

A photograph of two women in traditional Maasai attire. The woman in the foreground is wearing a colorful beaded headband and a large, multi-layered beaded collar. She is looking off to the side with a serious expression. The woman in the background is also wearing traditional beaded clothing and is looking towards the camera. The background is a soft, out-of-focus green field.

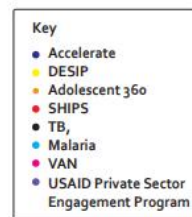
**PS KENYA SOCIAL BEHAVIOR CHANGE (SBC)
CAPACITY STATEMENT**

ABOUT THE ORGANIZATION

Population Services Kenya (PS Kenya) is a locally registered NGO headquartered in Nairobi, with regional offices in Mombasa and Kisumu, Kenya. PS Kenya has a geographical footprint at the national level and a programmatic presence across all 47 counties in Kenya, delivering essential services and information to improve the health of Kenyans by promoting sustainable health markets and increasing demand for and access to quality and affordable health products and services.

Our program/thematic areas:

HIV/AIDs, Tuberculosis (TB), Malaria, Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCAH); Gender-Based Violence, Nutrition and Non-Communicable Diseases (NCDs). PS Kenya has, over the last 6 years, managed grants of more than **US\$120 Million** from various Funders, including Foreign, Commonwealth and Development Office (FCDO), Global Fund (GF), USAID, Bill and Melinda Gates Foundation (BMGF), Child Investment Fund Foundation (CIFF), DANIDA, AstraZeneca, UNICEF and Mavericks Collection among others.



PS Kenya Programs Distribution Map

On Social Behavior Change (SBC), PS Kenya is a valued partner of the MoH - Health Promotion Unit and the leading SBC organization in Kenya, partnering with various donors USAID, UKAID, DFID, FCDO, Global Fund, CIFF, BMGF, and TB Reach to design and deliver cutting-edge SBC campaigns at National, County and Community levels.

PS Kenya SBC Models, PS Kenya uses evidence-based SBC design strategies, including **a)** Formative research to understand local knowledge, beliefs, attitudes, and self-efficacy of the target health area, **b)** Theory of Change illustrating the 'big picture', **c)** Consumer-centered design, **d)** Social-ecological model (using *Human Centered Design (HCD) applying the 4 phase keystone framework*) to identify social norms, categorize targets into those directly affected (women, girls and men) and enablers (providers, religious leaders, policymakers and opinion leaders), **e)** Social marketing¹, **f)** Social² and Mass Media to address behavioral gaps on general knowledge, social norms and beliefs working

PS Kenya's social media platforms (Facebook, TikTok, Instagram, twitter, and LinkedIn) reached over **7 million** persons through various campaigns in 2022.

SHIPs program Chat-bot engaged over **40,000** clients on-line and linked **3,234** to HIV Self-test Kits in the year 2022.

¹ In 2022, PS Kenya achieved over 1 million CYPs and over 1.5 million DALYs through the private sector

² PS Kenya used its *Chatbot digital tool* to facilitate real-time online user engagements by answering questions and linking them to services and product service delivery points.

with popular, trusted local radio and tv identified through co-creation forums to address region-specific social norms and knowledge and belief on target health areas, **g)** Community Interpersonal Engagement to facilitate, support and motivate individuals address personal struggles and barriers to doing, sustaining desirable or stop harmful behaviour, and **h)** SMART Advocacy for lobbying and influencing behavior change through representation of community needs and rights to policy and decision-makers.

PS KENYA SBC EXPERIENCE

A) Support at the National Level to the Ministry of Health

PS Kenya supported the National Hospital Insurance Fund in developing the communication campaign dubbed '[the super cover](#)' that aimed to increase coverage of people with social and medical insurance through a marketing and communication campaign to help drive awareness and enrolment of the NHIF informal sector product.

The "[Komesha Corona](#)" was the national communications campaign to stop the spread of COVID-19. PS Kenya used sponsored messages through mass media (TV, Radio, community outreaches, vehicle branding, Interpersonal Communication and social media). We have reached over 30 million people with the COVID-19 preventive messages and essential MoH-approved information on COVID-19 prevention.

PS Kenya supports the MoH and Presidential Economic Stimulus Team in developing and piloting primary health care dubbed [Afya Nyumbani](#).

