



*Adapt & Thrive*

**2021**

**ANNUAL REPORT**

### **Disclaimer**

The 2021 Annual Report covers the period from 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2021.  
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## Abbreviations and Acronyms

<b>ACT</b> Artemisinin-based Combination Treatment	<b>FGM</b> Female Genital Mutilation	<b>PPEs</b> Personal Protective Equipment
<b>AGYW</b> Adolescent Girls and Young Women	<b>FP</b> Family Planning	<b>PPM</b> Public Private Mix
<b>AIDS</b> Acquired Immunodeficiency Syndrome	<b>GBV</b> Gender-Based Violence	<b>PSA Test</b> Prostate-Specific Antigen
<b>A 360</b> Adolescent 360	<b>HBCC</b> Hygiene and Behaviour Change Coalition	<b>PWDs</b> Persons with Disabilities
<b>ART</b> Antiretroviral Treatment	<b>HCD</b> Human Centered Design	<b>RCCE</b> Risk Communication and Community Engagement
<b>AYSRRH</b> Adolescent and Youth Sexual and Reproductive Health	<b>HIV</b> Human Immunodeficiency Virus	<b>RDT</b> Rapid Diagnostic Test
<b>BOD</b> Board of Directors	<b>HIVST</b> HIV Self-Testing	<b>RH</b> Reproductive Health
<b>BMI</b> Body Mass Index	<b>HSS</b> Health Strengthening System	<b>SARA</b> Service Availability and Readiness Assessment
<b>CBO</b> Community Based Organization	<b>HTPs</b> Harmful Traditional Practices	<b>SBC</b> Social Behavior Change
<b>C4C</b> Counseling for Choice	<b>HTS</b> HIV Testing Services	<b>SCHMT</b> Sub-County Health Management Team
<b>CEI</b> Client Exit Interviews	<b>ICPD25</b> International Conference on Population and Development 25	<b>SEGA</b> Social Exclusion and Gender Analysis
<b>CHV</b> Community Health Volunteer	<b>IPC</b> Infection Prevention and Control	<b>SME</b> Small and Medium Enterprises
<b>CIFF</b> Children's Investment Fund Foundation	<b>IPTP</b> Intermittent Preventive Treatment in Pregnancy	<b>SRH</b> Sexual and Reproductive Health
<b>COVID-19</b> Coronavirus Disease 2019	<b>IVR</b> Interactive Voice Response	<b>STIs</b> Sexually Transmitted Infections
<b>CYPs</b> Couple of Years of Protection	<b>KDHS</b> Kenya Demographic and Health Survey	<b>TB</b> Tuberculosis
<b>CUs</b> Community Units	<b>KENPHIA</b> Kenya Population-based HIV Impact Assessment	<b>TVET</b> Technical and Vocational Education and Training
<b>DALYs</b> Disability Adjusted Life Years	<b>KHIS</b> Kenya Health Information System	<b>MOH</b> Ministry of Health
<b>DANIDA</b> Ministry of Foreign Affairs of Denmark	<b>LARC</b> Long-Acting Reversible Contraception	<b>PS Kenya</b> Population Services Kenya
<b>DRTB</b> Drug Resistant Tuberculosis	<b>LLINs</b> Long-Lasting Insecticidal Nets	<b>QR Code</b> Quick Response Code
<b>EE</b> Economic Empowerment	<b>MDR-TB</b> Multidrug-Resistant Tuberculosis	<b>SMS</b> Short Message Service
<b>EJAF</b> Elton John AIDS Foundation	<b>NCDs</b> Non-Communicable Diseases	<b>SRHR</b> Sexual and Reproductive Health Rights
<b>DESIP</b> Delivering Equitable and Sustainable Increases in Family Planning	<b>PBC</b> Provider Behavior Change	<b>UHC</b> Universal Health Coverage
<b>FCDO</b> Foreign, Commonwealth & Development Office	<b>PPE</b> Private Provider Engagement	<b>UK</b> United Kingdom
		<b>WHO</b> World Health Organization



# Message from The Board

## From Surviving to Thriving

As we report on our 2021 work, I wish to pass my sincere appreciation for yet another successful year, to all stakeholders including: our development partners, PS Kenya staff, my fellow Board of Directors and program beneficiaries.

Globally, the toughest leadership test now is how we can rekindle organizations in an environment where economies are still reeling from the effects of the COVID-19 pandemic. This has compelled most organizations to re-think and pivot all their business models to do things differently. At PS Kenya, the challenges have enabled us gain new insights and to create momentum. We recognize that for this momentum to be sustained; we must continue to step-up, put our best foot forward and seize the opportunities that the “new normal” presents us with.

Making this turnaround requires: innovation, the adoption of unique strategies in implementing our programs, cohesive teamwork, and strong leadership both by the board and management. I take pride in being part of this team because we have demonstrated that we can rise to the challenge.

2021 was a year of transition to our new Strategic plan. The plan centers on a new way of doing business and I am pleased that this year's report



demonstrates some of the key milestones achieved.

During the year, as you will read in the following pages, PS Kenya realized over 1 Million Couple of Years Protection (CYPs) and above 1.5 Million Disability Adjusted Life Years (DALYs).

Through the DESIP project, we continue to partner with the UK Government to increase access to, and use of modern contraceptives across Kenya while increasing equity and sustainability, with a particular focus on adolescents, people living with disabilities and poor rural women. This is aligned with the Government of Kenya's efforts to provide the highest attainable standards of health for all.

We are proud of our continued commitment to diversity and inclusion. During the year, PS Kenya and partners funded by DANIDA grew our Sexual and Reproductive Health services (SRHR) and Gender Based Violence (GBV) response with the introduction of the Accelerate project that seeks to contribute towards ICPD25 promise of Zero unmet need for contraception, Zero preventable maternal deaths, Zero gender-based violence and harmful practices.

In collaboration with the Ministry of Health, we scaled up our HIV self-testing work through SHIPs

(Strengthening HIV Self-testing in the Private Sector) project and grew our TB portfolio, funded by TB Reach and Global Fund. Both projects use evidence-based approaches to increase access to affordable, sustainable, and high-quality HIV and TB services in the private sector.

Adolescent girls and young women continue to be a priority. Through the A360 program, we are working towards improving their health and wellbeing by integrating reproductive initiatives with economic empowerment.

PS Kenya aligned its initiatives on sustainable and socially responsible practices; Environmental, Social and Governance (ESG).

As part of our programming, PS Kenya embraced utilization of solar technology through a partnership with Nordic Climate Facility, Differ Community Power & World Resources Institute to equip Tunza facilities with affordable solar energy. Tunza facilities provide affordable and quality health services in rural and peri-urban settings. Adoption of solar energy will contribute to the reduction of Carbon Emissions.

PS Kenya continues to extend its social responsibility in the communities we work in by strengthening the capacity of the community health workers, religious leaders, community leadership, opinion leaders, so that they can continue to make a difference in the communities that they work in. We promote community led approaches to ensure ownership and sustainability. All this is underlined by strong governance structures that PS Kenya has instituted over the years.

PS Kenya is a strong and mature organization with operational and programmatic footprint across all 47 Counties of Kenya. It has a robust internal control structure, a highly skilled workforce, and reliable systems. Our diverse and very skilled Board of Directors continues to provide oversight and as a locally led and governed organization, we are well positioned to work with our stakeholders including Government of Kenya, development partners, our beneficiaries, staff, among others to deliver local solutions driven by best global practices.

We thank you all for supporting us to achieve our purpose as we look forward to an even better 2022.

**Anne Ng'ethe,**

Board Chair

## Board of Directors



**Ms. Anne Ng'ethe**  
Board Chair Person



**Ms. Risper Alaro**  
Treasurer



**Ms. Veronica Musembi**  
Board, Hon. Secretary



**Dr. Festus Ilako**  
Vice Chairperson



**Mr. Ken Ouko**  
Member



**Mr. Abdallah Hussein**  
Member



**Mr. Maurice Makoloo**  
Member



**Dr. Rehana Ahmed**  
Member



**Dr. Desmond Chavasse**  
Member



**Dr. Susan Mukasa**  
Member

## Message from The CEO

### Going Beyond

The year 2021 was an exciting year! We had to ADAPT to survive. Through the process we learnt a lot on our capabilities as a team and what we can do when we set our eyes on the goal. This adaptation has been through our ways of working, our personal lives and even our attitude towards life and work.

### Strategic Plan

PS Kenya launched the new strategic plan for 2021–2023, which aims to ensure that we have sustainable impact through partnerships, thought leadership, and innovation.

How do we leverage our strengths and adapt our institutional capabilities to grow our impact and work toward sustainability in a market that is becoming increasingly hostile to the status quo?

Our mission continues to be to improve the **health of Kenyans** by promoting **functional and sustainable systems** and increasing **access to quality health solutions**.

And we will see it through;

- a. Working with and through others to improve Sara's access to quality and affordable healthcare.



- b. Consider the changing environment to ensure that the organization can address emerging challenges and contribute even more to the health impact of Kenyans.
- c. Through our evidence base, we will provide thought partnership and leading solutions to facilitate successful Universal Health Coverage.
- d. Create and bring to market scalable and sustainable solutions that will improve Sara's healthcare delivery in the long run, including digital innovations.

### Doing Development Differently

Our efforts were geared towards doing development differently, hence setting the organization up for success in a rapidly changing sector. We onboarded two new projects: Accelerate, whose core mandate is to contribute to the International Conference on Populations and Development 25 (ICPD25) promise of Zero unmet need for contraception, Zero preventable maternal deaths, and Zero gender-based violence and harmful practices; and the second project is A360, which is centered on adolescents and young women to address the rising concern of teenage pregnancies.



We have also had to evolve, and that means continuous learning in our areas of expertise, building resilience, remaining agile, forward-thinking, and being ready to fall forward to ensure that we deliver with excellence.

## Looking Forward

We thrived! And this is because we adapted and refused the status quo. Despite it not being an easy year with a changing environment at PS Kenya, we have continued to deliver against all these odds, and this is because we chose to ADAPT and THRIVE.

