

HATUA YETU



Re-orienting our Programs

**THE
PS KENYA
MAGAZINE**

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FROM THE CEO



you will see expansion in focus through such areas as our HIV/AIDS program which is taking deliberate steps to go beyond to introduce innovative ways of HIV testing through oral tests aimed at reaching those who are not reached by conventional channels while providing a discrete channel to test for HIV.

Greetings and welcome to our biannual Hatua Yetu Newsletter. This year we are accelerating the implementation of our organization strategic plan which amongst other things focuses on re-orienting our programs to serve Sara's health needs better. With this in mind, we are designing our programs with a sustainability lens and expanding our scope to address Sara's needs holistically by creating partnerships to address other societal and environmental needs so that she is empowered to access quality health products and services for her and her family.

In this issue, you will see this expansion in focus through such areas as our HIV/AIDS program which is taking deliberate steps to go beyond to introduce innovative ways of HIV testing through oral tests aimed at reaching those who are not reached by conventional channels while providing a discrete channel to test for HIV. We are also working with partners to roll out Oral PrEP which aims at keeping HIV negative persons who engage in risky sexual behavior remain negative. Our reproductive health function is seeking ways to include all youths and adolescents in the contraception agenda through human centered design to come up with programs designed by youth for youth. We are also ensuring that we target the woman of reproductive age with both family planning and cervical cancer screening services in one sitting. Our work in nutrition is reaping dividends as more caregivers adopt the 5 healthy behaviors through the Shika Tano campaign. We are also working with families to increase community resilience against drought by using locally available food sources to enrich their meals and with the help of the ministry of agriculture are helping women to grow nutritious foods for their families. In our Tunza Franchise of Clinics we are also working towards ensuring that clients are accessing all services at a one stop shop. We are also supporting clients to be registered with NHIF to reduce out of pocket expenses and sensitizing pregnant mothers to register and access free maternity services through the Linda Mama initiative.

The steps we have taken to re-orient our programs are bearing fruit as our work remains relevant to Sara and to our donors who support the activities we implement. I would like to take this opportunity to thank all our collaborators and partners for being in this journey with us as we work towards empowering Kenyans to make healthy choices.

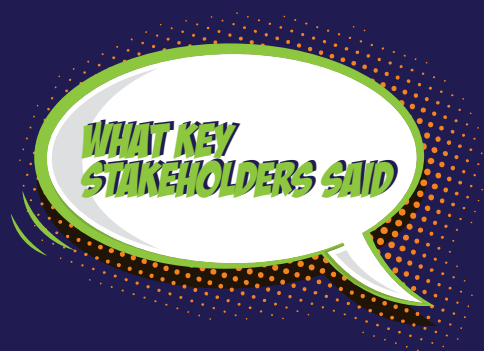
Anthony Okoth, CEO

KENYA MALARIA COMMUNICATION STRATEGY LAUNCHED

Strategy to Guide Malaria Interventions

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

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



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

Dr. Cleopa Mailu, Cabinet Secretary,
Ministry of Health



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

Karen Freeman, **USAID Mission Director**



Roadmap to the New Strategy

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

Key Interventions in the New Strategy

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

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



Delegates register in order to pick copies of the Kenya Malaria Communication strategy during the launch at Crowne Plaza Hotel Nairobi



From left Dr Jackline Kisia, ACSM/NMCP. Daniel Wachira, Program management specialist USAID Kenya. Dr Mildred Sheishia PMI Resident Malaria Advisor USAID Kenya & E. Africa. Dennis Mwambi, Senior Manager Malaria Program at PS Kenya during the Kenya Malaria Communication strategy launch at Crowne plaza Hotel

FIVE YEARS HUG ASSURED AFTER NETS BUNDLING PROJECT KICKS OFF

By: Aloise Gikunda, Malaria and Child Health Coordinator - Coast Region.



Eileen Wakesho Mwaluma the In-Charge of Kisimani Tunza clinic handing the bundled net to Jeska Ochieng'.



We have also experienced malaria as a family but thankfully it did not consume us. I now take malaria seriously and ensure all my family is sleeping under a net every night.

The birth of a baby in African culture is often welcomed with celebration as it heralds the start of a new era in the family. In the Luo culture, the birth of a boy carries more meaning as it signifies the birth of a warrior and the continued success of the household. At Kisimani Health Care Services in the Mombasa County, one baby Peter Ochieng was born at the time when PS Kenya, in collaboration with Kimberly Clarke and Malaria No More were beginning a new project to keep protect babies like him protected from Malaria.

When we meet Baby Peter, he is just a few hours old having been born the night before. Baby Peter is third born of Jeska Ochieng' and Peter Ochieng'. The family lives in the heart of Mombasa County in Leisure Estate. Mombasa County is a malaria endemic zone where the risk of malaria is high all year round. It is also a region plagued by sanitation problems. "Baby peter is my third child but he only has one surviving sibling after I lost another child to diarrhea at nine months of age," begins Jeska. "We have also experienced malaria as a family but thankfully it did not consume us. I now take malaria seriously and ensure all my family is sleeping under a net every night. I had received the free nets during my antenatal clinics at Tudor Sub-County Hospital," she adds. The Government has been also supportive by issuing us with two nets during the last community nets distribution."

Since she began faithfully using the nets her family has not experienced Malaria. "There is a radio message I often hear that talks about sleeping under a net and how to prevent malaria. It reminds me to keep my family protected," said Jeska.



