

20
23

Annual Report

Celebrating Partnerships

PS Kenya Core Values



Disclaimer

The 2023 Annual Report covers the period from 1st January 2023 to 31st December 2023. Measures have been taken to ensure that the information contained in this publication is accurate. However, the possibility of errors or unintentional omissions cannot be excluded. Use of information contained in this report should be referenced to PS Kenya as the source.

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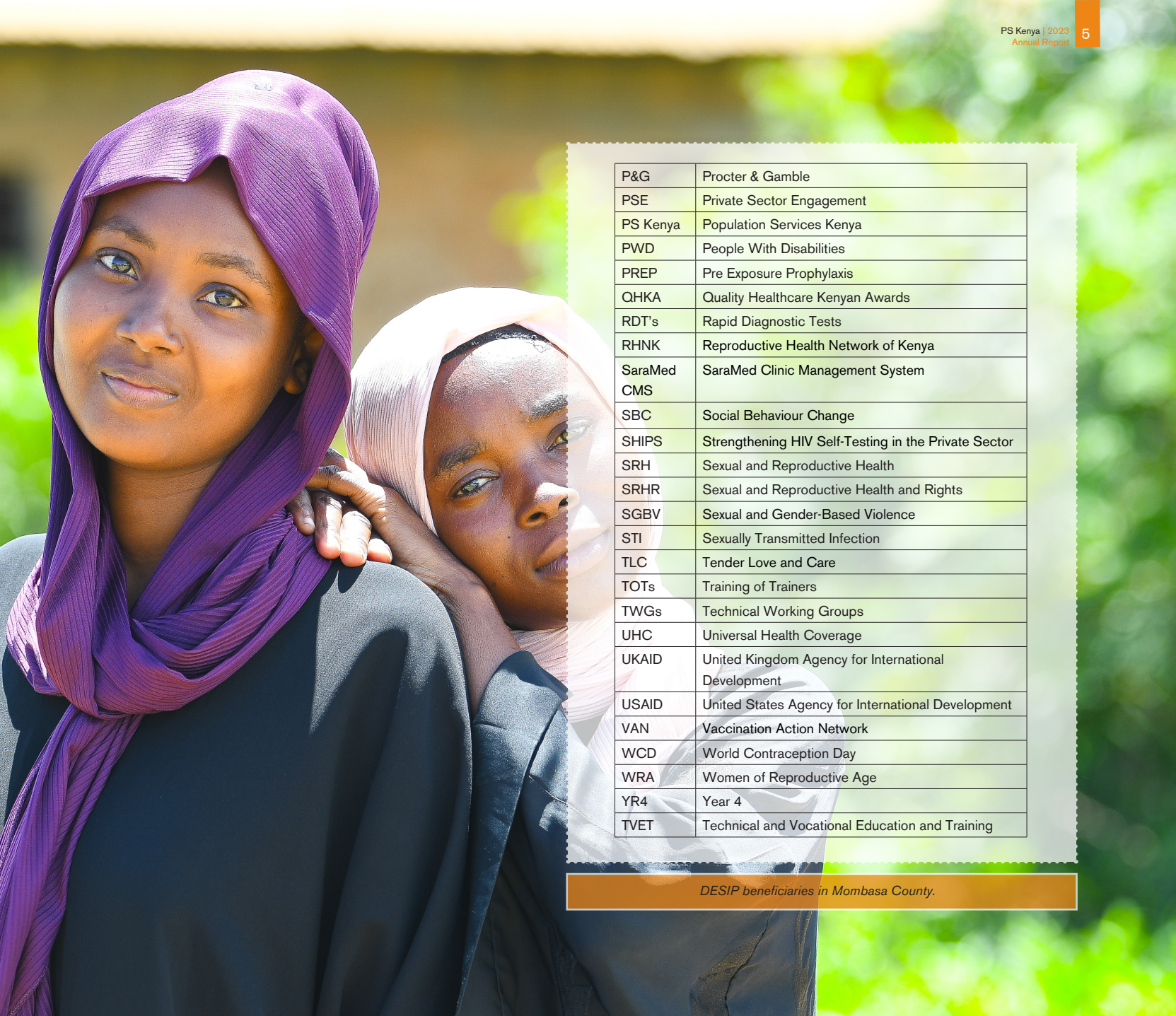
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Abbreviations and Acronyms

A360	Adolescent 360
AIDS	Acquired Immunodeficiency Syndrome
AWP	Annual Work Plan
AGYW	Adolescent Girls and Young Women
AYSRH	Adolescent and Youth Sexual and Reproductive Health
C4C	Counselling for Continuation
CBD	Community Based Distribution
CCM	Country Coordinating Mechanism
CBO	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CHMT	County Health Management Team
CHU	Community Health Units
CHPs	Community Health Promoters
CHEWS	Community Health Extension Workers
CIDP	County Integrated Development Plan
CIPHA	County Implementation Plan for HIV/AIDS
CIFF	Children's Investment Fund Foundation
COVID-19	Coronavirus Disease of 2019
CLA	Collaborating, Learning, and Adapting
CPHIA	Conference on Public Health in Africa
CPs	Contraceptive Pills
CYP'S	Couple Years of Protection
DALY's	Disability Adjusted Life Years
DESIP	Delivering Equitable and Sustainable Increases in Family Planning
DHIS2	District Health Information System 2
DRTB	Drug-Resistant Tuberculosis
EMR	Electronic Medical Record
FCDO	Foreign, Commonwealth & Development Office

FP	Family Planning
GBV	Gender-Based Violence
HCD	Human-Centered Design
HCP	Health Care Provider
HCPAC	Health Commodities and Pharmaceutical Advisory Committee
HCPAC	Health Care Provider Assessment Committee
HCWs	Health Care Workers
HNQIS	Health Network Quality Improvement System
HRIOs	Human Resource Information Officers
HIV	Human Immunodeficiency Virus
HIVST	HIV- Self Testing
HPAC	Health Policy Advisory Committee
HTPS	High Transmission Prevention Services
ICASA	International Conference on AIDS and STIs in Africa
ICPD	International Conference on Population and Development
IGNSS	Inua Grassroot Network Systems Strengthening
INT	Innovative New Technologies
LARC	Long Acting Reversible Contraceptives
LSTM	Liverpool School of Tropical Medicine
MCH	Maternal and Child Health
MOH	Ministry of Health
MYDAWA	Online Pharmacy Platform
MVP	Minimum Viable Product
NASCOP	National AIDS and STI Control Programme
NPI	New Partnership Initiative
NTLDP	National Tuberculosis, Leprosy, and Lung Disease Program
OC	Oral Contraceptives
ODPC	Office of the Data Protection Commissioner



P&G	Procter & Gamble
PSE	Private Sector Engagement
PS Kenya	Population Services Kenya
PWD	People With Disabilities
PREP	Pre Exposure Prophylaxis
QHKA	Quality Healthcare Kenyan Awards
RDT's	Rapid Diagnostic Tests
RHINK	Reproductive Health Network of Kenya
SaraMed CMS	SaraMed Clinic Management System
SBC	Social Behaviour Change
SHIPS	Strengthening HIV Self-Testing in the Private Sector
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
TLC	Tender Love and Care
TOTs	Training of Trainers
TWGs	Technical Working Groups
UHC	Universal Health Coverage
UKAID	United Kingdom Agency for International Development
USAID	United States Agency for International Development
VAN	Vaccination Action Network
WCD	World Contraception Day
WRA	Women of Reproductive Age
YR4	Year 4
TVET	Technical and Vocational Education and Training

DESIP beneficiaries in Mombasa County.

Ways of Working

Vision

To be the leader in strengthening health markets, empowering Kenyans to make healthy choices.

Mission

To improve the health of Kenyans by promoting functional and sustainable systems and increasing access to quality health solutions.



Health Systems Strengthening

PS Kenya uses a human-centered design model in program design to better understand the underlying issues preventing a target group from adopting healthy behaviors and implementing targeted interventions to influence positive behavior change.

Social and Behavioral Change

PS Kenya uses an evidence-based social behavior change approach that allows for a deeper understanding of the underlying issues preventing a target group from adopting healthy behaviors.



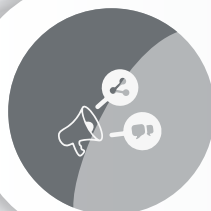


Medical Detailing

Through provider behaviour change, PS Kenya enhances the capacity of pharmacy providers to offer the right information, counselling and appropriate referrals.

Social Marketing

PS Kenya develops and markets quality and affordable health products and services to reduce barriers to access and leverage the private sector distribution chain to reach those in need.