As a strong local organization working across Kenya, we continue to be committed to the communities we serve as we walk hand in hand with

them to ensure that we co-create lasting solutions together.

To all our key stakeholders and our partners, thank you for the chance to work with you during these extraordinary times. We are proud of our achievements in 2021 and are geared up to do more in the year 2022.

Thank you,  
**Joyce Wanderi,**  
Chief Executive Officer



## About PS Kenya



Population Services Kenya (PS Kenya) is the leading social and behavior change, social marketing, and franchising organization in Kenya. PS Kenya has over 30 years of experience of measurably improving the health of Kenyans by supporting the Ministry of Health (MoH) to address public health priorities in HIV & TB, Malaria, Reproductive Health, Maternal Health, Child Health, Water, Hygiene and Sanitation, Nutrition, and Non-Communicable Diseases.

### **PS Kenya uses three distinct approaches to serve Sara, the hero of our story:**

- 1) A health systems facilitator to promote systemic changes.
- 2) Collaborating with and through others to improve access to high-quality products and services.
- 3) Acting as a health-systems actor with direct implementation.

### **We assist the Government of Kenya to:**

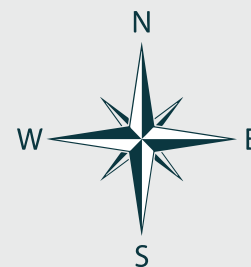
- Increase access to reproductive, maternal, newborn, child & adolescent health services
- Increase access to TB/HIV prevention, care and treatment services
- Reduce child mortality through integrated management of childhood illnesses
- Increase access to malaria prevention and treatment services
- Increase access to early detection screening and treatment of non-communicable diseases such as hypertension, cervical, breast & prostate cancer.

# PS Kenya Footprint in the Country

## Counties with Active Programs

### Key

- |            |                   |
|------------|-------------------|
| • Migori   | • Kiambu          |
| • Kisumu   | • Elgeyo Marakwet |
| • Kilifi   | • Isiolo          |
| • Homa Bay | • Kajiado         |
| • Busia    | • West Pokot      |
| • Nairobi  | • Marsabit        |
| • Mombasa  | • Garissa         |
| • Baringo  | • Wajir           |
| • Samburu  | • Mandera         |
| • Narok    |                   |
| • Kwale    |                   |



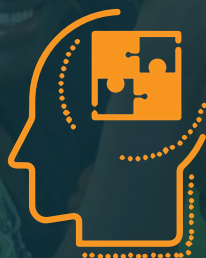


## How We operate



### 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.



### Social and behavioral change

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



### Medical Detailing

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





## Service Delivery

PS Kenya works with the private and public facilities to strengthen quality of care through capacity building of health care workers to deliver reliable and high-quality services. PS Kenya also continues to strengthen the Tunza Social franchise that was established in 2008.



## Health Systems Strengthening

PS Kenya collaborates with MOH and other stakeholders to strengthen the health system through supporting development and review of policy and guidelines, annual work planning for national & county governments, accreditation of private providers, capacity building of health workers & forecasting, quantification, and distribution of health commodities.

## 2021 Big Wins

### Key Performance Indicators



# COVID-19 Initiative



## No one is safe from COVID-19 until everyone is safe

Vaccination is a key intervention that could rapidly interrupt COVID-19 transmission and reduce the burden of disease and deaths. The COVID-19 pandemic continues to be a top priority for the MOH and PS Kenya continues to align its priorities with the MOH on enforcing multiple measures to limit the spread of the virus, including social distancing, cough etiquette, handwashing, use of masks while in public, and supporting vaccination efforts.

Kenya has done this through a number of initiatives including:

### 1. Coalition for Changing Hygiene Behavior

Through the Hygiene and Behaviour Change Coalition project (HBCC) that was funded by FCDO and Unilever, PS Kenya carried out activities that were supporting MOH to combat COVID-19. The activities included:

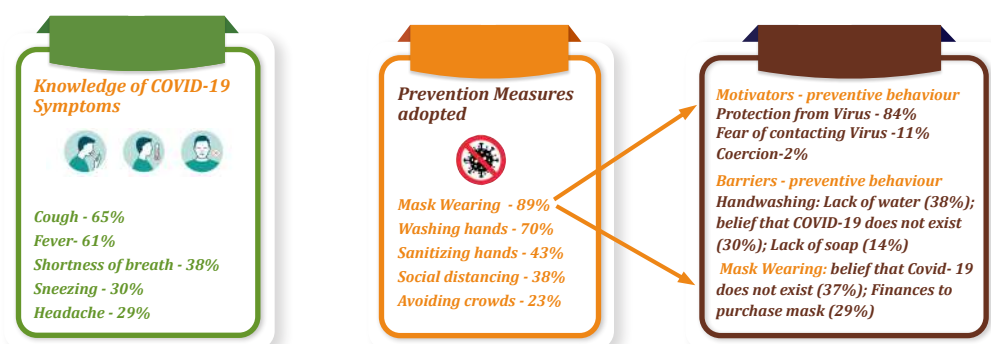
- a. Supporting MOH to develop and increase reach for the COVID-19 communication



- campaign dubbed “Komesha Corona Okoa Maisha” (“Stop Corona, Save Lives”) with an emphasis on handwashing, surface hygiene, social distancing, and proper use of masks.
- b. Activities at the community level in Nairobi and Mombasa.
- c. Using digital platforms to build the capacity of private health providers and community health workers.
- d. Distribution of COVID-19 Personal Protective Equipment (PPEs) (masks and gloves) and Unilever hygiene supplies such as soap and scouring powders aimed at improving infection prevention at the health facility level.

Through the PS Kenya sponsored messages that were shared on mass media, social media, and IPC, over 26 million people were reached with the COVID-19 preventive messages. Kenya further supported the adaptation of the global UNILEVER password campaign. The ‘Password’ campaign turns the four hygiene habits (handwashing, wearing a mask, maintaining space and surface hygiene) into a Password that enables us to start taking our world back from COVID-19. From an endline survey done on the Komesha Corona campaign, 66% of consumers believed that the disease does exist. The prevention measures adopted included mask wearing (89%), washing hands (70%), sanitizing hands (43%), social distancing (38%) and avoiding crowds (23%). There was a great ripple effect where (81%) shared information from the KCOM campaign with others. People with disabilities adopted additional behaviors for personal hygiene as their disability status made them feel vulnerable.

### Knowledge and Practice



### WhatsApp chatbot training on COVID-19 Health care workers

To ensure continuity of essential health services within the private sector facilities, HBCC worked closely with the MOH to ensure 2,419 health providers were trained against a target of 700 (270%). Each provider also earned 40 Continuing Professional Development (CPD) points. In addition, 946 CHVs participated in Interactive Voice Response (IVR) training on COVID-19, transmission, screening, infection prevention, home-based care, and information on vulnerable groups such as people living with disabilities and people living with HIV.



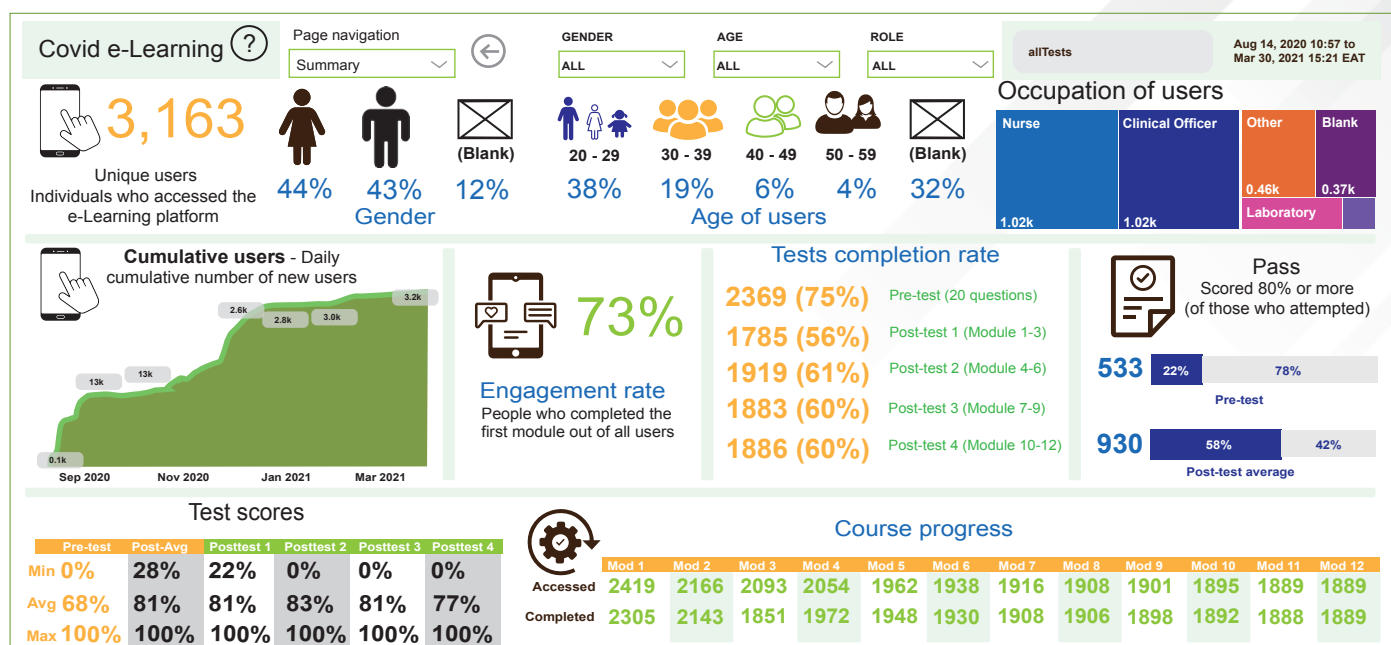


Figure 1.1: COVID-19 E-learning platform

### Partnership with Facebook

In addition, PS Kenya participated in Facebook's 2021 scaled workshop SBCC Program where we received over 30,000 Facebook Ad Credits to run a COVID-19 vaccine campaign. We targeted Facebook members over the age of 18 years in Kenya with a goal to decrease vaccine hesitancy and reached 5.73 million people (against 4million) with 23.1 million impressions. Within the first three weeks of Facebook Campaign, PS Kenya was able to see a lift in Facebook users ads recall and a small lift in the number of people who view COVID-19 vaccines as safe. Furthermore, there was an increase of 1.8 million people who understand COVID-19 prevention measures.

