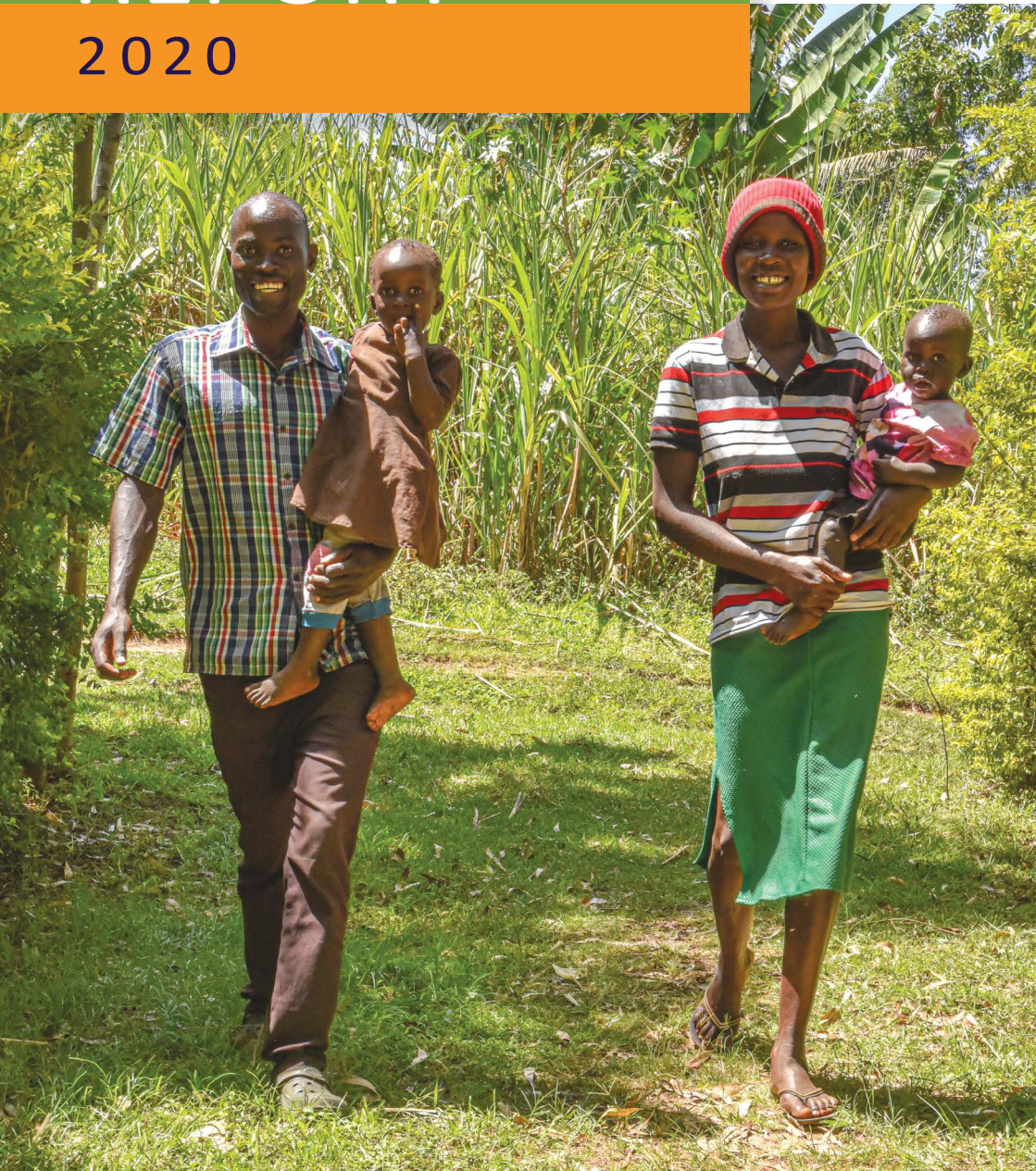


ANNUAL REPORT

2020





Disclaimer: The 2020 Annual Report covers the period from 1st January 2020 to 31st December 2020. All necessary efforts have been taken to make sure that the information contained in this publication is correct and not misleading. However, the possibility of errors or unintentional omissions cannot be excluded. Any use of information, in full or in part, should be accompanied by the acknowledgement of PS Kenya as the source.

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* The actual names of people seeking health services have been changed to protect their privacy.

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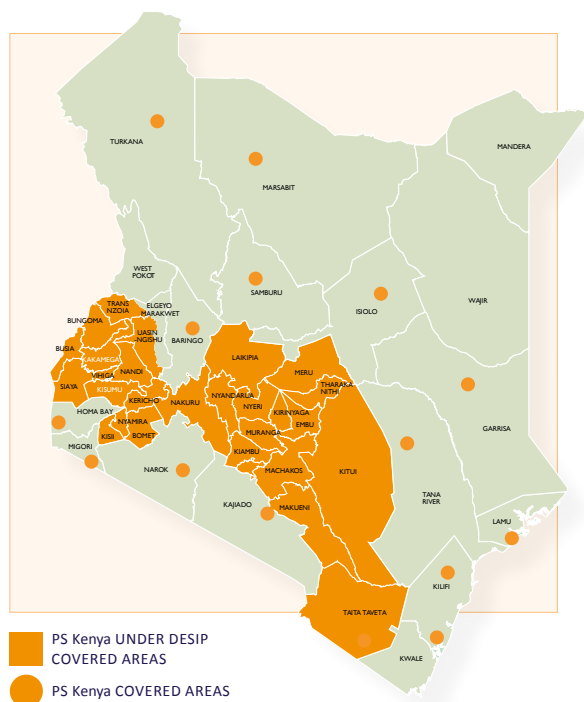


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ABOUT PS KENYA



POPULATION SERVICES KENYA (PS Kenya) is the leading Social and Behaviour Change, Social Marketing and Social Franchising organization in Kenya. PS Kenya has over 30 years' experience of measurably improving the health of Kenyans by supporting the Ministry of Health (MoH) to address public health priorities in HIV and Tuberculosis, Malaria, Reproductive Health, Maternal Health, Child Health, Water and Sanitation, Nutrition and Non-Communicable Diseases. PS Kenya uses private sector techniques to make health markets work for consumers and encourages healthy behaviours by putting into consideration human behavioural dynamics. Our focus is to serve Sara, the Hero of our story. She is at the centre of our strategic plan: her disease burden, family planning needs, health-seeking behaviour and required solutions to survive and thrive. In following Sara's health-seeking needs, we have learned that viewing health areas as isolated silos ignores the fact that Sara and her family have cross-cutting needs in multiple health areas, from family planning to HIV to health threats affecting her children. We address health system gaps and address any barriers to access so that Sara can access services or products or information from public or private sector sources.



PS Kenya's Footprint around the Country

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

HOW WE WORK

SOCIAL MARKETING

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

SOCIAL AND BEHAVIOUR CHANGE

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

SERVICE DELIVERY

PS Kenya works with the private and public facilities to strengthen quality of care through capacity building of health care workers and a focus on quality. PS Kenya also continues to strengthen Tunza Social franchise that was established in 2008

MEDICAL DETAILING

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

MESSAGE FROM BOARD CHAIR



‘Innovate or die’ is a common phrase that we often hear.

It is my pleasure to share with you the PS Kenya 2020 annual report which highlights our overall achievements, lessons learned and some key strategies and activities adopted in 2020.

As we all know, 2020 was a tough year navigating through the COVID-19 pandemic. As an institution we put our best foot forward to ensure that Sara, the hero of our work, was empowered to make healthy choices for her and her family during this unprecedented season.

Innovate or die is a common phrase that we often hear. This was propelled into stark reality in 2020 and became an absolute necessity to survive the effects of the pandemic. Kenya faced a triple crisis – the coronavirus pandemic, locust infestation and floods, resulting in colossal social, economic and health impacts. Health services were severely affected as our fragile health systems inevitably prioritized containment and management of the pandemic, which meant that essential services and management of both communicable and non-communicable

diseases suffered. Innovating new approaches to increase access to services and products became imperative. This led to the adoption of technology, acceleration of self-care initiatives and community-based models of service delivery.

During the year, PS Kenya realized over 1 million couple of years protection (CYPs) and over 1.4 million Disability Adjusted Life Years (DALYs). This was made possible through the increase in scope of our programs and innovation of implementation models.

Through our Delivering Sustainable and Equitable Increases in Family planning program (DESIP) which aims to ensure women and girls can safely plan and space their families, we were able to prioritize inclusion of people who are marginalized and those living with disabilities in the 19 counties that DESIP works in. Health care providers in these counties are now equipped with the tools and knowledge to provide services this group of people.

By scaling up our HIV self-testing work, we reached more men who are difficult to reach through conventional methods. This was an important initiative during this COVID Season where self-care models proved to be essential in addressing health challenges. 140,000 self-test kits were distributed through physical and online pharmacies, workplaces and in hot spots.

This and more on this annual report... enjoy the reading.

