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ps Kenya

Healthy lives. Measurable results.

ANNUAL REPORT 2022

Building Resilience

Population Services Kenya
Core Values

Disclaimer

The 2022 Annual Report covers the period from 1st January 2022 to 31st December 2022.
All efforts 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.
Any use of information contained in this report should be accompanied
by an acknowledgment of PS Kenya as the source.

Editorial Team: Georgette Adrianne, Patrick Mungai, Cheryl Odiero, Purity Chemutai and Maurine Mwai

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Abbreviations and Acronyms

AYSRH	Adolescent and Youth Sexual and Reproductive Health
AWPs	Annual Work Plans
C4C	Counselling for Choice
CBOs	Community-Based Organizations
CCMM	Community Case Management of Malaria
CEC	County Executive Committee
CHA	Community Health Assistant
CHMT	County Health Management Team
CHVs	Community Health Volunteers
CIDPs	County Integrated Development Plans
CIFF	Children's Investment Fund Foundation
CMS	Clinic Management System
CPD Points	Continous Professional Development Points
CYP	Couple Years of Protection
DALYs	Disability Adjusted Life Years
DESIP	Delivering Equitable and Sustainable Increases in Family Planning
DR-TB	Drug-Resistant Tuberculosis
GBV	Gender-Based Violence
GVRC	Gender Violence Recovery Centre
HCD	Human-Centered Design
HIVST	HIV Self-Testing
HMIS	Health Management Information System
HSS	Health System Strengthening
HTPs	Harmful Traditional Practices
ICFP	International Conference on Family Planning
IEC	Information, Education and Communication
IGAs	Income-Generating Activities

IVR	Interactive Voice Response
KHIS	Kenya Health Information System
KQ Clubs	Kings and Queens Clubs
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
MCH	Maternal and Child Health
mCPR	Modern Contraceptive Prevalence Rate
MERL	Monitoring, Evaluation, Research and Learning
MLH	Medical Learning Hub
MoH	Ministry of Health
OC	Oral Contraceptives
PS Kenya	Population Services Kenya
PSI	Population Services International
PWDs	People with Disabilities
RDTs	Rapid Diagnostic Tests
RH	Reproductive Health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SCHMT	Sub-County Health Management Team
SHIPS	Strengthening HIV Self-Testing in the Private Sector
SM	Social Marketing
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive and Health Rights
TC4A	Tech Care for All
TOTs	Trainer of Trainees
TWGs	Technical Working Groups
UAT	User Acceptance Testing
WHO	World Health Organization

How We Operate

PS Kenya Vision

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

PS Kenya 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 collaborates with MoH and other stakeholders to strengthen health systems through providing technical assistance and support to the development and review of policy and guidelines, annual work plans for national and county governments, accreditation of private providers, capacity building of Health Care Workers (HCWs), and strengthening health supply chain including forecasting, quantification, and distribution of health commodities.

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.

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 Health Care Workers (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 the Board Chair

The year was a fulfilling one for PS Kenya as we once again demonstrated leadership and resilience through our service to our stakeholder communities.

Collective Resilience

Anne Ng'ethe

In recent years, most organizations have operated in crisis mode, focusing on responding to the challenges of the pandemic and shoring up their organizational defenses. Charting a course for 2022 and beyond, boards had to play a key role in building collective resilience. By prioritizing this, organizations are gradually recovering.

The year was a fulfilling one for PS Kenya as we once again demonstrated leadership and resilience through our service to our stakeholder communities. As part of our 3-year strategy we made great headway across different programs in the health sector. We had a total of 2.8 million beneficiaries accessing services and products, realizing 2.3 million Couple Years of Protection (CYP) and 2.8 million Disability Adjusted Life Years (DALYs).

To offer sustainable franchise benefits to healthcare providers and Tunza Family Health Network franchisees, we designed and developed the SaraMed Clinic Management System. The system supports clinics to increase their revenues and client numbers. We also launched the Inua Grassroots Network, which aims at uniting all stakeholders with a special focus on improving the lives of the vulnerable; including women, children, and people with disabilities.

PS Kenya partnered with the Ministry of Health to launch 14 reproductive health documents that aimed at raising the quality of maternal and newborn health services in Kenya. The documents target healthcare professionals, policymakers, health academia, researchers, and health implementors across all levels in all counties of Kenya.

This year, we said goodbye to two board members upon completion of their constitutional terms. I take this opportunity to thank Dr. Desmond Chavasse and Dr. Susan Mukasa for their invaluable years of service. They have both played instrumental roles in guiding our mission through their insights and unique expertise. We also congratulate and welcome to the board Ms. Lina Githuka and Prof. Frank Wafula. Ms. Githuka is a seasoned business leader with over 25 years of earned knowledge, skills, and experience in portfolio management, brand and trade marketing, strategy, business, and people development. Prof. Wafula's expertise spans key areas for strengthening health systems, including policy and governance of health systems, regulation, accreditation, and quality management in health, pharmaceutical policy and supply chain management, healthcare financing, health services delivery, public and private partnership arrangements in health.

I would like to also thank the National and County governments, donors, and implementing partners for partnering with us to accelerate progress towards universal health coverage in Kenya, a great inspiration to our team.

Lastly, the Board of Directors thanks the CEO, Joyce Wanderi, for her steady hand at the helm and the Senior Executive Team for their exceptional leadership throughout 2022. Most importantly, we want to recognize the determination and hard work of PS Kenya staff, who deliver their expertise with dedication and care.

We look forward to continuing to empower Kenyans to make healthy choices in 2023.

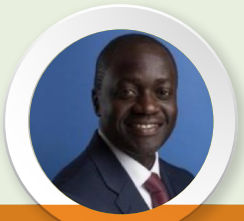
Board of Directors

Ms. Anne Ng'ethe
Board Chairperson

Dr. Festus Ilako
Vice Chairperson

Ms. Veronica Musembi
Board, Hon. Secretary

Ms. Risper Alaro-Mukoto
Treasurer



Mr. Maurice Makoloo
Member

Dr. Desmond Chavasse
Member

Dr. Rehana Ahmed
Member

Mr. Ken Ouko
Member

Dr. Susan Mukasa
Member

Ms. Linah Githuka
Member

Prof. Frank Wafula
Member

PS Kenya's counties of implementation

PS Kenya Regional offices

Headquarters- Nairobi Office, Jumuia Place

Coast Region- Mombasa Office, Nyali Center

Lakeside Region- Kisumu Office, Mega City Mall

We have a footprint in all 47 counties.

