

# HATUA YETU



Q.3 September 2022

## PS Kenya launches the Inua Grassroot Network

On July 13, 2022, PS Kenya took their bid to serve Sara a notch higher by bringing together 32 community-based organizations (CBOs) from 18 counties in Kenya under an umbrella body known as the **"INUA GRASSROOT NETWORK"**. This initiative is in response to one of PS Kenya's strategic pillars, namely, to work with and through others to achieve impact at scale. The network aims to unite all voices and stakeholders by improving the lives of the vulnerable, including women, children, and people with disabilities.

*"One of our key pillars is to work more with and through others to achieve sustainability. Through community-based organizations, we want to create impact beyond PS Kenya."*

*Joyce Wanderi, CEO, PS Kenya.*

Over the years, PS Kenya has worked through Community Health Volunteers (CHVs), CBOs, religious leaders, and local administration to empower the community and help them make informed decisions on health, social issues, and all-round development. Thanks to the various projects that the organization is implementing across the country, we were able to engage members from the grassroot level in the following counties: Nairobi, Kiambu, Kilifi, Kwale, Mombasa, Kisumu, Homabay, Kisii, Nyamira, Narok, Kajiado, Baringo, Samburu, Marsabit, West Pokot, Elgeyo Marakwet, Garissa, and Isiolo.

*"I urge all CBOs to embrace all the issues at the community level. Allow this to grow into a larger network and actually INUA everyone. We are going to support you and work with you in any way possible."*

*Gladys Mugambi, Head of the Division of Health Promotion, MOH.*

The CBOs tackle a range of sexual and reproductive health issues, from family planning, gender-based violence, fistula, Female Genital Mutilation (FGM), and early marriages in the North Eastern and Rift Valley regions to the high rate of teenage pregnancies in the coastal region. However, the Inua grassroot network also has CBOs operating off the premise of health, with some focusing on education, financial empowerment of the youth, and their community as a whole.



PS Kenya has already embarked on the capacity building of these CBOs, having taken them through virtual training sessions on financial management, compliance, and good governance. Inua Grassroots Network plans to further support the CBOs in project management, social behavior change communication (SBCC), resource mobilization, technology, linkages, business support programs, systems, and compliance.

*"CBOs are the voice of the people. It is high time that our communities are able to make policy decisions on what they want and how they want it."*

*Lilian Mutua, Health Promotion, NMS.*

Through their interactions with PS Kenya, some of these CBOs have managed to clinch funding from both local and international donors. A good example is the County Youth and Adolescent Network, based in Homabay County, and the Arise and Shine CBO, which operates in Muhoroni and Nyando sub-counties. The INUA Grassroots Network will also support the CBOs in gaining credibility in the eyes of the community and other organizations that would be interested in funding them and give them a chance to participate in policy development, both at the county and national level, thereby amplifying the voices of the communities that they serve.





### Narok County Boda Boda Association joins the fight against Gender-Based Violence

Ending gender-based violence will involve action at all levels: challenging social norms that condone violence or impose gender roles; strengthening legislation to criminalize violence; and prosecuting the perpetrators. Through the Accelerate project, PS Kenya is engaging the boda boda (motorcycle) sector with the intention of shaping their attitudes toward gender equality and fostering greater respect for girls and women's rights.

Boda boda (motorcycle) transport is a major part of the Kenyan economy. The rise of this sector is attributed to the zero-rating of import duties on motorcycles of up to 250 cc by the government in 2008, which saw an increased demand for boda boda in the public sector. The National Transport and Safety Authority (NTSA) reported that there were 1,393,390 motorcycles registered in Kenya as of February 2018.

Despite the many benefits, the boda boda transport sector is evolving into a potentially negative force that could get out of control with serious repercussions for the country if not well managed and regulated. In recent times, the sector has found itself on the wrong side of the law; rogue riders have penetrated the sector and are perpetuating violence against women and girls. Informed

by this and other occurrences, the government and other stakeholder groups have stepped in with policies that will regulate the sector.

One of the regulations involved the registration of all riders for purposes of accountability. This has seen many riders register and form associations in order to weed out crooks. It is through such associations that PS Kenya has managed to reach out to riders with messages on the need to stand up against gender-based violence and other harmful practices. Luckily, our engagement with one such association, the Narok County Boda Boda Association, is gradually bearing fruit. The association has taken a firm stand against gender-based violence and is partnering with us in educating its members on the need to respect the rights of women and girls.