### Partnership with WHO

PS Kenya further supported the Risk Communication and Community Engagement (RCCE) project with funding from WHO in Nairobi County, a hotspot for the COVID-19 pandemic. We aimed to provide relevant information to the targeted audience that would enable

them to adhere to recommended public health and social measures for COVID-19 prevention, increase acceptability and uptake of vaccines by educating the communities on the safety of vaccines and providing information to the members of the public on when and where to get the COVID-19 vaccines.



Figure 1.2: PS Kenya in partnership with NMS and with support from WHO rolled out COVID-19 mass vaccination in Nairobi County.



# DESIP Learning Conference



## **THEME:** Leaving no one behind; expanding sustainable access to contraceptive for all during COVID-19 pandemic

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

The program with funding from the Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom Aid, continued with a productive work relationship with the National MOH and County Governments, and their affiliate institutions, for joining and supporting the journey towards ensuring that women and girls can safely plan for their pregnancies in line with sexual and reproductive health rights. The result-based partnerships continue to assure continuity in the reduction of maternal mortality, new-

born, and child mortality and increase the modern contraceptive prevalence rate in Kenya through the DESIP systems' strengthening at policy and service delivery levels to ensure sustainability.



Figure 1. 3: Deputy Development Director, FCDO Dr. Richard Erlebach gives his opening remarks.

## The DESIP Learning Philosophy

The DESIP adaptive learning concept aims to establish and harness internal and external learning platforms where new knowledge on what works for the implementation of family planning (FP) is generated and shared to effectively implement the DESIP agenda. The learning areas were informed by the baseline information conducted by DESIP, that is, the Client Exit Interviews (CEI), the Service Availability and Readiness Assessment (SARA) and the Social Exclusion and Gender Analysis (SEGA) conducted in Baringo, Elgeyo Marakwet, Garissa, Homa Bay, Isiolo, Kilifi, Kwale, Lamu, Mandera, Marsabit, Migori, Mombasa, Narok, Samburu, Tana River, Turkana, Wajir and West Pokot counties.

These surveys provided information on family planning service utilization of the poor at DESIP supported service points both at the community and facility levels of care, and family planning service utilization of people with disabilities at DESIP supported service points both at the community and facility levels of care.



Figure 1. 4: PS Kenya CEO, Joyce Wanderi gives her welcome speech during the DESIP Conference.

Triangulated information from the three surveys indicated that FP is critical to development, economic growth, and environmental sustainability and is also perceived as the most cost-effective way to break the cycle of poverty and make families healthier. It empowers women and girls.



Figure 1. 5: Think Tank DESIP Technical Team in Nairobi

Learning questions were designed to support DESIP goal, which is to ensure that women and girls can safely plan their pregnancies and improve their Sexual Reproductive Health. The ultimate outcomes considered for learning questions were: an equitable increase in the use of modern contraception;



increased public sector resource allocation for FP and procurement of FP commodities; increased reproductive choice of women and girls; an increase in couple years of protection; and an increase in the number of FP additional users for marginalized groups.

Each DESIP partner identified an area for learning. Program assumptions, both explicit and implicit, were also identified to help select and agree of priority learning questions. The pool of learning questions responded to at least one of the following: Seeking solutions to problems; exploring assumptions in implementation; testing the DESIP theory of change; stimulating creativity and innovation; contributing to the wider knowledge base on FP.

The learning questions were derived from the need to build the evidence base for “what works” for FP in DESIP counties. The learning questions cut across the Service Delivery, Demand Creation, and Sustainability aspects of the DESIP program. Each of the learning questions was fully developed to have case-sensitive with a focus on the background to the learning question, a demonstrated path to how the learning question supports the DESIP theory of change, the country context in which the learning question is plugged for study, the implementation activities during the learning period, a method for answering the learning question, and an adaptive learning plan. There was the identification of areas of shared interest, and it foreshadowed the need for teamwork to make sense, reduce duplication of efforts, and share knowledge across sectoral and institutional boundaries. DESIP, working in tandem with the health departments of the 19 counties, identified leads to develop and track learning questions and prepare update presentations on the same every quarter as part of adaptive learning.

The DESIP national learning conference provided an opportunity to share learning outcomes with different audiences and ensured learning points

were consciously, collectively agreed upon for integration into DESIP and other FP-related activities in the counties of interest. DESIP also hopes the conference will generate new advice on continuity of the learning questions as informed by the root causes of successes and failures and help identify specific actionable endorsements.

## The Learning Conference Concept

The DESIP Learning Conference is a platform that:

- (a) Allows for the sharing of program learning.
- (b) Depicts the need for partnership with both the County and National Governments.
- (c) Reaches a broad spectrum of donors, partners (existing and potential), and other stakeholders seeking to implement similar programs.
- (d) Provides a call-to-action highlighting areas of need in the program.

The conference targeted stakeholders in health, especially those implementing SRHR programmes, that is, the Ministry of Health, researchers, development partners, policymakers, donors, among others. Running on the theme “Leaving no one behind; expanding sustainable access to contraceptives for all during the COVID-19 pandemic, the conference comprised of keynote speeches, presentations, posters, pre-formed panels, and other interactive sessions.

The sub-thematic areas were as listed:

### Theme 1

To increase the availability of family planning commodities.

- ✓ **Learning Area 1.1:** How Does Community-Based Distributors’ Linkage to Health Facilities Influence Uptake of Long-Acting Reversible Contraception (LARC)?



- ✓ **Learning Area 1.2:** Community Health Volunteers' Demand Creation Initiative of the Manyatta Model to Promote Uptake of Family Planning in Samburu North-Sub-County, Samburu County.
- ✓ **Learning Area 1.3:** Uptake of a Structured On-Job-Training Mentorship Approach for Increasing Long-Acting Reversible Contraception (LARC) Service Delivery and Coverage by Healthcare Workers in Narok County.

## Theme 2

### Increasing Commodity Demand for Family Planning

- ✓ **Learning Area 2.1:** Does capacity strengthening in social inclusion positively influence health providers' attitudes and behavior towards service delivery to persons with disabilities?
- ✓ **Learning Area 2.2:** Does modification of the community dialogue model based on audience socio-demographic segmentation improve effective referrals for SRH services for girls under 19 years in Narok and Homa Bay County?
- ✓ **Learning Area 2.3:** Does clarifying the scriptural basis for child spacing by faith leaders improve the uptake of family planning services by clients in Isiolo, Migori, and Homa Bay counties?

## Theme 3

### Strengthening public and private sector engagement for sustainable ownership of Family Plannings

- ✓ **Learning Area 3.1:** Lessons from Policy-Based Learning Lab Approaches for Strengthening Family Planning and County Health Systems.
- ✓ **Learning Area 3.2:** How Does Investing in Policy Frameworks Help Sustain the Gains Made in Family Planning Investment?

## Theme 4

### Strategic Information on Family Planning Activities

- ✓ **Learning Area 4.1:** The Role of Client Exit Surveys in Informing Implementation Family Planning Activities: Case of FCDO Funded of DESIP Program in Kenya.

- ✓ **Learning Area 4.2:** Maintaining Equity in Family Planning During a Pandemic: DESIP Program COVID-19 Adaptations

## County Engagement Highlights Action Plans

The partner Counties engaged at the DESIP learning conference independently picked the following areas of interest, which require support from DESIP to help either introduce, scale, or spread the innovations across the Counties.

- ✓ Counties are demanding continued dissemination of the Client Exit Interviews (CEI), the Service Availability and Readiness Assessment (SARA), and the Social Exclusion and Gender Analysis (SEGA) reports to their various ministries and departments related to community development and health. This is to ensure service providers have a sense of what it takes for a client to be satisfied.
- ✓ The structured mentorship approach was embraced by most Counties, which promised to allocate resources to achieve the same effect in their counties by influencing the uptake of long-acting reversible contraception (LARC).
- ✓ Staff sensitization on social and disability inclusion was applauded as a welcome move to be adopted by all Counties as a way of maintaining an effort that put targeted women with disabilities on the FP of their choice. Strategically, the Counties hope to engage PWDs, organizations and national leaders, in the program and sensitize health workers on service provision to PWDs with the aim of leaving no one behind.
- ✓ The Manyatta Model was also applauded as a great initiative. The Counties have scheduled to discuss the functionality of the same in their respective and most applicable community units. Significantly, the exploration of the use of tag teams to propel the model at the community unit.

## The Conference Hybrid Architecture



- ✓ Engagement of religious umbrella bodies in knowledge sharing and continued clarification of scriptural messages for improved FP uptake was identified as a potential for introduction in other counties. Religious leaders, both Muslim and Christian, were included in the discussion

- because they have a large influence of their followers.
- ✓ Counties are keen on youth and male engagement strategies on FP by engaging chiefs, community leaders, and CHVs on the various platforms.