B) HIV Test & Start Campaign, Voluntary Medical Male Circumcision (VMMC), Condom Use and HIV Testing Services.



Trust Condoms: In 1993, PS Kenya, then known as PSI Kenya, launched the Trust condom, with the primary target being at-risk, sexually active youth aged 15-24. The key focus was increasing accessibility in peri-urban and urban outlets (getting condoms to non-tradition outlets) by getting



more retail outlets to sell a package of 3 Trust condoms at KES 10.

PS Kenya led the co-creation and implementation of demand-creation activities to create awareness of the risks of unprotected sex and the need to use condoms all the time. Working with the private sector, PS Kenya established a distribution network and supported the commercial sector to sell condoms. To date, PS Kenya has distributed over 41,600,000 condoms.

Condom Self-efficacy: To increase the adoption of safer sexual practices, PS Kenya implemented various condom-use mass media campaigns, including:

i) The [Let's Talk & Sema Nami campaign](#) focused on promoting the reduction of HIV, STI prevention of pregnancy and minimizing stigma and embarrassment associated with condom use and purchase.

ii) Under **USAID APHIAplus Health Communication and Marketing program, \$51,391,684 (2012 – 2016)**, PS Kenya implemented the [Nakufel campaign](#) aimed to increase awareness of the risks of HIV infections among 15 -24-year-olds with low-risk perception and high HIV infection prevalence. The program influenced behavior among the youth to use condoms as anyone is at risk of HIV infection. **Key achievements** The campaign was circulated by audiences via YouTube, achieving 36,815 views, translating to a slight increase in consistent condom use among married (13.2% up from 9.8%), distributed 81 million socially-marked condoms and 52 million free condoms.

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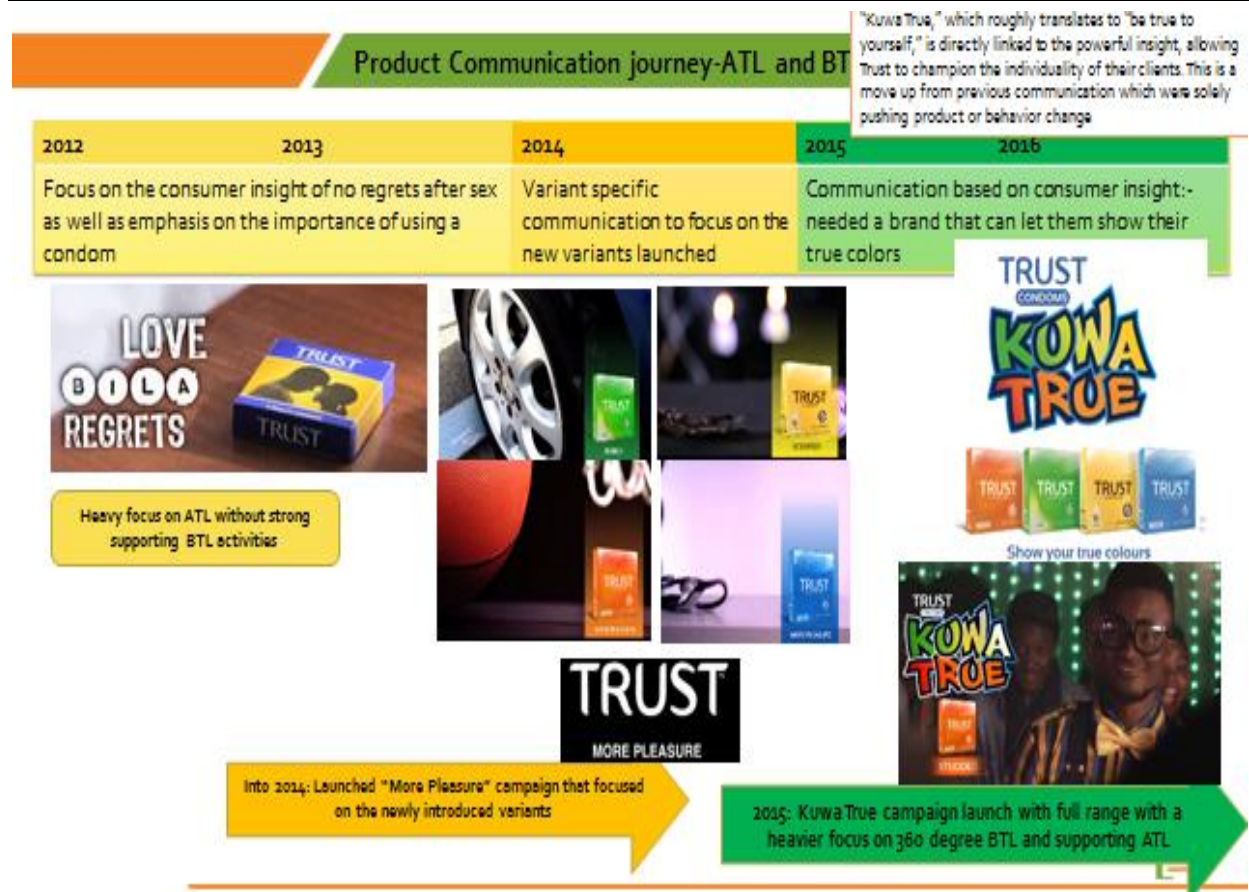
Nakufel
Protect your love