*“Previously, boda boda riders were mistakenly associated with bad behavior like violence, crime, and preying on teenage girls for sexual favors, which damaged our reputation. To correct this and gain confidence from our customers and the community, we have partnered with PS Kenya and Narok County Youth Network to educate our members on the need to respect our girls and women.”*  
Gideon Lemaiyan, Chairman of the Narok County Boda Boda Association.

The association has gone ahead to ensure that all riders registered with the association commit to upholding greater responsibility and that those who are found to have taken advantage of girls and women are disciplined by being deregistered and their cases forwarded to the police.

To achieve this, PS Kenya is working with the Narok County Youth Network, a community-based organization (CBO) that is making it easier for the association with a membership of 6,027 boda boda riders to benefit from the messages. They have also proceeded to mentor members within the association who are now acting as role models to their colleagues.

*“As one of the beneficiaries, I have taken up the role of educating other motorists on the need to respect women and girls both at home and in the community.”*  
Stephen Karmusho, member of the Narok County Boda Boda Association.

The project is funded by DANIDA and implemented in a consortium led by Population Services Kenya in partnership with Gender Violence Recovery Centre (GVRC) and Population Services International (PSI).

## Provision of Family Planning services through structured Job Training and Mentorship

To improve the uptake and utilization of family planning (FP) methods in Kenya, the Ministry of Health (MoH), through the Reproductive and Maternal Health Services Unit in collaboration with partners, lays emphasis on capacity building as an approach to improving the quality of FP services by equipping a critical mass of service providers with knowledge and skills to offer FP, with an emphasis on long-acting and permanent methods at all service delivery outlets. It further prioritizes the development of training materials as a specific action in the capacity-building process.

Delivering Sustainable and Equitable Increases in Family Planning (DESIP) has successfully demonstrated how structured on-the-job training mentorship can offer a more efficient model for increasing long-acting reversible contraceptive methods (LARC) service delivery and coverage with the same or better quality of care as compared to classroom-based training coupled with periodic supervision.

This competency-based on-the-job training mentorship focuses on the transfer of knowledge and practical skills. It is assumed that when applied correctly in the right learning environment, it should enable participants to be competent in offering FP methods. All the topics are presented in units; as such, a unit can be used or adapted by the trainer to address the specific training needs of the participant(s). The units are grouped into three training modules:

- i. Short-acting reversible contraceptives
- ii. Long-acting reversible contraceptive methods
- iii. Postpartum family planning methods

In Narok County, the intervention has been successfully rolled out in Narok North, Narok East, Transmara East, and Transmara West Sub counties. It is now being implemented in Narok South Sub County.

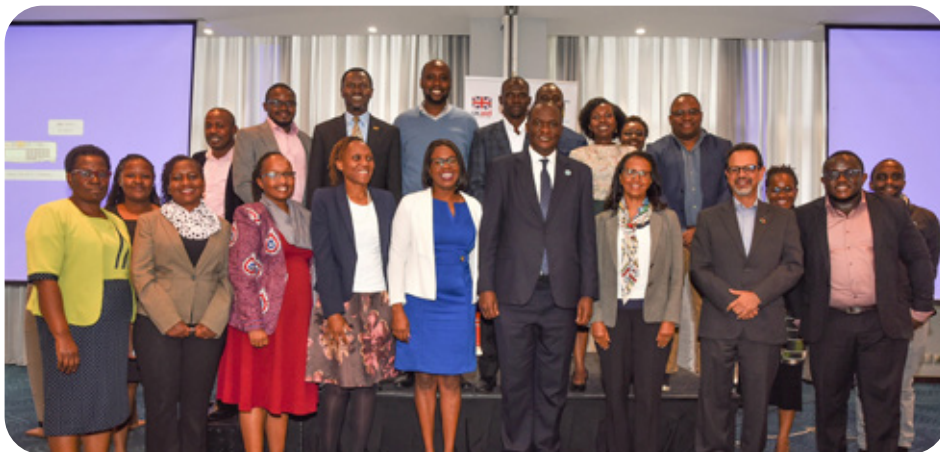
“Previously, I had challenges inserting the intrauterine contraceptive device (IUCD), but through the practical skills that we have acquired, I can now comfortably and effectively provide this method.”  
Kipyegon Langat, Nurse, Narok County.