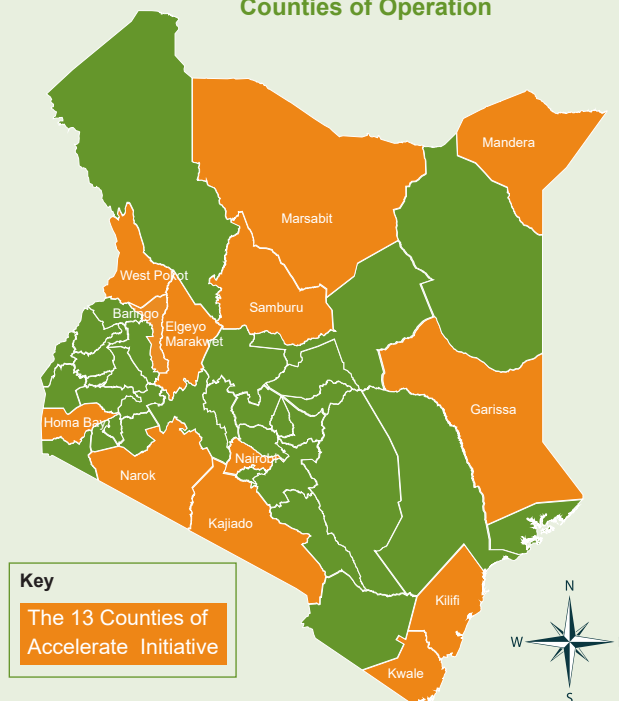
Figure 1.9: Beneficiary of Accelerate Project in Narok County

# Accelerate Project Launch



Accelerate is a DANIDA-funded SRHR and GBV five-year project (2021–2025) whose core mandate is to contribute to the ICPD25 promise of Zero unmet need for contraception, Zero preventable maternal deaths, and Zero gender-based violence and harmful practices. The project’s overarching goals are to reduce maternal mortality and morbidity, reduce the unmet need for SRHR (including family planning), and reduce the prevalence of GBV, including harmful traditional practices. Accelerate is implemented by three partners: PS Kenya, Gender Violence Recovery Center (GVRC), and Population Services International (PSI), and it focuses on 13 underserved, hard-to-reach counties consisting of Baringo, Elgeyo Marakwet, Garissa, HomaBay, Kajiado, Kilifi, Kwale, Mandera, Marsabit, Nairobi, Narok, Samburu, and West Pokot.

Counties of Operation





The project has four key outcomes, including:

- Increased access and utilization of quality, comprehensive, integrated, equitable, and inclusive SRHR/MCH services for all women (including Post Abortion Care (PAC) with a focus on adolescents, the poor, and marginalized populations.
- Improved access and utilization of comprehensive, high-quality, multidisciplinary, efficient, equitable, and inclusive gender-based violence response and prevention services for GBV survivors.
- Increased respect for human rights (including attitudes, behaviors, gender and socio-cultural norms) to prevent and respond to GBV, including HTPs and other forms of violence.
- Strengthened learning and adaptation through evidence generation and use.

In 2021, the project registered 153,126 Couple-Years of Protection (CYPs), translating to 90% achievement against the annual target, where a total of 205,212 family planning clients accessed services across 354 Accelerate supported health facilities. Additionally, the project averted 105,620 Disability Adjusted Life Years (DALYs), 69,771 unintended pregnancies, 179 maternal deaths, and 15,674 unsafe abortions.

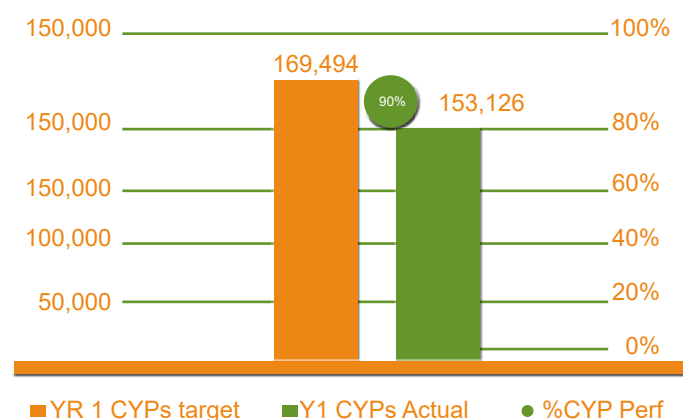


Figure:1.6: Accelerate CYPs Performance

During the year, Accelerate provided critical medical care and psychosocial support to 2,625 survivors, which represented 69% of all the reported cases in Kenya. The project reports further showed that females (2,388 representing 91%) were most affected by gender-based violence as compared to males (237 representing 9%). The trend also shows that most of the affected age group is between 10 and 20 years old, at 40.65%, while the highest number of GBV incidents were sexual violence (rape, defilement, sodomy, and sexual assault), recorded at 1,773 (67.5%), with defilement cases taking the highest share of 1,022 incidents. The project supported the survivors through treatment, provision of information, counselling, seeking justice and helping them to go back to normalcy.

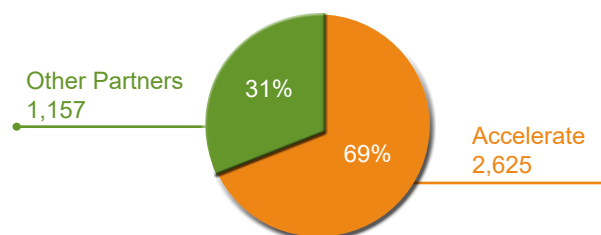


Figure: 1.7: Survivors supported by Partners

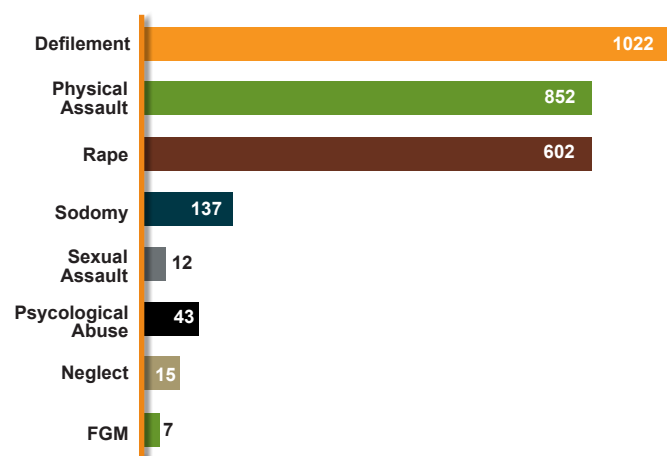


Figure:1.8: Survivors supported by Partners

## Training

In 2021, the project embarked on building the capacity of healthcare workers in order to improve the quality of family planning services offered to women of reproductive age (WRAs) and GBV survivors in the supported facilities. In conjunction with the Division of Reproductive and Maternal Health, Accelerate conducted a total of five FP Long-Acting Reversible Contraceptives (LARC) reaching 125 health care workers, two Family Planning Module 2 reaching 50 health care workers (HCWs), three ASRH trainings reaching 75 HCWs, and two teacher trainings reaching 24 teachers in three Counties.

## National Support

In conjunction with other PS Kenya Reproductive Health programs, the Accelerate project works in partnership with the family health unit, which houses both the Division of Reproductive and Maternal Health (DRMH) and family planning. The objective is to share workplans and identify areas of support for the MOH, as well as create synergy and interaction between the ministry and the project. The project committed to supporting identified areas in the 13 counties, i.e., training, supportive supervision, mentorship, printing and distribution of SRHR/GBV tools, including IEC materials, Data Quality Assessments, and support for TWGs.

The project participated in the national celebration of World Contraceptive Day, marking 10 days of activism, as well as two National GBV Committee of Experts (COE) meetings where the project team had an opportunity to present on the Accelerate project, meet other GBV stakeholders, and have discussions on how to leverage resources. Furthermore, during the year, the project participated in a National Dialogue for Family Planning organized by the DRMH.



Figure 1.10: Community awareness session at Marsabit County



Figure 1.11: Head of NCPD, Dr. Sheikh during WCD celebrations

The division of reproductive and maternal health is championing adolescent sexual reproductive information and services among the school-going population and out-of-school adolescents and youths to ensure access to holistic, high-quality, effective and efficient RH services. The Accelerate project in collaboration with other partners supported the division in review of Adolescent Sexual Reproductive Health Policy (ASRH), in a workshop held later in the year. The workshop aimed to validate the policy review plan, synthesize taskforce perspectives on AYSRH policy and guidelines, and harmonize stakeholder engagement. In 2022, the project will support the completion of the process and dissemination of policy documents at County levels.



Figure 1.12: Delegates including Danish Ambassador Ole Thonke

In partnership with other stakeholders, the program supported NCPD during the ICPD25 commemoration. The main objectives of Kenya's 2<sup>nd</sup> anniversary commemoration was to: present the ICPD25 Kenya Country Scorecard on the commitments; discuss implementation challenges, innovative strategies, and lessons learnt; launch various ICPD25 commitment-related documents, including:

- a. The second annual report on implementation of ICPD25 Kenya Country commitments.
- b. Kenya Demographic Divided Roadmap.
- c. Kenya FP 2030 Commitments.
- d. National Plan of Adolescent Health and Teenage Pregnancy in Kenya.

Accelerate Social Behaviour Change and Demand Creation is implemented through three approaches:

1. Above the line campaign (local radio and social media)
2. Mid-line campaign (community social campaign driven by community-based organizations, strategic wall branding and branded IEC materials), and

3. Below the line engagement through interpersonal engagement by community health workers, youth champions, men's champions, and duty bearers).

Radio and digital media campaigns focus on increasing general awareness and understanding of GBV and stir up GBV conversation at regional, County and community level. Community-based campaigns back mass media campaigns through community-based organizations and are being used to address community-specific GBV, HTPS, and SRHR social norms. Individual specific barriers are addressed at interpersonal and household levels to deliver cohort specific messages.

In 2021, the program conducted 13 co-creation workshops, developed 13 county-specific Social Behavior Change strategies, recruited and trained 7 CBOs, recruited and trained 165 duty bearers, and 390 CHVs to engage beneficiaries at household and individual level. Using social behavior change cohort specific insights, the program-initiated the development of radio and digital campaigns, printed Accelerate themed IEC materials, and completed the





Figure 1.13 :Community Awareness session at Marsabit





design of an integrated GBV and SRHR community engagement manual. These groups that were trained (CBOs, CHVs, Duty Bearers, and Men Champions) started conducting community sessions and outreach mobilization.