Service Delivery

PS Kenya works with private and public health facilities to strengthen the quality of care by building the capacity of HCWs to deliver reliable and high-quality services. PS Kenya continuously enhances health service delivery through the Tunza Social franchise model operational since 2008.

Message From Dr. Festus Ilako

Chairman, Board of Directors, Population Services Kenya

The 2023 annual report gives key stakeholders a snapshot of the wonderful work that PS Kenya does in ensuring health and wellbeing for Kenyans. The report showcases the resilience and outstanding work of the whole team.

I would like to thank the Board of Directors, Management, Staff, Partners, and, most importantly, the beneficiaries of our programs and products for the opportunity and support of the PS Kenya work across the country.

As we come to the end of the 2020-2023 Strategic Plan, we take pride in our achievements, success, and impact of our programs and health products to the target populations. We celebrated several innovations, stronger partnerships, and great successes, as reported in the publication.

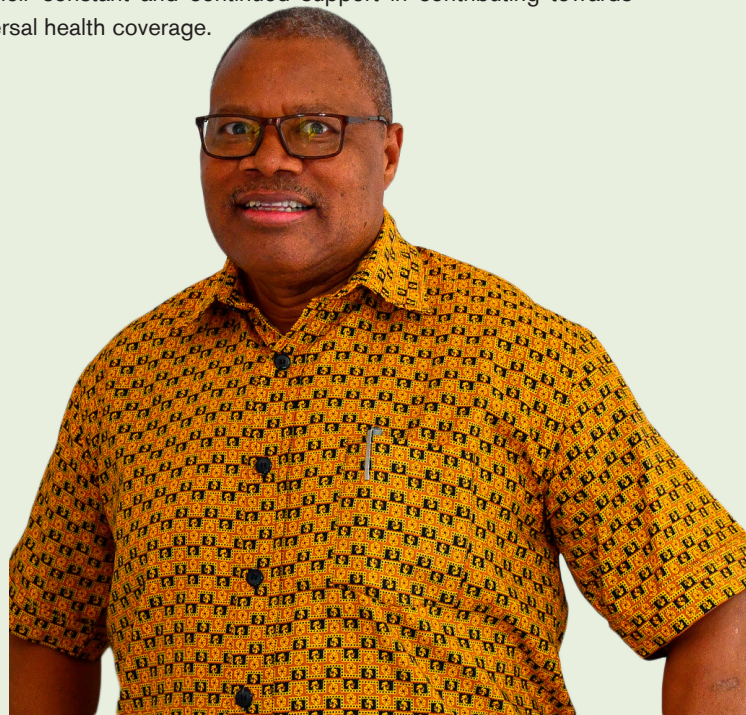
We honor and thank the former Board of Directors and staff who transitioned during the year after exemplary service to the organization. I am grateful to my predecessor, Ms. Anne Ng'ethe, who left the organization after completing her term. The board members who completed their terms or left for other reasons during the year are Mr. Kennedy Ouko, Mr. Maurice Makoloo, Dr. Rehana Ahmed, and Ms. Risper Alaro. PS Kenya is forever grateful for their commitment to its values, mission, and purpose.

PS Kenya implemented a seamless board succession plan and is happy to welcome distinguished health development professionals and corporate leaders. The new board members are Mr. Geoffrey Githinji, Mrs. Bernadette Mutuku, Mr. Farai Chieza, Prof. Jessie Githanga, Mr. Anthony Gitau, and Dr. Josephine Kibaru-Mbae.

After a rigorous and robust recruitment process in Quarter two of 2023, the Board of Directors appointed Dr. Margaret Njenga as PS Kenya's new CEO. We extend our heartfelt congratulations to her and eagerly anticipate her contributions to new ventures, operational efficiency, and strategic relationships in PS Kenya.

We would like to thank our development partners for entrusting PS Kenya with a new program graciously funded by USAID named Private Sector Engagement (PSE). This program will optimize private sector resources to improve health outcomes for Kenyans.

We also extend our gratitude to our development partners, implementing partners, national and county governments of Kenya for their constant and continued support in contributing towards universal health coverage.



Board of Directors



Dr. Festus Ilako
Chairman



Mr. Geoffrey Githinji
Vice Chairman



Ms. Veronica W. Musembi
Hon. Secretary



Ms. Bernadette Mutuku
Treasurer



Ms. Lina Githuka
Board Member



Prof. Frank Wafula
Board Member



Mr. Farai Chieza
Board Member



Mr. Anthony Gitau
Board Member



Prof. Jessie Githanga
Board Member



Dr. Josephine Kibaru, Mbae
Board Member

Immediate Former Board of Directors



Ms. Anne Ng'ethe
Former Board Chairperson



Ms. Risper Alaro-Mukoto
Former Treasurer



Mr. Maurice Makoloo
Former Member

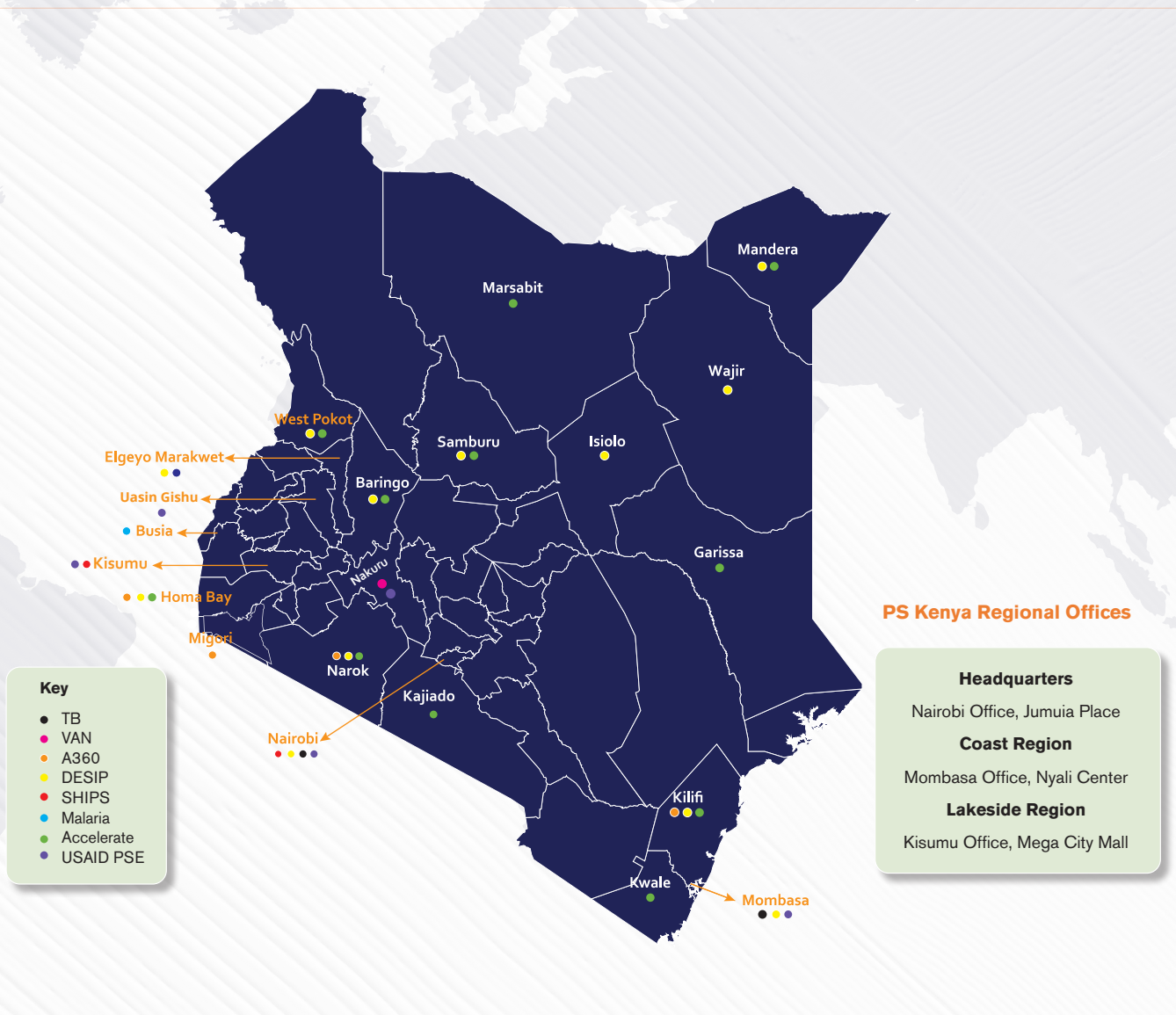


Dr. Rehana Ahmed
Former Member



Mr. Ken Ouko
Former Member

PROGRAM COUNTY PRESENCE



Message From Dr. Margaret Njenga

Chief Executive Officer, Population Services Kenya

I am delighted to share the remarkable progress of PS Kenya in the year 2023. Throughout the year, PS Kenya demonstrated an unparalleled commitment to delivering high-quality healthcare services and creating positive health impact in the communities we serve. In the face of challenges and uncertainties, the unwavering support from our dedicated community has been a beacon of hope and inspiration.