iii) The [Kuvaa CD campaign](#) focused on imparting quick easy to remember steps in condom use such as Pinch the tip, Place on Penis and Roll it down – short PPR. The campaign was flighted through an integrated approach, which leveraged various mediums, including Television, Radio, Print and Social media, to deliver the message of correct and consistent condom use to prevent HIV. The campaign was implemented with a focus on gaining high reach and high affinity. The strategy involved TV spot advertisements and sponsorship of specific programs and properties that appeal to the target audience. Due to the viewing rating given by the Kenya Film Commission Board, the campaign could only air out of the watershed period past 10 pm as it was deemed to have adult-only content and unsuitable for general viewing.

Key achievements: A total of 27,152 people were reached with the campaign message through roadshows in the 24 counties. Of these, 8,952 received condom use skills and demonstrations (3,798 aged between 18 and 24 – 767 women and 3,031 men; and the rest aged 25 plus) and 115,200 free condoms were distributed.

iv) The [Kuwa True and Form ni Gani Campaign](#) – “Kuwa True” (Be yourself) and “Form ni Gani” (which loosely translates to “What’s your plan”). PS Kenya is leveraging digital and in-trade platforms to communicate with consumers, e.g., Facebook, Twitter, and Instagram - the leading social media platforms for engagement with the target audience - Johnny and his girlfriend, Gina.

Key achievements: Through PS Kenya’s communication strategy for this campaign, through brand push messages and relevant content posts, PS Kenya grew its following to over 330,000 clients across different social media platforms, contributing to the 41,600,000 condoms distributed to date.



C) HIV Testing Campaigns

PS Kenya developed and implemented various HIV Testing campaigns:



- The 1st campaign launched in 2001 supported *Voluntary Counseling and Testing (VCT) Services* by increasing general awareness of the need for VCT services, service centres and who should go for a test.
- The 2nd campaign, *Chanuka*, focused on the youth and featured youth celebrities to promote VCT as the key tool to help individuals control and manage their serostatus to achieve future goals and dreams.
- The 3rd campaign, *Chanukeni Pamoja*, was targeted at young couples to encourage young Kenyan couples to visit VCT centres to establish each other's HIV status as a standard, indisputable element of dating, getting married or starting a family. The campaign used young Kenyan celebrities and their partners, who were dating, engaged or having a baby, to visit a VCT centre together to record the testimony of their experience at the centre.
- The 4th campaign, *Onyesha Mapenzi Yako*, targeted older married/cohabiting couples where prevalence was increasing.
- The 5th campaign, *Jitambue Leo*, was implemented in 2009.



HIV Testing Services among men: PS Kenya focused on the 'total/ real man' (Mwanaume Kamili) to address the key barrier: *fear of testing*.

The campaign unpacked the desire inherent in every man to be a complete/ total man, a universal notion not restricted to socioeconomic or psychographic groups. Therefore, the campaign sought to evoke this same emotion about testing: *while you are trying to work hard and provide for your family, be there for your children and be there for your friends, knowing your status means you can do these things confidently.*

Key achievements PS Kenya implemented the campaign in 24 counties (Nairobi, Mombasa, Kilifi, Central and Eastern Kenya, North and South Rift, Western and Nyanza)

USAID's Health Communication and Marketing Project reached 78,430 men during the experiential activities, with 5,809 testing for HIV on site. Of these, 56 were reactive and were linked to care by the counsellors. Of those reached, two-thirds were male, and 62 per cent were aged between 20 and 34 and distributed 82,515 Government of Kenya condoms during the activations.