In the quest to achieve its 4<sup>th</sup> outcome on research, the project carried out a technical desk review as well as set up the Accelerate learning agenda. The project is currently working towards finalizing the learning agenda protocol, which describes measurement approaches for each learning question, field procedures, study instruments, data management, and protection of human subjects during research. Data collection will commence in 2022.





# Binti Shupavu Program

## In search of Nashipae



Figure 1.14: Our 'Nashipae'-married adolescent girl beautifully adorned in her Maasai attire

The journey to Olorte, more than 80 km away in deep rural Narok, was surprisingly uneventful. We would be welcomed by the area's community health extension worker and a group of married adolescent girls aged between 15 and 19 years. These girls were the reason why we had taken the long journey. We had been informed that we did not need to keep them for long since they were expected to go home early to take care of house chores. This is what they have done daily since they were married. After we introduced ourselves, we sat with these lovely adolescent girls to have a conversation.

Our discussion was necessitated by the recent rise in cases of teenage pregnancies within Narok County. Our main objective was to engage them in sexual reproductive health discussions. This would enable us to get key insights that would inform an intervention targeting these young women. It also entailed identifying with this married girl, learning

about their daily lives, aspirations, and, most importantly, receiving feedback on their life goals and challenges as married adolescents.

This was courtesy of A360 Amplify, an intervention project targeting adolescent girls and currently being rolled out in Narok, Kajiado, Kilifi, Homabay, and Migori Counties. The project aims at increasing access and uptake of contraceptives, thereby reducing teenage pregnancies and allowing for child spacing amongst married adolescents. The project also aims to provide the young woman with life skills as well as economic growth.

The discussion with the young women was an interesting one. Adorned in their Maasai ornaments, the girls engaged us amidst shyness and innocent laughter that rocked our discussion. The research assistants were keenly taking notes, observing, and clarifying where needed. Despite them only communicating in Maa Language, the young women expressed themselves freely, probably amused by visitors in "trousers" compared to the ordinary Maasai wraps they are used to.





A360 Kenya built on learning from other A360 countries to co-design Binti Shupavu, supported by a global user journey for girls. The learning leveraged context, culture, and language, which enhanced our replication efforts and accelerated the insight gathering process.

A360 Kenya engaged over 600 girls in five target Counties (HomaBay, Migori, Kilifi, Kajiado, and Narok) through the following key phases supporting insight generation and prototype testing for Binti Shupavu;

- Phase 0: We explored core program components of past A360 interventions and built out sacrificial concepts, ideas, and low-fidelity prototypes inspired by 9ja, MMA, Kuwa Mjanja, and Smart Start interventions.
- Phase 1: During the first phase of design research, synthesis, and ideation, we compiled a summary of the learning and insights that came from the field team and the girls we planned to design for.
- Phase 2: Thereafter, we began the process of prototype testing. We built prototypes that would enable us to understand attitudes, desires, and behaviors. We tested these concepts with girls and those within their sphere of influence, and we ran experiments in the communities. Through feedback, we were able to evolve our prototypes under Binti Shupavu in real-time as we learned what worked well for the different archetypes.



## About Binti Shupavu

This is a fresh take on providing information and access to contraception. The program is girl-led and joy-centered, which means that it starts by understanding the spirit of her adolescence and placing her needs first. Our journey towards agency begins with creating a safe space (Y-Facility) for young women to connect with peers, learn about contraception, and own their own stories of growth.



The program engages and educates influencers in the community and those closest to young women (via Binti stories) so that they might collaboratively address misinformation and support the decisions girls make about their bodies and futures. We then pair the opportunities for young women to co-create their path to self-determination with the help of mentors and role models. Community Fair Training and Co-design programming pushes them beyond just learning about their bodies, towards feeling empowered and equipped with new skills that link them to economic opportunities. Through Binti Shupavu, young women have the right information and support to make decisions about their bodies and their future with confidence.





## Designing for and with Girls

A360 Kenya sought to understand the profile of adolescent girls that the project would be primarily designed for. The project created segments of girls that it had interacted with during design and collaboratively decided to focus specifically on two archetypes: The Devoted Wife and The Resolute Mother (one married archetype and one unmarried archetype).

A360 Kenya worked to select the archetypes that present the greatest opportunity for impact and reach/scale, trying to find a balance between designing for girls who are harder to reach and achieving broader impact through scale. In examining the archetypes, the devoted wife and the resilient mother came through as the archetypes that presented the greatest opportunities. However, designing for these segments does not mean that A360 won't be able to reach the other segments, as anything designed for one of these segments will likely have some resonance for the others.

At the end of the live prototype phase, key insights showed that the majority of respondents (84%) didn't indicate any opposition to seeking contraceptive services. 40% of the respondents mentioned their mothers' being against them seeking contraception services, while another 33% cited friends, and 63% believed using a method to prevent/avoid getting an unintended pregnancy is important for them to achieve their goals for life.





Figure 1.15 :The Binti Biashara program is empowering young women economically by equipping them with vocational skills that enables them start small business





ness that will earn them an income.

## Early Implementation Phase

### Reach

In the first year, the program reached 2,837 girls through Binti Shupavu Clinic and community fest intervention points. Additionally, 292 girls were enrolled in the skills classes, with 207 (71%) finishing the classes. Binti Shupavu's stories reached 1,466 individuals, who were comprised of 620 males and 846 females. Mothers of adolescents comprised 36%, while husbands of adolescents made up 14% of the total influencers/community gatekeepers. The year one target of 1,896 adopters was met with a 73% success rate.

### Government Engagement

A360 Kenya held County inception and review meetings in each of the five A360 implementation Counties to facilitate shared learning, understanding, and insight generation from the HCD design phases. At the national level, A360 Kenya convened coordination meetings to support priority alignment on the annual workplan with MOH. A360 Kenya has also completed the review of AYSRH training materials and added its voice in national discourse on a favorable policy environment for AGYW.

### Capacity building

Initiatives that were carried out during the period including:

- 1) Training of 97 providers on AYSRH and C4C and sensitizations done targeting key frontline health workers including Healthcare Providers 127
- 2) Community Health Assistants 89
- 3) Community Health Volunteers 121
- 4) Youth Mobilizers (83) in all the five Counties.

**On partnerships,** A360 Kenya partnered with Ruby Cup Life Limited on menstrual health management and the provision of menstrual cups to adolescent girls in Homa Bay and Migori Counties.

# Binti Biashara Project



## Access to contraception and expanding livelihood opportunities for young women and the youth in Magarini Sub-County, Kilifi County.

In Kenya, as in other parts of Sub-Saharan Africa, adolescents face severe challenges in their lives and general well-being. They are vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), child marriages, sexual violence, reproductive tract infections, including sexually transmitted infections (STIs), and HIV.

Kenya has a large population of young people, with about 69% below the age of 30 years, of which 22% are adolescents and 32% are 10–24 years old. Nearly 20% of girls begin child-bearing before the age of 20 (KDHS, 2014). In Kilifi County, the unmet need for contraception by adolescents stands at 59%, which is more than double the national average of adolescent girls who have an unmet need for contraception.

Kilifi County replicates the Country's population with

a youthful population. The young comprise of 27% of the total County population and 49% of the County labor force. This group has the highest employment demands in the County and requires appropriate strategies for employment creation to cater to their socio-economic needs. The level and quality of education have a significant pay-off in terms of jobs and earnings.

Most youth in Kilifi suffer from poor educational attainment, which has led to unemployment due to inadequate skillsets. The community does not see economic empowerment and contraception as something that is relevant. The young mother is exposed to inaccurate sources of advice from those she trusts and looks up to, hence she keeps off from using contraception, leading to unplanned pregnancies. In 2018 alone, a total of 17,580



adolescent pregnancies were reported in the county (DHIS 2 Kilifi County Data, 2018).

PS Kenya is part of the Maverick NEXT Grant, a learning-based project that co-designed adaptive tools and resources from global A360 programming that have been tested in Nigeria, Tanzania, and Ethiopia to integrate economic empowerment and AYSRH for young women in Kilifi County, Kenya, with IDEOs assisting with the adaptation sprint. The goal was to take a core sexual reproductive health program (Binti Shupavu) and add components that may help young women feel more empowered to make decisions not only about their bodies, but also their futures, finances, and potential career paths. The Binti Biashara program was then born out of the adaptation process with the view of providing more substantial economic empowerment support to young women, maintaining critical linkages to SRH services while putting into consideration sustainable scale, as well as putting PENDO and her key influencers at the centre through:

### Aspiring in Unison

In this concept, we aim at providing accurate information to the young mothers' immediate influencers, who will come together and have the opportunity to hear stories from others as well as share their own journey of growth as the people who the young women rely on for advice and support around entrepreneurship and contraceptives. They dream and aspire together about who their community "Binti Biashara" should be. They agree on her main set of values, and this "Binti Biashara" acts as a mascot and role model through the rest of the program.

### Learning, discovery, and incubation

This is the "Mother Ship." The other two programs drive their traffic towards it. Here we provide the opportunity for the young mother to discover the contraception method that works for her and avail herself to a service provider who will enable her to take up her preferred method. The young mothers are

introduced to Binti Biashara via a recent Aspiration Together activity, Binti Shupavu Clinic sessions, outreach or TVET-based pop-up services. Binti Biashara recruits her into our incubation program and learning centers where the young mothers are given an opportunity to undergo apprenticeship in partnership with Vocational Training Centers and Community Mentors. The young mothers will learn new and relevant vocational skills and have the opportunity to engage with health professionals on matters having to do with contraception.

### Celebration

This is an event for the broader community centered on young women. The primary goals of the event are to create support for young mothers' awareness regarding contraceptive use and an enabling environment for economic empowerment. The event will be co-designed by young women together with PSK staff, so that it is framed around what young women value. A celebration is not just a gathering for the community. It's a key component of the Binti Biashara program, which aims to celebrate the realization of the envisioned mascot and role model of an "ASRH self-efficacy and up-skilled young mother."