Message from CEO

In our current 3-year strategy, we remained committed to improving the health of Kenyans by promoting functional and sustainable systems while increasing access to quality health solutions.

Astounding Resilience

Dr. Margaret Njenga

If PS Kenya was to pick one word to describe 2022, the word would be "resilience." As a leader in strengthening health markets, we continued to empower Kenyans to make healthy choices.

In our current 3-year strategy, we remained committed to improving the health of Kenyans by promoting functional and sustainable systems while increasing access to quality health solutions, reaching a total of 2,889,407 beneficiaries across all our 47 counties of operation.

PS Kenya demonstrated leadership in the health sector as the first organization to integrate gender-based violence with reproductive health services at scale. We rolled out HIV self-testing initiatives through the private sector in Nairobi and Kisumu counties, targeting at-risk and vulnerable populations. In addition, we developed a quality improvement model to address treatment adherence barriers among drug-resistant TB patients. In our social marketing portfolio, we introduced the Mylan HIV self-testing kit into our list of portfolios, thereby maintaining a very strong position in the market.

At the National level, our partnership with the Ministry of Health remains active as we collaborated with the division of reproductive and maternal health to launch 14 documents that seek to improve the quality of maternal and newborn health services in Kenya. We also partnered with the Africa Health Business Symposium to showcase PS Kenya's role in advancing women's and men's health in Kenya.

We leveraged on technology to improve consumer health and well-being to increase access and customized delivery of quality information, products, and services to end users and health workers in COVID-19 response. Under our reproductive health programs portfolio, we hosted a Social Exclusion and Gender Analysis webinar to understand and articulate the systems of exclusion and gender inequality and how these affect access, demand, and uptake of family planning, sexual, and reproductive health services.

To connect with various like-minded communities, PS Kenya joined over 50,000 family planning professionals to advance adolescent and youth sexual and reproductive health at the ICFP conference in 2022. We also participated in the first GBV scientific conference and explored the progress made and lessons learned over the COVID-19 period in closing GBV prevention and response gaps.

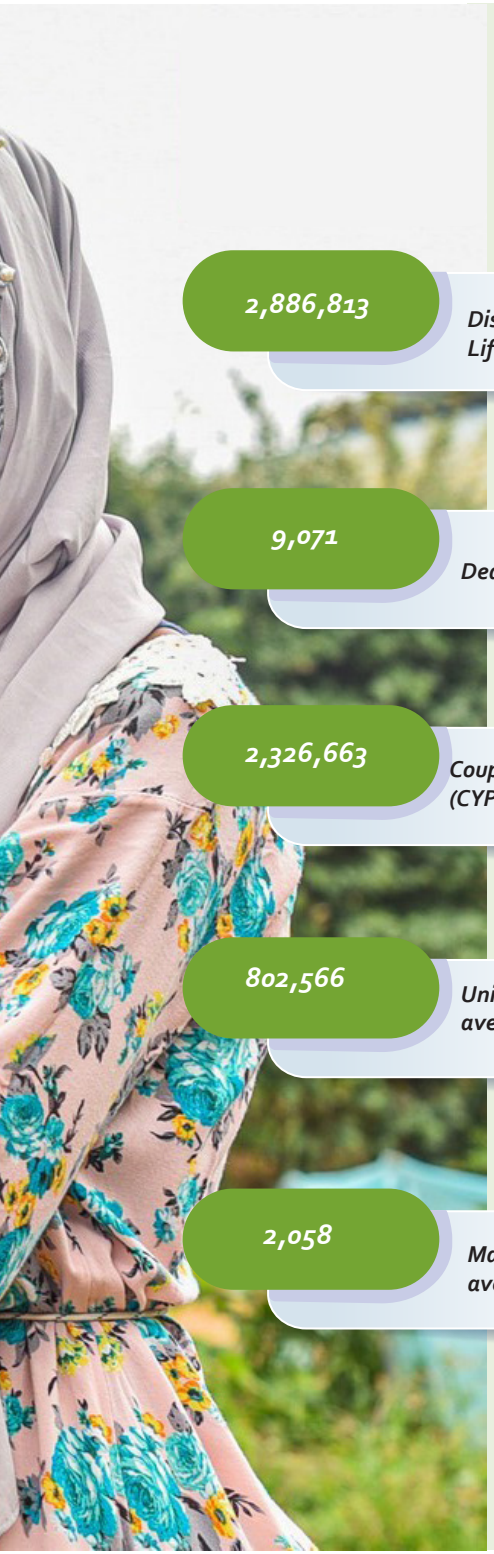
Moving forward, PS Kenya will be strengthening health service delivery, ensuring increased social behavior change, catalyzing the private sector, economic empowerment, and social franchising for health, with social inclusion as a key underlying factor.

We extend our appreciation to donors and partners for their enthusiastic and unwavering support of the PS Kenya vision and thank our community partners for the opportunity to serve them.

And to our staff, including our Board of Directors, we celebrate your dedication and collective achievements.

At PS Kenya, we not only deliver on our requirements, but we go the extra mile to set us apart.

Health Impact in the Current Strategy



2,886,813	Disability Adjusted Life Years (DALYs)
9,071	Deaths averted
2,326,663	Couple Years of Protection (CYPs)
802,566	Unintended pregnancies averted
2,058	Maternal deaths averted
Condoms distributed	51,411,597
HIV Self-test kits distributed	198,243
People screened for TB	409,121
Program beneficiaries	2,889,407
HIV Testing Services (HTS)	81,415

COVID-19 response

Using media to drive social and behavior change

Figure 1: Chanjwa outreach campaign at Likoni sub-county, Mombasa County

During the COVID-19 pandemic, the world was not only fighting a highly infectious disease, but it was also up against another considerable challenge – misinformation. In July 2022, only 33.8% (9.2 million) of the adult population in Kenya was fully vaccinated. One of the main reasons people were not getting vaccinated was due to misinformation on digital and interpersonal communication. To drive vaccine uptake, Kenya's Ministry of Health set a target to vaccinate 22 million Kenyans by the end of 2022.