D) Campaigns for PLHIV

PS Kenya developed a brand name and slogan, ANZA SASA, which means "Get Tested. Start Treatment. Live Well" PS Kenya further recorded testimonials from PLHIV who were on treatment to talk about their experience before using ART and their experience after. This was to advocate and encourage people to test and enrol on treatment immediately. The campaign reached 6 million listeners through radio, achieved an average monthly reach of 2.9 million people through the campaign's Facebook page, and 9000 on Twitter.

E) HIV/TB Prevention

Sita Kimya campaign – "Jitokeze Ukomeshe Ubakaji," which refers to, "I will not be quiet. Come forward and stop rape." PS Kenya designed and implemented the Sexual and Gender-Based Violence (SGBV) communication campaign to empower the Men, Women, Youth and Children of Kibera to prevent and reduce the impact of SGBV, thus reducing HIV infections. The project built the capacity of community change agents, and the extensive community engagement resulted in a strong sense of community ownership of the project. The campaign contributed to an increase in GBV knowledge and awareness around available GBV services, reporting procedures for sexual abuse, rights consciousness, and children speaking out about incidences of abuse.

Through [USAID'S DREAMS](#)³ project on **the** prevention of HIV transmission among adolescent girls and young women, ensure that those who are negative are empowered to stay negative. PS Kenya designed and implemented various campaigns, including:

a) [Abstinence \(Chill Campaign\)](#) to increase the percentage of youth (male and female youth aged 10-15) who choose to abstain from sex. *Key achievements* result of the TRaC⁴ survey indicated that the proportion of youth who reported 'never having sex' increased slightly to 94%, up from 92% in 2005.



b) [PrEP-JIPENDE JIPREP](#) Campaign was aimed towards offering PrEP services to the key populations in Nairobi, Kiambu, Machakos, Mombasa, Kwale, Taita-Taveta, Kilifi, Kisumu and Kisii counties and adolescent girls & young women in Migori County.

c) ["Pimwa TB, tiBiwa TB"](#) The goal was to increase the uptake of diagnostic and free national treatment services among all Kenyans infected with TB, whether HIV negative or positive. PS Kenya implemented water tank branding artworks with the message ["Pimwa TB, tiBiwa TB"](#); worked with the Ministry of Education (MoE) and county teams, identified and branded 40 schools with the campaign message; Branded walls with the TB Messages in nine counties (Nairobi, Kiambu, Tharaka Nithi, Embu, Nakuru, Kisumu and Meru and Isiolo county); and partnered with and engaged in the campaign *110 matatus* with capacity ranging from 11 to 51 seaters with a total estimated reach of 1,136,860 persons per month during the campaign period.

d) *Voluntary Medicalized Male Circumcision (VMMC)* - ["Skiza Sauti ya Ukweli"](#) PS Kenya implemented the campaign targeting men above 15 years in all regions, but most importantly in traditionally non-circumcising communities. The communication messages around VMMC stated that circumcision does not offer complete protection against HIV; neither is it a substitute for other HIV prevention measures.

Key achievements: The campaign reached 42,305 men, and of the total men mobilized, 52% were men aged 25 years and above, an audience that traditionally does not circumcise.

As reported by health facilities in the areas we mobilized, 10% of those reached (3,936) took up VMMC services.

F) Malaria Campaigns

Under the [USAID Health Communication and Marketing Program \\$42,489,599 \(2016-2021\)](#), PS Kenya implemented the [Malaria Shujaa campaign](#) using regional media, SMS and interpersonal communication. The Campaign, launched in August 2018, used a blended approach of the surround and engagement strategy incorporated an evidence media mix geared towards maximizing efforts for reach, recall and intent to behave amongst focus targets of pregnant women and caregivers of children under the age of 5 years in priority regions namely Nyanza, Western and Coast.

Key achievements LLIN: Increase from 48%⁵ to 76% in endemic and epidemic-prone areas⁶.