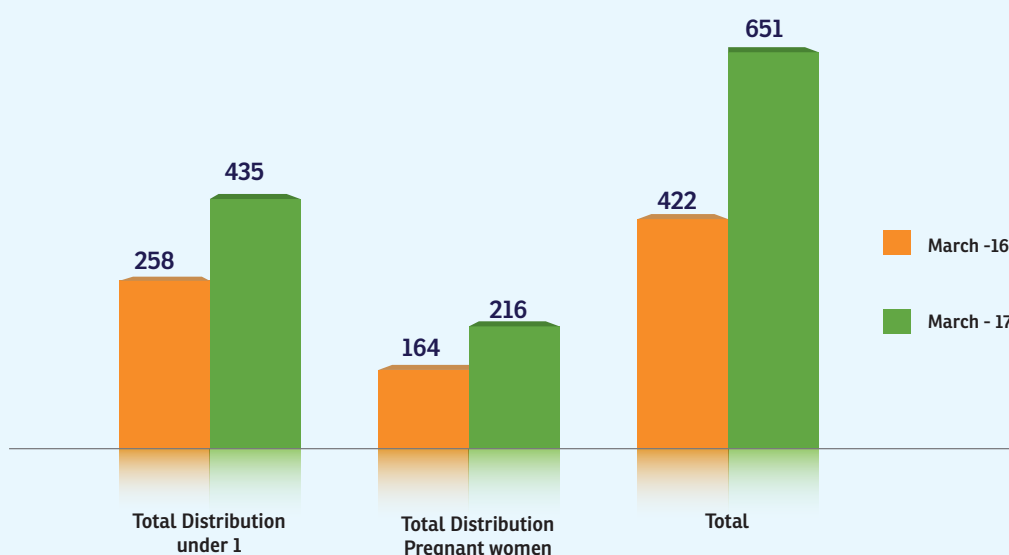
On October 17th 2016 Kimberly Clark, PS Kenya and Malaria No More signed a collaboration agreement to launch a two month pilot of the distribution program to be carried out in 17 Tunza facilities in Kenya's coastal region. The pilot program aimed to reach 2,000 pregnant women and new born babies with malaria information, an insecticide treated mosquito net and complimentary diapers. The pregnant women and new mothers would be reached when they access antenatal or postnatal services at Tunza Clinics a social franchise of health facilities that PS Kenya operates to provide quality and affordable healthcare. While Kimberly Clark is providing free diapers (2 diapers per net dispensed), PS Kenya will provide the insecticide treated nets supported by

USAID and UKAID, and access to the mothers through Tunza Clinics. Malaria No More will be creating demand through road shows and health information dissemination about malaria.

The program will ensure the babies who are the most vulnerable to malaria will get their 5th year hug after a healthy first five years of their lives.

The program was piloted in the Coastal counties of Kilifi, Mombasa and Kwale in PS Kenya supported private facilities brand-named Tunza. After the pilot, there was a sharp increase in mothers and children seeking health services within Tunza. A 35% increase was witnessed as shown in the graph below.

Impact of bundling on health service delivery within 17 Tunza Health Facilities



Based on these impressive results, Kimberly Clark and Malaria No More are in discussions with PS Kenya to scale up this model to 43 more Tunza facilities covering the coastal and lake endemic regions. This will see on average 1500 Mothers reached with the bundled net every month for the next 6 months.



NIME JIPREP, JE WEWE?

By Terry Gatauwa, HIV Coordinator

As part of the Kenya Prevention Revolution Roadmap, 4th May 2017 marked a great milestone in the HIV prevention landscape in Kenya as the country witnessed the historic roll out of the Pre-Exposure Prophylaxis (PrEP) pill aimed at protecting HIV negative Kenyans who are at a high risk of contracting the virus such as the sex workers, drug users who share needles, men who have sex with men and young women and adolescents.

**JIPENDE
JIPrEP**



The launch brought together experts from various organizations that are in partnership with NASCOP to roll out this project including PS Kenya, JHPIEGO among others. The chief guest at the function was the Director of Medical services, Dr Jackson Kioko. "It makes me happy to announce that Kenya has made history for being the second in Africa after South Africa to launch the use of Oral PrEP. This drug is going to help over 400,000 persons who are at risk of being infected by HIV countrywide especially amongst men, youth and adolescents," said Dr Kioko.

PS Kenya through support from USAID is playing a greater role in demand creation and coming up with communications that will help inform the public on matters to do with Oral PrEP, an undertaking being done in conjunction with JPHEIGO and the Ministry of Health through NASCOP.



Ps Kenya C.E.O Anthony Okoth shares a word with the NASCOP Head Dr Martin Sirengo during the Oral prep Launch at Radisson blu Hotel.



Director of Medical services and other dignitaries applause during the Oral prep Launch Blu Hotel



So what is PrEP?

Pre-Exposure Prophylaxis is an oral pill taken on a daily basis by HIV-negative persons who are susceptible to infection.

How often should one use the pill?

PrEP should be taken once every day and its users are advised to take the pill around the same time each day.

How effective is PrEP?

The drug, if taken daily in the recommended dosage, lowers the risk of getting infected with the virus by up to 90 percent. Users need to use PrEP for a minimum of 20 days for them to be fully protected.

However, the pill does not prevent users from other Sexually Transmitted Infections (STIs) and unwanted pregnancies, therefore, should be used in combination with condoms.

How can one access this drug?

At the moment, PrEP is available in selected health outlets. All one needs to do is walk into the nearest health facility to get prescriptions on the dosage. Those willing to purchase the drug will have to part with only Sh3600 per month.

Who should use PrEP?

It should strictly be used by HIV-negative people who are at a high risk of contracting the virus such as men who have sex with men, a person with multiple sexual partners and those unable to consistently use condoms with a partner of unknown HIV status. Also, it is recommended for anyone who is in an ongoing sexual relationship with an already infected partner and one who has a history of sexually transmitted infections in the last six months.

Can PrEP be used by HIV-positive patients?

The pill should only be used to protect you from getting the virus but not for treatment purposes. Using the pill could make the HIV virus resistant to medication for those who are already infected.

Stopping the medication

Individuals can stop taking the drug whenever they are out of the risk of being infected. It is advisable to consult your healthcare provider for the best advice before stopping PrEP use.

What about the side effects?

The pill has mild side effects including rash, headache, vomiting, nausea and loss of appetite. The side effects, however, disappear after a few weeks of using the drug.



Director of Medical services and other dignitaries applause during the Oral prep Launch Blu Hotel

THE 1ST ORAL PrEP CLIENT IN

By Sammy Chambati, Oral PrEP Coordinator – Coast Region



Jacinta (not her real name) is a 32 year old mother of three and a female sex worker. She has been in the trade for the past 11 years and this is her source of bread and butter. In addition to being a sex worker, Jacinta admits that she also injects drugs. This risky behavior puts her at substantial ongoing risk of contracting HIV because drug use impairs judgment and inhibits correct and consistent condom use each time she is engaged in sex with a client.

Jacinta is our first client in the Coastal region to be rolled on oral PrEP. She received the drugs at Teens Watch Center, a private facility located in Ukunda show grounds, Msambweni sub County of Kwale County. Teens Watch center is supported by the Jilinde Project as a private facility in rolling out oral PrEP to those at substantial ongoing risk of HIV such as female sex workers (FSWs), men who have sex with men, people who inject drugs (PWID) and adolescent girls and young women. Teens Watch Centre formally started as a CBO for FSWs and PWIUDs. Currently, Teens Watch Centre is registered as a Private Facility offering HIV prevention, care and treatment services to KPs (Key Populations).