“I have seen tremendous improvement in my mentees since we started this program; the mentees can now offer the long-acting reversible contraceptive methods with ease. This is excellent news, as clients seeking these services in the local dispensaries will benefit from these services.”  
Richard Kipsang, In-Charge, Narok County.

DESIP is a UK aid-funded program focused on delivering sustainable and equitable increases in family planning (DESIP) in low contraceptive prevalence rate (CPR) counties in line with Kenya’s “Vision 2030.”





## FCDO provides a £5 Million Project funding for Kenyan Adolescent Girls

The Foreign, Commonwealth, and Development Office (FCDO) in collaboration with the Children's Investment Fund Foundation (CIFF) and Triggerise disseminated findings from the world's first Adolescent Sexual and Reproductive Health Development Impact Bond (DIB) pilot study.

*“With the UK supporting various health interventions in Kenya, the DIB is a results-based way of financing the sexual and reproductive health (SRH) services of adolescent girls in urban and peri-urban areas with high incidence rates.”*  
*Dr. Samora Otieno, Team Lead at the British High Commission for Health.*



This is an innovative \$5 million project that was funded by the Foreign, Commonwealth, and Development Office as the outcome payer and the Children's Investment Fund Foundation as the investor in September 2020. The pilot study took place over 18 months and targeted Kenyan adolescent girls aged 15–19 years through the “In Their Hands” program implemented by Triggerise in 16 counties. A third-party monitor, HERA, was contracted to conduct a pre- and post-survey study to estimate the achievement of the outcome payment metric of an increase in modern contraceptive prevalence among adolescent girls in DIB project areas.

*“There is no better investment that the world can make to foster democracy, justice, and economic growth than investing in girls and women. As the Ministry of Health, we remain committed to this goal.”*  
*Dr. Patrick Amoth, Acting Director General for Health.*



The In-Their-Hands (ITH) project in Kenya has been implemented by Triggerise since April 2017. The project generates demand for SRH services among adolescent girls who are encouraged to sign up for a digital platform (*Tiko*) where they can access health information and information about service providers. Girls in need of health services are directed to a network of partners, including pharmacies and private or faith-based health facilities, and they are encouraged to rate the services they receive. The partner facilities provide the services free of charge to adolescent girls and are reimbursed by Triggerise. In May 2022, the UN-SDG scaled up the ASRH DIB program by investing an additional \$7 million for the next phase.

*“Adolescents are our future, and building their lives is building our future. We need to keep their needs as our main drive every day and make a difference not only in Kenya but in Africa and the world as a whole.”*  
*Dr. Estella Waiguru, Ministry of Health.*

This pilot study outperformed the target of 244,445 SRH service visits by 148%, with 362,000 girls compared to the target of 244,445. There were notable repeat visits that surpassed the target by 262%. This saw a total of 118,058 girls make repeat visits, against an initial target of 45,000 girls. Services were provided to a total of 250,000 girls, including 71% of girls aged 15 to 17.

*“With young people, we have to be creative with how we implement. What we did yesterday will not work today. There is a need for increased collaboration as we forge forward with innovation in adolescent sexual and reproductive health.”*  
*Joyce Wanderi, CEO, PS Kenya.*

**About FCDO:** The Foreign, Commonwealth, and Development Office (FCDO) is a department of the Government of the United Kingdom. As one of the key donors in Kenya and equivalent to other countries' ministries of foreign affairs, the FCDO was created on September 2, 2020, through the merger of the Foreign & Commonwealth Office (FCO) and the Department for International Development (DFID).

**About TRIGGERISE:** Established in 2014, with an annual budget of 11 million euros and 160 collaborators, we operate ecosystems in Kenya, Ethiopia, Uganda, South Africa, Burkina Faso, and Cameroon. Currently, we connect primarily adolescent girls and young mothers to a variety of sexual and reproductive health (SRH) services and antenatal care (ANC) from local providers. We connect our members' needs to existing local providers by building ecosystems of local health services, community organizations, and micro-entrepreneurs.