Our primary objectives for the 2021–2023 strategic plan were to enhance access to affordable healthcare in Kenya and support the government's Universal Health Coverage (UHC) transformation agenda. PS Kenya made notable progress, achieving 4,259,157 disability-adjusted life years (DALYs), 3,464,094 couple years of protection (CYP), and reaching 4,622,584 people.

Among the key achievements in 2023 are the following:

- Award of the 5 year USAID funded Private Sector Engagement Program that will enhance health outcomes by expanding the range of quality health products and services accessible within the private sector.
- Hosting the DESIP conference that brought together the national government, counties, partners, and community champions to deliberate on sustainably increasing access to family planning.
- The Accelerate project was recognised as a high performing project funded by the Denmark Embassy in Nairobi.

- The Global Fund Malaria project in Busia County is acknowledged as Kenya's top sub-recipient.
- A remarkable 23% growth in the distribution of social marketed products.
- Emerging as a finalist for the "Excellence in Advancing Mental Health and Well-being" category of the Quality Healthcare Kenyan Awards.

I would like to express our profound gratitude to our development partners, the government of Kenya and PS Kenya's dedicated staff, whose unwavering commitment have led to PS Kenya's success. Together, we are making a difference, one life at a time. As we embark on another year of service, we invite you to join us in this journey towards positive change.

To Healthy Lives, Measurable Results.



PS KENYA IMPACT IN 2023



24,436,857
Condoms Distributed



340,367
Unintended Pregnancies
Averted



1,733,177
Beneficiaries



27,932
HIV Self-Test Kits
Distributed



1,467,289
DALYs Provided



4,524
Child Deaths Averted



1,219,294
CYPs Provided

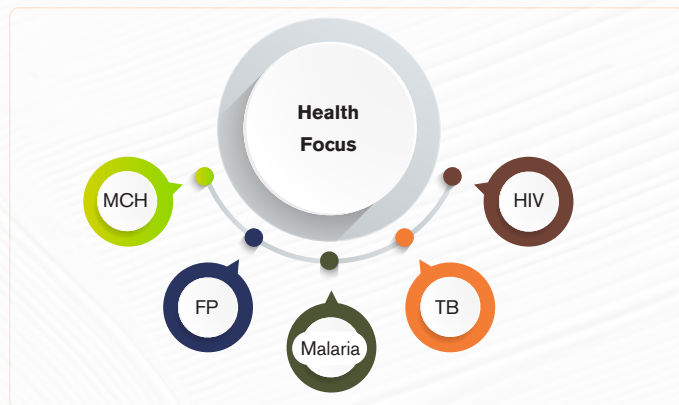


767
Maternal Deaths Averted

USAID Private Sector Engagement Program

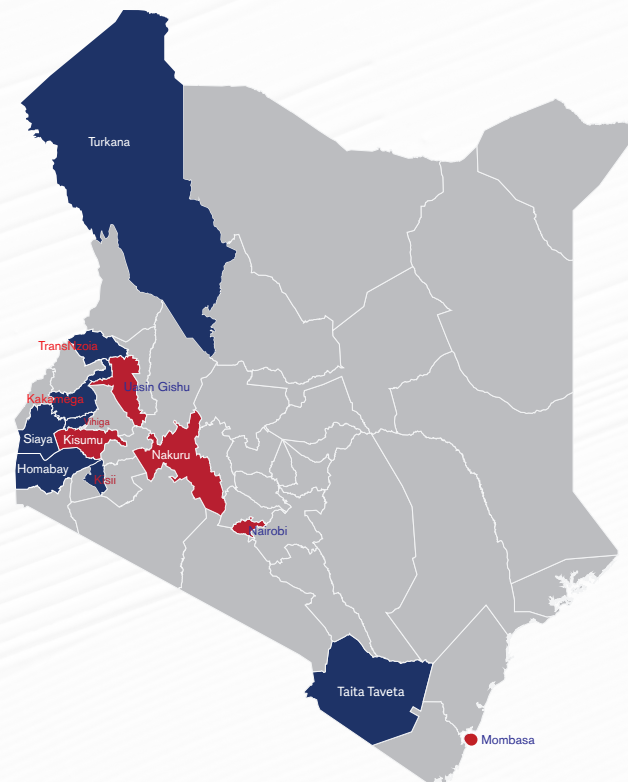
The USAID Private Sector Engagement Program 2023 - 2028, is a five-year initiative funded by USAID and coordinated by a consortium of partners led by PS Kenya, with support from Halcyon Consulting and the Kenya Healthcare Federation.

The program's overarching goal is to enhance health outcomes by expanding the range of quality health products and services accessible within the private sector. Employing a visionary approach, the program seeks to revolutionize health markets in Kenya through country-led and country-owned partnerships, actively engaging the private sector and manufacturers. It is designed to deploy marketdriven approaches underpinned by Collaborating, Learning, and Adapting (CLA) principles, with a strong emphasis on equity and optimal resource utilization.



This targeted and comprehensive approach ensures impactful implementation across diverse regions, addressing specific health needs and challenges in each locality.

Counties of Implementation



- Focus Counties
- Technical Assistance Counties

The alignment between the USAID PSE Program and Kenya's local manufacturing initiatives is a pivotal development, signifying a substantial leap towards improving the accessibility and affordability of healthcare services. This collaboration holds great promise in contributing to the realization of UHC, a significant milestone in advancing the health and well-being of the Kenyan population.

The USAID PSE program has successfully rolled out across the country and will continue focusing on progressing the established interventions in its journey to strengthen the health systems for better service delivery. The program's commitment to improving health outcomes through private sector engagement and collaborative approaches marks a positive step towards achieving UHC and the government's agenda for determination to self-reliance and development.

USAID Private Sector Engagement Program Theory of Change



VISION: A transformed health market delivered through country led and owned partnerships that increase and optimize private sector resources to expand health options equitably and sustainably for the Kenya population.



Institutionalized
local partnerships
and approaches

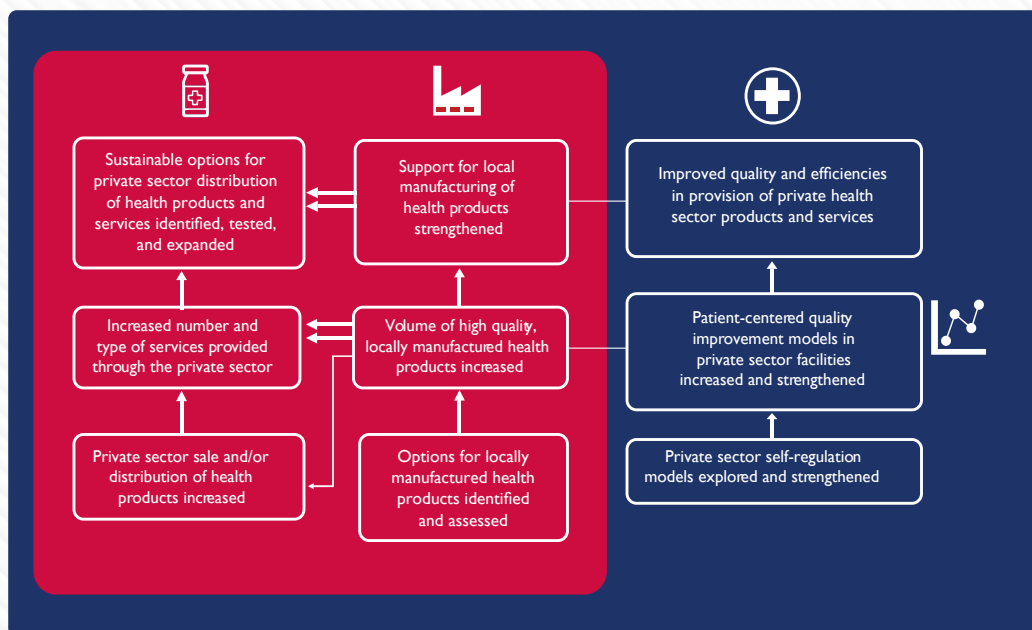
Country-owned, country- led
and country-managed
private sector resources

Stronger
private
health
sector

Journey
to Self-
Reliance

Greater
equity and
UHC

Grown,
healthier
market



USAID Private Sector Engagement Program Highlights

Engagement with various stakeholders at national and county levels, including the private sector, and the Government of Kenya.