The percentage of those who slept under an LLIN last night in households with an LLIN for every two people increased from 88 to 91%⁷

[Mbu Nje Sisi Ndani](#) PS Kenya supported Kenya's Division of Malaria Control (DMC) department in implementing malaria prevention and control intervention in areas with at least 80% of people living in malaria risk zones on net use campaign. The campaign ensured the target communities slept inside a treated net every night.

[Haraka Upesi](#) PS Kenya supported the 3 T strategy (Test, Treat and Track) through the Haraka Upesi campaign Upesi, which directly translates to "Hurry Fast". The program aimed to increase recognition

³ Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe Lives

⁴ Tracking Results Continuously

⁵ Kenya Malaria Indicator Survey 2015

⁶ Post Mass Net Distribution Survey PMLLIN 2017

⁷ Post Mass Net Distribution Survey PMLLIN 2017



and response to malaria symptoms by caregivers, especially fever, and improve the Quality of Artemether Lumefantrine (AL) provision by public health service providers. Working with DOMC (now DNMP) and partners, PS Kenya developed communication targeting caregivers of children under five around early symptom recognition, treatment-seeking behavior, correct administration, and adherence to appropriate anti-malarial medicines dosages.

Key achievements Assessment⁸ of the campaign indicated an increase from 62.8% pre-intervention to 79.4% post-intervention in caregivers who reported seeking formal treatment promptly (on the same day or next day) for their febrile children. There was a slight increase in the proportion of children accessing AL within 48 hours of fever onset [18.4% vs 23.5%]

G) Reproductive Health

Under **Delivering Sustainable and Equitable Increases in Family Planning (DESIP), Foreign Commonwealth & Development Office (FCDO), £18,498,683 program (2019-2025)**, PS Kenya is implementing the '**Kipanga Maisha**': Life Plan campaign to shift the mindset on modern contraception and rebrand FP as an offering through targeted communication that will position FP in the minds of consumers as fun, inclusive, bringing happiness to the community and to each person in their way, enjoying Life. **Key achievements:** Contributed to the program's cumulative CYPs for Year 1 to Year 5 Q1- 2,644,974 against a target of 1,930,432, a performance of 147%,

- ❖ Primary targets: Rural women, girls and persons with disabilities.
- ❖ Secondary targets: Men, cultural and religious leaders.

Under **Accelerate, Danish International Development Agency (DANIDA), DKK 50 million program⁹ (2021-2025)**, PS Kenya is implementing the '**Ahandi Yangu**' campaign to address Compounding factors that have magnified GBV/HTPs. **Key achievements:** a) Achieved 97,822 against a target of 93,434 (105% performance); b) Reached 12% (3,492/28,302) survivors in the project's supported sites; d) Out of the total support provided to WRAs, 7% was to adolescents.

Under **Adolescent 360 (A360), Children Investment Fund Foundation (CIFF) and Bill and Melinda Gates Foundation (BMGF) \$4,441,191 project (2021-2025)**, PS Kenya is implementing **Binti Shupavu** - a comprehensive approach to addressing adolescent's SRH issues that consider the individual and societal factors that impact health outcomes. **Key achievements:** Reached 116,030 girls aged 15-19 years, with 68,029 adopting contraceptive use and 24,600 as continuing users; reached 1,664 with life skills and economic empowerment.

Under the **USAID Health Communication and Marketing Program \$42,489,599 (2016-2021)**, PS Kenya developed and implemented the "The Choice is Mine" campaign to empower couples and women to be the final decision-makers on which contraceptive methods suit their lifestyles, working with local radio stations in 8 counties. (Nairobi, Kilifi, Kitui, Nakuru, Baringo, Kakamega, Kisumu and Migori¹⁰). The campaign involved radio talk shows that invited family planning experts weekly to engage with the public on air and educate the target audience on family planning issues. In the radio stations, the campaign organized expert forums where listeners could air their concerns on family planning, providing an opportunity for immediate feedback from the experts.

Key achievements Findings of the Above the Line (ATL) impact assessment indicated:

- The campaign had a high reach across all regions as majority of the respondents were aware of it especially in Nairobi (74%) and Nakuru (73%).
- A total of 84% of respondents visited a medical facility for FP services as a result of listening to the campaign.