Lastly, I wish to thank our staff, our Board of Directors and our partners for their continued commitment, resilience through 2020 and support of the work we do. It is because of this individual and collective contribution that PS Kenya continues to make a significant contribution to the health of Kenyans.

Be Blessed!

Anne Ng'ethe,

Board Chair.

**By scaling up
our HIV self-
testing work,
we reached
more men who
are difficult to
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conventional
methods.
This was an
important
initiative during
this COVID
Season where
self-care models
proved to be
essential in
addressing
health
challenges.**

MESSAGE FROM CEO



Allowing
employees to
have ownership
and become
solution
oriented is what
we needed to
survive

Surviving 2020: Navigating through the COVID-19 Crisis.

2020 was indeed a challenging year. On March 13th, the first case of COVID-19 was announced in Kenya and immediately after that the government instituted movement restriction, a ban on public gatherings and curfew among other controls. This meant putting a halt to our public health work which was going to have dire consequences on the more than 10 million Kenyans impacted directly through our activities. We had to wear our thinking hats and assess how we can continue implementing our programs amidst these challenges. As the PS Kenya CEO, I wore my armour and led the troops through this crisis.

I am very proud of how we navigated this crisis and moved fast to ensure continuity of our public health work and the safety of our employees that was crucial now more than ever.

How did we navigate the crisis?

Innovative ways of working - With restricted movements we had to figure out continuity

of our essential services including delivery of essential health products, visits to facilities to ensure other services especially Reproductive Health, Maternal and Child health, TB, HIV and Malaria services don't suffer.

We changed our implementation models, shifting to home-to-home visits instead of community gatherings to ensure continued access to information, products and services.

Integrating COVID-19 messages with all our health work was essential so that communities have access to COVID-19 information readily from their community health worker, provider or through mass media.

We adopted technology to reduce contact, and one of the most successful models was training health workers using WhatsApp bot technology on COVID-19 management. We developed a curriculum that delivered modules through mobile phones with great results. We also used technology to assess impact of our work and to get beneficiary feedback real-time.

Safety first - We made provisions for personal protection equipment for our staff, community health workers and health care workers that we support. Additionally, we mobilised resources to support the fight against COVID-19. Through these grants, we supported the Ministry of Health to develop a national behaviour change campaign dubbed **Komesha Korona** (translated means stop Corona) aimed at sensitising Kenyans on the key interventions that would help us fight the pandemic.

Created an enabling environment to allow continuity – We put in place COVID-19 policies and guidelines allowing us to immediately address the challenge head on. These policies and guidelines detailed how to handle COVID cases when staff are affected, how to make the environment safe for all staff especially those working at the front line, how to communicate and escalate issues. A telecommute policy also allowed staff to work from home and supported staggered office hours for essential staff who cannot work from home throughout. At the same time and very importantly, we polished up our business continuity plan to prepare for the worst if it ever came to that.

We adopted technology to reduce contact, and one of the most successful models was training health workers using WhatsApp bot technology on COVID-19 management.

What lessons did we learn this season that we continue to apply today?

The power of digital: We have embraced it fully in training, communication and even in getting services and products to clients. This included utilising online pharmacies more, adapting digital technology for training including social media platforms and as a powerful tool to facilitate linkage.

The power of self-care: When people shunned hospitals because of fear of the pandemic, it became increasingly important to ensure access to self-care solutions. These included HIV self-test kits which they can safely use at home and access linkage information online or call a health care worker in case of adverse results.

Innovating through crisis is critical to survival: What can we do differently to navigate the challenges ahead of us because our known methods may not work and what got us here won't get us there.

Not all problems are predictable and hence the need as leaders to have the ability to respond to constantly changing circumstances and keeping the courage and confidence high even in the light of uncertainty.

Creating the right conditions for employees to succeed even amidst a crisis – Allowing employees to have ownership and become solution oriented is what we needed to survive. Ideas came from everywhere, and we didn't hesitate to test them. We learnt through doing and adopted what worked and failed fast what did not work.

A leadership philosophy of leading from the front; making bold decisions during crisis and figuring it out in real time under stress. This is not a time to second guess. Leaders have to make bold hard decisions to survive while managing risk.

Thank you to all PS Kenya staff, our Board of Directors and all our stakeholders. We joined hands to navigate the complexities of 2020 and through great teamwork, we ensured continued impact to the health of Kenyans. Sara and her family continued to access essential services, products and information because of our continued commitment.

The pandemic is not over yet, but we have learnt great lessons of resilience that we will continue to apply to navigate this and other future challenges.

Joyce Wanderi – Maina,
CEO PS Kenya.

BIG WINS AND IMPACT



Disability Adjusted
Life Years (DALYs) :

1,472, 536



Deaths Averted:

8,640



Couple Years of Protection
(CYPs) Provided:

1,036,019



Unintended pregnancies
averted:

402,631



Maternal deaths averted:

897



HIV infections averted:

15,904



Condoms distributed:

25,906,152



HIV Testing Services (HTS) provided
through the social franchise:

133,786



Long Lasting Insecticidal
Nets Distributed:

218,082



HIV Self-test Kits Distributed:

140,532



DESIP IMPROVING ACCESS TO RH/FP FOR PERSONS WITH DISABILITY



DESIP is a UK Aid funded programme focused on Delivering Sustainable and Equitable Family Planning Increases (DESIP) in low Contraceptive Prevalence Rate (CPR) counties in line with Kenya 'Vision 2030' as well as the **Universal Health Coverage (UHC) ' Accessible quality healthcare for all Kenyans.'**DESIP is a five year programme (2019 to 2024), implemented by a consortium led by Population Services Kenya (PS Kenya).

The programme continued to sensitize the healthcare workers and community health care volunteers (CHVs) on the importance of social inclusion and provided capacity building support. DESIP sensitized and mentored 800 (123 male and 677 female) CHVs on the IEC materials (Kenya Sign Language booklets) targeting hearing impaired people. Through the CHVs 2,000 pieces of IEC materials targeting hearing impaired people, were distributed to allow for better conversation and understanding in Family Planning / Reproductive health services. In working with religious leaders, 8,888 people were reached with FP information among them 189 Persons with disabilities through sermons (in Churches and Mosques) and home visits.

The implementation approach has been informed by the Social Exclusion and Gender Analysis (SEGA) conducted by the programme in 10 representative counties on sexual and reproductive health. Key issues the programme has been addressing are stigmatization on access to FP among adolescents and persons with disability, misinformation, and access to the reproductive health services. The cascade of activities involved advocacy at the senior level with national government on capture of FP data on persons with disability accessing RH/FP services, at CHMT level for specific county-based strategies to ensure that social inclusion in provision of RH/FP services, capacity building for healthcare workers and community sensitization on stigma and misinformation.

DESIP developed 13,000 pocket size brochures and distributed to service providers to the 19 counties to create disability inclusion awareness among CHVs and Health Care Providers

(HCPs) with regards to Sexual and Reproductive Health FP demand creation and service provision among people with disabilities. The communication materials are intended to enhance positive attitudes and practices of the HCPs and CHVs in mindfulness of the plight and welfare of people with disabilities within their catchment areas.

DESIP SOCIAL INCLUSION APPROACHES

Since its inception in 2019, DESIP continues to work with both national and county governments to ensure social inclusion in access to reproductive health services with a focus on Family Planning. The focus remains on enhancing the capacity of consortium partners, Health Care Workers (HCWs) and County Health Management Teams (CHMTs) for institutionalization of inclusive planning, delivering, and monitoring of FP demand creation and service delivery for all including rural poor women, adolescents, youth and People with Disabilities (See Figure 1). This is implemented through conducting a training on Social, Gender and Disability Inclusion across the 19 counties targeting public and private health sectors towards ensuring inclusive and accommodative SRH/FP interventions. The capacity building initiative aims at ensuring participants understand:

- i. Social inclusion model and its application to DESIP programme context and the county health systems,
- ii. Key concepts relevant to social inclusion and oppression including stereotyping, discrimination, sexism, racism and exclusion, and
- iii. Systemic nature of inequality and exclusion in personal and institutional processes and the need to challenge this status quo.
- iv. In 2020, 324 health care workers and partners had been trained on social inclusion.

At the capacity session, challenges faced by Persons with Disabilities in accessing FP services and adopting their desired contraceptive method were similar to those established by the SEGA, as highlighted:

- i. Non-facilitative infrastructure (such as lack of ramps, no wheelchairs, lack of disability friendly toilets) in facilities,

Since its inception in 2019, DESIP continues to work with both national and county governments to ensure social inclusion in access to reproductive health services with a focus on Family Planning.

- ii. Communication barriers between health care workers and deaf clients, emphasizing the near absence of health practitioners skilled in Kenya Sign Language,
- iii. Lack of ability to utilize information on SRHR by the visually impaired due to unavailability of information in accessible formats,
- iv. Decision making by clients with psychosocial, developmental or intellectual disabilities due to the inability to contextualize information in simple and easy to understand language/terms,
- v. Lack of proper knowledge by the health care workers on supported decision making, bodily autonomy of people with disabilities, and
- vi. Using some forms of FP by some clients due to the types and severity of disability.