Developed the Kenya Health Market Assessment Framework which offers crucial insights into the issues of health market failures, underlying causes, challenges, and opportunities present in Kenya.

Engaged with local manufacturers to learn about their businesses and explore opportunities for support and collaboration to increase their production of locally manufactured HPTs.

Collaboration with the KPA, organized sessions to offer continuing medical education to association members in Nairobi and Nakuru branches. The sessions reached over 400 members. The program also mobilized over 1,000 healthcare providers to participate in a webinar on the topic, 'Understanding UHC and Kenya's Social Health Insurance Framework.'

Conducted a non-pharmaceutical products market assessment as ARC is conducting one on pharmaceutical products.

- Formation of a TWG led by DHPT to synergize activities and avoid duplication.
- Analysis of the LM landscape in Kenya.
- Three engagement meetings were held with ARC, Frontier Health Markets, and Maisha Meds.

Meetings with National Malaria and TB Committees, PPB, NASCOP, Kenya Pharmaceutical Association, KEMSA, API for Africa, among others, were conducted in the five health areas to identify strategic areas of support, enhance stakeholder understanding of health systems strengthening, fostering a consortium approach, and gain buy-in.

Collaborated with the Directorate of Health Products and Technology and other USAID partners to organize a Local Manufacturing Expo in Nairobi. Over 60 exhibitors, including local manufacturers, showcased their products, illustrating the vibrancy and potential of the local health manufacturing industry.

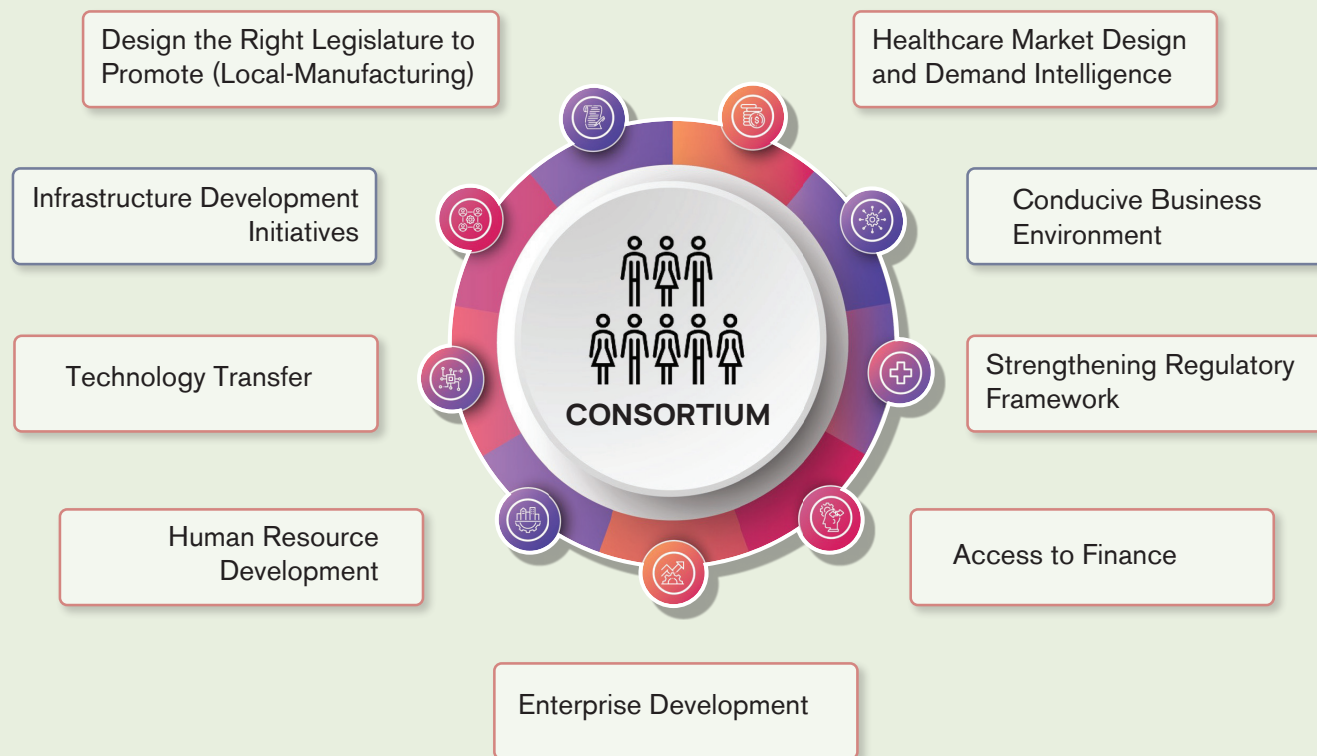
- The President committed to the achievement of UHC and its support to the local healthcare manufacturing industry and expressed optimism that the sector will expand so that by 2026, at least 50% of medicines on KEMIL will be manufactured locally.
- The government will provide land for local manufacturers, setting 500 acres of land aside for special economic zones.

Country and co-creation meetings were held with focus counties to refine priority areas aligned with established challenges for collaboration and strengthen private-sector engagement.

Key activities included:

- Mapping private sector supply chain outlets with Nairobi County
- Digitizing county health records with Mombasa County
- Developing digital health wallets for savings
- Prepayment of health services with Kisumu County

USAID Private Sector Engagement Program Local Manufacturing Strategy Wheel



Source: USAID



Unearthing Local Manufacturing

The USAID Private Sector Engagement Program is key to Kenya's pursuit of universal health coverage. Through collaborative initiatives, concerted efforts towards private public collaboration are being made to address the multifaceted challenges hindering the growth and efficiency of the local manufacturing health sector. By tackling issues such as regulatory inefficiencies, high capital requirements, and skill deficiencies within the workforce. The program aims to create an enabling environment that fosters innovation, investment, and capacity building. In addition, the

program's alignment with Kenya's broader healthcare objectives, including the localization of essential medicine production and the enhancement of service quality across public and private healthcare facilities, highlights its significance in advancing the nation towards UHC. As the program unfolds, it not only promises health system strengthening and affordability of healthcare services but also holds the potential to stimulate economic development through job creation, technology transfer, and increased competitiveness in the local pharmaceutical industry.

USAID PSE consortium partners at the local manufacturing expo held at KICC in Nairobi County.

Delivering Sustainable and Equitable Increases in Family Planning in Kenya (DESIP)

DESIP is a 6-year (2019-2025) UKAID-funded programme aiming to increase access to and uptake of family planning in Kenya with a focus on women of reproductive age, especially adolescents, poor women, and people with disabilities. The goal of the programme is to ensure that women and girls can safely plan their pregnancies and improve their sexual reproductive health and rights, leading to a reduction in maternal, newborn, and child mortality, a reduction in fertility rate, and unmet needs for family planning.

The year 2023 saw the programme end engagement with sub-grantees as a result of another round of official development assistance spending cuts except PSI which remained to support the learning and dissemination agenda of the programme with her consortium handling the third-party monitoring. DESIP also entered its 5th year of implementation with emphasis on sustainability and transitioning key interventions and promising practices to the counties and other partners. The highlights for 2023 are presented below.

Increasing Awareness and Acceptance of Family Planning

The programme accelerated the tilt from SRH demand creation activities to leveraging and integrating to county and other partner-initiated activities to enhance sustainability and county ownership of promising practices.

- **Integration of FP messages and services to county and other partner events such as:**

Community Dialogue and Action Days Session, Household Visits by CHVs, Religious leaders Engagement, Male and Youth engagement forums, Participation in CHMT negotiated local radio spots, outreaches and in-reaches.



DESIP Programme PWD champions.