⁸ The Impact of a Community Awareness Strategy on Caregiver Treatment Seeking Behavior and Use of Artemether-Lumefantrine for Febrile Children in Rural Kenya

⁹ Focus Counties: Baringo, Elgeyo Marakwet, Garissa, Homabay, Kajiado, Kilifi, Kwale, Mandera, Marsabit, Nairobi, Narok, Samburu, West Pokot.

¹⁰ Focus Counties: Nairobi, Kilifi, Kitui, Nakuru, Baringo, Kakamega, Kisumu and Migori

Under the **USAID AFYA HALISI Program, \$2,584,908 (2017 – 2020)**, PS Kenya strengthened the capacity of national, county and sub-county leaders and systems so they can enhance the efficiency of health systems to increase sustainability, prioritize populations most in need to increase equity, and scale-up high-impact interventions and practices to improve quality. PS Kenya supported the development and implementation of various campaigns, including:

Upendo Ni Vitendo! Campaign (Translation: “Love is Actions”) The recommended campaign banner for Nutrition, Maternal and Newborn Health and Child Survival. The project mapped out target cohorts in the project-supported community units. It supported the Community Health Promoters (CHPs) to longitudinally follow them through the milestones, i.e. through 4ANC, SBA, PNC, Immunization and EIBF/EBF.

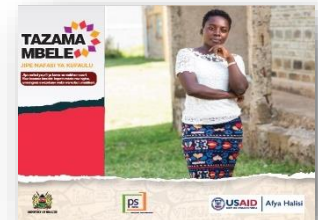


Uliza Awinja! – (Translation: “Ask Awinja!”). The campaign was anchored in neighbourly trust and subtle peer pressure (or societal support) that permeates our social fabric. The campaign's objective was to elevate and position Awinja, “the girl next door”, as a credible FP champion in her community because she can authoritatively discuss contraceptives by speaking from her heart and (sometimes) citing her personal experiences.



Tazama Mbele! – (Translates to: “Look to the future”).

The campaign focused on impressionable teenagers on that triumphant avatar of self. It equipped the teenager with coping skills to cautiously steer them away from lurking danger without being preachy or disrespectful. **Key achievements** Reached 4,516 Adolescents with AYSRH services; Reached 2,753 Adolescents with ANC services; Achieved 11,488 women receiving 4 ANC visits through the private sector; Achieved 19,495 women deliveries at a private health facility; Reached 15,986 women with PNC services; Reached 17,095 children with DPT3 services; Achieved 15,058 children fully immunized through a private clinic; Reached 24,482 children with Vitamin A; and supported 7,046 women access IFAs.



PS Kenya designed and implemented the Kitu ni **Kukachora Campaign**, targeting both in-school and out-of-school young people and adolescents. PS Kenya sought to reach and engage young people holistically in health, education, economic empowerment and social issues. This approach was informed by the fact that the needs of adolescents are diverse and not limited to health alone.

Key achievements Over the 3 years, 107,327 students were reached through theatre items. PS Kenya conducted on-ground activations during the competitions where young people were engaged through one-on-one sessions and game-based learning where young people were educated on sex-related issues. These combined approaches reached a total of 447,872 young people, and those interested were linked to Tunza clinics and MoH facilities for access to contraceptive services.



Under **USAID APHIA¹¹ II Health Communications and Marketing, \$51,000,000 (2007 – 2012)**, PS Kenya supported the MoH through the Division of Reproductive Health to promote contraceptive usage and increase Contraceptive Prevalence Rates (CPR) targeting both

¹¹ AIDS Population and Health Integrated Assistance

married women and youth. PS Kenya implemented several campaigns, including The C-Word Campaign, to educate the youth on contraception and get them to start discussing contraceptives with their sexual partners.

The campaign used the term **Contraceptives** ('C' Word) instead of FP based on a consumer insight that unmarried youth do not relate to FP as they do not have families. PS Kenya rolled out the campaign through radio, print, TV, digital and social media. It used a link to a dedicated website where youth could get information on contraception and a free SMS and toll-free number where they could call for more information. The C-Word doctor responded to emails received.