Jacinta was motivated to begin Oral PrEP following a sensitization meeting held by the Jilinde Project which brought together peer educators such as herself to learn about the drug. "I now understand that my work raises my risk profile since I can have 5-7 clients in a day on a normal day and up to 12 clients on a busy day. I knew that I needed to protect myself from HIV," said Jacinta. "If I am going to be a role model to my peers then it begins with taking responsibility for my health and protecting myself from HIV," she adds.

When Jacinta began taking Oral PrEP she experienced some slight side effects such as headaches, nausea and vomiting but these side effects faded once her system adjusted to PrEP. Jacinta is happy that she can use oral PrEP since sometimes clients do not use protection and in other instances she forgets to use a condom. "Afadhali nikose kula lakini nimeze PrEP, nikiamka nameza





maanake PrEP ndio uzima wangu. Sitaki nikose, ile siku ntawacha kazi ya sex ndo ntawachana na PrEP (I'd rather forget to eat than to take my PrEP when I wake up in the morning because this drug sustains my life so I can't afford to miss it. The day I'll stop being in the sex business is when I will stop using PrEP)," says Jacinta.

While Jacinta is on board with PrEP, some of her peers need a little more convincing and she focuses on educating them on the importance of PrEP. "Najaribu kuzungumza na rafiki yangu pia yeye aanze PrEP lakini bado namuona ana uoga wa kumeza dawa, lakini mwisho lazma pia yee achukue PrEP ndio ajikinge na maradhi ili asipatikane (I am still convincing my friend to start on PrEP but she still has doubts about taking the pill. However in the end it's a must she takes PrEP so that she protects herself from illnesses)," added Jacinta.

Jilinde Project supports national and county governments to roll out Oral PrEP in 3 models: through Public Facilities; Private Facilities and Drop-In Centre's. The project identifies trained key population peer educators (PEs) and equips them with information knowledge on Oral PrEP. The PEs are in turn tasked to conduct mobilization and create referrals for ongoing substantial risk key populations to the supported private facilities to get more information on Oral PrEP hence being enrolled on Oral PrEP.

Oral PrEP entails use of anti-HIV medication before exposure to keep HIV away. For one to be fully protected, an individual must take Oral PrEP for seven - fourteen days before being exposed. The presence of the drug in one's system keeps HIV at bay during those risky sexual encounters. A client should be on PrEP so long as his/her risk profile is high. However the drug needs to be taken along with other HIV prevention methods like a condom until one achieves a low risk profile hence being advised by a health care worker to continue on other prevention options available. A health care provider carries out lab investigations including HIV testing and counselling to rule out infection before enrolling clients into the program.

Jacinta is one of the many hundreds and thousands of KPs who can live a safer lifestyle without worries because of Oral PrEP and being the first client in, we hope she and others who follow her will continue to reap the benefits of protecting themselves from HIV.

By end of June 2020 the Jilinde project is expected to at least reach 7000 KPs with information and messages on Oral PrEP and enroll 4451 KPs at the private facilities supported by the Jilinde Project

I now understand that my work raises my risk profile since I can have 5-7 clients in a day on a normal day and up to 12 clients on a busy day. I knew that I needed to protect myself from HIV.





WHY MEN DO NOT GET TESTED FOR HIV EXPERIENCES FROM MEN IN KIBERA

Terry Gatauwa, HIV Coordinator

About Kibera and HIV

The Kibera I'd heard about, but had never visited, was a sprawling, ramshackle settlement built from materials cast off by the rest of the city. Cramped alleyways and mishmash structures lean into and grow out of each other. But what made me visit Kibera? In Kenya, the effects of HIV/AIDS are widespread, but slum areas have an adult HIV prevalence rate twice as high as the national rate. Slums are characterized by scarce resources, making HIV prevention efforts extremely challenging. Kibera is home to some one million people, and the UNAIDS estimates that HIV prevalence rate here is at least 10 percent.

Growing number of studies highlight that men are significantly less likely to get tested for HIV. On this particular chilly Saturday morning, accompanied by a team from the Office of the Global AIDS Coordinator (OGAC) and PEPFAR Kenya PS Kenya, set forth and crossed a dribbling brown stream to enter Nairobi's largest slum to meet with a group of young and older men from Kibera to understand why men do not go for HIV testing.

In order to identify the root causes and come up with viable solutions to this matter, Vincent Odiara HCM Manager and Lucy Maikweki-HIV/TB Director spearheaded a focus group discussion that was held at the heart of Kibera in a local community venue called the Kibera Town Center. The focus groups were made up of young men aged between 18-24yrs and men who are 25years and above. This is what the men had to say:

So why don't the men in Kibera want to know their HIV status?

- They don't feel at risk of contracting HIV because they use condoms as a form protection.
- Fear of a positive result and being stigmatized and discriminated by the society which would mean missing out on social inclusion.
- They do not have time to queue with women and children in the health facilities to wait to be tested. They have to hustle for their daily bread and so queuing will eat into the time they have to be at work.

For the older men, these were their concerns:

- Myths and misconceptions around HIV that once you've contracted HIV you will definitely die.
- Stigma due to "ignorance"
- No cure for HIV; No HIV positive role models in Community/Society; HIV is for particular people
- Fear of taking drugs for the rest of their life
- Unprofessional health workers who might disclose their HIV status
- Confidentiality concerns within the family due to lack of trust



The Men's Recommendations of Improving Testing Outcomes:

1. Reduce the fear of knowing HIV status: awareness creation to educate people to embrace HIV+ people, and make the general population realize that people living with HIV have similar capabilities as everyone else. HIV testing and counselling (HTC) counselors should be trained so as to be competent in counseling and health education should be conducted by qualified personnel.
2. Services to be offered in convenient settings such as: in households and mobile but confidential testing during events. The men added that there needs to be dedicated places in health facilities separate from other services for testing to avoid queuing and that health provider's support group peer counseling.
3. Awareness that HIV is a Risk: need to create more awareness as there is a gap in HIV knowledge especially among the younger generations and use creative ways to communicate the importance of testing.

VIEWS FROM OLDER MEN

"In Kibera here, HIV is mostly spread because of poverty, you find that there are people who need to feed their families and to get money for food they engage in prostitution. Others because of their status get depressed and abuse drugs, or drink the local brew 'Changaa' which make them susceptible to engaging in risky sexual behavior."