- **Advocacy for support to community health strategy**
DESIP continued to engage counties during CIDP, AWP and TWG forums to commit and actualize the CHV support in optimizing community units coverage and functionality and payments of stipends. The programme followed up the progress of different bills at county level e.g. CHS bills and FIF bills, and pushed where possible with CHV support in mind.
- **Sharing learnings on Demand Creation Approaches**
DESIP shared learnings through stakeholder forums, TWGs, AWP, and CIDP forums resulting in adoption and implementation by counties and other partners.
- **Multimedia demand creation approaches**
DESIP successfully produced short videos on male engagement, social inclusion, onsite structured mentorship, religious leaders' engagement among others.
- **Production and Distribution of FP IEC materials**
DESIP designed, produced and distributed 300 T-shirts and lab coats, 700 nurse aprons, 700 FP dashboards, and 700 posters among the list of key IECs.
- **Social media performance**
The programme leveraged Facebook, X, TikTok and Instagram for youth engagement. DESIP digital campaigns ran different themes i.e., male involvement, religious leaders' engagement, and social inclusion reaching 955,077 people. The programme leveraged social media to engage partners and promote two webinars on male involvement and religious leaders' engagement.

Improving Availability of FP services

DESIP worked towards improving availability of family planning services by:

- Addressing existing and emerging knowledge and skills

gaps through onsite structured mentorship, routine on-job training during support supervision and C4C training.

- Tackling persistent FP commodity stock outs through mentorship on commodity management, post forecasting and supply planning training follow up to assess the status of commodity stocks and overall management of commodities, redistribution of FP commodities and Social Marketing. FCDO also donated 60,000 levoplants.
- Expanding FP service delivery through community-based distribution of family planning.
- Enhancing integration of FP in all service delivery points.

Improving Quality of Family Planning Services

4,499,329

Condoms Distributed



991,733

Pills Distributed

8,869

Injectables Distributed



The programme continued to strengthen quality of family planning through:

- Integrated support supervision visits
- Roll out of National Family Planning Standards
- Using technical innovations like HNQIS for quality assessments
- Strengthen Quality of family planning data

Planning, Financing and Coordination of FP

National level support

DESIP supported and participated in key forums and meetings at National level to push and advocate for the FP agenda. They include:

- TWGs - Commodity security, AYSRH and MNH
- Workshop - TMA strategy, FP advocacy and medial tool kit, Adolescent and Youth SBC strategy design, Documentation of FP best practices
- Conferences - LSTM Dissemination and RHNK
- Hormonal IUD and DMPA SC roll out and scale up meeting,
- National FP policy development retreat
- Launch of Universal Health Coverage
- Commemoration of key world health days

County level support

The program supported and participated in:

- County Integrated Development and Annual Work Planning in the 12 focus counties.
- TWGs - FP commodity, RMNCAH, and AYSRH
- County cluster meetings in all the 12 counties for learning exchange and sharing of key programme information
- Commemoration of the World Health Days in the counties.

Cross-cutting Outputs

Dissemination of Programme Learnings

DESIP carried out webinars on religious leaders and male FP engagement, FP data quality, and community-based distribution of FP. DESIP also participated in two panel discussions during the RHNK conference in Diani i.e., TMA and high impact practices in DESIP programme. We also crowned the year with a successful National DESIP Family Planning learning conference in Nairobi with over 300 participants from county and national government, implementing partners, development partners, academicians, researchers and rights groups. The programme used the platform to share learnings on the promising practices in demand creation, service delivery and health system strengthening.

Safeguarding

To ensure that the target beneficiaries are protected from unintended effects of programme implementation, DESIP continued to sensitize all those involved on definition of safeguarding, principles of safeguarding, reporting channels of safeguarding, role of healthcare workers in safeguarding and linkages and referrals for the victims of abuse. The sensitization targeted program staff, county and sub county teams, healthcare providers and CHVs.

Social inclusion

Our focus on Persons with Disabilities (PWDs), is central to the success of the DESIP programme. We continued to sensitize healthcare workers across the 12 counties on disability inclusion in FP. The programme also worked with PWD-led CBOs to enhance awareness creation, mobilization, and engagement among their members. DESIP worked with PWD champions to mobilize for outreach events. Disability inclusion in FP took prominence during the National DESIP Family Planning Learning Conference.

Male Engagement In Family Planning

In Samburu and Narok County, DESIP programme innovative approach to family planning promotion emphasizes male engagement as a critical strategy for overcoming cultural barriers and increasing uptake of modern contraceptive methods. Recognizing the traditional role of men as decision-makers, DESIP leverages male champions among village elders and religious leaders to dispel myths and provide accurate information about family planning, with emphasis the benefits of child spacing. Through targeted dialogues and community outreach efforts, DESIP has successfully reduced the unmet need for family planning, fostering a greater understanding of its importance among men and contributing to improved health outcomes for women and families in these communities and use family planning services despite challenges of insecurity, bandit attacks, and lockdown.



Joseph Sirikwa, a male Community Health Promoter, taking men through a Male Involvement in Family Planning dialogue session.

Accelerate Project

The Accelerate project, funded by the Embassy of Denmark in Kenya from 2021 to 2025, aims to improve sexual reproductive health and rights (SRHR) by reducing GBV and harmful practices. It adopts a user-centered, integrated, adaptive, iterative, and sustainable approach. The project aligns with the ICPD-25 goals, striving for zero preventable maternal deaths, zero unmet need for contraception, and zero gender-based violence and harmful traditional practices. By 2021, it achieved a cumulative Couple Years of Protection (CYP) of 545,432 and provided family planning services to 216,625 women, with 50% choosing injections and 7% being adolescents. It also advanced SRHR policy advocacy and strengthened GBV and SRHR systems across 13 counties. Additionally, the project strengthened GBV and SRHR systems through support for court users, gender committees, community dialogues, and technical groups. The project has also actively participated in several conferences including the Devolution Conference in Uasin Gishu County, the UHC Conference in Kericho, the RHNC Conference in Kwale, the Devolution Conference in Nairobi, and the CPHIA.

Accelerate demonstrates an unwavering commitment to evidence based programming, employing a comprehensive mixed methods approach within its learning agenda spanning three waves. Quantitative interviews with health facility researchers and qualitative interviews with local structures, duty bearers, and rights holders underscore its dedication. The first wave's insights prompted protocol enhancements, fostering alignment with MoH objectives, including MoH co-investigators and expanded sampling.

Part of protocol re-alignment includes shelter mapping to identify and address GBV service gaps, integrating shelters with the current learning agenda, and propose 2024 learning agenda. Challenges in outcome 3 measurements led to a prospective co-hort study design.



GBV male engagement session in Baringo County.

**8,217**

Survivors accessing quality healthcare

1,191

Survivors completed trauma counselling sessions

**266**

Survivors receiving psychosocial support

610

Survivors were provided with expert testimony by Accelerate

**701**

Survivors facilitated with referrals to external social services

275,772

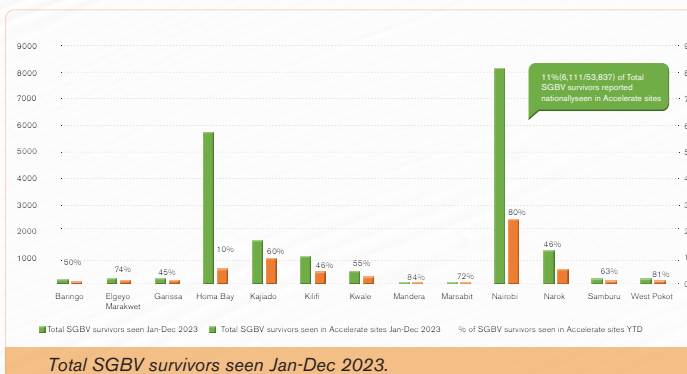
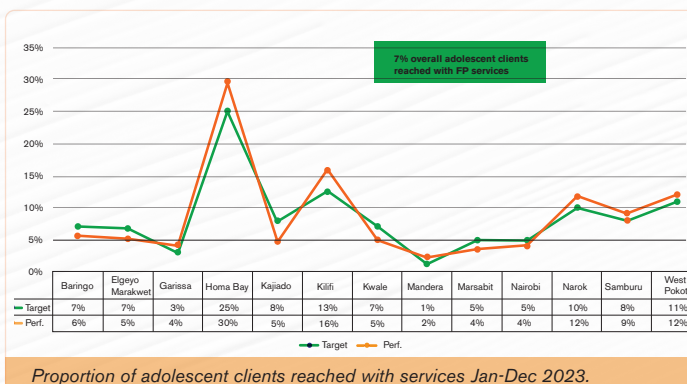
Community-Based Organisations