By testing these additional program adaptations, we aim to gather insights into what is most desirable for young women participating in integrated AYSRH and EE programming, understand what they desire in terms of support to achieve their financial and life goals, and understand pathways through which different outcomes (economic and health-related) can be achieved through these adaptive tools and assets. The transition from rough prototyping round one to rough prototyping round two involved combining our approach into two (2) more cohesive testing systems the Community Model and the Institutional Model that are now ripe for live prototype testing as highlighted in the illustration.



## Community Based Model

The Biashara Binti system works with the 3 primary Binti Shupavu prototypes that seeks to bring young women and community influencers customized tools and resources to support with economic empowerment and aspirational goal setting.



**KEY PERCEPTION SHIFT  
OPPORTUNITY FOR  
INFLUENCERS AND  
ENTRY POINT FOR BINTI  
BIASHARA GIRLS**

Community Buy-in:

Influencers and young women build a shared mental picture & vision for how an ASHR aware & economically empowered young woman would look like and how she is beneficial to the community.



Girls are linked to mentors, institutions & CBOs to enhance skills proficiency

In the **Community Fair**, young women are invited to visit the **Aspiring Together** sessions and join **Binti Biashara**

**MENTORSHIP**



Girls have the opportunity to showcase their skills & products.

**CELEBRATION**



**Inspiration & Advice:**  
The Community receives accurate information on contraception and are inspired by entrepreneurs to create an enabling environment for girl's EE

**IMPROVED SELF-EFFICACY FOR THE YOUNG WOMEN THROUGH ENHANCED ACCESS TO & UTILIZATION OF FP INFORMATION & SERVICES**

**DISCOVERY**



## Institutional Based Model

The **Biashara Binti** system works with the 3 primary **Binti Shupavu** prototypes and seeks to bring young women and influencers to support with economic empowerment and buy-in for **AYSRH**.



**KEY ENTRY POINT FOR BINTI  
BIASHARA GIRLS**

At the **Binti Shupavu Fest / CELEBRATION** event, where other young women are invited to join **Binti Biashara**

Girls are taken through mentorship to enhance her business acumen & they are made aware of opportunities, linkages & resources available for her to explore.

**MENTORSHIP**



Girls are given the opportunity to showcase their skills & products.

**CELEBRATION**



**Inspiration & Advice:**

The Community receives accurate information on contraception and are inspired by entrepreneurs to create an enabling environment for girl's EE

**IMPROVED SELF-EFFICACY FOR THE YOUNG WOMEN THROUGH ENHANCED ACCESS TO & UTILIZATION OF FP INFORMATION & SERVICES**

**DISCOVERY**



**Supporting Subjects & Pop-up Service Days at the Institution**

**VOCATIONAL TRAINING CENTER**



# HIV Self-Testing



## A Journey towards embracing Technology

When the COVID-19 pandemic struck, Brayo (our archetype) and his friends had to continue accessing their favourite pack of HIV self-testing kits without having to struggle. This meant that, as a project, we had to come up with ways of ensuring that the accessibility of the stated kits was not affected. This drove us to come up with mechanisms to ensure that the kits remained accessible despite the challenges that came as a result of COVID-19. We undertook a two-year old pilot project: on the use of vending machines to dispense the HIVST kits and an online ordering of the HIVST kits.

In February 2021, we collaborated with Nairobi Metropolitan Services (NMS) to roll out four portable machines that were stationed in various organizations within the County. Targeting men, the machines were strategically placed in organizations or places that have more men. The four vending machines were placed at Naivas Supermarket head office, Eastmatt Supermarket Mfangano, Eastmatt Supermarket Tom Mboya and the fourth one at the PS Kenya Head office, giving our internal Brayo and visitors a chance to know their status.

To benefit more people, the machines were then rotated to other organizations. The machines

dispensed two types of test kits, namely Oraquick and Insti kits. Client follow-up was a self-initiation process, either by calling 1190 or sending a WhatsApp message to the same number. The kits were knitted with the hotline numbers that could be used by the client to ask for more information about the kit. Since the inception of this project, a total of over 1360 kits have been distributed using the vending machines.

### **Online ordering**

The pilot project was implemented in Kawangware, Dagoretti North and targeted men aged between 20 and 34 years. Clients ordered kits through a WhatsApp number, and the request was reflected on a dashboard that was developed by AVIRO (an organization that provides technology-enabled services that automate workflows, improve access to quality medical information, and provides digitally-enabled counselling services). Once the request is reflected on the dashboard, a Little Cab rider collects the kit and delivers it to the client. Every client had a unique code as an identifier for confidentiality. This code is given to the rider while delivering the kit to the client. Three days after ordering, the client received a message to confirm the receipt and usage of the ordered kit.

HIV self-testing has the potential to contribute to universal knowledge of HIV status. Its appeal lies in that it offers people who are currently not reached by existing HIV testing services an opportunity to test themselves discreetly and conveniently. Let's embrace technology for continuity.

## **Enhancing Uptake of HIV Self-Testing and Client Linkage to Lifelong HIV Care**

In Kenya, 27.5% of men aged 15 to 64 living with HIV do not know their status, compared to 17.3% of their female counterparts (KENPHIA, 2018). Knowledge of HIV status is critical to entry and initiation of lifelong Antiretroviral treatment (ART), which ensures quality of care for individuals who are HIV positive as well as improved health outcomes. In an endeavor to reach UNAIDS 95-95-95 targets, PS Kenya's HIV Self-testing Challenge Fund Project, funded by Children's Investment Fund Foundation (CIFF) and Elton John AIDS Foundation, supported the Ministry of Health in distributing HIVST kits in Kenya in order to close the gap in HIV status awareness. The project targeted young men aged 20 to 34 years through community-based hotspots, male-predominant workplaces, and community pharmacies. Nairobi, Kiambu, and Kisumu counties were chosen for community hotspots and workplaces, while Nairobi, Mombasa, Kisumu, Kiambu, and Nakuru counties were chosen for pharmacies.

Amidst the travel and meeting restrictions associated with the COVID-19 pandemic, some innovations were deployed to ensure continued distribution in workplaces in order to sustain achievement of project goals. They included the use of vending machines for staff working in supermarkets and manufacturing industries. After the launch in February 2021, the project collaborated with public health officers to map more male-dominated companies where the vending machines were located.

In order to increase access to HIVST kits in a sustainable manner, e-commerce was adopted. Sales through online platforms/pharmacies averaged 20% of total HIVST kits monthly. The project also tested free distribution of HIVST kits at community hotspots using WhatsApp business chatbot. Demand creation was done at hotspots and then men ordered kits through the chatbot.





Figure 1.16 :HIV Self testing demand Creation activity in Kibos Kisumu County

If they were eligible, delivery was done through online parcel services.

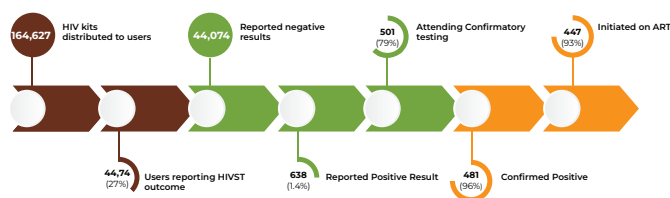


Figure 1.17: HIVST Linkage and Update data

## Client Support for HIV Testing and Linkage

Support channels were established to enable clients who purchased kits from pharmacies to self-initiate

and get support for HIV testing and linkage to other services as needed.

The clients issued with free kits were informed about the benefits of follow-up and the existing channels, they would select a preferred one, after which they gave their phone numbers. For clients who gave active phone numbers, outbound follow-up would be done through:

### 1. Client Support using Digital Systems

Designed to enable a holistic understanding of HIV self-testing and treatment information, WhatsApp for business (dubbed “Ithaka”) served as a digital companion through the entire patient journey, linking self-testers to medical care and information while maintaining dignity and protecting privacy.

Clients who chose to be supported through Ithaka at community or workplace distribution received a ping from the system to start off a conversation; the same applied to the SMS chatbot, which was supported by LVCT. Those who received kits at pharmacies, vending machines, or online chatbots self-initiated by using the WhatsApp number or QR Code on the sticker appended to the kit. Clients who reported an HIV positive result had the option of selecting a health facility of their choice, and a QR code was sent to them to present at the facility, which the health care providers scanned to confirm the completed referral. Similarly, clients who purchased kits and preferred to seek support through an SMS chatbot would send the word HIVST to 1190 to start up the chat.

## 2. Telephone calls by HTS Counsellors

**Outbound Calls:** Clients who received HIV testing kits from Community Based Organizations (CBOs) and chose to be followed up with phone calls were contacted within three days by trained LVCT counsellors. The clients who reported positive results were referred to a facility of their choice for treatment.

**Inbound calls:** HIVST kits sold at the pharmacies (both online and physical) had stickers with the 1190 call center information. The same applied to clients who received kits for free through vending machines and ordering chatbots. When the clients dialed 1190, they received support from trained HIV Testing Services (HTS) counsellors.

## 3. On-site testing coupled with Active Referrals

Clients who opted to test on site would be given private space to test and share results at will. The CBO mobilizers would then assist them upon request, and those who reported a positive result

were encouraged to conduct confirmatory testing with the support of HTS counsellors on site. If the result was confirmed to be HIV positive, the client would be referred to a facility of their choice and mostly accompanied referrals were made. The HTS counsellors made follow-up calls and supported the clients until they were enrolled in treatment.

## Learnings and insights

1. Digital platforms are gaining traction as a preferred channel for people to access health care services, including HIV testing and support. There was a preference for follow-up and support through chatbots: WhatsApp at 52%, SMS at 36%, as compared to phone calls at 10%. Only 2% declined to be followed-up.
2. Positivity was higher among clients who were followed up at 4%, compared to those who tested on-site at 1.1%. Seemingly, discretion remains a key concern among those needing to access HIV testing services. Hence, there is a need to continuously learn and improve the follow-up system.
3. Positivity was higher among clients reporting results through SMS (at 10.2% and WhatsApp at 7.1%) as compared to phone calls at 0.8%. This further emphasizes the need for client anonymity and privacy.
4. When demand creation was tweaked to resonate with in-store activations, coupled with affordable prices, it resulted in a 54% sales increase.
5. Close collaboration with MOH was instrumental in mapping and entry to workplaces, ensuring quality service provision.