"Being HIV positive comes with the normal loss and grief stages, like shock, denial and sometimes people take so much time when they are denying that they do not seek help or get the drugs. In that state of denial, they feel like HIV is a death sentence"

"I visit the facility, the provider I find there happens to be my neighbor. We meet along the streets of Kibera, in our local changaa den and he is likely to inform the others if I test positive. I don't trust him, I have no confidence in him. In any case, what you don't know doesn't kill you."

"But healthy foods and medicines cost money. I earn a modest salary of Ksh.4500 per month, or about Ksh.150 per day, I do not think I can feed myself and buy the antiretroviral (ARV) drugs at the same time."



VIEWS FROM THE YOUTH

"Going to a health facility means that I will get many tests done including HIV and which is not acceptable to me as a young person"

"Testing HIV positive equals death"

"You know, abstinence is not an option as one is seen as not being a 'real man' in the society. As young men, we tend to have many small shares in many companies (i.e. we're interested in many girls to ensure we are covered)"

"We feel that girls from 'leafy' neighborhoods pose less risk as they are locked indoors most of the times, and they have access to information while girls in the slum pose greater risk as they have many sexual partners to meet their needs."



At the end of the session, we realized that knowledge, awareness and stigma is a common issue between older men and younger men in Kibera. HIV awareness needs to resume targeting youth, as we noted a gap which could be contributing to low risk perception among youth and older men. Service delivery should also be express and convenient such as HIV testing services outside of health facilities to improve uptake. And finally there's need for communication to address separate concerns of older men and male youth

ADOLESCENT GIRLS GET A NUTRITION BOOST THROUGH WIFS

Adolescent girls in 3 counties in Kenya are set to benefit from a nutrition program that aims to reduce the rates of anaemia in that age cohort. The project known as the Weekly Iron and Folic Acid Supplementation Project (WIFS) and Nutrition Education, is the first of its kind in Africa and will be piloted in Busia, Kitui and Nakuru.

The WIFS demonstration project aims to reduce anaemia also known as 'hidden hunger', in line with the Sustainable Development Goal 2.2 - reducing all forms of malnutrition and WHO 2011, which states that anaemia above 20% be considered a public health intervention targeting adolescents aged 10 – 19 years. Kenya's anaemia rates stands at 22%.



The project will target adolescents with nutrition education. Adolescent girls will also receive a supplement of WIFS to boost their iron and folic acid requirements because girls during pubertal growth require higher amounts of iron as compared to boys of the same age.

Additionally, being the first of its kind in Africa, the demonstration project aims at identifying systems that will be sustainable and work effectively and efficiently in implementation of WIFS and thus advise the Ministries on the best means of delivery for the project.



In the month of June, 2017, adolescent girls from Naivasha DEB Primary School became the first girls' school to consume this iron supplement in a colourful ceremony graced by the President of Nutrition International Joel Spicer, the Canadian High Commission Representative on Projects Luke Myers, PS Kenya CEO Anthony Okoth and Ministry of Health Officials from the Neonatal Child & Adolescent Health Unit, Nutrition and Dietetics Unit, Ministry of Education as well as County Heads of Health and Education.

PS Kenya is tasked in supporting MOH and MOE to provide technical support for implementation of the project, developing BCC strategies to enable adoption of WIFS consumption and improvement of

knowledge, attitude and practices, through creation of a demand and accessibility to WIFS while leveraging on the already existing systems within MOH and MOE.


In addition, PS Kenya in partnership with MOH through funding from Nutrition International is tasked with supporting the implementation of this project through provision of warehousing and distribution of the weekly iron and folic acid supplementation drugs as well as carry out a 360 degree "surround and engage" communications strategy to influence behaviour change towards the use and consumption of WIFS. These communications channels will address each level of society from national to community levels in order to ensure that individual, societal and structural barriers affecting the uptake of WIFS are addressed.

Adolescent girls are being targeted because WIFS will not only improve their nutrition status specifically on anaemia but also help with their productivity, performance and in the long run reduce child mortality and malnutrition rates.



PROTECTING OUR UNBORN WITH WIFS

By Valerie Chepleting, Project Officer - WIFS



We are in Burumba ACK Church in Busia County where the Matayos sub-county Nutrition Coordinator Scholastic Nabade is conducting a nutrition session on maternal and infant nutrition with a special group of mothers. These mothers are special because they are adolescents and are either pregnant or with infants. Most adolescent pregnancies are usually not planned, and the girls often don't realize that they are pregnant during the first couple of weeks. As a result, they tend to miss out on nutrition opportunities for their foetuses which could negatively impact on their health.

In the nutrition class today is Sara, a 16 year old mother of one child. Sara was referred to this nutrition class after a pre-natal visit to Tanaka Nursing Home where she complained of fatigue. "Initially I did not even know I was pregnant until I was two months along. The news of the pregnancy made me shocked and anxious, I was very young to be a mother and I knew my parents would be devastated; but it had happened and there is nothing I could do to reverse it," narrated Sara.

Eventually she did break the news to her parents who were initially devastated but later on got on board with her situation. The plan was that Sara would defer high school for one year and then return after one year of raising her child. However there came another challenge. "When I was three months pregnant I often felt dizzy, fatigued and sometimes I would faint. I went to Tanaka and the doctor told me I had low levels of hemoglobin due to my poor feeding habits. I was not sure what that meant but it seemed serious and I wanted the best for my child so I willingly went to see the nutritionist. Through the nutritionist, I have been attending a class consisting of a group of young pregnant and lactating mothers to learn about nutrition," she went on to say.

Adolescents who are pregnant are in need of nutrition counselling and nutrition education since they have increased nutrient needs for their growth spurts and their developing babies. Low haemoglobin levels if not addressed often contributes to complications during child birth and increased risk of perinatal and maternal deaths. This is why adolescent girls are being advised to take weekly iron and folic acid supplementation (WIFS) so that when they get pregnant their bodies have adequate stores of iron and folic acid. "Sister Scholastic talks to us about eating well and how our bodies affect our health and that of our growing babies so I want to ensure my baby thrives. I have learned that my baby was at risk of developing birth defects and deformities if I do not take enough vitamins and mineral supplements," Sara said contemplatively.

Sara has heard that her friends in school have also begun taking the WIFS supplements since they also help with reducing anaemia from menstrual blood loss. "I am excited that I will continue taking the pills in school with my friends and since I am a witness that it is for my good health and will reduce fatigue and weakness, I will motivate the other girls in my school to take the pill also," said Sara.