In support of the MoH COVID-19 prevention agenda, PS Kenya implemented a health behavior communication program to tackle vaccine hesitancy and reinforce COVID-19 prevention practices. Funded by Unilever and Packard, with support from Meta, the program conducted a media campaign in three counties: Nairobi, Kiambu and Mombasa.

Here is what we learned:

- **The campaign was successful** in reaching Kenyans with COVID-19 prevention communications focused on the importance of mask wearing and vaccinations. The campaign also reached 3.85 million people with clinic location services to get vaccinated.
- **Message testing** gave a clear indication on which creatives were likely to resonate better with the audience, for example use of real images instead of animations.
- **Use of swahili** on the messaging and video creatives proved to be a success with a higher engagement rate witnessed in phase 2 (103%) compared to phase 1 (68%).
- **Use of video was effective** leading to 2.5 million views with the highest engagement within the 25-34 age-group which accounted for almost half of the total views.

Figure 2: Chanjwa digital campaign

Preventive measures and vaccine importance

The initial phase of the campaign, which primarily focused on the importance of wearing masks and getting vaccinated, utilized best practice digital marketing strategies to effectively communicate these messages.

The mask wearing messaging was primarily catered to younger audiences (age 18-24) because they were identified by WHO as a priority group in Kenya. In contrast, the vaccine importance messaging campaign focused on an older demographic aged 24-44 years because of their increased risk for COVID-19 related health complications and fear of taking the vaccine.

Creative strategy

The digital marketing campaign used an array of digital communication tools, including photo carousels, statics, and GIFS, to emphasize messages and offer the target audiences different means of exposure.

The campaign managed to reach 3.48 million Kenyans and reached more men (55.5%) than women (44.5%). It also had an impressive post engagement rate (amount of interaction the post received compared to it's reach) of 52.66% compared to 2021 COVID-19 campaigns that saw an average engagement rate of 8.6%.

The secondary audience (25-44 years) that were targeted with the vaccine importance messaging had a much higher engagement rate (109.73%) compared to the primary audience (56%).

Accessibility

After building awareness on the importance of COVID-19 prevention strategies, PS Kenya set out to build digital messaging that directs Kenyans to the digital vaccine locator – a map of health facilities locations across Kenya to access the COVID-19 vaccine.

The access phase of the digital marketing campaign incorporated learnings from the initial phase and resulted in the following changes to maximize reach and impact:

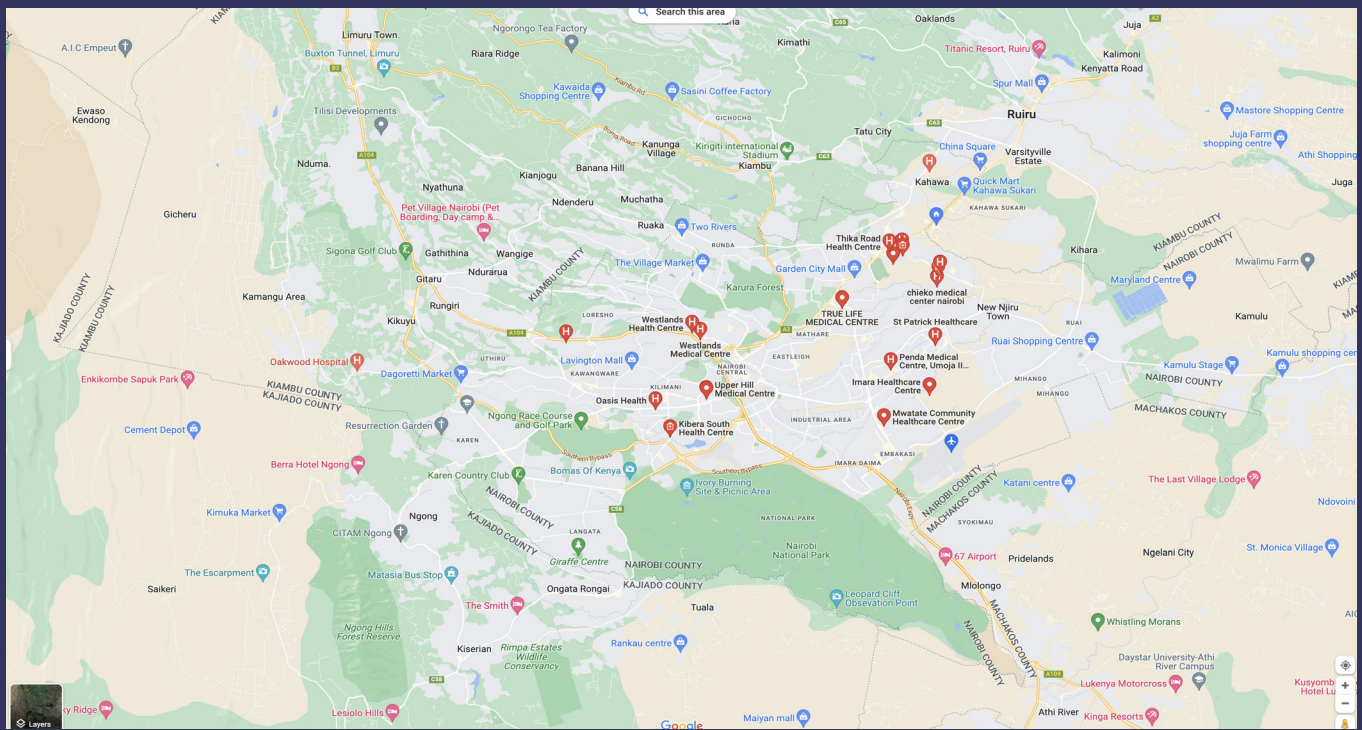


Figure 3: Digital vaccine locator tool identifying health facilities offering the COVID-19 vaccines in all 47 counties

- **Swahili:** To reach a wider audience, PS Kenya translated the campaign collateral into Swahili, the national language in Kenya.
- **Video messaging:** To build on the success of using mixed creatives in phase one, the second phase incorporated video creatives to increase engagement.