**About PS Kenya:** Population Services Kenya is the leading social and behavior change, social marketing, and franchising organization in Kenya. PS Kenya has over 30 years of experience measurably improving the health of Kenyans by supporting the Ministry of Health (MoH) to address public health priorities in HIV and TB, malaria, reproductive health, maternal health, child health, water, hygiene and sanitation, nutrition, and non-communicable diseases. Since 2014, PS Kenya has existed as an independent local health NGO and is a member of the PSI Network. PS Kenya is the leading partner in this consortium.

## Giving Persons with Disabilities control over their Reproductive Health

Sexual and reproductive health (including family planning) services are often inaccessible to persons with disabilities due to many reasons, which include physical and communication barriers, a lack of disability-friendly clinical services, stigma and discrimination, and negative attitudes and biases by health care providers.

Due to this, most of them usually end up making uninformed sexual and reproductive health decisions, resulting in increased maternal, newborn, and child mortality. In addition, poor sexual and reproductive health decisions contribute to other related factors like poverty and poor educational outcomes.



*Kenya Sign Language information material for healthcare providers and PWDs*



When Emily Busienei gave birth to twins, she was overjoyed, but as the two girls grew, she noticed that both had challenges with speech and hearing. She got worried and sought the advice of a doctor from the local health facility, who, upon examining the babies, confirmed the worst: her daughters were deaf. The news devastated her. She went home a sad mother, but with time, she accepted her new reality.

As the two daughters grew, one of the twins got sick and died. With one twin gone, she was left struggling to raise the remaining one with her other eight siblings. Life wasn't easy, as they had to learn ways to communicate with her deaf child. In addition, taking the young girl to school was a challenge as there were no special needs schools nearby, leading her to spend her life at home helping the mother with house chores.

When her daughter reached adolescence, the mother was astounded to learn that she had become pregnant. She delivered safely, but she was soon pregnant with her second and then third child. Raising the children became a challenge as they could not afford to cater to all their needs considering their humble background. The mother got concerned and had to seek advice from a community health volunteer. The community health volunteer advised her to consider taking her daughter to the nearby Ol Mekenyu Health Center in Narok County for help.

*“As a parent, I got worried as my daughter was getting pregnant at close intervals. I sought advice from a community health volunteer, who advised us to visit the hospital for assistance. At the hospital, we were advised of the need for her to use a family planning method. With the challenges we were going through raising the three kids, I convinced her to take the method, which she gladly accepted. I am now at peace; we are now focused on raising my three grandchildren without worrying about my daughter getting pregnant again.”*  
Emily Busienei is the mother of Jackline (the PWD).

Delivering Sustainable and Equitable Increases in Family Planning (DESIP) is increasing access to and uptake of family planning, with a special focus on persons with disabilities. In addition, the program has provided information, educational, and communication materials on basic SRH/FP information for both healthcare workers and persons with disabilities.

## TB Reach Project: Impactful in the Management of Drug-Resistant TB

Kiilu Kilonzo was reluctant to go to the hospital for a checkup when he developed an irritant cough that was accompanied by chest pains and general body weakness. He could not imagine that he had acquired tuberculosis (TB) a second time. Previously, he had successfully been treated for normal TB (drug-sensitive TB). He attributed his new condition to the harsh weather he had exposed himself to while homeless and sleeping outside shops in Majengo slums. Majengo is a slum located in Shauri Moyo, Kamukunji Subcounty, Nairobi County, and is about three kilometers from Nairobi's Central Business District (CBD).

One day, as he rested on some nearby grounds, he collapsed and was rushed to the nearby Eastern Deanery AIDS Relief Program (EDARP) health facility located in Shauri Moyo. After resuscitation, some tests were conducted, and he was confirmed to be suffering from drug-resistant tuberculosis (TB), a type of TB that does not respond to standard TB medication; instead, its treatment involves the use of alternative TB medicines for a longer period.



*Kilonzo in his house showcasing some of the clothes he sells for an income*

After getting screened and confirmed to be suffering from drug-resistant TB, Kilonzo started treatment. It has now been six months since he started his medication, and his health has improved significantly. He stated that he is much better than he was when he was first taken to the hospital. “It has now been six months since I started my medication, and so far, my condition has improved compared to how it was when I was first rushed to the hospital. I will continue going for my medication at the hospital, and I believe that after the twelve months, I will be fully healed,” stated Kilonzo.