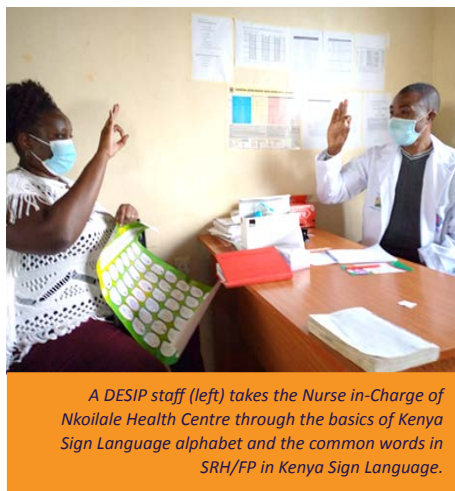
Demonstrated Impact of Social Inclusion

To establish whether capacity strengthening in social inclusion positively influenced health provider's attitudes and behaviour towards service delivery to persons with disabilities, DESIP undertook a case study in Kwale County, in four Health Facilities:

- Kinango Sub-County Hospital
- Mkongani Health Centre
- Nice-View Hospital
- Magaoni Health Centre

These facilities had reported several initiatives underway to improve access to care for Persons with Disabilities and an increase in the number of PWDs reached with FP services. Between April and September 2020, social inclusion initiatives undertaken by the four health facilities in Kwale County included:

- i. Staff training on Kenya Sign Language,
- ii. Targeted community mobilization for in-and-outreaches, and
- vi. Allocation of resources and budgets towards facilitating mobility and access to FP for Persons with Disabilities.



For the four health facilities, the three approaches led to increase in PWDs reached with FP information and services, with 9 in the first quarter, 23 in the second and 47 in the third quarter of the year.

Figure 1: Number of Persons with Disabilities accessing FP services.

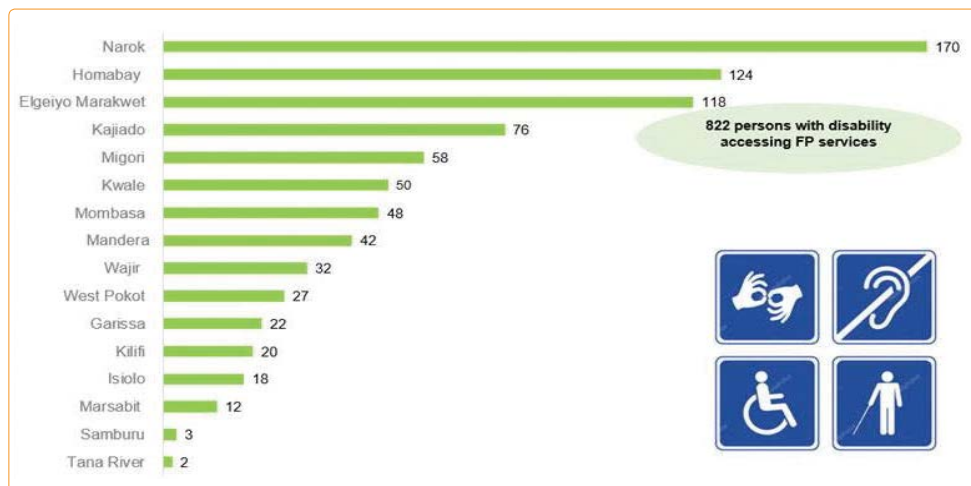
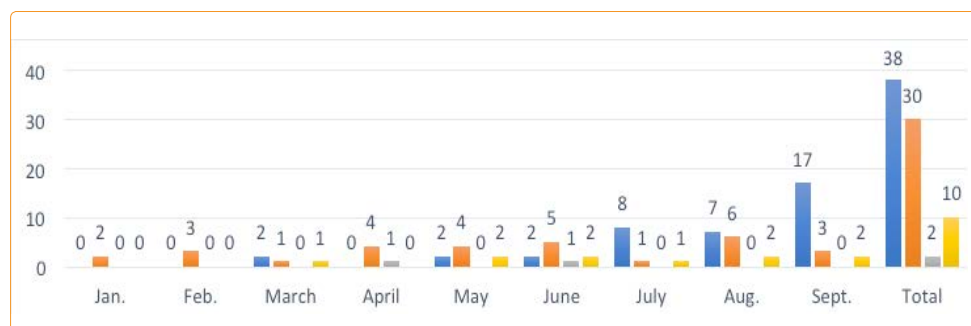


Figure 2: Number of Persons with Disabilities served at four health facilities in Kwale County



In 2020, social inclusion became a popular phrase in social policy discussions that include health and economic empowerment initiatives. However, there is still a lot of work to be done especially in reproductive health to address the stigma associated with seeking this service among the persons with disabilities, responsiveness of the infrastructure to accommodate movement challenges in the health facilities, attitude and quality of services by the healthcare workers to socially excluded persons.

DESIP SUCCESS STORY

Community Based Distributors to help address FP gaps in 19 hard to reach Counties in Kenya.

Access to reproductive health information and family planning services by women and girls not only ensures that they can safely plan their pregnancy, but also contributes to other related issues like better child health, poverty reduction, gender equality and greater education outcomes.

Achieving this full realization remains a pressing challenge demanding combined efforts from all stakeholders. Addressing factors like availability of commodities, access to the right information on family planning and availability of enough skilled healthcare workers to provide these services will see an increased access to and uptake of family planning services in Kenya.

Globally, evidence on community-based distributors shows that trained Community Health Workers can safely, acceptably and effectively provide injectable contraceptive services within their community ([new recommendations WHO for task sharing 2017](#)). Nationally, a demonstration project to assess the effectiveness of using Community Health Workers to provide injectable contraceptives was successfully carried out in Tharaka District in the former Eastern province by the Ministry of Health between August 2009– August 2010 and the same findings adopted in the [National Family planning Guidelines 6th Edition](#).

Informed by such findings, the Delivering Sustainable and Equitable Increases in Family Planning (DESIP) programme saw the need to incorporate Community Health Workers as Community Based distributors (CBDs) to reach out to all intended beneficiaries. In partnership with the Ministry of Health and the County Governments of Narok and Kajiado, the CBDs were taken through a 3-week rigorous training that saw them get empowered with the necessary skills to educate, counsel and provide short term FP services to the community.

While officiating the CBDs graduation ceremony in Narok County, the Head, Division of Community Strategy at the Ministry of Health reiterated the bigger role of the CBDs in improving health indicators.

“Focusing on the community is the best way to go if the county wants to improve on Health Indicators. I also request the CBDs not work alone but instead work together with the Community Health Extension Workers (CHEWs) who will be a link between them and the health facility. I also assure of the divisions support to the county in implementation of the community strategy,” stated Dr. Salim.

On his part, the Head Division of Reproductive and Maternal Health commended Narok County for the great step they had taken through the graduation.

“What has taken place here today is a great thing that the county should be proud of. Going forward proper supervision mechanisms should be put in place to ensure that this initiative is successful,” stated Dr Kaliti.

Speaking on behalf of the project: “Working with the counties the project will support counties to train healthcare workers on family planning module I & II, scale up community-based distribution, rollout the training to the other counties and work with the county and national government to monitor the progress of the scale up of both DMPA IM and DMPA-SC” stated Josephine Mbiyu-Project Director DESIP.

Similar trainings will be conducted in other under-served/hard to reach areas of Kenya which include: Baringo, Garissa, Mandera, Marsabit, Narok, Samburu, Tana River, Turkana, Wajir, West Pokot, Kilifi and Isiolo Counties.



The CBD initiative is a high impact, low-cost intervention of accelerating progress toward the SDGs. This intervention aims to remove barriers impeding access to FP information and services. The major restrictive barriers in the provision of family planning services in Kenya include distance, cost, religion, culture, rumours and misconception, provider bias, and legal and medical regulations.



TOP: From right, DESIP/FCDO Project Director Josephine Mbiyu, Kajiado County Director of Health Dr Ezekiel Kapkoni and Mr Samson Saigilu- County Community Health Strategy Coordinator/County Health Promotion Coordinator handing over a graduation certificate to a CHV during the Community Based Distributors graduation ceremony in Kajiado County.

BOTTOM: From right DESIP/FCDO Project Director Josephine Mbiyu and Kajiado County Director of Health Dr Ezekiel Kapkoni handing over a graduation certificate to a CHV during the Community Based Distributors graduation ceremony in Kajiado County.





IMPROVING ACCESS TO FAMILY PLANNING THROUGH TASK SHARING IN KILIFI COUNTY

Unintended pregnancies can carry serious consequences for women and their families especially in low- income countries. They may result in negative health, economic and social consequences for both women and children, as well as in families and communities. These consequences may include increased maternal morbidity and mortality, poor breastfeeding and nutritional status, and infant mortality.

Research shows that correct use of contraception is a cost-effective strategy that can decrease the number of unintended pregnancies, and in turn reduce maternal mortality. Community Health Extension Workers (CHEWs) is a growing force for extending health care and improving the health of populations including the provision of family planning (FP) services. The purpose of this study was to strengthen the integration of FP services at the community level in Kilifi County in Kenya using competently trained CHEWs to deliver a range of contraceptive methods including implants as one of the options available at the community family planning basket through the community-based family *planning model (CBFP)*.