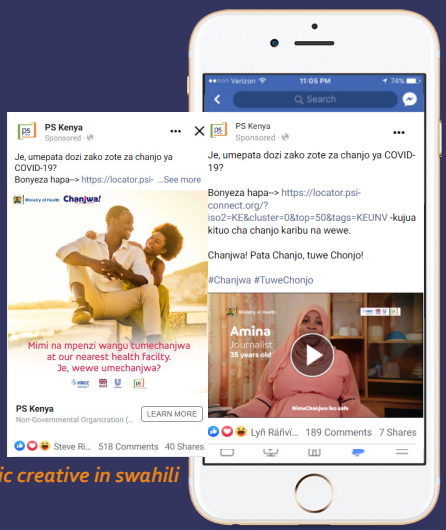


Figure 4: Static creative in swahili

Figure 5: Creative video in swahili

Digital reach

In terms of reach and engagement, the COVID-19 vaccine access campaign was a success. The campaign reached 3.85 million people, 65% who were male. There was also high campaign engagement within the target audience achieving an average click-through rate (CTR) of 3.2% well above the industry average of 0.11%.This high engagement was especially observed in the 35-44 agegroup.

Video ads received a total of 2.5 million views, with the highest views primarily among 25-34 age group which accounted for almost half of the total views.

While social media can be used as a weapon to drive COVID-19 misinformation, it can also be the key to challenging it. Digital media campaigns that work to provide consumers with reliable, accurate information and the resources to act can be effective in addressing vaccine hesitancy and encouraging consumers to take COVID-19 prevention measures.

Community-based approaches

PS Kenya engaged county governments in the three select counties of Nairobi, Kiambu and Mombasa and developed monthly workplans adjustable as per the availability of vaccines. So far, 6 outreaches were conducted monthly from Oct – Dec 2022. The outreaches facilitated the Sub-county Health Management Teams (SHMTs) and Community Health Volunteers (CHVs) who mobilized consumers for vaccination in health facilities and mobile sites. These efforts have seen 9,246 people receive the vaccination with 232,730 people mobilized by CHVs.

Digital learning initiatives

PS Kenya, in collaboration with PSI and the MoH, developed course content on "COVID-19 Vaccine Information for Health Care Workers" to be delivered through a WhatsApp platform. The aim of this course is to improve health care providers knowledge of COVID-19 vaccines and enable them to deal with concerns leading to vaccine hesitancy. Upon completion of the course, clinical officers and nurses are awarded 20 Continuous Professional Development (CPD) points from various professional licensing bodies. A soft launch of the course was held in Kiambu and Nairobi counties in January and in Mombasa county in February. So far, 2,829 health care providers have enrolled in the course, and 1,921 (68%) have successfully completed it. To increase health care provider enrollment on the course, PS Kenya has partnered with "Tech Care for All" (TC4A), an organization that has a web-based learning platform known as Medical Learning Hub (MLH), where PS Kenya Academy hosts online courses. A COVID-19 Vaccine Information Course has been added.

In addition, PS Kenya also coordinated with PSI in the development of Interactive Voice Recording(IVR) training for CHVs in the counties of focus. The COVID-19 prevention and vaccination content was developed in collaboration with MOH and the Department of Health in counties of focus. The content is then recorded in audio formats, which are relatively short (5 minutes per lesson). This is later deployed through basic phones, where a CHV only needs to call in for free and listen to the recorded lessons. At the end of the course, the CHV will receive a certificate. Through an IVR content development workshop for gathering insights from CHVs and county teams and a review meeting on performance and the IVR content guide on different occasions with county teams, the course content has been finalized, and engagement with counties is ongoing for its rollout. The expected outcome is to build capacity for CHV to address vaccine hesitancy among the COVID-19 vaccination eligible population.


CONFIRM
UNAJIJUA
Take charge of your life kwa kujua HIV status yako. Get a self-testing kit from a physical or online pharmacy and stay protected by using condoms and PrEP medication.
PrEP
HIV SELF-TEST KIT
Undetectable=Untransmittable
For more information on HIV Self-testing, chat with
#ASKA
+254 792 452 364

Distribution of HIV Self-Testing kits to grow the Selfcare market

The Strengthening HIV Self-testing in the Private Sector (SHIPs) project is a 2.5-year Children's Investment Fund Foundation (CIFF) funded project that seeks to address the barriers to the uptake of HIV Self-Testing (HIVST) kits whilst increasing the public health impact. The main target audience are young people between the ages of 18–34 and male above 35 in Kisumu and Nairobi counties.

Access to HIVST Kits in Kenya has had its fair share of barriers, with potential users citing factors such as high prices, fear of being stigmatized by pharmacies that are usually familiar to them, and fear of a reactive result, among others. The HIVST market in Kenya consists of fully subsidized HIVST kits, which are distributed for free; socially marketed ones, which are sold at a lower price point; and commercialized kits, which are sold for profit. A fully functional health system ought to ensure the active participation of both the public and private sectors to achieve equitable access to health products and services for all sub-populations within the community.

Local Partnerships

The work and great success of the SHIPS project was anchored on the support of both internal and external stakeholders. We closely worked the county government, NASCOP, NSDCC, agencies, pharmacies (physical, chain, individual, and online), and other partners.

Sales

Currently, we are working with 200 physical pharmacies (Nairobi 90, Kisumu 30) and 1 online pharmacy.

	WHO Pre-qualified kits	Locally Approved kits	Others
Physical Pharmacies	15783	9592	2434
Online Pharmacies	5807	Nil	Nil

Figure 6: SHIPS project HIVST kits sales performance

Social media

When asked where they get information on health and other important topics, young people said that their key source of information is the internet. The project reached diverse audiences on PS Kenya social media platforms such as Twitter, Facebook, Instagram, and LinkedIn. The most common concern from the target audience is where to find the kits.

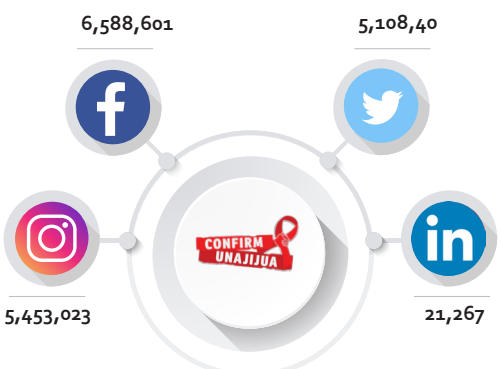


Figure 7: SHIPS project cumulative social media reach

Product bundling

The uniqueness of the SHIPS project is in its ability to grow the self-care market of the pharmacies through the sale of other sexual and reproductive health products alongside HIV/AIDS kits. These products include condoms, pills, lubricants, and pregnancy test kits. Through their customer care skills, pharmacies have been enhancing product bundling through conceptual bundling. From the data, it was evident that consumers prefer the condoms and HIV testing kits bundle compared to other bundles.