# Malaria Community Case Management



## Health care workers strike

Agenga is located in Agenga Nanguba ward, in Samia sub-county, Busia county. The dispensary supports Agenga and Sigalame community units. The dispensary has a catchment population of people with an estimated 912 under 5-year-old children with an estimated 1,445 households. In the year 2020, 885 children under five years old in the dispensary were positive on malaria testing. Overall, this suggests that Malaria is prevalent in the Agenga and Sigalame areas and that if left untreated, can lead to death, particularly among children under the age of five who live in the area.

In the period between December 2020 and February 2021, there was a nation-wide health care workers strike that paralyzed service delivery in most of the public health hospitals, including Agenga dispensary. This meant doom for all patients who relied on the dispensary for services.

Sarah Agunda, the facility in charge and also the facility CHEW supporting Sigalame and Agenga Community Unit, confirmed how they were required to close down the facility in solidarity with their counterparts.

“Showing solidarity meant that all healthcare facilities were to remain closed and even in the case of an emergency, we were all afraid of assisting as there were spies providing information to the union leaders on the nurses or clinicians who were working during the strike.” Health care workers who continued to work during the strike were ridiculed, sent warning letters threats of union’s membership, and endless phone calls meant to intimidate you. “Despite this, I found it hard to completely neglect my call to save lives, and this one day exposed me.



I remember receiving a call from my sub-branch chair indicating that I was on their radar and that I would face disciplinary measures due to my defiance,”narrates Sarah.

At the heart of Sarah, were the 912 children under 5 years of age who would suffer due to a lack of access to the public dispensary and a lack of access to medication. However, the situation demanded that the facility remained closed. She decided to look for a better way to support the community and also support the strike without necessarily taking part in it. “I really empathized with the children who were going to suffer because accessing the private facilities is very expensive for the majority of members of my community,” says Sarah.

The only available solution to her dilemma was the community strategy of using the Community Health Volunteers. The community health volunteers have been trained on how to test, treat, and refer malaria-related cases. This meant that despite the facilities being closed, cases of malaria would still be addressed in the community where trained CHVs, under the guidance of community health assistant

are using Malaria Rapid Diagnostic Test (RDT) kits for testing and ALs for treating suspected cases. Replenishments for the kits and drugs were then done on a need-basis whenever the CHVs ran out of stock. This was done by reaching out to Sarah, who would organize how to get the kits and drugs from the dispensary without raising eyebrows.“I would call them when I was at the facility and, through their leaders, issue them with commodities, or sometimes the leaders could call me and together we schedule how to get the commodities from the facility,” affirms Sarah.

This heartfelt act by the facility in charge ensured that the community units were able to test and treat cases, especially the under-5-year-old children in the locality, and prevented cases of death due to Malaria in Agenga and Sigalame.

The table below shows the treatment pattern of the facility and community units (KHIS 2) during the strike period. The strike started in mid-December and ended in mid-February.

Period	Confirmed Positive Malaria cases	Confirmed Positive Malaria cases by Agenga Sigalame CUs
20-Dec	43	50
Jan-21	0	82
Feb-21	44	100
Mar-21	231	64
Apr-21	212	129

Table 1.1: Treatment pattern of the facility and community units (KHIS 2) during the strike period



Figure1.18: A community Health Volunteer educating a patient on how to test for Malaria using a Malaria Rapid Diagnostic Kit (MRDT)



Kenya continues to make progress in Malaria control through multifaceted approaches, primarily prevention and treatment interventions. These interventions include the distribution of long-lasting insecticidal nets (LLINs), intermittent preventive treatment in pregnancy (IPTP), and diagnosis and management of Malaria cases both at the facility and in the community.

The 2018 Malaria review found that nationally, the prevalence (by microscopy) of Malaria among children under five increased from 3.5% to 5%. The review also found that there has been an increase in testing rates of suspected Malaria cases in public health facilities, from 24% (2010) to 64% (2017), with 89% of all confirmed Malaria cases presenting to public health facilities and the community being treated with artemisinin-based combination treatment (ACT).

Through the support of Global Fund and partnership with the MOH, PS Kenya supports the strengthening of community case management through the engagement of community health volunteers.

#### Global Fund Malaria Program Goal:

To reduce Malaria incidence and deaths by at least 75% by 2023 compared to 2016.

**The expected program outcome: Reduced Malaria morbidity and mortality in the various epidemiology zones by two-thirds of the 2016 levels by 2023.**

The interventions in case management include:

- Training of CHVs in targeted Sub-Counties
- Quarterly supportive supervision is conducted in all the 105 CHUs by the SCHMT using a standard checklist.

These strategies aim at ensuring timely and effective Malaria case management through the use of rapid diagnostic tests (RDTs) to test all suspected cases and treat positive cases with artemether Lumefantrine. This is done by a well-trained and supported community health worker at the community level.

The main strategies for project implementation include:

- Community case management of uncomplicated Malaria by trained CHVs is referred to as CCMM.
- HSS: provision of incentives to CHVs.
- Specific prevention interventions: Promotion of Malaria prevention and control through school children.
- HMIS: health facility supervision and data quality audits on a regular basis with treatment outcomes among patients.

## Key Achievements

PS Kenya supported the strengthening of the Health system by training 210 CHEWs (community health extension workers). The team ensures the capacity of community health volunteers on a monthly basis and commodity management.

The project, through partnership with the County government, conducted 1,050 community actions and dialogue as well as supported community functionality assessments for all 105 community units.

- In Busia County, the project through CHVs tested 77,225 cases and treated 68,662 Malaria cases for the period between January 2021 to December 2021.
- Mentorship and support supervision of community units in Busia County helped to strengthen the community health system of 1,050 CHVs.
- The project has immensely contributed to the 98% DHIS2 reporting rate through the facilitation of HRIOs and CHEWs for follow-ups and uploading of all community unit reports.
- 210 CHEWs were trained on a new 3-day community case management of Malaria curriculum.

# Private Sector Contribution to Tuberculosis



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

treatment.

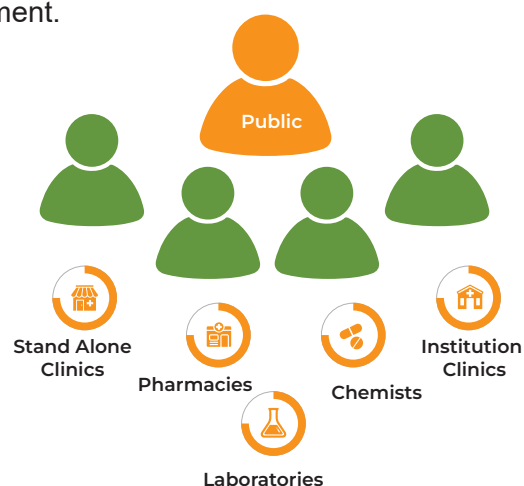


Figure 1.19: Public Private Mix



Through the support of the Global Fund and Stop TB Partnership PS Kenya, in collaboration with the National Tuberculosis Program, engaged over 650 private health providers (health facilities, chemists, stand-alone laboratories, and radiology centres) with the aim of contributing to the reduction of the Tuberculosis burden through a public-private mix (PPM) initiative using innovative approaches to improve early TB detection. Through the initiative, PS Kenya managed to screen a total of 384,438 people for TB and networked 10,611 for TB tests, leading to the identification of 973 TB cases, many of whom were linked to TB treatment.

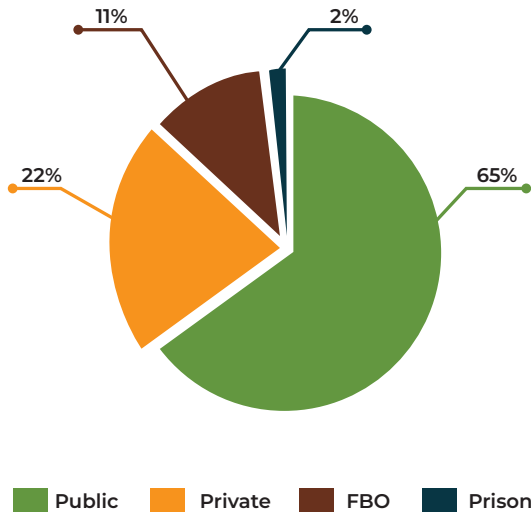


Figure1.20: Nairobi - TB case finding contribution per sector, 2021

The impact of Private Provider Engagement (PPE) in TB active case finding was noted in various project areas, with Nairobi County realizing an increase in private sector contribution compared to the previous years despite the COVID-19 pandemic challenges. Through the demonstration of results, lessons learnt and experience in implementation, the initiative of Public-Private Mix (PPM) has been scaled-up to over 50% of activities coverage in the Country, with a focus on high-burdened areas.



## Optimizing Drug-Resistant TB Treatment Adherence for Better Treatment Outcomes

Multidrug Resistant Tuberculosis (MDR-TB) is a major challenge to ending TB by 2035. According to WHO, the drug resistant TB incidence is estimated to be higher among previously treated patients than new patients. In Kenya, there has been an increase in drug resistant tuberculosis (DRTB) cases in the past few years, which has been contributed to by the existence of several barriers to drug resistant TB treatment adherence, leading to poor treatment outcomes, at 75% in the 2019 report.

PS Kenya sought and successfully obtained a grant from Stop TB Partnership (TB REACH) with the goal of optimizing the quality of care for optimal treatment adherence among drug resistant (DRTB) patients in order to improve treatment outcomes in two drug resistant TB high-burden counties (Nairobi and Mombasa) in Kenya. The project started in October 2021 and is set to actively implement its activities from January 2022 to August 2023 in partnership with the National TB program and the respective County governments. The project will use a treatment adherence support system model to address the challenges affecting treatment outcomes among patients.