Specific study objectives:

- To assess the feasibility and acceptability of integrating FP, specifically implant services at the community level.
- To measure the incremental financial costs of integrating LARC/ implant services into existing services at the community level.
- To evaluate the effectiveness of introducing FP and quality of care provided to women of reproductive age at the community level.



The study intervention included a number of activities:

- Work with the County Health Management Teams (CHMTs) to map existing gaps in provision of implant FP services across the sub-counties in Kilifi
- Roll out targeted capacity building to address knowledge gaps and Community health extension workers (CHEWS) to strengthen the continuum of care; the focus will be to increase access to information on implants and treatment to rural women and men through household visits and small group interpersonal communication (IPC) sessions; traditional leaders and various community leaders will also be engaged for buy in and to support the various community engagements.
- Train a cadre of Community health extension workers (CHEWS) to become certified community-based distributors (CBDs) for family planning through strengthened community distribution units.

Methodology

Study Design: The study was based on an implementation science approach and employ a cross-sectional study approach with a before and after research design.

Study hypothesis: The null hypothesis was that there will be no significant differences in key study indicators between the baseline and end line periods of study.

Study Findings

Change in long-term method use and overall FP use						
Outcome	DID coefficient	Standard Error	t	P(t)	95% Confidence Interval	Interpretation
Long-term FP methods (implants, IUCDs, sterilization combined)	5.30	1.38	3.83	<.001	(2.6, 8.0)	Overall provision of long-term FP methods (implants, IUCDs, and sterilization combined) increased by 5.3 users per facility per month in intervention compared to the change in control
All non-condom FP methods (implants + injections + IUCD + pills + EC + sterilization)	18.2	2.46	7.37	<.001	(13.3, 23.0)	Overall provision of FP methods excluding condoms increased by 18.2 methods per facility per month in intervention compared to the change in control
n=6,656 facility months for both regressions						

- The analysis controlled for differences between facilities using facility-level fixed effects, as well as for other factors using controls and the DID design.
- Overall, there were large and statistically significant increases in implant provision and FP injectable provision in the difference in difference analysis using Kenya Health Information System data.
- Implant provision increased by 6.0 implants per facility per month, and injectables increased by 13.4 injections per facility per month.
- There were small but statistically significant increases in progesterone only pills.
- There were no statistically significant changes in IUCD insertion, EC, male or female condoms. Overall provision of long-term methods and all non-condom FP methods had statistically significant increases, driven by the increase in implants and injectables.

The Maverick Kilifi intervention was highly effective at increasing implant and injectable provision, as demonstrated by this analysis of the KHIS routine data.

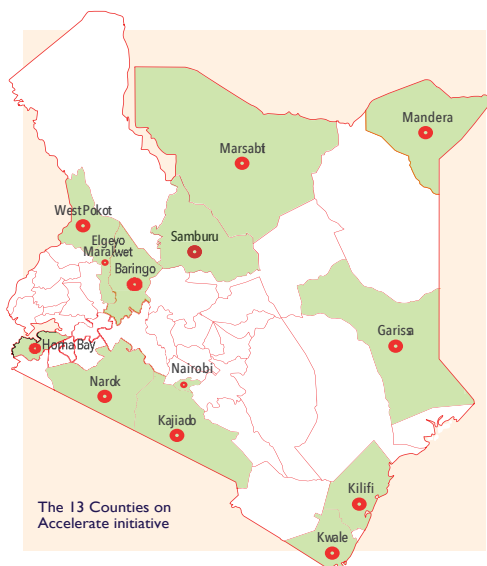


PROJECT ACCELERATE WORKING TOWARDS THE THREE ZEROS



The Kenya development agenda has put in place a raft of constitutional, policy, national strategies, and political commitments towards delivering inclusive, equitable and sustainable prevention and response services. However, despite remarkable progress towards achieving this agenda, equality and empowerment for women, universal access to sexual and reproductive health and rights remains a distant dream for many women and girls in Kenya today.

An estimated 5,500 women die every year during childbirth, some 23% girls marry before they reach the age of 18, more than 40% of women do not have access to modern contraceptive methods while 1.4 million girls and women have undergone FGM in Kenya and almost half (45 percent) of women 15-49 years have reported being victims of GBV in their lifetime.



Accelerate is a Sexual and Reproductive Health and Rights (SRHR) and Gender-Based Violence (GBV) program funded by DANIDA and implemented in a consortium led by Population Services Kenya (PS KENYA) in partnership with Gender Violence Recovery Centre (GVRC) and Population Services International (PSI). The program will contribute towards ICPD25 Promise of zero unmet need for contraception, zero preventable maternal deaths and zero gender-based violence and harmful practices hence *working towards the three zeros*.

Accelerate seeks to build on the milestones that Kenya has achieved towards the realization of true universal access to quality sexual and reproductive health services (SRHR), prevention and management of Gender Based Violence (GBV) and reduction in Harmful Traditional Practices (HTPs). The program focuses on 13 underserved, hard-to-reach Counties of West Pokot, Elgeyo Marakwet, Homabay, Kajiado, Kwale, Nairobi, Samburu, Garissa, Mandera, Marsabit, Baringo, Kilifi and Narok. These counties share common challenges mentioned above.

Accelerate Objective and Theory of Change

The objective of accelerate is to: a) Increase access and utilization of comprehensive, inclusive and integrated SRHR/ MCH services b) Increase access and utilization of comprehensive, inclusive and integrated GBV response and prevention services c) Strengthen respect for human rights.

The Theory of Change rests on assumption that ultimately, the effort to strengthen women and girls' human rights, reduce GBV and improve SRHR are linked to prevailing discriminatory socio-cultural norms, attitudes, and beliefs. While legislative and policy reforms have established a basis for gender equality across all sectors, gaps still exist in addressing negative sexual and gender norms at the individual, institutional and societal level to facilitate sustainable and transformatory gender equality changes across Kenya. The underlying assumption is that these socio-cultural norms, attitudes, behavior, and beliefs will be amenable to change once individuals have been exposed to the program interventions that aim at increasing knowledge on human rights, promoting gender quality and prevention of GBV and engaging men and boys to shape their attitudes towards gender equality and foster greater respect for girls and women's rights.

The Theory of Change rests on assumption that ultimately, the effort to strengthen women and girls' human rights, reduce GBV and improve SRHR are linked to prevailing discriminatory socio-cultural norms, attitudes, and beliefs.



Outcomes: To accomplish this goal, Accelerate will focus on three outcomes: 1) Increased access and utilization of quality, comprehensive, integrated, equitable and inclusive SRHR/ MCH services for the project's target audience 2) Increased access and uptake of comprehensive, quality, multi-disciplinary, efficient, equitable, inclusive gender-based violence response and prevention services for GBV survivors; 3) Strengthened respect for human rights to prevent and respond to SGBV including addressing domestic violence, sexual harassment and HTPs 4) Improved knowledge, attitudes, gender and socio-cultural norms and behaviors on Human Rights (women and girls rights).

Outputs: The following outputs will contribute to the outcomes outlined above: 1) Greater availability and access to quality, comprehensive, integrated and inclusive SRHR / MCH services 2: Increased access to quality, multi-disciplinary, efficient, inclusive and user-friendly SGBV response & prevention services; 3: Increased demand for SRHR/ MCH and GBV services; 4: Improved knowledge, attitudes, behaviors, gender and socio-cultural norms on Human Rights; 5: Strengthened national/ county government accountability, capacity, leadership, stewardship and ownership.

Target Groups: Adolescent /youth (girls): Accelerate will target this group so that they have an opportunity to plan their lives without the risk of unplanned pregnancies, GBV and HTPs that infringe on their rights and dignity; Women and girl survivors of GBV; Accelerate will increase their awareness and remove physical, socio-cultural and economic barriers to reporting abuse and accessing services. Boys and men will be engaged to shape their attitudes towards gender equality and to play a bigger role in protecting women and girls' rights; Poor women, marginalized groups (including LGBT+ & PWDs) and those living in hard-to-reach (including rural) areas who are often left behind in many SRHR and GBV programs.

Link to SDGs: Accelerate will contribute to SDG 1 (no poverty), SDG 3 (good health and well-being), SDG 5 (gender equality), SDG 10 (reduced inequalities), and SDG 16 (peace, justice and strong institutions).



Accelerate will target this group so that they have an opportunity to plan their lives without the risk of unplanned pregnancies, GBV and HTPs that infringe on their rights and dignity;

A360 Amplify Kenya: pursuing proof of concept for replication



The A360 Amplify is a 5-year project funded by Children Investments Fund Foundation (CIFF). The project is implemented by Population Services Kenya (PS Kenya) as a sub-award from Population Services International (PSI). A360 currently operates in Ethiopia, Southern and Northern Nigeria, and Tanzania; however, under the follow-on project phase, A360 has expanded into Kenya.