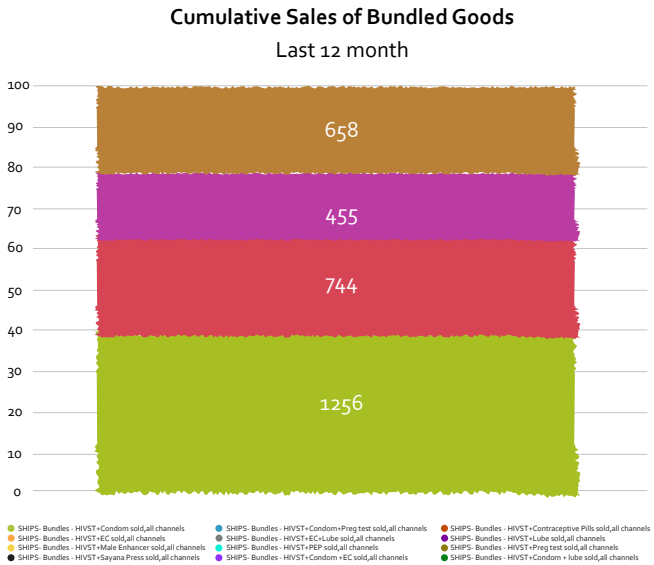


Figure 8: SHIPS Cumulative bundle sales

ASKA chatbot

The WhatsApp chatbot, is an innovative digital tool that provides support to potential clients with regards to information on HIV self-testing. The project worked with pharmacies and engaged clients through social media platforms to direct traffic to the platform.

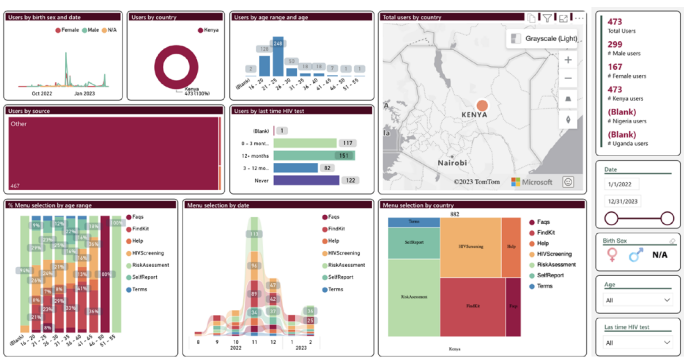
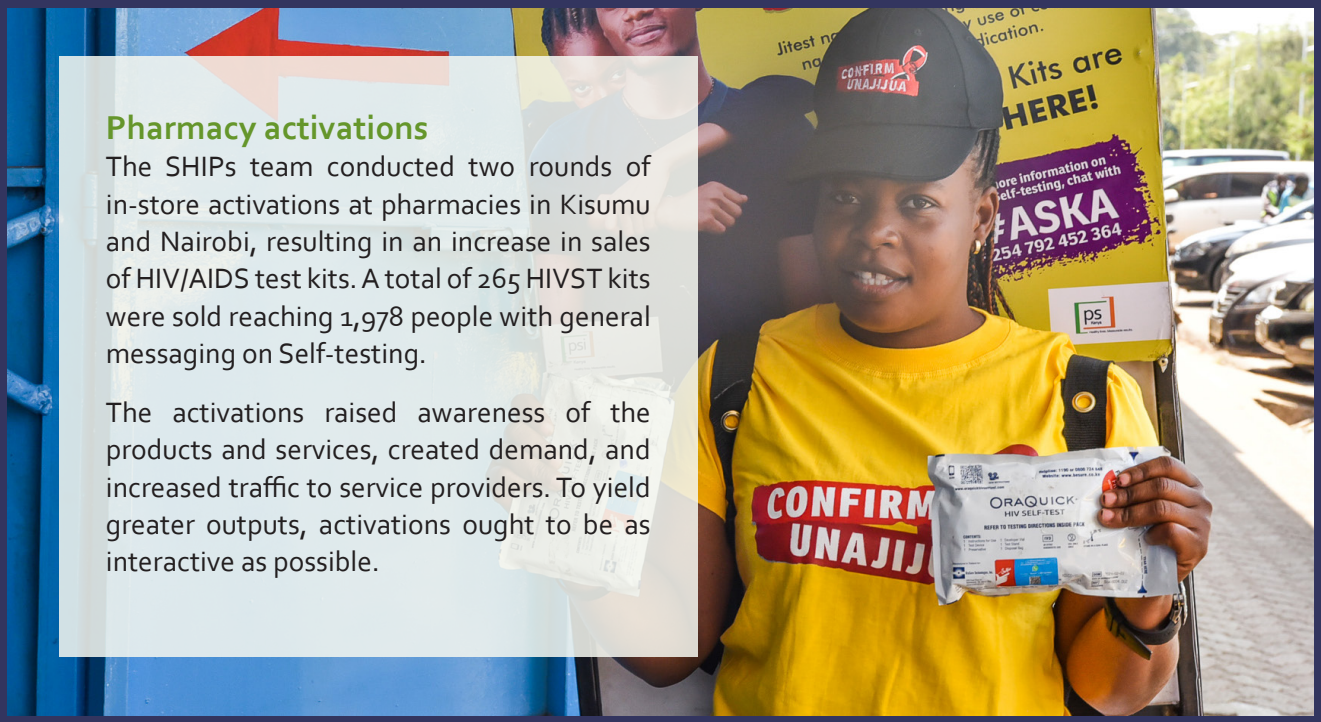


Figure 9: SHIPS project Whatsapp chatbot 'ASKA' performance dashboard



Pharmacy activations

The SHIPs team conducted two rounds of in-store activations at pharmacies in Kisumu and Nairobi, resulting in an increase in sales of HIV/AIDS test kits. A total of 265 HIVST kits were sold reaching 1,978 people with general messaging on Self-testing.