The WIFS project seeks to improve nutrition status of adolescent's girls due to increased nutrient needs due to growth spurts, menstrual blood losses and preparation of the body for child bearing. Pregnancy and preconception period comes with heavy demands on nutrients especially iron and folic acid. During preconception and in early pregnancy it is important to get enough folic acid. Research has shown that folic acid can help keep your baby from having serious birth defects such as spina bifida and anencephaly. "Your baby is counting on you for the best start at life therefore this class will ensure that the pregnant adolescent clients will have improved haemoglobin levels, better pregnancy outcomes and reduced maternal mortality," said Scholastic.

MAKING THE WOMEN OF KIBAKI VILLAGE MORE FOOD SAVVY

By Georgina Kinyili, SF SBCC – Mountain Region



The nearest clinic is 20 kilometers away so I was not aware that there were some supplements I should be taking while I'm pregnant. I also did not know I should breastfeed exclusively for the first 6 months so I weaned my children at 4 months

A nutrition household event took place on 30th march 2017 in Kibaki village, Kyuso ward in Kitui County. We enlisted the help of a local community health volunteer (CHV) who mobilized ten women to attend this nutrition session. Nine of them had children below two years and one was pregnant. The event took place at Mrs. Nzambi Musili's household.

One of the women who participated was Sara Kanini. Sara Kanini is 29 years old and a mother of three children aged five and three years old and the youngest being eight months old. Sara is glad to be learning from the nutrition program today that we have dubbed "Shika Tano" because she was not educated on the five behaviors of nurturing healthy children such as exclusive breast feeding and taking iron and folic acid supplements. "The nearest clinic is 20 kilometers away so I was not aware that there were some supplements I should be taking while I'm pregnant. I also did not know I should breastfeed exclusively for the first 6 months so I weaned my children at 4 months," she narrated. In the same way, Sara's children had not been given Vitamin A as she was not aware of their importance and availability and her children were not administered with ORS and Zinc when they had diarrhea. "I believe we would have done all these things had we been informed about its importance before," Sara concluded to which the other women nodded in agreement.



Georgina Kinyili, SF-SBCC Coordinator Central region engages Women on matters regarding nutrition



Kitui County is one of the counties with the highest rates of stunted growth (46.8%, KDHS) and is one of the counties targeted with our nutrition program. Through funding from EU and UNICEF, PS Kenya is implementing the Shika Tano program which aims to encourage caregivers to adopt five healthy behaviors for their children in the first years of birth so they avoid becoming malnourished. In addition, working with the agricultural office in the county, we provide knowledge on how families can prepare high value nutritive foods through growing locally available food. Through CHVs, we speak to women groups like Sara's and advise them on health and nutrition for their children. "I did not even know that breast milk has all these important benefits like the fact that it boosts the immunity of children so they do not get sick so often," remarked Sara. "We have been living in darkness and exposing our kids to numerous risks due to ignorance," added another participant.

The second session involved farming where we highlighted two methods of farming which we found would be very easy and cheap for the women to adopt: the garden in a sack and the Zai pit method. The sub county agricultural officer, Mr. Kavisi, demonstrated how the two methods worked. Starting with the garden in a sack method, only a sack, soil, seedlings, and a small quantity of water are required to the garden. Although the sack appears to be filled with soil, at the center is a column of stones that allow water to pass to all parts of the sack. Domestic waste water is what irrigates the garden sack which is why it is important that this sack is placed near the homestead. Putting together the garden sack takes 30 minutes and the average cost of buying everything for the sack garden is 150sh.

The Zai pit method of farming is a method of farming whereby small cylindrical or rectangular holes are dug on the ground. Seedlings are planted at the center of the hole/pit. With the plants at the center of the hole, it will collect run-off rain water which allows more water to infiltrate. Use of Zai pit increases food production, increases food security and also reduces desertification. All were in agreement that Zai concept is simple, feasible and practical.

At the end of the farming session, the women agreed that what they had learned was easy and practical to implement. They were thankful for informative session and pledged to begin doing what they had learnt. "I am certain that all the lessons we have learned today will really help my family live a more healthy life, thank you PS Kenya," remarked Sara.



Gerogina Kinyili, SF-SBCC Cordinator Central engaging farmers on a planting demonstration on how to grow plants that will be of nutritional value to their kids.

FAMILY PLANNING AND CERVICAL CANCER INTEGRATION, CAN IT WORK?

By Rachel M Mutuku, Director, Reproductive Health

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 and 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 the pots of money for various health programs, majority of project shelf life has reduced from anything 1 to 2 years and if you are very lucky 3 years. The silo funding sequence for projects also impedes cross pollination of interventions making it very 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 franchised 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 the same audience segment – a woman of reproductive age (25-49 years) at separate touch points. 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 yrs had been screened for cervical cancer but none had been deliberately offered family planning information and services.



The family planning program during the same period was not doing so 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 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



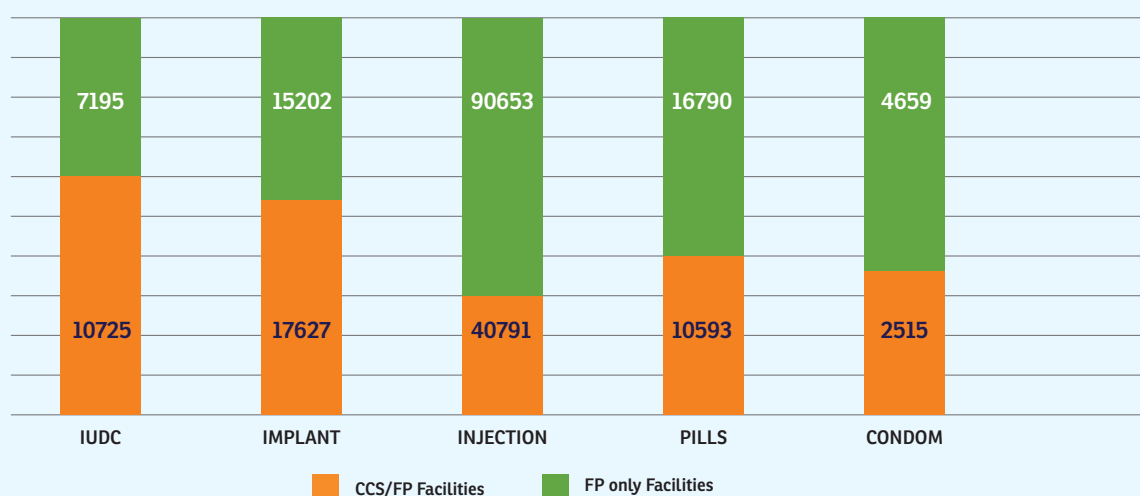
creation and point of service delivery for illnesses or closely related health problems such as those in sexual and reproductive health.