The A360 Amplify project, is a girl centred Adolescents, Sexual Reproductive Health (ASRH) project targeting older and married adolescents (15 – 19 years). A360 Amplify aims to assess how A360's adolescent global user journey be replicated in Kenya, while retaining its core effectiveness by Contextualizing A360's existing interventions in other countries to the Kenyan context. These include:

- Matasa Matan Arewa (MMA), a program implemented with married girls in northern Nigeria, adapted to target married adolescent girls in Narok and Kajiado.
- Kuwa Mjanja, a program implemented primarily with unmarried girls in Tanzania, adapted to target unmarried girls in Kilifi, Homa Bay, and Migori counties.

The Project is reimagining and redefining the way sexual and reproductive health programs are designed and delivered for adolescent girls and young women. By putting adolescents at the heart of conversations about their own reproductive health needs, the project intends to catalyze discussions and change perceptions around access to contraceptive by adolescents.

OUR APPROACH:

1. We're a diverse team, including young people.

- Across A360 countries, we've learned that the best solutions for adolescent contraceptive programs come from young people themselves. That's why our girl-centered approach brings together a team of young people alongside diverse health and non-health experts as we work – together – to reimagine how girls in Kenya view, value and choose contraception.

2. **It's on us – young people and “adults” together – to make contraception relevant to girls. For example, girls shared that they want better-quality lives. Together, we are responding.**
 - Young people shared that they see contraception as a threat to their dreams of motherhood, and irrelevant to their lives.
 - Instead, we start the contraceptive conversation with her goals for her life – supporting her to see the role contraception can play in helping her to achieve her dreams.
3. **Based on girls' insight, we include economic empowerment components into our service delivery efforts.**
 - Girls in Kenya told us that they desired financial independence. So, we're integrating economic empowerment components to equip girls with vocational and life skills to support girls in supporting themselves.
4. **Change starts at the community-level.**
 - We're building support among her key influencers – her family and her community– to remove barriers and create enablers that support her to choose the life she wants to live.
5. **Scaling for impact and sustainability.**
 - Across the target counties, we shall be working in partnership with health systems to deliver adolescent-friendly services on the community-level—and take it further by amplifying the approach at scale— supporting girls to reach their goals, and governments to meet their adolescent contraceptive priorities.

Through the above approach, the project envisions improved health and wealth for adolescent girls (aged 15-19) through 1) Improved health, resources and agency for adolescent girls in Kenya and 2) applied learning to the ASRH community of practice in Kenya and beyond.

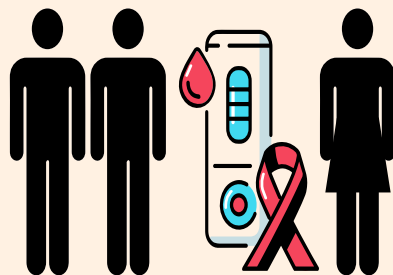
The Project is reimagining and redefining the way sexual and reproductive health programs are designed and delivered for adolescent girls and young women.



SCALING UP HIV SELF-TESTING THROUGH INNOVATIVE MODELS

Key Project Achievements

- 140,532 kits distributed to users
- 107,585 kits distributed to men
- 49% of men 20-34 years reached through the project who reported testing positive for HIV using a HIVST kit enrolled in ART
- 44% of HIVST users using linkage tools designed



PS Kenya, through The HIV Self-Testing Challenge Fund Project – funded by ClIFF, Elton John AIDS Foundation and UNAIDS, scaled up distribution of HIV Self Testing (HIVST) kits in Kenya. The goal of the project was to support the Government of Kenya reach their 95-95-95 targets by developing and catalyzing the market for HIVST with a focus on men at-risk by: Optimizing distribution and linkage models in the public and private sector that increase uptake of HIVST among at-risk men ages 20-34 years and creating a sustainable supply of HIVST kits that are conveniently available and accessible for those in need.

Distribution was done through three models:

1. Pharmacy distribution: In an endeavour to reach men who might not be found through conventional HIV testing services, the project sold kits through 830 private sector physical pharmacies in Nairobi and Mombasa Counties. In light of COVID-19, the project innovated distribution methods that encourage less facility visits and promote self-care. Three online pharmacies were successfully onboarded and were instrumental, contributing 14% of the sales.

2. Workplace Distribution: Distribution of free kits was done at workplaces both formal and informal, focusing on men considered to have low socio-economic status. PS Kenya in partnership with the Federation of Kenya Employers mapped out employers with a large male workforce. These were invariably concentrated in the industrial and manufacturing belts of the two cities of Nairobi and Kisumu. Additionally, the project involved the Ministry of Health - public health office, in mapping and scheduling the activities, and the strategy was fruitful in reaching 148% of annual target.

Select CBO members and a HIV Testing Services (HTS) counsellor visited the worksites, and camped in a specific location where clients would come for services. Some clients tested on-site while others took the kits away. For those who tested onsite and had positive as outcome, a confirmatory test would be done by the HTS counsellor and linked to a facility of choice for ART.



HIVST Kit Use Demonstration at a workplace

3. Community hotspot Distribution: PS Kenya enlisted seven community-based organizations (CBOs) in Nairobi, Kiambu and Kisumu Counties, trained and empowered them to distribute HIVST kits at community hotspots (areas with high population of men). To ensure quality services provision, mentorship and supportive supervision by PS Kenya and county health management teams was conducted regularly. The CBO mobilizers reached target population through one-on-one sessions at the hotspots where they conducted demonstrations on kit usage and issued kits those eligible. Clients who needed to test on-site were provided with private space. The project also provided HIV Testing Services (HTS) for those who tested positive and needed confirmatory testing. If the results remained positive, the client would be linked to a health facility of choice for HIV treatment and care.

Monitoring and Evaluation: Launched and fully transitioned to digitalized data collection system that enabled real time data entry and submission. This led to quick data turn-around time, subsequently improved client follow-up systems.

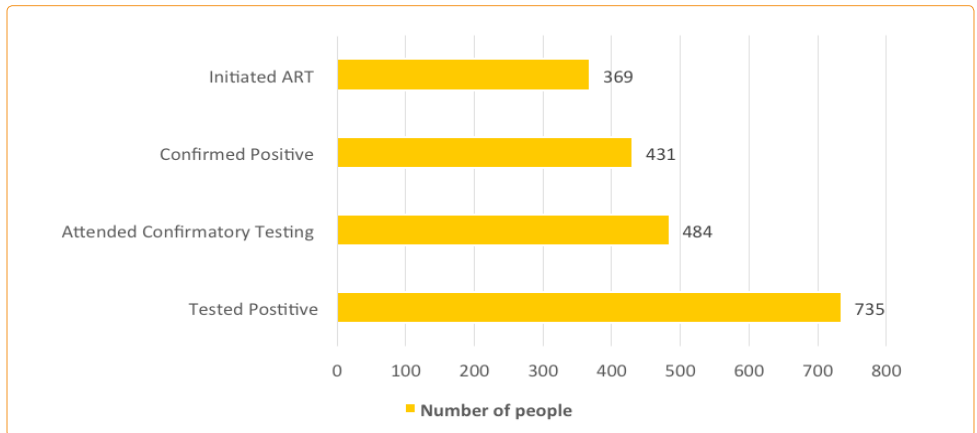
Client Follow-up and Linkage

Client follow-up, linkage and support were done through digital platforms. The initial intervention was telephone services (1190 toll-free line) in partnership with *LVCT Health*. In 2020, the project launched client use of WhatsApp for business, which was most preferred with 38% of clients. Also, SMS platform was launched and was preferred by 27% of clients.

Lesson learnt: the WhatsApp and SMS chatbots were highly preferred. This could be attributed to anonymity and confidentiality associated.

Additionally, on-site testing was emphasized and through all the platforms, more than 369 clients reported HIV positive results and 50% confirmed linkage to treatment and care. The following cascade (figure 3) indicates the linkage:

Figure 3: Number On-site Testing and Follow-up results



Challenge: Most of the clients opting for follow-up were not reachable. Wrong/false phone numbers collected accounted for a big proportion of the users that opted for WhatsApp/SMS/phone calls. This contributed immensely to the drop-off in the cascade. The project is exploring potential solutions through user-centered design to reduce proportion of false numbers and incorporating a system that will enable on site confirmation of phone numbers.



BEHAVIOUR CHANGE CAMPAIGN AND ADOPTING DIGITAL HEALTH TO BUILD CAPACITY OF HEALTHCARE PROVIDERS

Through the HBCC project funded by The Foreign, Commonwealth and Development Office (FCDO) and Unilever, PS Kenya tapped into its institutional expertise in Social Behavior Change Communication to reach the Kenyan population with the correct COVID-19 messages. These messages were guided by valuable experience working with the private health sector to upskill the healthcare providers with COVID-19 information and guidelines.



The interventions included: 1) Social Behavior Change Communication targeting communities 2) building the capacity of the providers to manage COVID-19 cases including infection prevention measures at facility level 3) enhancing access to personal protective and hygiene supplies such as handwash, soaps and masks.