The activations raised awareness of the products and services, created demand, and increased traffic to service providers. To yield greater outputs, activations ought to be as interactive as possible.

Lessons learned

In-store Activations

- Some potential consumers seem to have a problem with going to purchase HIVST kits by themselves - they would rather the kits are delivered.
- More sales are made on weekends and later in the day as opposed to early in the morning hence the need to consider the timing.
- Consumers in Nairobi seemed to be uncomfortable with being approached during the activations. Their Kisumu counterparts didn't seem to have a problem hence the need to change the approach.

Sale of HIVST kits

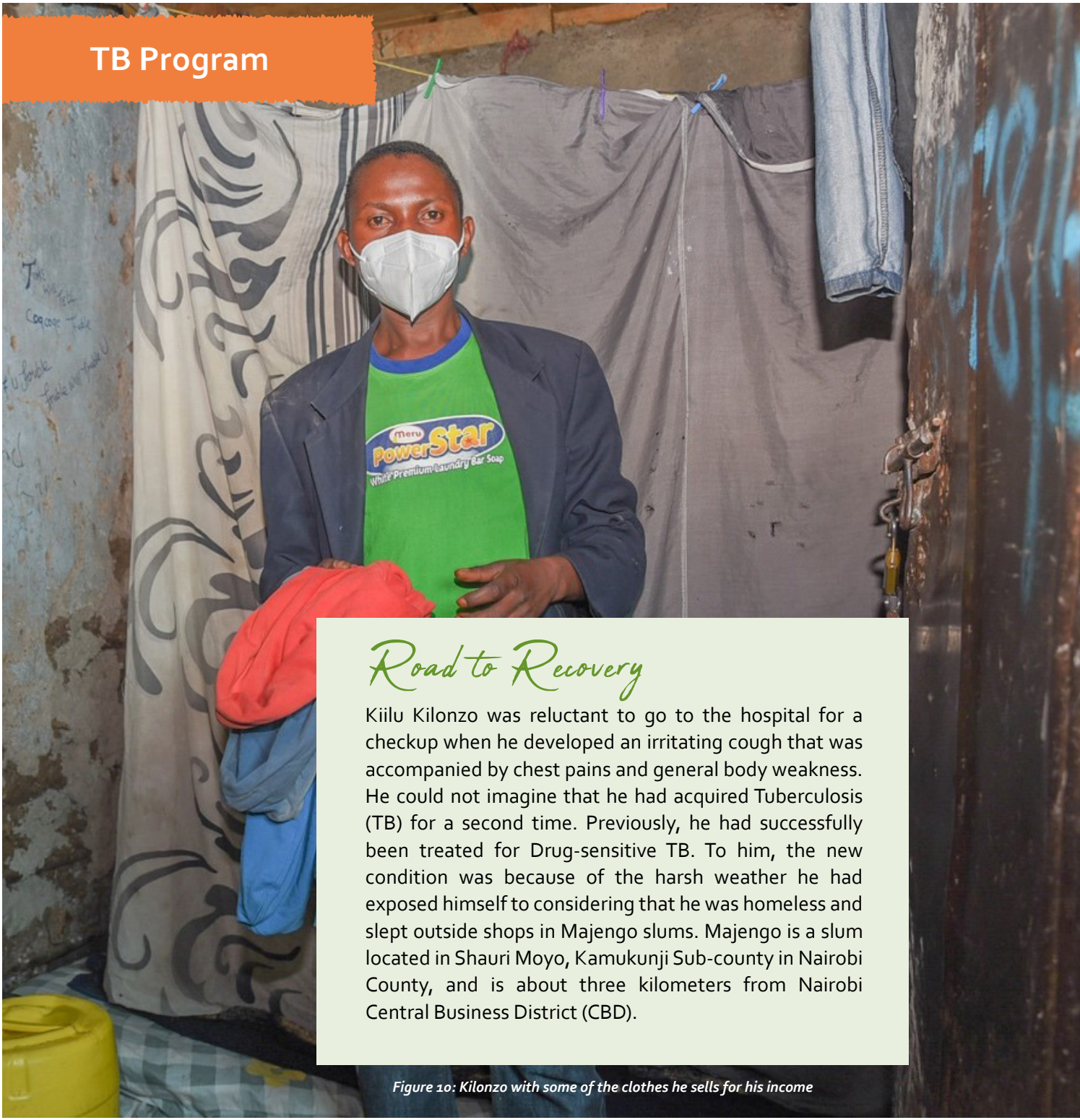
- Partnering with like-minded organizations such as Maishamed in lowering the prices enables customers to affordably purchase the kits.
- A big percentage of clients still go for the non-WHO pre-qualified kits citing price issues.
- Awareness of the WHO PQ kits amongst clients based on the data. However, more awareness creation needs to be done.

Demand Creation

- Different demand creation platforms yield different results. Investing in platforms that yield better numbers ensures that we effectively reach our target audiences.
- Investing in other one-on-one demand creation activities will ensure the project reaches.
- Use of influencers to support demand creation

Product Bundling

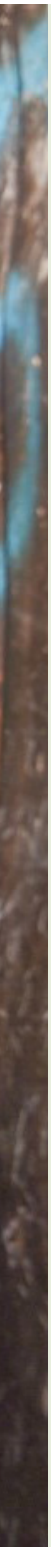
- Clients preference was on purchasing HIVST Kits together with condoms as compared with other bundles (HIVST + Lubricants, HIVST + Pills, HIVST + Pregnancy testing kits)



Road to Recovery

Kiilu Kilonzo was reluctant to go to the hospital for a checkup when he developed an irritating cough that was accompanied by chest pains and general body weakness. He could not imagine that he had acquired Tuberculosis (TB) for a second time. Previously, he had successfully been treated for Drug-sensitive TB. To him, the new condition was because of the harsh weather he had exposed himself to considering that he was homeless and slept outside shops in Majengo slums. Majengo is a slum located in Shauri Moyo, Kamukunji Sub-county in Nairobi County, and is about three kilometers from Nairobi Central Business District (CBD).

Figure 10: Kilonzo with some of the clothes he sells for his income



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

"When I started coughing, I dismissed the condition as normal flu and that it would go away with time. As days went by, my condition deteriorated. I developed chest pains, accompanied by fatigue and at times when I coughed and spat, I could see blood. One day, I collapsed and when I woke up, I found myself in the hospital. Some tests were conducted and was confirmed to be suffering from Drug-resistant TB," stated Kilonzo.

