In 2016, 78% of the established 40 County HPACs continued meeting with the support of the HCM project. Some of their agenda items included: development of communication or adaptation of National HCM materials to county-specific context, vetting of trainings and communication campaigns and organizing for Health Days (e.g. World Malaria Day, World AIDS Day and World Contraceptive Day) and on-ground public health campaigns e.g. Polio, Cholera, Cancer & Open Defecation Free campaigns.

A section of guests cutting cake during the National HPAC where HPU outputs were showcased.

ALIGNING PS KENYA'S PROGRAMS TO COUNTY PRIORITIES

Following the devolution of the Health Function to Counties, PS Kenya continues to seek deeper and more meaningful engagement with County Governments in an effort to align its project to county priorities. PS Kenya supports County Health Management Team (CHMTs) meetings and County Health Stakeholder Forums which are perfect for disseminating PS Kenya activities in counties and getting feedback from the CHMT and the County Executives on the same.

In 2016, PS Kenya supported 78 such forums across 31 priority counties. In addition, PS Kenya has signed 30 MOUs with these priority counties that are still in force today. In Kakamega County, PS Kenya supported the drafting of the Kakamega County Health Bill that was submitted to the County Health Committee for debate and tabling at the County Assembly. The organization also supported some ad hoc health activities such as the launch of the Beyond Zero mobile clinics and Health Days in select counties.

PARTNERSHIPS AND *COLLABORATIONS*

PARTNERSHIPS AND COLLABORATIONS

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- UKAID
- AHME
- EU
- UNICEF
- P&G
- Bill and Melinda Gates Foundation
- Astra Zeneca
- UNITAID
- MI
- CIFF
- UNFPA

Kenya Government Partners

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

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KOWA TRUE
Show your true colours
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