As a trusted MoH partner from previous behavior change projects, PS Kenya offered technical support on effectively communicating risk around Covid -19 and the need to adopt healthy behaviors to avoid contracting and spreading it. To adapt quickly, PS Kenya leveraged funds from existing health projects in our portfolio, including DESIP: Delivering Equitable and Sustainable Increases in Family Planning and also used social media platforms to reach a wider audience across the country.

Six influencer videos developed courtesy of PS Kenya support featured a range of trusted messengers: media and youth celebrities, members of the clergy and people with disabilities, who altogether could appeal to multiple audience segments in Kenya. This phase also relied on the goodwill of social media influencers who posted these videos on their digital platforms without receiving any payment for doing so.

Ni jukumu langu kulinda wenzangu

Komesha Corona. Okoa Maisha.



Ni jukumu langu kukomesha kuenea kwa virusi vya corona.



Iwapo utapata dalili kama kikohozi kikavu, kupandwa na jeto mwilini, kushindwa kupumua na kusoma na mwili piga 719 au konyeza *7196 kwa mawadha zaidi.

0116 719 719



Jamii na nchi yako wanakutegemea

Komesha Corona. Okoa Maisha.



Ni jukumu langu kukomesha kuenea kwa virusi vya corona.



Iwapo utapata dalili kama kikohozi kikavu, kupandwa na jeto mwilini, kushindwa kupumua na kusoma na mwili piga 719 au konyeza *7196 kwa mawadha zaidi.

0116 719 719



Komesha Corona, Okoa Maisha! Partnering with Ministry of Health and ICT Supporting a multi-channel, multi-stage campaign brought much needed awareness to Kenyans.

Vaa Mask Kazi lendelee

Komesha Corona. Okoa Maisha.



Ni jukumu langu kukomesha kuenea kwa virusi vya corona.



Iwapo utapata dalili kama kikohozi kikavu, kupandwa na jeto mwilini, kushindwa kupumua na kusoma na mwili piga 719 au konyeza *7196 kwa mawadha zaidi.

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Chapa kazi ukiwa rada

Komesha Corona. Okoa Maisha.



Ni jukumu langu kukomesha kuenea kwa virusi vya corona.

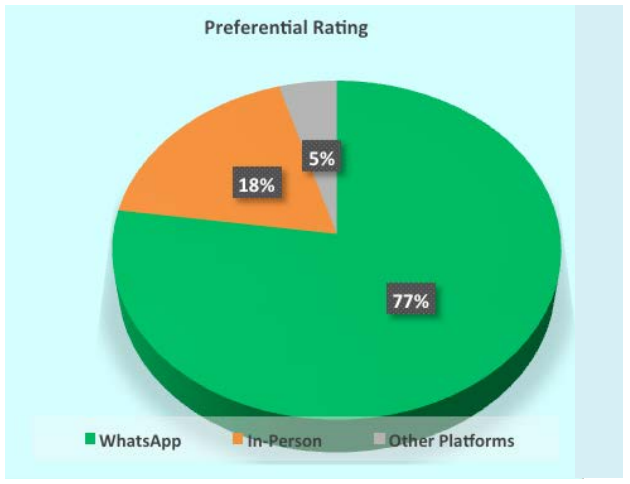


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0116 719 719



THE INTERVENTIONS



Innovations and covid-19 adaptations in capacity-building healthcare providers

In pre-pandemic times, PS Kenya was using the more popular formats – classroom trainings – to build the capacity of healthcare workers to deliver high quality services. However, in a world of physical distancing, PS Kenya in partnership with Population Services International (PSI) had to rethink the capacity building model.

Working closely with the Ministry of Health, we leveraged on the popular WhatsApp platform to design and implement a remote capacity building solution that would enable health providers to take the course from anywhere at their convenience. The training was aligned to the MOH COVID-19 guidelines and packaged into discrete modules focused on COVID-19 Epidemiology, Infection Prevention & Control, Occupational Health &



Safety, and Case Management. Training emphasis was placed on preventive measures to protect health workers and their clients. It was certified by MOH and the health providers could earn 40 hours of Continuing Professional Development (CPD) points.

THE IMPACT

1) Increased Provider Knowledge on COVID-19: In a period of four months, **over 2,800** people had accessed the platform, **2,007** had enrolled (started to take the course) with **1,394** completing the 12 modules. A survey conducted amongst the health providers to check the effectiveness of the training showed a great improvement where over 50% of the providers scored over 80% after taking the course up from a low of 10% in the pre-test.

2) Cost-effective and Efficient Model: The average cost of training 1,000 health providers using the classroom format is about **\$300 per person for five days compared to \$65 per person for a similar period** using the WhatsApp platform. To train a further 1,000 health providers using WhatsApp would mean the cost **dropping to an average of \$7** (as there will be no further development costs for the same course) while the classroom format would maintain the \$300 per person because of associated standard costs such as conferencing, facilitators costs, accommodation and transportation.

3) Replicable across health areas: This model provides a future scale-up opportunity across many health areas as high mobile penetration in Kenya (90%) is a key enabler for employing digital innovations.

PRODUCT DISTRIBUTION

The HBCC project adopted a 360-degree approach where it distributed several PPEs and hygiene products to health facilities to ensure that knowledge gained in COVID-19 training sessions was practiced at the health facilities. The products distributed included 46,000 surgical masks, 100,000 gloves, 400 handwashing stations, 20,016 packs of Omo washing detergent, 20,016 scouring powders and 40,032 sunlight bar soaps. About 6,000 masks were distributed to the community health volunteers.



TOP: PS Kenya's Health Systems Lead-Sylvia Wamuhu and Rotary Club of Lang'ata Representatives handing over PPEs to a Tunza Facility.

BOTTOM: PS Kenya team with Rotary Club of Lang'ata sort PPEs to in readiness for distribution to Tunza health facilities located in Kawangware and Dandora. PPEs was to benefit healthcare providers in these facilities.





DIGITIZATION AND PRIVATE SECTOR CONTRACTING —



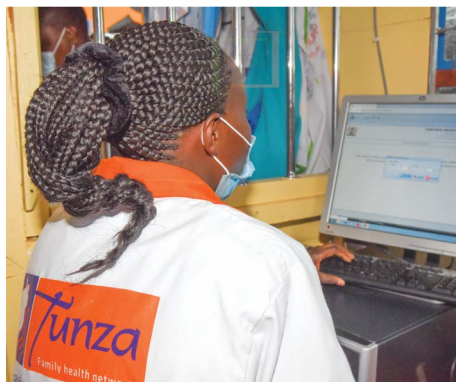
Towards Universal Health Care: Boosting Health System efficiencies through digitization and contracting in private health sector

Small and Medium Private Health Providers are valuable in scaling-up access to services including family planning services. However, they are characterized with huge inefficiencies and fragmentations which worsen the situation of existing inadequacies. Through the USAID Flagship project, SHOPS Plus, PS Kenya supported health clinics to digitize their operations and championed a one of a kind contracting process between health providers and insurance companies through an aggregator model.

Digitization of operations through a simple Clinic Management System

PS Kenya installed additional 10 Clinic Management Systems in the year 2020, meaning a total of 40 Tunza health clinics now use standard Clinic Management systems to enhance their efficiency.

With this improved system, health providers reduced the number of days they took to document MOH reports manually from five days a month to one day. Beyond this, other key gains resulting from the system included; better inventory management that minimized stockouts, patient profiling, improved quality control, business operations monitoring, employee performance management and incidence monitoring.



Contracting health facilities through an intermediary

Recognizing the challenges small and medium sized health facilities face while negotiating with health insurance companies during their contracting process, PS Kenya piloted a new model bringing together individual stand-alone health facilities into a consolidated unit for presentation to the payers. PS Kenya then acted as an intermediary between the payers and the private health providers.

The first stab at this method of contracting saw PS Kenya;

1. Sign the first aggregator contract with a private payer – Insurance for All (IFA)
2. Contact 33 health providers, where PS Kenya managed the contracting process with the IFA
3. Lobby for FP to be included in the private insurance benefit package.



Stanbic Breast Cancer Screening Sponsorship – Breast Cancer Month, October 2020

2,884 women screened for breast cancers in 6 counties – Nairobi, Kiambu, Nakuru, Mombasa, Kwale and Kisumu.



Joining hands with The Rotary Club to fight COVID-19



With emergence of COVID-19, the Rotary Club of Kenya - District 9212 donated Personal Protective Equipment (PPEs) to 18 facilities across six counties (Nairobi, Mombasa, Kilifi, Wajir, Mandera and Garissa). The supplies consisted of hand-washing stations, sanitizers, surgical masks, latex gloves, coveralls, gumboots, clean gloves and protective goggles.

Early screening, surest bet in the war against Breast and Cervical Cancer.

When she learnt about an upcoming free breast and cervical cancer screening event at Kasabuni Baptist Church grounds from a poster placed at a nearby shop in Babadogo, Melvina Awiti, a mother of one and a resident of Kasabuni in Babadogo (Nairobi County) decided to go and get screened.