Figure 1.21: Treatment adherence support system model



# Health Systems Strengthening



## COVID-19 Adaptation: Remote Capacity Building of Health Providers using WhatsApp Platform

In alignment with the organizational digital strategy, PS Kenya, under the Hygiene and Behavior Change Coalition (HBCC) project that was funded by UKAID and Unilever, developed and deployed a COVID-19 course targeted at the private health providers using a WhatsApp Platform, powered by chatbot technology. The movement restrictions and physical distancing that were commanded by the unprecedented COVID-19 pandemic meant that we had to unlearn the traditional model of training health care workers in a classroom setting. Thanks to the digital PS Kenya Strategy, which was developed in January 2020, just before the debut

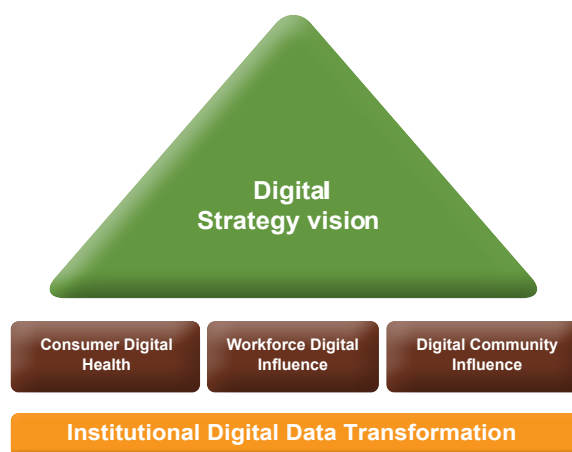
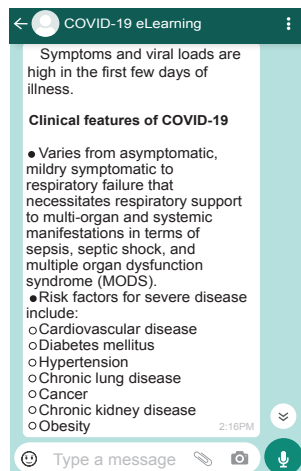


Figure 1.22: Digital Strategy



of COVID-19 in Kenya in March 2020, the WhatsApp platform was used to remotely build the capacity of over 2,400 healthcare providers on COVID-19 and helped to address the skills gap associated with COVID-19.

### Certified and aligned to MOH curriculum



"The course layout is good; the content is comprehensive and yet simple to understand. I have gained a lot of knowledge on COVID-19. I am happy that there is no limit on the number of my staff that can take this course". **Private health provider**

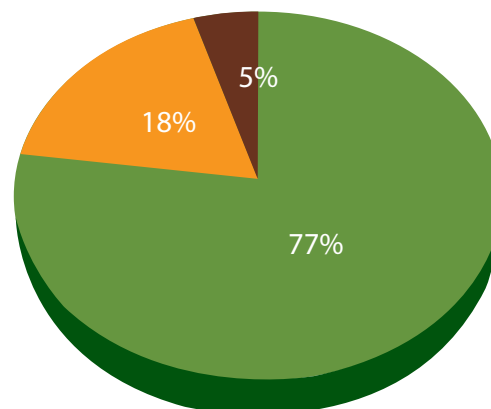
The course was developed in conjunction with MOH and with technical support from the PSI digital hub. It is aligned to the MOH guidelines and enables health providers to earn certificates and Continuing Professional Development (CPD) points. The course has 12 modules that cover the following topics:

1. Overview of COVID-19
2. COVID-19 enhanced surveillance
3. Infection Prevention and Control (IPC)
4. Case management
5. Lab Diagnosis
6. Handling of human remains
7. Setting up of isolation facilities
8. Occupational Health and Safety
9. Rapid response teams (RRT) and communication
10. Serving vulnerable populations during COVID-19
11. Mental health and Psychosocial considerations
12. Risk communication.

The training was delivered in a manner that allowed providers to learn at their own pace, interact with audio and visual content as well as online links for further reading. No orientation was required on use of the platform, it was simply a 'click' and train.

### Convenient and Effective

This technology presents a convenient and effective delivery model to the health providers. In addition, the content remains in their phones for future reference and cross-checking for information. A survey conducted to check the effectiveness of the approach showed that most providers preferred the model as compared to other platforms and in-person trainings.



WhatsApp In-person Other Platform

Figure 1.23: Preferential Rating

### Cost Effective

In comparison to in-person training, the WhatsApp learning platform presents a more cost-effective approach. This is due to the high accommodation, per diem, travel and conferencing costs associated with in-person training. For the WhatsApp model, the major costs are on setting up the platform and this is one-off as compared to the classroom model where all the costs repeat themselves every time there is a training.

### Lessons Learnt

1. The WhatsApp chatbot technology is a workable COVID-19 adaptation and presents a cost effective and efficient opportunity for organizations to continue enhancing health provider knowledge and skills.
2. This technology is replicable across other health areas
3. It can be scaled up across a huge number of health providers at a low cost
4. It is a simple and friendly way of learning
5. It should not have too many modules under one course to avoid fatigue amongst the leaners.
6. It was harder for more elderly healthcare workers to adopt the model
7. Awarding Continuing Professional Development (CPD) points and certificates of completion act as a big motivation for providers to complete the course and take the post-tests.

### Conclusion

This model provides an opportunity for scaling up in the future across many health areas. High mobile penetration in Kenya (90%) acts as a key enabler for employing digital innovations.

### Partnership with NMS to fight COVID-19

PS Kenya in partnership with Nairobi Metropolitan Services and funded by the WHO, embarked on a COVID-19 vaccination campaign across the county dubbed ‘Pata Chanjo, Kaa Chonjo.’

The main objective was to provide relevant information to the targeted audience in order to increase vaccine uptake and educate them on the best practices on tackling COVID-19 in Nairobi.

The project, which managed to get 17,969 people vaccinated, took place in the months of November and December and was carried out across five settings, namely: Religious facilities, entertainment/ sportsgrounds, learning institutions,

Venue	No. of activities	People Reached	People vaccinated
Places of worship	32	19,943	5,003
Entertainment/ Sportsgrounds	15	20,238	5,823
Learning institutions	13	5,500	1,912
Matatu Terminus	25	20,670	5,823
Workplaces	10	3,643	1,795
Total	95	68,994	17,969

Table: 1.2: COVID-19 vaccination settings and reach

All four brands of vaccines, that is, Astrazeneca, Pfizer, Moderna, and Johnson & Johnson, were available in the country, but most vaccination sites would only have one or two of them. The most common being Astrazeneca, but the most preferred by the public being Johnson & Johnson, due to the fact that you only require one dose. The turnout, as reflected by the results, was quite good.



“I would like to urge Kenyans to get vaccinated so we can keep both our country and families safe,” said Edward, a resident of Nairobi County.

One of the biggest challenges we faced was addressing all the myths and misconceptions; from claims that the vaccine lowers a man’s libido to beliefs that the pandemic was a scientifically modified virus set out to curb the world’s population. Resiliently however, and through the help of Precious Cornerstone Band, a local CBO, we managed to mobilize masses and dispel misconceptions leading to improved vaccine uptake in the County.



Figure 1.24: A Health Promotion Officer sensitizing the masses on COVID-19 Vaccination at Kahawa West.

## Partnership with Stanbic Bank

### Introduction

PS Kenya in partnership with Stanbic Bank through its’ women proposition, DADA, and the Stanbic Foundation, joined hands to provide two main things, namely;

- **Breast and Cervical Cancer screening services**
- **Digital training**

### Breast and Cervical Cancer screening

In 2020 and 2021, PS Kenya collaborated with our Tunza Family Health network members and conducted 40 breast and cervical cancer activities in Nairobi, Mombasa, Kiambu, Kericho, Nakuru, Laikipia and Meru Counties in Kenya. The choice of Counties was guided by the need. e.g., where we have comorbidities like HIV and also where the prevalence of cancer is high.

We achieved the following:

- A total of 5000 women received free breast cancer screening.
- Approximately 6000 women received free cervical cancer screening.
- All positive cases realized during the exercises received free first-line cryotherapy treatment for cervical cancer.
- Referral of advanced cases to higher-level hospitals.
- Breast cancer awareness created to more than 7,000 people.
- We successfully conducted outreach events across the Country and reached 7,689 people.

County	Target	People Reached
Mombasa	1500	1779
Meru and Laikipia	2000	2760
Nairobi and Kiambu	1500	1567
Kericho	1000	1378
Kenya Prisons	150	205
Total	6150	7689

Table 1.3: Breast and Cervical Cancer Screening

“If you are a woman of 21 years and above and sexually active, you should get screened for cervical cancer to find out if you have precancerous cells,” said Jane, a 24-year-old mother of two.

We provided health screening services to Kenya Prisons employees at the Kenya Prisons Service Headquarters (Magereza House) in Nairobi’s Milimani area. The services offered included: blood pressure check, blood sugar test, BMI check, PSA Test for Men and Breast, Cervical Cancer Screening for Ladies. At the end of the day, 204 people (155 men and 49 women) had been screened for the various health services that were offered that day.

## Digital Training

Through our partnership with Stanbic Kenya Foundation, we were privileged to include our partner health facilities and PS Kenya Grassroot Network Organizations in business training focusing on resilience.

The online SME Resilience Programme trained our Tunza Health providers and Grassroot Network Organizations (CBOs) on how to improve their facilities. Over 400 Tunza providers and 27 Grassroot Network Organizations (CBOs) were trained to navigate through the disruptions caused by COVID-19 and not just survive but thrive through this pandemic and post-COVID-19.

The course included:

- Strategic Management
- Marketing and sales
- Financial Management
- Good governance and succession planning
- People Management
- Legal and Compliance



Figure 1.25: PS Kenya C.E.O Joyce Wamari at Kenya Prisons Headquarters with the Chief Administrative Secretary (CAS) Interior and Coordination, Madam Winnie Guchu, Head of Stanbic Foundation-Mrs Pauline Mbaya and Madam Florence Omundi.



## Partnership & Collaborations












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