**2,667,844**

Reach on social media

312

Supported outreaches to facilitate access to family planning and GBV services





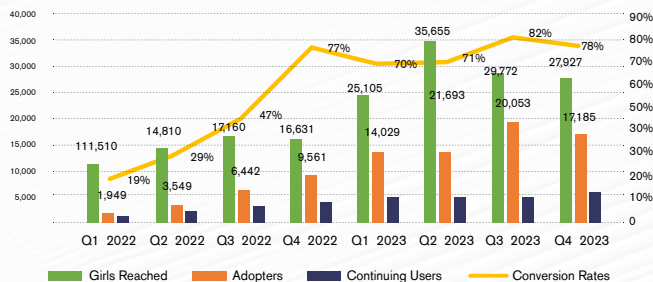
Binti Shupavu beneficiary in an ongoing skills class, Kilifi County

Binti Shupavu Project

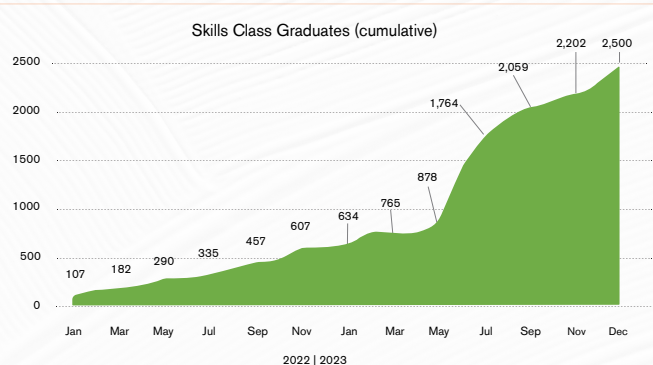
The A360 project, dubbed Binti Shupavu, is a comprehensive approach to addressing adolescents' sexual and reproductive health issues that considers the individual and societal factors that impact health outcomes. The Binti Shupavu project, funded by Children's Investment Fund Foundation, is designed to tap into girls' aspirations, understand their experiences, and place their needs first. This is inspired by A360's interventions in Nigeria and Tanzania and utilises similar messaging and components, but is also uniquely tailored to Kenyan adolescent girls and has multiple touch points that engage both girls and their influencers and communities with various entry points:

- The project supports girls' agency and contraceptive decision making by creating a Binti Shupavu Clinic safe space for young women to build trust in the health system, learn about contraception, and share experiences and stories with their peers. At the facility, through Binti Shupavu Clinic sessions, girls are engaged in goal-setting and supported to understand how contraception can help them achieve their life goals. They also receive contraceptive service delivery from a youthfriendly health provider and can take up a contraceptive method according to their preference.
- The project engages and educates influencers in the community and those closest to young women (via Binti Shupavu Stories) so that they can collaboratively address misinformation and support the decisions girls make about their bodies and futures. In these sessions, influencers are provided with examples of strong and empowered AGYW within their community, with facilitated discussion on the benefits of this empowerment. They are invited to support adolescent girls close to them to plan for their goals and pursue support for their SRH.

- This culminates in a moment for girls and those around them to come together to celebrate the unique contributions of young women within their communities (Binti Shupavu Fest). Within the Binti Shupavu skills classes, a subset of girls who attend Binti Shupavu Clinic sessions are taken through eight sessions focused on strengthening their life, business, and vocational skills. This includes content around decision-making and communications, budgeting and savings, and the opportunity to learn some targeted vocational skills that can assist them in pursuing their more long-term economic goals. Girls are also linked after graduating from these skills classes with TVET, CBOs, or other markets for continued support, experience, and apprenticeships.



A360 Kenya has reached nearly 100,000 new users of contraception.



A360 has reached 2,500 girls through Binti Shupavu skills classes.



Binti Shupavu's demonstrating their hairdressing skills during their graduation ceremony.

Lucy's Flame Of Aspiration

Dreams can be shattered in a moment, as was Lucy's experience. Despite her aspirations of becoming a doctor, her education was cut short by forced marriage and subsequent pregnancy during secondary school, leaving her feeling hopeless and regretful. A despondent Lucy narrates the terrible ordeal that shut her eyes from the vision that she had held on for a while. Now a mother at 18, Lucy struggles to provide for her daughter, Mercy, with her husband's unstable income as a peasant farmer. Reflecting on her journey, Lucy

acknowledges the importance of contraceptive services in avoiding unplanned pregnancies and desires to return to school to secure a better future for herself and her daughter. Through PS Kenya's Binti Shupavu, Lucy has found support and hope, she attended skill sessions and accessed contraceptive services while learning new skills like soap making to help her raise school fees and pursue her dreams. Religiously attending Binti Shupavu's engagements, Lucy says her once dead dreams have been revived, flaming the dimming light in her life.

Binti Shupavu beneficiaries in Migori County.



COVID-19 vaccination outreach in Njoro Sub-County.

Vaccination Action Network Project

The Rockefeller Foundation set up the VAN project that aims to support vaccine demand and uptake across Africa, including Kenya. VAN is a country-led initiative to identify and prioritise challenges, with a clear focus on rapid solutions and quick funding for action projects. The VAN is in Malawi, Tanzania, Uganda, and Mozambique. Kenya and Zimbabwe are the new entrants.

PS Kenya supports the implementation of the VAN Project in Nakuru County, which is a one-year project funded by the Rockefeller Foundation through Amref Health Africa in Kenya and implemented in two sub-counties of Nakuru County: Rongai and Njoro.

Achievements


The project conducted 312 integrated outreaches with a focus on COVID-19 vaccinations and routine immunisation services, including HPV vaccination, among 10-year-old school going girls. The project administered a total of 21,384 doses of COVID-19 (9,652 1st doses, 4,880 2nd doses, and 6,852 boosters' doses). Other integrated services were also offered during the outreaches, to over 24,042 people. Health education and key messages were disseminated in the community, schools, workplaces, and the marketplace, reaching 1,928,411 people with COVID-19 prevention and vaccination messages through face-to-face sessions and various social media outlets.

VAN project trained 111 community-owned resource persons and CHVs from both Njoro and Rongai to support community sensitization and mobilisation during outreaches and other major meetings within the two sub-counties.

Adequate mobilization three days before vaccination exercises. Mobilisation was also achieved through the use of PA systems in crowded places to reach more people with the key integrated messages.

During the period of implementation, the project has supported three HPAC meetings, which have been very important to all stakeholders in Nakuru County and have by far increased the visibility of the organisation to different departments. The health promotion advocacy committee allows health promotion officers and other community influencers, such as religious leaders, to update different achievements and challenges across the

different subcounties as well as health areas. The VAN Project supported two performance review meetings in the reporting period, whose objectives included a review of achievements, understanding of key gaps, collaboration and cross-learning, redesigning of strategies to aid in increasing uptake of COVID-19 vaccination among persons 18 and older, and continuing with the integration of COVID-19 outreaches and other routine services.



COVID-19 vaccination outreach at Dora Flora flower farm Njoro Sub-County.

Malaria Project

Busia County is among the counties in the lake-endemic region in western Kenya, bordering Uganda. It's made up of seven subcounties, namely: Matayos, Nambale, Samia, Bunyala, Butula, Teso North, and Teso South. Busia County has a total population of 1,007,562 people; of this, 493,133 are female, 514,401 are male, and 28 are intersex. The county has a population density of 527 persons with an average household size of 4.5 persons in 198,152 households.

Background

The Malaria project is funded by Global Fund through Amref Health Africa in Kenya. The project aims 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.

Strategies for project implementation

- Community case management of uncomplicated malaria by trained CHVs.
- Provision of Incentives to CHVs
- Specific prevention interventions: promotion of malaria prevention and control through school children.
- Supervision of health facilities and routine data quality audits of health facilities.

Community case management

PS Kenya supports the strengthening of community case management through the use of community health workers through the Project and, in partnership with the Ministry of Health, the interventions in case management include:

Malaria project promotes child health at household level.



training of CHPs in targeted counties; Supportive supervision conducted in all the 185 CHUs by the SCHMT using a standard checklist on a quarterly basis, these strategy aims to ensure timely and effective malaria case management through the use of RDTs to test all suspected cases and treatment of all cases positive by artemether lumefantrine. This is done by a well-trained and supported community health worker.

Achievements

In Busia County, the project, through CHVs, tested 401,548 cases and treated 319,705 malaria cases for the period January 2023 to December 2023, resulting in 51% of cases being managed at the community level.

- The project strengthened the community health system of 1,850 CHPs through mentorship and support supervision of community units in Busia County. PS Kenya plays a key role in mentoring CHPs to ensure the quality of testing and treatment at the community level is enhanced.
- The project has immensely contributed to the 98% DHIS2 reporting rate through facilitation of HRIOs and CHEWs on a monthly basis to upload all community unit reports.
- The project supported the training of 2,218 CHPs on a newly launched digital reporting platform called the Echis for malaria case management. A new team will join 1050 CHVs already practicing case management.
- 192 CHEWS were trained in electronic community health information systems as the main ToTs for the CHUs.