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 on Table 1- FP Performance Jan-Dec 2016 facilities offering Cervical Cancer screening and FP(20%) Vs Facilities only offering FP (80%). 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.

he 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 in Table 1. 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 especially 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.

FP performance Jan-Dec 2016 facilities offering both cervical cancer and FP services (20%) vs facilities only offering FP services (80%)



LEARNING THE REPRODUCTIVE HEALTH CHALLENGES OF THE VISUALLY IMPAIRED

By Annette Wachira and Ezra Abaga, PS Kenya



A student at the Kenya School for the Blind gets to feel how a condom lo...

Blindfolded and armed with the white cane, we ambled from one end of the grounds to the other only aided by the clapping of hands by a guide. It was quite a feat for us members of the PS Kenya reproductive health team but for the youth here at the Kenya Society for the Blind, this is their normal routine as they move from class to class every day some with the aid of the white cane, others already accustomed and walking without it. This task would be one of many other tasks we would engage in here at the society for the blind as we immersed ourselves in their world in order to understand what their reproductive health needs as youth was like.

The reproductive health program with support from USAID and UKAID is implementing a youth focused program dubbed "Kukachora" which aims at targeting youth with information and services related to their sexual and reproductive health. The idea of Kukachora is to encourage youth to think about contraceptives as they plan for their future. Understanding that the blind youth also have reproductive health needs and inspired by the Human Center Design course, we decided to dive into this unknown world and try to target this unique demographic. By immersing ourselves in their culture, we were able to realize that they are not different from us.

We started our immersion by taking a tour of the institution. We had a look at their educational materials in braille. It was fascinating to realize that there is not much information on Sexual Reproductive Health that is written in braille. As a program we realized that this gap needed to be filled by creating IEC Materials and campaigns that will cater for their needs and inform them on contraceptive use.



We soon set up in a hall and began our discussions and we realized that these young people are pretty much like other young people: they love the same music, they love going to parties and socializing. Most importantly, we learned that they have the same sexual needs as other youth. Though a bit shy when the topic was brought out, it was fascinating to hear their descriptions on love and sex.

As we passed around the samples of contraceptives, as would other youth we have interacted with there was playful shyness with lots of giggling. It was good to note as they touched the different contraceptive methods that some were familiar with the contraceptive while others were not.

"As a program we have realized the need to address this unique group of youth. There is no one highlighting their issues hence it's high time we came up with campaigns that are customized to their needs and made in braille so that we can give them guidance when it comes to contraceptives," said Joseph Mutweleli, the Adolescent and Youth RH manager at PS Kenya.

As the immersion came to an end, it was clear in our minds that even the blind deserve sexual reproductive health education since they were more than anxious to be informed on contraceptives. This will enable them protect themselves from unwanted pregnancies STI's, and HIV. As PS Kenya through the Reproductive health department, we are committed to ensure that such groups are able to benefit from the programs we offer targeting youths as this will allow the blind to also make a plan, 'Kukachora'.



Lydia Adhiambo, A student at the Kenya Society for the Blind gets a feel...

As a program we have realized the need to address this unique group of youth. There is no one highlighting their issues hence it's high time we came up with campaigns that are customized...



RH Manager, Christine Were engages the blind persons on the various family planning options available during the Immersion at the Kenya society for the Blind-RH for the Blind Article

**KITU
NIKUKA-
CHORA**
Make A PLAN

NEEMA GETS LEVEL 4 SAFECARE ACCREDITATION



Neema Hospital in Kitui County has received LEVEL 4 accreditation from the SafeCare program making it the first Tunza facility to be awarded SafeCare Level 4 certificate. It was also the first facility in Kenya to achieve SafeCare Level 4 among the facilities in the SafeCare programme. This great feat means Neema Hospital is just one step short of reaching the final level of accreditation, Level 5. In Kenya, first class hospitals like the Aga Khan University Hospital have Level 5 accreditation making Neema Hospital one step short of being in the same class of provision of quality health care to Kenyans as Aga Khan.

This great achievement both in Tunza Family Healthcare Network and private health sector facilities needed to be recognized in order to strengthen commitment and resolve to pursue the quality agenda which is why the County Government of Kitui together with PS Kenya and Pharmaccess graced the occasion of officially handing over the SafeCare certificate to Neema Hospital.

Speaking on behalf of the County Executive Committee Member for Health in Kitui, the County Medical Director Dr. Mumo lauded the achievement made by Neema Hospital saying that the hospital has been a valuable partner to the government in providing healthcare. "It is indeed a great achievement for Neema to receive this accreditation because we as the county government are happy to have better healthcare services provided to residents of Kitui," said Dr. Mumo



In 2013, Neema entered into the SafeCare program, which is a program that supports healthcare facilities go through a stepwise improvement program to deliver safe and quality care to their patients. SafeCare introduces standards that enable healthcare facilities to measure and improve the quality, safety and efficiency of their services. With technical support, facilities are equipped to move forward along a trajectory that can result in international accreditation. The Safe Care standards are accredited by the International Society for Quality in Healthcare (ISQua), a global leader in quality improvement. For the owner of the clinic Mr Kinako Musembi, it has been 4 years of implementing SafeCare. "I am glad that I have been able to move from SafeCare Level 1 to Level 4. I now have my eyes set on the highest Level of quality accreditation although I would like more assistance to keep growing the hospital. I for example now need an ambulance to reach those who are too far away," he narrated.

PS Kenya through the generous support of the American people through the USAID HCM (Health Communications and Marketing) program, proposes to expand and scale up SafeCare Quality Improvements (QI) standards across the Tunza franchise, through quality assessments, developing quality improvements plans and continuous monitoring of implementation through supportive supervision. PS Kenya's CEO Anthony Okoth who was also at the occasion congratulated the hospital for achieving Level 4 accreditation and urged the team to keep on pushing until they reached level 5. "It is no small feat that this hospital is just one step away from being in the league of hospitals like Aga Khan. We are extremely proud to have walked this journey with you and we urge all other Tunza franchise members to aim to reach and even surpass Neema hospital," he said.

Milicent Olulo, the Country Director of PharmAccess, the organization that develops the SafeCare Program also congratulated the hospital for their great achievement. "When you see us coming here to join you for this occasion is because quality is an issue that cannot be understated. Quality is important for every Kenyan because we will all get sick at any given time and it is important to ensure that whenever we find ourselves at a health facility seeking treatment, we are confident that the quality of care we are getting is of the highest standard," she added.