After getting screened and confirmed to be suffering from Drug-resistant TB, Kilonzo started treatment. It is now six months since he started his medication, and his health has improved significantly. He stated that he is much better than before. "It is now six months since I started my medication, and so far, my condition has improved compared to how it was when I was first rushed to the hospital. I will continue going for my medication at the hospital and I believe that after the 12 months, I will be fully healed," stated Kilonzo.

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

"We had previously treated Kilonzo for Drug-sensitive TB and he successfully completed his treatment. Thereafter, he disappeared and was not traceable. He was brought back to the facility after he had collapsed. He is now on medication and his condition is gradually improving, even as we follow up to ensure that he completes his medication," stated Stella Gatoto, TB Nurse at EDARP health facility.

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

TB Reach Wave 9 project is a grant from the Stop TB Partnership whose goal is to optimize the quality of care for optimal treatment adherence among drug-resistant (DR-TB) patients to improve treatment outcomes in 2 drug-resistant TB high-burden counties (Nairobi and Mombasa) in Kenya.

Key intervention strategies for the project includes strengthening appointment management of DR-TB patients through a stratified approach of both the "buddy system" and the use of digital devices, improving the quality of care among DR-TB patients. Through a patient-centered approach with the use of psychologist's (counselor's) support during the treatment course and carrying out advocacy and awareness for DR-TB management and services through the dissemination of DR-TB messages in the community.


VISITING HOURS
REPUBLIC OF KENYA
WORLD TB DAY
MARCH 24
Invest
End T
Save Li
The Global Fund
World Health Organization
USAID
amref health africa
Kenya Red Cross

Management of Drug-Resistant Tuberculosis

Kenya is listed among the 30 high-burden countries for tuberculosis by the WHO, which is also a major public health problem in Kenya and is ranked as the 4th leading cause of death among infectious diseases. The country has continued to work tirelessly towards the ambitious target of ending tuberculosis by 2035. This situation, however, has continued to face complex challenges, including the recent surge in the development of drug-resistant tuberculosis (DR-TB) among its population, which has been exacerbated by the existence of several barriers to TB treatment adherence.

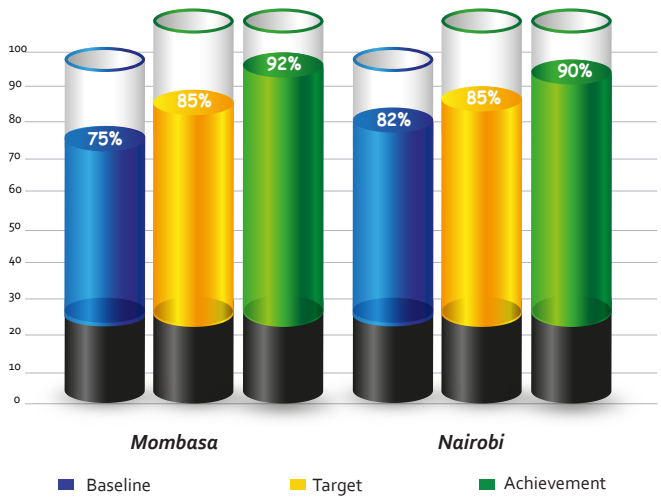


Figure 11: Treatment outcomes progress among supported DR-TB patients.

The country, through the national tuberculosis program under the Ministry of Health, has continued to rally all its development partners on TB activities to address the existing gaps. In 2022, Population Services Kenya, as one of the development partners, supported drug-resistant TB activities in two DR-TB high burden counties (Nairobi and Mombasa) with the goal of optimizing the quality of care for optimal treatment adherence among drug-resistant (DR-TB) patients to improve treatment outcomes.

The project adopted a quality improvement model to address treatment adherence barriers among drug-resistant TB patients during the journey of treatment using innovative strategies. Some of the innovative strategies adopted by the project included:

- Engagement of counselors and psychologists to support treatment adherence of DR-TB patients as "treatment buddies" or case managers.
- Establishment of DR-TB patients psychosocial support groups to enhance treatment adherence.
- Support for DR-TB patients to establish income-generating activities (IGAs) to support financial recovery and improve treatment adherence.

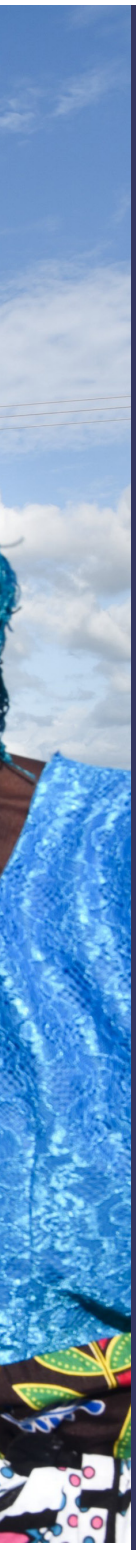
The project enrolled 240 DR-TB patients into the patient adherence support system and established nine psychosocial groups for DR-TB patients to improve treatment adherence. In addition, we established six income-generating activities for DR-TB patient groups to improve patients' socioeconomic status and enhance treatment adherence, and we also built the capacity of healthcare providers on DR-TB management through training and mentorship in 89 active DR-TB treatment centers in the two counties.

Out of the implemented strategies, good progress has been achieved in the two counties which include:

- Good treatment adherence rate among enrolled patients; tracking at 96%.
- Improved patient-centered care is possible through the adoption of a tender, loving, and caring (TLC) service provision approach.
- Improved treatment outcomes among drug-resistant TB patients are tracking at 93%.
- Improved drug-resistant TB knowledge among healthcare workers.

The project continues to draw a lot of lessons from the implementation, and these will be documented in 2023 to inform and support improvements in the management of drug-resistant tuberculosis in the country and beyond.

Malaria Program



Implementation Period: July 2021 – June 2024

Project Background

Goal: To reduce malaria incidence and deaths by at least 75% of the level of incidence and deaths recorded in 2016 by 2023.