Project Impact in Busia County



Strengthening HIV Self-Testing in the Private Sector

SHIPS is a 3-year (November 2020–October 2023) project funded by the Children's Investment Fund Foundation. The project's goal is to grow the private sector market for HIVST with public health impact. The pilot project was implemented in Nairobi and Kisumu counties, with considerable levels of HIVST awareness, have shown willingness to purchase HIVST kits, high tech literacy, e-commerce and pharmacy presence, and have HIV health needs. The main target segments were sexually active females and males aged 18–34 years and men over 35 years. Together with other players, the SHIPS project continued to implement the pilot concept that incorporated a self-care brand campaign, a WhatsApp chatbot, private sector distribution of HIVST kits through physical and online pharmacies, and conceptual bundling of HIVST, PrEP, and other SRH products. Key barriers addressed by the pilot were: fear of reactive results, limited ability to self-test information, lack of face-to-face counselling from healthcare professionals, psychological effects of false positive results, fear of being seen and judgement from pharmacists, lack of willingness to engage pharmacists for advice and guidance, and pricing of HIVST kits.

Stakeholder Engagement

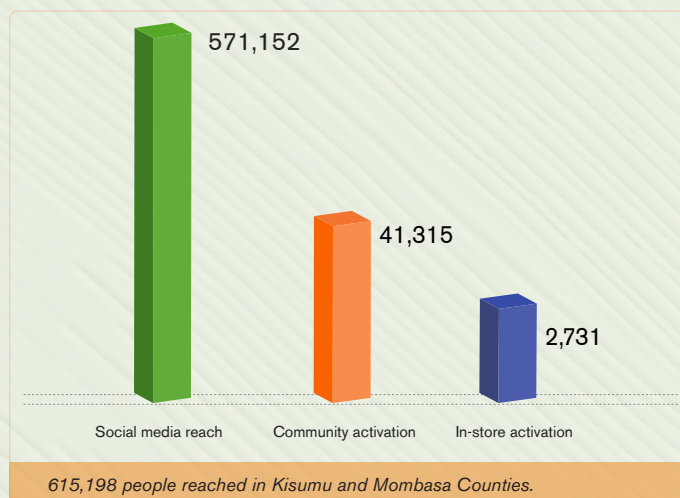
PS Kenya worked closely with the Ministry of Health through NASCOP to form HIVST advisory board that was incorporated into the larger service delivery committee and supported five TWGs on a quarterly basis to deliberate on pricing and regulatory issues in HIVST.



HIV self-testing campaign
activation in Nairobi County.

Self-care Community Engagements

PS Kenya continued efforts to combat stigma and boost demand for HIV self-testing (HIVST) through social media reaching over 500,000 people. The project also conducted community activations reaching over 40,000 people through pharmacy activations in Nairobi and Kisumu counties. Mall activations further informed 845 clients about HIVST kits, demonstrating usage and connecting them to support services via WhatsApp Chatbot.

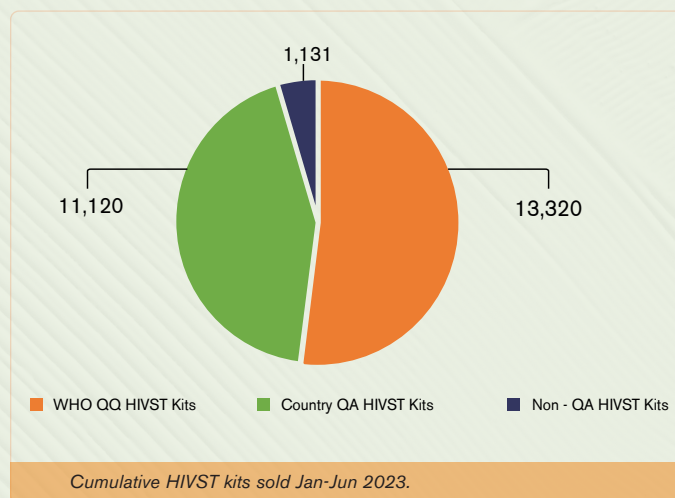


Training of Service Providers

In collaboration with the Ministry of Health's NASCOP, PS Kenya organized pharmacy refresher trainings covering self-care, product bundling, customer service, demand creation, and effective use of HIV self-testing (HIVST). A significant portion of pharmacy representatives and onsite trainers in Nairobi and Kisumu were trained. Additionally, a mystery shopper survey was conducted in 43 randomly selected pharmacies to assess sales quality, enhance customer service, and identify areas for further training. Further enhanced by ongoing activations in 40 pharmacies.

Private Sector Distribution

PS Kenya worked with 120 physical pharmacies (90 in Nairobi and 30 in Kisumu) and 1 online pharmacy (MYDAWA). The project also rolled out a HIVST promotional offer to encourage stocking and uptake of quality-assured kits by end users. This was further enhanced by ongoing activations in 40 pharmacies. SHIPS Project sales performance in the project-supported pharmacies was as follows:



Sharing Best Practices

PS Kenya, through the SHIPS project, showcased the private sector's role in HIV self-testing at ICASA, RHNK, CPHIA 2023 and Maisha conferences. Abstracts on best practices included pharmacy activations, mystery shopping for quality care, WhatsApp Chatbot promotion, destigmatizing sales through bundling, and leveraging events for uptake. SHIPS also shared insights at RHNK and Maisha conferences on ending epidemics.

Tuberculosis Project

Drug-Resistant TB Management

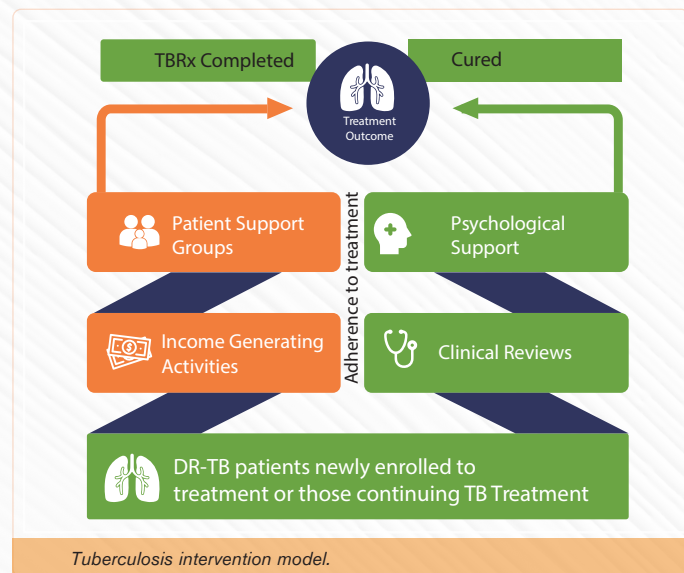
According to 2023 provisional data from the NTLD-P, Kenya notified 95,258 drug-sensitive TB cases and 685 drug-resistant TB cases. It is estimated that in the same period in the country, 133,000 people acquired drug-sensitive TB while 2,500 acquired DR-TB pointing to a huge gap in case detection. The country has, however, adopted INT to improve case detection and the use of patient-centred care in the delivery of services. The country is utilising three models of DR-TB care delivery: facility, community, and isolation, with the majority of patients being on the community model of care (72%). Despite the progress, the treatment success rate among DR-TB patients is still low, at 81% against a target of 85% thus calling for the need to constantly adapt new innovative ways to address the current challenges of the DR-TB response.

In 2023, PS Kenya in partnership with the National TB Programme and the respective county governments, continued to implement the TB Reach Wave 9 project in the high-TB burden counties of Nairobi and Mombasa, with a grant from the STOP TB Partnership that started in September 2021 and ended in August 2023. The goal of the project was to optimise the quality of care for optimal adherence to DR-TB treatment and improve treatment outcomes. By the end of the project in August 2023, the project had enrolled and supported a total of 304 DR-TB patients, with 190 hailing from Nairobi and 114 from Mombasa, surpassing the initial target of 202 patients.



A TB supported income generating car wash in Mombasa County

Intervention Model



To achieve this, PS Kenya used a two-dimension intervention approach to support DR-TB patients in their course of treatment, that is:

- Patient-centred care support through enhanced patient appointment management using a “buddy system” involving healthcare workers and adherence counsellors.
- Socioeconomic support systems reverse the catastrophic economic effects of DR-TB disease and improve the quality of care.