We met her at Kasabuni Baptist Church grounds on the day of screening in the company of many other women waiting on the queue for the same. She appeared nervous; maybe the reason why she consistently engaged the health mobilizers near the queue. I moved closer to where they were standing to listen in on what they were discussing. I opted to reach out to her and said hello, and as we chatted, her name was called signalling her turn to get screened. She took a deep breath, stood up and promised to continue the discussion once she finished the screening process. I obliged and wished her all the best.

PS Kenya through its Tunza Health clinics in partnership with Stanbic Bank, organized the breast cancer screening and incorporated cervical cancer screening in two centres (within Nairobi County) out of the 6 centres. The rest of the centres concentrated on breast cancer screening. The breast cancer screening events took place across five counties namely Kilifi, Mombasa, Nairobi, Kiambu and Nakuru Counties with an aim of screening over 2,400 women for breast cancer and suspect cases referred for further diagnosis. The screening was organized as the world marked breast cancer awareness month in October 2020.

Overall, breast cancer registers 5,985 new cases in Kenya, accounting for 12.5% of all new cancer cases, and 20.9% in women alone (GLOBOCAN, 2018). In the same period, it accounted for 9.2% of all cancer deaths, making it the third leading cause of all cancer deaths in the country. Available data shows that majority of breast cancer patients present in late stage, contributing to higher mortality and low overall survival.

After a little while Melvina came out smiling and joined me in finalizing our interview. I proceeded to ask her why she was smiling and seemed happy yet when we first met a while ago, she had appeared nervous. she laughed and said “Yes I was a bit nervous which is normal, especially for any person getting screened for the first time. When I walked

into the consultation room, got screened and cleared safe, there was nothing left but to express my joy.” When I asked her why she opted to get screened she said, “I have witnessed women losing their lives to these two types of cancer and anytime they sought treatment, most of them were always told that they couldn’t be treated due to it being discovered at an advanced stage. I didn’t wish to undergo such agony thus the reason why I chose to know my status.”

As we wound up our discussion, she resolved to educate her friends on the need to go for screening. Early screening for breast and cervical cancer leads to early detection meaning better treatment outcome. Get screened today!



Melvina Awiti (in blue) during her preparation for screening.



MALARIA COMMUNITY CASE MANAGEMENT

GLOBAL FUND MALARIA

Project Background

Goal: To reduce malaria incidence and deaths by at least 75 percent of the 2016 levels by 2023.

Expected outcome: Reduced malaria morbidity and mortality in the various epidemiology zones by two-thirds of the 2016 levels by 2023.

Main strategies for project implementation

- **Community Case Management of Malaria (CCMM):** Community case management of uncomplicated malaria by trained CHVs
- **Health System Strengthening (HSS):** Provision of Incentives to CHVs
- **Specific prevention interventions:** Promotion of Malaria prevention and Control through school children
- **Health Management Information System (HMIS):** Supervision of health facilities and Routine data quality audit to health facilities

Community Case Management of Malaria

PS Kenya supports strengthening of community case management by use of community health workers through funding by Global fund and partnership with Ministry of Health. The case management interventions include training of CHVs in targeted counties, supportive supervision conducted in all the 105 Community Health Units (CHUs) by the Sub-County Health Management Team (SCHMT) using a standard checklist on quarterly basis. This aims to ensure timely and effective malaria case management through use of Rapid Diagnostic Tests (RDTs) for all suspected cases and treatment of all positive ones by Artemether-Lumefantrine. This is done by a well-trained and supported community health worker.

PS Kenya also conducted mapping of 440 public schools in the Kenyan coast region to support behavior change communication for net use and other health seeking behaviors. The project, through partnership with Lamu, Tana River, Mombasa, Kilifi, Kwale and Taita

Taveta County Governments, conducted 1,260 community action and dialogue as well as supporting community functionality assessments for all 105 community units.

2020 KEY ACHIEVEMENTS

JANUARY 2020 TO DECEMBER 2021.

- In Busia County, the project through CHVs Tested 26,730 cases and treated 16,329 malaria cases for the period January 2020 to December 2021.
- PS Kenya Supported 6 Counties (Busia, Mombasa, Kwale, Kilifi, Tana River and Lamu) to carry out Malaria Data Quality Audit and health facility support. The purpose was to strengthen management and malaria reporting mechanisms at the health facility, sub-county and county.
- Strengthened community health system of 1,050 CHVs through mentorship and support supervision of community units in Busia County.
- The project has immensely contributed to 95% DHIS2 reporting rate through facilitation of Health Records Information Officers (HRIOs) and Community Health Extension Workers (CHEWs) for follow-ups and uploading of all community unit reports.

CHVS TESTED CASES

26,730

AND TREATED

16,329

MALARIA CASES

STRENGTHENED
COMMUNITY
HEALTH SYSTEM

1,050

95%
DHIS2

REPORTING RATE



A CHV talking about Malaria during a household visit.

MALARIA SUCCESS STORY

Community Malaria Case Management Saving Lives in Busia County.

Trained Community Health Volunteers (CHVs) are playing a critical role in the fight against malaria in Busia County by not only testing, treating, and referring malaria related cases but also conducting health education on malaria prevention within their communities.

After a long day working at the farm and attending to house chores in Apatit village, located in a hilly area in Teso South close to Busia Town and Uganda, Cynthia Achen Ejau, her husband Mark Ejau and their two children Maggie and Bonnie took supper and retired to bed hoping for a calm and peaceful night. This, however, was not the case. They were suddenly woken up by a crying 2-year-old Maggie. Cynthia hurriedly woke up to check on her and realized that her temperature was high. *“Ungefikiria anachomeka,”* (you would think she was burning) she narrated.

It was far from daybreak, meaning they couldn't rush Maggie to the nearest Apatit dispensary due to the distance. Also, with phone network challenges, they were unable to call a *“boda boda”* (motorbike) for transportation, so all they could do was wait until morning as they prayed for the best.

As they worried and monitored their baby, Mark suggested they call *“Daktari wa Karibu”* (Community Health Volunteer) for assistance considering she lived close to them. Cynthia agreed and recalled that she had seen Lydia, the CHV, educate local women on health issues. First thing that morning, Mark rushed to look for the CHV, found her and explained the situation. The CHV was able to respond immediately and carried a bag (for carrying medicine and testing kits) and they rushed towards Mark's house to test the child for Malaria.

In remote places like Apatit Village, cases like these can easily turn fatal. In Kenya, with a malaria prevalence rate of 27% (KMIS 2015), the disease poses a great threat especially to pregnant women and children in Busia County. To save lives, support from Global Fund through Amref Health Africa in Kenya in partnership with the Ministry of Health, Population Services Kenya is strengthening the County Government of Busia's capacity on

community case management of malaria through Community Health Volunteers who use Malaria Rapid Diagnostic Tests (MRDT), provide treatment of confirmed positive cases, and do referrals for other illnesses.

At the house, the CHV, with the parents' consent, was able to do checks on any medication given, checking symptoms, testing and diagnosing malaria.

Lydia used her Malaria Rapid Diagnostic Test kit and after conducting the test, Maggie was found to be suffering from Malaria. She then proceeded to prescribe medicine for the child and advised them to ensure they adhere to the dosage while monitoring her condition.

After taking the medicine, Maggie started to improve gradually until she finalized taking the dose. The family was relieved and remain thankful that she got treatment without them incurring any transport or medical costs. Testing and treatment is free as costs have already been catered for through donor support in partnership with the Ministry of Health and Busia County.

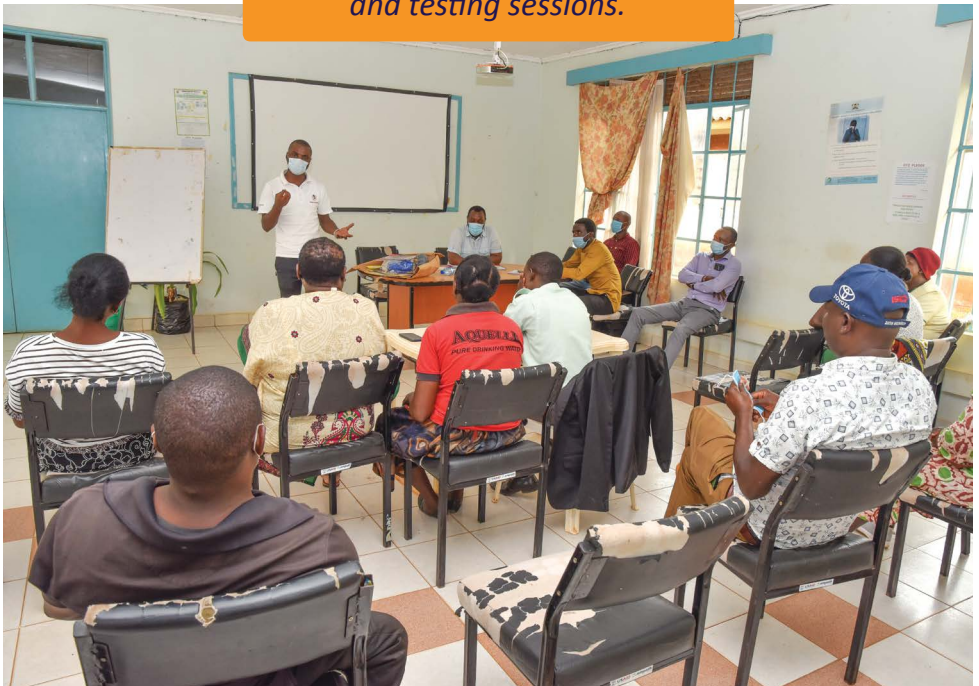
For thousands of families in remote areas, such services could ensure no more lives are lost due to treatable diseases like malaria. "We were happy that '*Dakitari wa Karibu*' treated our child without us incurring any costs. I am grateful for the work Lydia is doing. To prevent infection in the future, she insisted that we sleep under treated mosquito nets all the time and ensure that we clear bushes and stagnant water around our compound," remarked Mark.