Two more Tunza facilities are set to achieve SafeCare level 4.



It is indeed a great achievement for Neema to receive this accreditation because we as the county government are happy to have better healthcare services provided to residents of Kitui

BABY JACOB ALIVE AND WELL THANKS TO SAFE MOTHERHOOD TRAINING

By Teresia Mutogia, Quality Assurance Officer, Eastern Region



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

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

undergone the training that we went through given by PS Kenya on safe motherhood," she added.

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

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

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

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

Immediately she heard that she was in pre-term labor, Mueni panicked. She concluded that her baby was in trouble and could possibly die. It took a long time for me to calm her down but eventually she calmed down and began cooperating



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

While his birth weight remained stubbornly low at 1.3kgs, this baby was determined to live. The baby's delicate condition required that he was placed on Kangaroo mother care which Rose trained Mueni to do. This method of care is recommended for preterm infants and involves infants being carried, usually by



the mother/father, with skin to skin contact. In addition, the since the baby was unable to latch onto his mother's breast to feed, Rose nurse inserted a nasogastric tube which acted as his feeding tube and after four days, he was introduced to spoon and cup feeding.

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

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

SAVING MONEY AND ENJOYING A CLEANER HOUSE!

By Belinda Odenyo, PS Kenya



Ann prepares a meal inside her one roomed house

Before acquiring this new cook stove, 23-year-old Ann Wanjiru would never have dreamed that she would save money because of using a cook stove. Aside from reducing levels of smoke during cooking, Ann is saving on the cost of purchasing charcoal fuel. "Two months ago, I would use charcoal worth 60 shillings in a day to cook my meals. This put a lot of strain on my budget. Things were tight," Ann explained. But with her improved charcoal stove, Ann is using the same amount of charcoal that she used before (60 shillings) for three days, meaning she is using roughly charcoal worth 20 shillings daily. With this latest cooking acquisition, Ann has become an ambassador for improved cook stoves to her neighbors and relatives. "They keep asking me about it. When I tell them that I saved 1200 shillings last month on fuel, they want it even more!" laughs Ann as we prepare to finish our interview.

Being able to save money is not the only thing that has Ann excited. She can now cook her food inside her one-roomed house without fear of her entire room filling up with smoke and turning everything black. She is happy with her new stove that emits less smoke, unlike the one she had before. "I now realize that the charcoal stove that I used before was a risk to me and family because it emitted so much smoke," Ann Wanjiru says. Living in Nairobi and working as a domestic servant, Ann has rented a small one-roomed structure which houses herself and four children. With such limited space, Ann



I now realize that the charcoal stove that I used before was a risk to me and family because it emitted so much smoke

was always afraid that the smoke that came from her old stove would make her family sick and bring trouble with her landlord since soot would fill the walls of his house and make it look dirty.



Ann displays her stove outside her house



For all this, Ann has her employer, Beth, an employee of PS Kenya to thank. Beth bought Ann the stove after she learnt of clean cooking during an internal employee sensitization of the UPISHI Digi campaign. "It was a surprise! When she came home with it, I loved it immediately! I didn't know that she had bought it for me," Ann opines. Beth confesses that after learning about the effects of smoke to health of women and children, she decided that she had to make a change in Ann's life because she knew Ann lived in a one-roomed house with her children where she also did her cooking. Beth feared that Anne could be putting her little children at risk of respiratory infections brought about by frequent exposure to smoke from her jiko. "I also wanted something that would enable her to save money on the fuel she uses for cooking," Beth says.

Ann joins the growing number of women in Kenya who are adopting clean cooking practices in the country and improving their lives through the Upishi Digi campaign. This campaign is funded by Global Alliance for clean cooking in order meant to create awareness on the effects of smoke and household air pollution on Kenyan households and how this is harmful to women and children's health, their financial lives. The campaign promotes use of cleaner and more efficient charcoal cook stoves. PS Kenya intends to enable more than 200,000 Kenyan households adopt cleaner cooking solutions by end of 2018.

UPISHI DIGI
NA JIKO SAFI LA KISASA

**“ Save makaa, Save masaa, Save chapaa.
Boresha Upishi na jiko safi la makaa la kisasa ”**

Jiko Bora Ensamiti **Super Bora Ensamiti** **Jikobha Bora**

EMPOWERING COMMUNITY HEALTH VOLUNTEERS TO DELIVER BEHAVIOR CHANGE COMMUNICATION MESSAGES TO "SARA"

By Janeffer Wamaitha SF SBCC Mountain region

The role of Community Health Volunteers (CHVs) in creating demand for a health service or adopting a positive health behavior is very vital as engrained in the government of Kenya community health strategy. Through the PS Kenya demand creation team, it has emerged how empowering the CHVs to undertake education sessions in communities is effectively improving health outcomes in hypertension, family planning and cervical cancer. This is because the CHVs enables the community get quick access to health information and services through door-to-door/one-on-one sessions and small groups sessions.

Experience has shown that well-trained and supervised CHVs when supported by a functioning healthcare system, in this case the Tunza Franchise of clinics, effectively contributes to better Hypertension monitoring at the community level. This had led to improved quality data on hypertension since July 2016. A team of CHVs facilitate our target "Kioko", an archetype male, who PS Kenya research has shown is most at risk of getting hypertension; to access prompt health care by addressing cultural norms, myths and misconceptions that bar him from seeking services.

However, CHVs need supervision in order to strengthen their skills for impacting communities in health. Supportive supervision involves creating a non-threatening, empowering environment in which both the CHV and the supervisor progressively learn together and overcome challenges that might otherwise demotivate the CHV. The results and outcomes are even better since they now learn from each other. This led to the clustering of CHVs to promote peer-to-peer mentorship initiatives.

The Intervention

The CHVs team structure is designed such that they are clustered according to their area of coverage. The team leader is called the "field monitor" or the "super CHV". In this setting, PS Kenya's social behavior change team act as the overall lead supervisor of the different clusters.

A good example is in Nyeri County where PS Kenya has three (3) clusters of Hypertension CHVs – Naro Moru, Nyeri Town and Kiamariga. Each group averages 5 members. Zainabu Jael Sichenga is the leader of Kiamariga cluster. When her team was formed in July 2016, they were all new in Hypertension programming. However, Zainabu has walked her team to a point where their performance has now improved. Every Thursday, Zainab ensures that they meet to review their performance and deliver their weekly reports. The meeting also provides an opportunity for Zainab to mentor her team on ways to improve their community small group health education sessions.