In addition, advocating and raising awareness for DR-TB management and services.

Adherence counsellors were engaged to support the patients during their treatment journey by providing guidance and emotional support. This method increases the chances of treatment success and reduces the risk of further drug resistance.

The socio-economic support aspect was implemented by the project, which funded various income-generating activities by the patients after they lost their jobs due to the disease. The approach included training the patients on economic entrepreneurship and providing the required seed capital to start businesses. The patients also formed support groups for sharing their experiences, fears, and anxieties.



Achievements

Initially, the treatment success rate among DR-TB patients was 97% in Mombasa and 93% in Nairobi, surpassing the project target of 85%. A good treatment adherence rate among enrolled patients was also noted at 99%.

As we reflect on the progress made in addressing the TB burden in Kenya, we must recognize the significance of collaborative efforts and innovative interventions. However, it also highlights the ongoing need for continued investment and commitment to the fight against TB, both in Kenya and around the globe, as we strive to reduce its impact and ultimately eliminate it as a global health threat.

Social Marketing

Social marketing strategically leverages behavior-change activities to drive increased access to and use of health products. PS Kenya's approach to social marketing includes the execution of integrated consumer communication approaches as well as sales and distribution strategies.

Through the utilisation and pooling of private sector resources, social marketing improves access to and availability of vital health products to the target audience, both in peri-urban and rural areas across 47 counties in Kenya. The key social marketing brands in PS Kenya's basket include Trust Condoms, Femiplan Oral Contraceptives (OC) pills, Femiject Family Planning Injections, Waterguard Safe Water Solution, and HIV Self-Testing Kits. Femiplan OC pills and socially marketed condoms account for 65% and 20%, respectively, of all OC pills and condoms distributed in the country, with government-free OC pills and condoms accounting for 35% and 71%, respectively. The brand dominance across various categories demonstrates the importance of social marketing in shaping the total market landscape.

PS Kenya has an established structure of 24 regional distributors of products to over 700 wholesalers. These in turn break bulk to directly reach 23 community-based organisations, 66,000 retail outlets, 3,500 pharmacies, and 1,586 clinics. These retail, pharmacy, and clinic outlets represent 46%, 49%, and 32% of the total private sector outlets that social marketing leverages.

In 2023, PS Kenya, through its' social marketing arm, distributed 24.7 million condoms, 4.7 million oral contraceptive pills (the highest since our inception), 39,000 3-month injections, and just 7,000 self-testing kits.



PS Kenya commercial products in the market.

This was achieved through targeted trade promotions, retail drives, and trade offers to drive the availability and visibility of our brands across trade channels. PS Kenya also achieved over 100% cost recoverability for all brands, ensuring that the social marketing arm is self-sustaining.

During the same period, PS Kenya achieved the provision of 1.2 billion litres of treated, safe water through the distribution of Waterguard water sterilisers, P&G water purifiers, and Aquatabs chlorine tablets. To enhance product awareness among target audiences, PS Kenya relied mainly on digital marketing to drive relevant content across various social media platforms.

Social Enterprise

SaraMed Clinic Management System

As part of PS Kenya's strategic plan 2021–2023, pillar three is "Develop and deliver to market scalable and sustainable solutions that will improve the delivery of healthcare to Sara in the long term." And the cross-cutting pillar two, 'Digital and innovative solutions that will disrupt the healthcare ecosystem and facilitate UHC, Guided by the needs of the network members and informed by the learnings gathered by working with private health facilities on various health areas, quality improvement projects, and various health system strengthening interventions, PS Kenya designed and developed the SaraMed Clinic Management System (SaraMed CMS).

The primary objective of SaraMed is to help clinics increase client volumes and revenue by capitalising on the efficiency gains presented by improved clinic operations as well as the enhanced customer experience for their patients due to automation. SaraMed CMS aims to help the health facilities focus on their core business of providing fast, accessible, quick, and quality health care services by eliminating costly, undependable, and outdated paperwork.

System design began in 2021 by collecting and documenting provider pinpoints, especially for facilities that had existing contracts with EMR vendors, as well as insights and feedback from facilities that wished to automate their operations but were frustrated by what was available in the market at the time. With that in mind, the team set out to develop a robust yet simple HMIS with a fantastic UI/IX. Using the human-centered design model, the team had a working minimum viable product (MVP) version ready to be deployed to a primary healthcare facility, where they could then provide feedback for future product development and enhancements.

In January 2022, SaraMed CMS was piloted at two Tunza Network facilities for a period of four months. The main purpose of piloting SaraMed CMS was to test the functionality of the system, get feedback on the user interface, and customise the existing features to suit the set-up of the facilities. SaraMed CMS was commercially launched in June 2022, with the primary target being mid-level facilities (Level 2–3A) to leverage our strengths in supporting primary healthcare facilities as we collect customer insights on how to build and design more advanced features.

In 2023, SaraMed CMS grew with major advancements coming in the addition of in-patient modules, referrals, and theatre, amongst other advancements in the existing modules to be in line with updated Ministry of Health guidelines, not to mention system enhancements to ensure SaraMed CMS has the latest advanced security features to protect facility data and support the system users (Data Controllers) to be compliant with the Office of the Data Protection Commissioner (ODPC), the government agency established to protect the privacy and security of personal data in our increasingly digital world and mandated to oversee the implementation and enforcement of the Data Protection Act, No. 24. of 2019.

Inua Grassroot Network

Inua Grassroot Network is a nationwide umbrella organisation managed and registered by PS Kenya in 2021 and comprises of 30 grassroots organisations across 17 counties.

The Inua Grassroot Network serves as a foundation pillar to unite community-based organisations, faith-based organisations, and civil society organisations in fostering community-led, community-managed, and community-owned health, economic, and social development.

Key Milestones

PS Kenya strengthens the Inua Grassroot Network Members organisation systems using the IGNSS Model to enhance their effectiveness, efficiency, accountability, and sustainability in the design and delivery of programs. The model is implemented in four phases, including OCA to evaluate the organisation's systems, capacity building (training, mentoring, and coaching), sub-granting, and support supervision/sub-award management.

Capacity Building

We facilitated several trainings aimed at enhancing skills and knowledge base.

- PS Kenya Corporate Communications division held a training focused on the importance of effective communication to convey the desired message to key stakeholders, such as the Ministry of Health, potential development and implementing partners.
- Abstract writing led by one of PS Kenya's program managers to equip grass-root organisations with essential skills for abstract writing, which are often required when submitting programme abstracts or presenting at conferences. As a result, three CBOs were able to submit abstracts for the National DESIP Family Planning Conference.
- Proposal writing training covered topics such as defining proposal concepts, identifying and screening for grant opportunities, developing a writing plan, the actual writing process, and common challenges faced while writing. The aim was to help the network members write compelling proposals that would increase their chances of securing funding for their projects. As a result, we are proud that the skills gained by the grassroot network members have enabled 10 grassroot organisations to secure a total of USD250,000 worth of resources.
- Financial management of CBOs training covered topics such as the importance of good financial management, documentation and record-keeping, the key book of accounts to keep, financial reporting, financial audits, and drafting a project budget. The goal was to help the CBOs understand how to manage their finances effectively, which would in turn increase their chances of securing funding to achieve their objectives.
- We have been consistently identifying and sharing relevant funding opportunities with the 30 grassroot organisations in our network. In 2023, we shared a total of 24 opportunities with various donors and foundations that were successful in eight counties.

Visual Highlights



PS Kenya at the Respekt Conference held in Nairobi County.



PS Kenya emerged 2nd runners up in the Excellence in Advancing Mental Health and Well-being at the QHKA.



PSI visit Accelerate Project in Nairobi County



PS Kenya's CEO, receives the 2nd runners up under the Chui award Category at the 2023 Devolution Conference Awards.



Former Ambassador of Denmark to Kenya, Ole Thonke, at PS Kenya's exhibition booth during the 2023 Devolution Conference.



PS Kenya sponsors Mashujaa Day Celebrations to launch the Universal Healthcare Coverage in Kericho County.



PS Kenya signs an MOU with Options Consulting Ltd.



Embassy of Denmark in partnership with UN organised a play to kick off 16 Days of Activism campaign.



DESIP Programme partners during the 2023 DESIP Learning Conference.

Celebrating Partnerships



Annual staff planning meeting.



Ministry of Health



**EMBASSY
OF DENMARK**
Nairobi



**CHILDREN'S
INVESTMENT FUND
FOUNDATION**



Stop TB Partnership
TB REACH





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