Kilonzo goes for his medication at the Eastern Deanery AIDS Relief Program (EDARP) Health Center, a facility that is partnering with the TB Reach Wave 9 project to improve quality of care among DR-TB patients. In addition to taking his medication, he also receives counseling and psychosocial support.

“He is now on medication, and his condition is gradually improving, even as we follow up to ensure that he completes his medication,” stated Stella Gatoto, a TB nurse at the EDARP health facility in Shauri Moyo.

In addition, Kilonzo has also been linked to a support group that comprises drug-resistant TB patients, where Kilonzo and the team are receiving support from well-wishers and other partners. The group has also helped Kilonzo get a house and capital, and he is currently engaged in selling second-hand clothes, commonly referred to as Mitumba. Through this, he generates income to buy food and pay rent.

The TB Reach Wave 9 project is funded by a grant from the Stop TB Partnership, whose goal is to optimize the quality of care for optimal treatment adherence among drug-resistant TB (DRTB) patients to improve treatment outcomes in two drug-resistant TB high-burden counties (Nairobi and Mombasa) in Kenya.

Key intervention strategies for the project include strengthening appointment management of DR-TB patients through a stratified approach of both the “*buddy system*” and the use of digital devices; improving the quality of care among DR-TB patients through a patient-centered approach with the use of psychologists’ (counselors’) support during the treatment course; and carrying out advocacy and raising awareness for DR-TB management and services through the dissemination of DR-TB messages in the community.

## Intergration of Economic Empowerment as a Component of SRH Programming for Young Mothers

Sharon had just finished feeding her baby and was attending to house chores when she met a middle-aged woman who was well known to her and worked as a community health volunteer who had come visiting at her home. She greeted and welcomed her, then dashed back to the house and brought a chair for her.

The Community Health Volunteer proceeded to indicate that there was a project by the name of Binti Shupavu that was empowering young mothers like her with hand. She also informed her that the project was offered free of charge and that the skills gained would link them to economic opportunities. Sharon accepted and enrolled; to her, this was an opportunity to change her fate.

Sharon hadn’t been lucky in her educational journey. She dropped out of secondary school due to a lack of school fees. Her parents were unable to provide for her education because they relied solely on small-scale farming. She was left to do housework and occasionally do some manual labor for a small fee in order to supplement what her parents earned from the sale of farm produce.

As months passed, she got into a sexual relationship that resulted in an unplanned pregnancy. After a few weeks, she chose to inform her mother. The mother was heartbroken; she informed the father, who demanded to know who was responsible. Sharon revealed the identity of the boyfriend, and after following up, the parents realized that the boy wasn’t going to be responsible. In their devastation, they decided to take up the responsibility of taking care of their daughter and the unborn child.

When the time came to begin the Binti Shupavu classes, she happily began them. They were guided in setting their individual goals during their first meeting. They were then exposed to several hand skills like hairdressing, knitting, tailoring, and baking. Sharon chose hairdressing because she had a passion for it. After weeks of rigorous training, she made it to the list of the first cohort to graduate. In addition to gaining skills, she also benefited from information on sexual and reproductive health, which would be key in ensuring that she was able to plan on when to get pregnant next.





*Sharon attending to a client at her salon*

After graduating, she volunteered at a nearby salon, where she perfected her skills. Over time, she saved up enough to purchase a few pieces of equipment and start her own salon business. We met her with her daughter at her newly opened salon located in the OI Mekenyu Center in Narok County. She is grateful that the project has enabled her to also make informed sexual and reproductive health choices. Her financial independence has enabled Sharon to support her baby and siblings.

*“Binti Shupavu has given me a second chance in life. I am now able to make choices about when to get pregnant. I am well on my way to realizing my dream of becoming a successful businesswoman.”  
Sharon.*

Through the Binti Shupavu project, Population Services Kenya is empowering young mothers in five counties in Kenya (Kilifi, Narok, Homa Bay, Migori, and Kajiado). Binti Shupavu’s A360 project is funded by the Children Investment Fund Foundation.



Engage with Us

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