Mark and Cynthia with Lydia, the CHV during a follow up session.



Malaria awareness training and testing sessions.





TUBERCULOSIS: PRIVATE PUBLIC MIX (PPM) APPROACH

Why is the private sector key in the fight against tuberculosis?

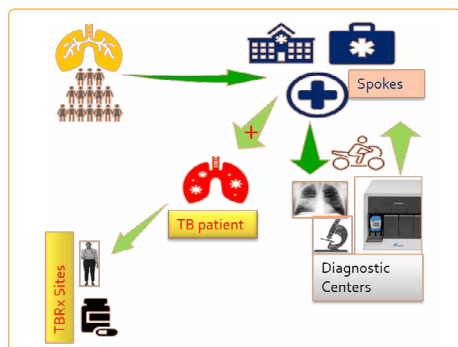
Kenya has a high burden of TB and drug resistant TB (ranked among 30 high burdened countries by WHO). A 2016 nationwide TB prevalence survey suggested that nearly 40% of TB incident cases are missed yearly. Also, according to Patient Pathway Analysis report 2017, in Kenya, 42% of patients with TB symptoms access the private sector as initial point of care. Some of the missing persons with TB are believed to be people who seek and receive health care in the private health sector which has minimal TB diagnostic capability of less than 7%. Key to note also is that the health sector comprises 48% private health providers in the country, thus private health care provider engagement is a critical intervention in the fight against TB.

In responding to the challenge, Kenya has adopted PPM (public private mix) initiative from WHO End TB Strategy with focus to increase the private health facilities' contribution in TB case notification. PPM is the involvement of all health care providers - public and private as well as formal and informal - in the provision of TB care and control activities, in line with International Standards for TB Care. The aim of the PPM initiative is to improve early TB diagnosis irrespective of where patients first seek care, in the health system, and to establish mechanisms allowing efficient and high-quality diagnosis and treatment.



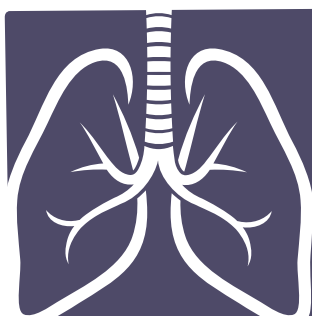
PS Kenya in collaboration with National Tuberculosis Program and other stakeholders, is contributing in the reduction of the TB burden through public private mix (PPM) initiative by enhancing the contribution of private health providers in TB case finding and service provision using innovative approaches.

Currently through support of Global Fund, USAID and Stop TB Partnership, PS Kenya is working with over 600 private health providers, which includes: private hospitals, private medical clinics, institution clinics, mission dispensaries, nursing homes, radiology service providers, pharmacies, and laboratories in various towns across the country. One of the innovative PPM models adopted by PS Kenya is the *Hub and Spoke model* with focus in increasing TB case finding through improved access to TB diagnostic services. The ‘spokes,’ being the referring providers, are linked to a hub which is a TB diagnostic centre (Gene expert site) through a robust sample transport networking system. The engagement of the private health providers is based on their willingness and capacity to implement TB activities which includes; Health education, TB screening, referral of presumptive TB cases, sample collection, TB diagnosis and TB treatment.



In 2020, PS Kenya through the Private Provider Engagement (PPE) in TB active case finding managed to screen a total of 353,440 people for TB, networked 11,490 for TB test using Gene expert leading to identification of 1,012 TB cases whom 98% were initiated on TB treatment. Key to note was the contribution from the chemist which stood at (60) 6% of all identified cases through the initiative. Through the lessons

learned and experiences, PS Kenya is focusing on expanding the base of private health provider engagement and improving quality of TB screening to increase case finding and in turn contribute in reducing the TB burden in the country.



Key to note was the contribution from the chemist which stood at (60) 6% of all identified cases through the initiative.

OTHER SUCCESS STORIES

Imam Amin Mohamed Awadh: The Child Spacing Advocate.

Culture, religion and other myths and misconceptions are hindering many women in Kenya from accessing their sexual and reproductive health rights. However, coming together as stakeholders in health and engaging opinion leaders in the community like religious leaders, cultural elders, local administration and other stakeholders, it becomes easy to give women power to make good reproductive health related decisions.

Born and raised in Malindi, Imam Amin Mohammed Awadh, of Feruz Islamic Centre in Malindi Town is not the usual Imam who only attends to spiritual needs of faithfuls. He is also a champion who also advocates for other social needs in the community. Married to one Maria Awadh and blessed with children, Imam Awadh dedicates efforts to ensure his community (both Muslims and non-Muslims) can easily access health services and other needs.



Feruz Islamic Centre in Malindi Town

To make this possible, Imam Awadh provides the Mosque grounds as an alternative health outreach center where services offered range from child health related services and family planning. During a visit at one of the integrated health outreaches at the Feruz Islamic Centre (where he is in charge) facilitated by the Malindi GK prison dispensary in partnership with Kilifi County and PS Kenya through Project Riziki, Imam Awadh explained what had inspired him to consider providing the mosque as a health outreach center. “When I saw members of my community especially women and children struggling to access health services, I was touched and decided to reach out to the local health center, who agreed to be conducting outreaches at the facility targeting women and children,” He stated.

He indicated that during one occasion when they were distributing food to needy families around, he saw poor pregnant women with several kids and large families struggling to acquire basic needs. He believes if such women and their families were educated on child spacing, then it would be easier for them to provide for their needs, including taking their children to school. For this reason, he decided to open the mosque grounds for outreaches targeting women and children.

Initially, the idea was faced with resistance from a section of the mosque leaders and faithfuls who considered the exercise against *Quran* teachings which forbids them from using family planning methods. “I have faced opposition because of allowing women to access family planning services from health outreaches conducted at the Mosque, but as a leader and considering that the same holy book advocates for child spacing, I decided to enlighten my members and explain to them how the initiative was helping the community. As we speak, majority have now embraced the initiative after witnessing its impact to some of them and the community in general,” narrated Imam Awadh.



With champions like Imam Awadh (blue shirt), communities are assured that if many like him embraced health education and educated their members on the importance of child spacing, it would be easier to address gaps to the access of family planning information and services.

FREEDOM AT 19

For Kadzo Wanje, uptake of family planning not only addressed her fear of getting pregnant again but gave her a chance to concentrate on raising her large family and ensured that her children went to school. Previously in their community, their family had constantly faced ridicule from friends and neighbours for having many children they could not provide for.

When we met Kadzo at her home in Chasimba village in Kilifi County, the married mother of 19 children (first born is 34 years while the last born is 1 year 3 months) indicated that it had never been her wish to get as many. She felt she had no control over getting pregnant. “Providing for these children hasn’t been easy, considering we don’t have a regular source of income and only depend on small scale farming and help from well-wishers; it’s a day-to-day struggle, can’t afford meals nor bed space for all of them; some have to sleep at neighbours’ houses,” stated Kadzo.

Earlier after she got her sixth child, a friend, who had witnessed her plight advised her to consider using a family planning method to prevent her from getting more children. Taking the advice, she went to the clinic where after undergoing counselling and other pre-family planning tests, she was found unfit for a particular method due to being overweight. This would have been risky for her since it was the 3-year implant method she was considering. Frustrated because there was no follow-up system from the clinic, Kadzo gave up on family planning. This resulted in her 19 kids.



Currently, family planning enables Kadzo, despite her daily challenges, to work hard and ensure her children are well fed and go to school minus having to worry about a new pregnancy.

A visit by a community health worker after her 19th child however, enabled them to interact and led up to Kadzo deciding to use family planning. She had not reached the age of menopause and chose not to get pregnant again. She visited Chasimba health centre where after counselling and testing, she was found fit to now take a family planning method. Currently, family planning enables Kadzo, despite her daily challenges, to work hard and ensure her children are well fed and go to school minus having to worry about a new pregnancy.

With a modern Contraceptive Prevalence Rate (mCPR) of 33% compared to the national Contraceptive Prevalence Rate (CPR) of 53% (KDHS 2014), Kilifi County still has some missed opportunities for family planning that need to be addressed. PS Kenya through the Maverick Project (Project Riziki) in partnership with the County Government of Kilifi has been narrowing the gap of missed opportunities for family planning by increasing both quality and access of family planning methods at both the health facility and community level.



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