C-word interactive events were implemented through campuses, colleges or other forums where youth got FP information and IEC materials. The events integrated contraceptive education with other areas of interest to youth, such as **Jijue** - HIV Testing & Counseling; **Jipange** - Career Guidance; **Rembeka** – Beauty tips; and **Healthy Me** – Health and nutrition tips. *Key achievements:* 24 events were conducted, reaching over 35,000 youth. During the events, condoms, FP booklets and fliers were distributed. Free counseling and testing for HIV were also provided to youth who attended the C-Word events.



H) Water Sanitation and Hygiene (WASH)

Under the **USAID APHIAplus Health Communication and Marketing program, \$51,391,684 (2012 – 2016)**, PS Kenya implemented the “**Zuia Kuhara Okoa Maisha**” campaign sought to increase caregivers’ motivation and their understanding that diarrhea is a severe disease for their **under-5 children**, increasing their knowledge of the preventive and curative interventions available. The campaign was implemented in Coast, Western and Nyanza from July to December 2012. *Key achievements* Treated 96% of children < 5 years with diarrhea with ORT (achieved project target) and Number of disinfected 7,697,811,730 litres of drinking water, representing 104.5% achieved of project target



PS Kenya introduced Waterguard in the private sector in 2003 as Kenya's first-ever point-of-use water treatment. Through APHIAplus HCM, PS Kenya implemented a Total Market Approach for the water treatment category (WaterGuard, P&G's Pur, and Aquatabs) to increase access, equity, and demand. *Key achievements* The Measuring Access and Performance (MAP) survey that measured Coverage, Penetration, and Performance of products in Kenya showed that Waterguard was leading at an average of 35% in terms of product coverage and availability across the country.



Under the **Hygiene and Behaviour Change Coalition project (HBCC) funded by FCDO and Unilever \$507,124 (2022 – 2023) and support from David and Lucile Packard Foundation for HBCC II \$327,497 (2022 – 2023)**, PS Kenya supported the MoH to combat COVID 19. Key activities included: Supported the MoH to develop the **Komesha Corona Okoa Maisha in phase 1**, emphasizing handwashing, surface hygiene, social distancing and proper use of masks. In phase two, a campaign dubbed **Chanjwa, Pata Chanjo Tuwe Chonjo**, emphasized increasing the uptake of COVID-19 vaccination.



PS Kenya further supported a Risk Communication and Community Engagement (RCCE) project with funding from WHO in Nairobi County, a hotspot for the COVID-19 pandemic. PS Kenya targeted high volume and high-risk settings, including places of Worship –churches and mosques, entertainment joints/Sports grounds, learning Institutions, matatu terminus Informal and formal workplaces where over 70,000 reached through on-ground activities in December 2021, and 17,969 Kenyans were vaccinated in one month.

I) Immunization

Under the **USAID APHIAplus Health Communication and Marketing program, \$51,391,684 (2012 – 2016)**, PS Kenya supported the Unit of Vaccine and Immunization Services (UVIS) to increase immunization coverage at health facilities through SBCC campaigns. *Key achievements* Increased uptake of routine immunization, reaching 17,017 children <2 years old and increased 70.3% at baseline to 78.4% at the end line of caregivers who completed the immunization schedule for the children and increased awareness rate of rotavirus vaccine from 18.4% to 48.7%.

USAID AFYA HALISI Program, \$2,584,908 (2017 – 2020), PS Kenya on child health and immunization campaign achieved 40,154 children <1 year fully immunized and 44,073 children <1 year received the 3rd dose of DPT (Diphtheria, Pertussis, Tetanus) containing vaccine.

Under **USAID Health Communication and Marketing Program \$42,489,599 (2016-2021)**, PS Kenya reached 291 children <2 years of age with immunization services through immunization outreaches and screened 4,313 Women of Reproductive Age (WRAs) for cervical cancer, identified 48 positive cases (39 with 1st stage lesions and 9 linked for specialized services).

J) Nutrition

The **Nutrition Education and Weekly Iron and Folic Acid Supplementation Project**, which sought to reduce anemia rates in Busia, Kitui, and Nakuru Counties, targeted adolescents in school aged 10-19 years. PS Kenya successfully implemented adolescent-centred campaigns [Anza Kufeeel poa](#) that supported reaching 160,954 adolescents (36,704 boys and 124,250 girls) with Nutrition education and 123,185 girls with Weekly Iron Supplementation.





Engage with PS Kenya

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