"Hawa watu wangu mbeleni walikuwa wananitatiza sana, lakini baada ya kuwaita mkutano, tukapanga kazi, sasa mambo ni shwari, kila mtu anajua kazi yake (My team members initially were giving me a difficult time, but after calling them for a meeting to plan how work should be done, now things are running smoothly)," she narrates.

Rose Kabiru a member of Zainab's cluster shared how her community unit empowered her to mingle with the community members and ensure she adequately followed up with potential clients for hypertension treatment. "Every time I meet a client, I remember to take their phone number and follow up regularly thanks to the education I got from my cluster," says Rose. "My clients are very comfortable with me. I regularly do follow ups



Hawa watu wangu mbeleni walikuwa wananitatiza sana, lakini baada ya kuwaita mkutano, tukapanga kazi, sasa mambo ni shwari, kila mtu anajua kazi yake



with them to ask questions on their treatment scheduling. I owe this CHV-Client relationship to the training I received on conducting door-to-door to talk about hypertension. I am very proud of my work," Rose concludes.

The Results

The PS Kenya approach of community clustering to delivery of health services has accrued the following benefits:

1. Having a focused team of well trained and supervised CHVs has improved community health outcomes because this motivates them that they are not alone in conducting their day-to-day work.
2. There is full ownership and stewardship of the project cycle because the CHVs learn from each other through "peer to peer mentorship". They sharpen each other and become role models in the community.
3. The CHVs are able to form relationships with community leaders and the owners of the Tunza clinics and with the community in general because of the follow-ups they do with clients to ensure they are entered into the screening and treatment program for hypertension.

In conclusion, decisions about accessing health care and treatment are made within the context of a family and may be determined by cultural norms, myths and misconceptions. Having teams of well-trained CHVs enables community access to health information by demystifying misconceptions and referring clients to health services in the Tunza facilities. Regular supportive monthly supervision when the CHVs are conducting their sessions improves delivery and results of hypertension related activities done by the CHVs. During supervision, PS Kenya staff has been able to learn with them as they overcome challenges that help to build trust in the community, increases coverage and engagement of community members in hypertension activities.

RE-ORIENTING OUR PROGRAMS

By Lillian Karanja, Brand Manager – PS Kenya

The marketplace is never static: it is dynamic and fast changing, and demand for products is constantly shifting as needs, wants, and technology all change. As a result, companies must always evaluate their existing product line and look for ways to ensure that it is up to date and in line with consumer desires. New Products are the life-blood of companies and societies as they offer new value to customers which drive company growth. If the value offered is not increased, then the company will lose its strength in the market as its competitors will keep on increasing in their value in the market.

In line with driving innovation, adding value to its key target market 'Sara', as well as improving the health of Kenyans, PS Kenya launched four new products in quarter four of 2016 - Supanet Long Lasting Insecticidal Nets, Kinga Mosquito Repellent Soap, Femigirl anti-androgen contraceptive pill and Femipill Tri-phasic contraceptive pill.



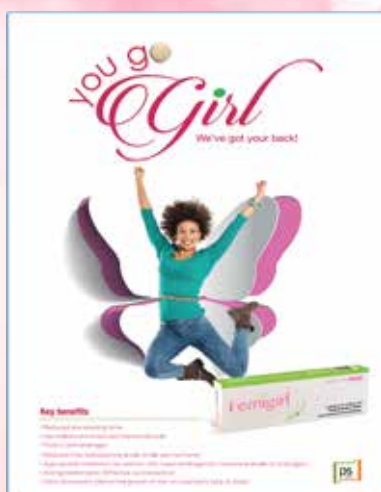
Fighting the Bite!

A recent study suggests that mass distribution of Insecticidal Treated Nets has had a significant impact on vector densities, species distribution and sporozoite rate. However, shift of biting time poses significant threats to the current vector control strategies which heavily rely on indoor controls. This had made Kenyans worried about the presence of mosquitoes everywhere which can strike and bite any time. To ensure Kenyans are protected, PS Kenya launched Kinga Mosquito Repellent soap which is formulated with natural botanical oils and extracts to provide long lasting protection against mosquito bites. The natural oils also provide a natural fresh fragrance for a pleasant feel every time you use it. The soap also has anti-bacterial effects that protects you and your family from a wide range of unseen germs. Kinga Mosquito Repellent Soap is available in leading retail outlets countrywide at Kshs 55 and Kshs 90 for a 50g and 100g bar respectively.

Towards a Malaria Free Kenya!

Malaria is a major health problem in Kenya with a disproportionate effect on the poor, pregnant women and children under five. Over 70 per cent of Kenya's population, or over 27 million with a general population of 39million people, are at risk of malaria, 75 per cent of who live in rural areas. This was recognized in the formulation of the revised National Malaria Strategy (NMS 2009–2018), with a goal to reduce morbidity and mortality caused by malaria. It has also been noted that only 59% of Kenyan households have access to at least one Insecticide treated net (Kenya Demographic Health Survey, 2014), well below the government target of 100%. Assuming one ITN covers at least 2 people, only 34% of Kenyan households meet this criteria (MOH 2015). Introducing an affordable quality insecticide treated net would bridge the gap and have a direct impact on Malaria prevention and reduction.

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



Freedom without Worries!

The prevalence rate for the use of contraception for the Kenyan female currently stands at 58% (KDHS,2014) with majority of the first-time users choosing short term methods like pills (Trac,2014). Every woman deserves a fruitful and rewarding life. That's why we provide quality contraceptives that safely lowers the risk of unwanted pregnancy. PS Kenya is at the forefront of innovation in this category with the launch of Femipill and Femigirl contraceptive pills in the social marketed category.

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

Femigirl an anti-androgen contraceptive for the 18-24-year-old woman that normalizes and improves the menstrual cycle as well as additional benefits for women with hyper-androgenism symptoms (acne, hirsutism).

With the new products, PS Kenya will maintain its market leadership, sustain growth rate higher than the organic growth and most importantly remain responsive and relevant to its target audience.



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, Diarrhoea, 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

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, her health seeking behaviour and requirement solutions to survive and thrive.

We intend to follow 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, a leader of social franchising in Kenya to expand and improve the quality of information and services Sara accesses from the private sector providers

OUR MISSION AND STRENGTHS

To complement the Government of Kenya’s efforts to address public health priorities by empowering vulnerable people to adopt and sustain life-saving behaviors.

VISION

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

MISSION

Measurably improve the health of Kenyans by promoting functional and sustainable healthy markets, increasing access to and demand for quality and affordable health products.



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