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

Strategies for project implementation

- **CCMM (Community Case Management of Malaria):** Community case management of uncomplicated malaria by trained CHVs.
- **HSS (Health System Strengthening):** Provision of Incentives to community health volunteers.
- **Specific prevention interventions:** promotion of malaria prevention and control through school children.
- **HMIS (Health Management Information System):** Supervision of health facilities and routine data quality audits of health facilities.

Community Case Management of Malaria

PS Kenya supports the strengthening of community case management through the use of community health workers through the Global Fund project and in partnership with the Ministry of Health, the interventions in case management include: training of community health volunteers in targeted counties; supportive supervision conducted in all 105 community health units by the Sub-County Health Management Team (SCHMT) using a standard checklist on a quarterly basis, these strategy aims to ensure timely and effective malaria case management through the use of Rapid Diagnostic Tests (RDTs) to test all suspected cases and treatment of all cases positively by Artemether Lumefantrine. This is done by a well-trained and supported community health volunteers.

Key Achievements

In Busia County, the project through community health volunteers tested 186,480 cases and treated 151,276 malaria cases.

- Strengthened community health system of 1,050 community health volunteers through mentorship and support supervision of community units in Busia County.
- The project has immensely contributed to the 98% Kenya health information system (KHIS) reporting rate through facilitation of health records officers and community health extension workers on a monthly basis to the uploading of all community unit reports.
- The project supported the training of 796 community health volunteers on community case management of malaria. A new team will join 1,050 community health volunteers already practicing case management.
- 160 community healthy extension workers were trained on community case management of malaria as Trainer of trainers. This workforce will support capacity building and monitoring of the newly trained community health volunteers (CHVs).

Binti Shupavu Project

Figur 12: Sharon attending to a client at her salon

The Resolute Mother

Sharon had just finished feeding her baby and was attending to some chores when she was visited by a middle-aged woman who worked as a Community Health Volunteer (CHV) in her village. The CHV introduced Sharon to the Binti Shupavu project that empowers young mothers like her with skills that would enable them to make a living and better their futures. She also informed her that the project was offered free of charge and that the skills gained would link her to economic opportunities. She accepted and enrolled. To her, this was an opportunity to change her fate.

Sharon hadn't been lucky in her education journey as she dropped out of secondary school due to lack of school fees. Her parents were not able to cater for her education as they only depended on small-scale farming. Dropping out of school shuttered her dreams. She was left to attend to house chores and at times did some manual jobs for some small money; this was with the purpose of supplementing what her parents were getting from the sale of farm produce. As the months passed, Sharon got into a relationship with a man that resulted in an unplanned pregnancy which he quickly denied. Her parents were very disappointed but had no other choice but to take up responsibility for Sharon and her baby.

During the first Binti Shupavu meeting, Sharon and her fellow classmates were guided in setting of their individual goals. They were then exposed to several hand skills like hairdressing, knitting, tailoring, and baking. Sharon chose hairdressing as she had a passion for it. She religiously attended her hairdressing skills classes with the guidance of a mentor. After weeks of rigorous training, she made it to the list of the first cohort to graduate. In addition to gaining skills, she also benefited from information on sexual and reproductive health, that would be key in ensuring that she was able to plan on when next to get pregnant.

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

"Even if I never got a chance to complete my studies, Binti Shupavu has given me a second chance in life, I am now able to make choices about when to get pregnant. In addition, the skills I got have enabled me to open this salon, I am on the right path to realizing my dream of becoming a successful business lady," stated Sharon.

Figure 13: Persona Archetypes of the girls we journey with

Binti Shupavu is a vibrant Kenyan program targeting adolescent girls ages 15–19 with a presence in 360 facilities in four counties (Homa Bay, Migori, Kilifi, and Narok) after exiting Kajiado County. The Binti Shupavu program model resonates with girls and positions contraception as a relevant tool for achieving their goals and elevates their voices within their communities.

Our goal is to spark a world in which every Kenyan girl is supported to make their own choices as they take charge of their futures and plan for the lives and families that they want. There has been marked improvement, as reported in the recently launched 2022 KDHS in the four implementing counties. In Narok, teenage pregnancy has decreased from 40% to 25.9%; in Migori, from 24% to 20.4%; in Homa Bay, from 33% to 18.7%; and in Nairobi, from 22% to 10.3%. Binti Shupavu has contributed to this decline.

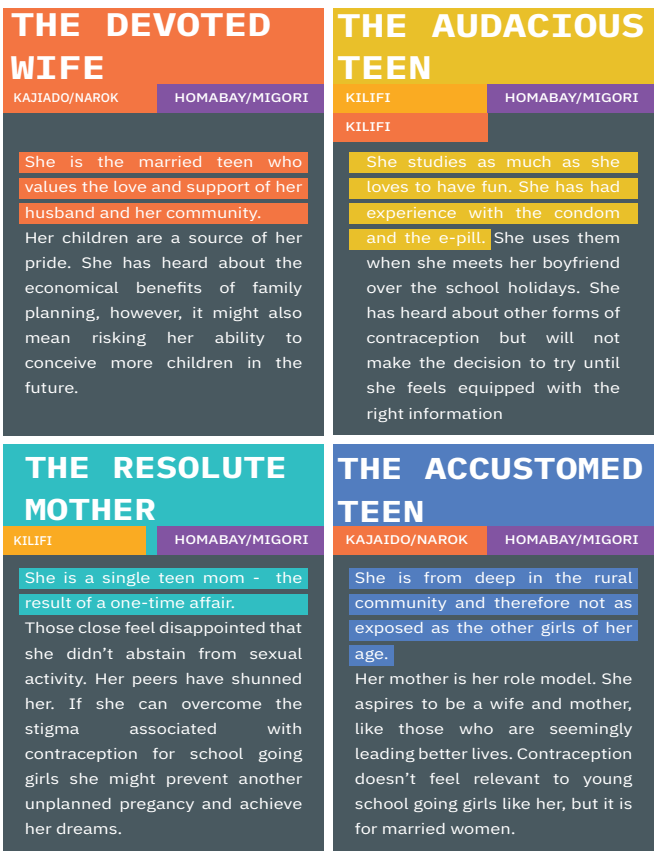


Figure 14: Persona Archetypes of the girls we journey with

Binti Shupavu employed three main touchpoints to reach the above personas.

1. **Binti Shupavu stories** engages and educates community influencers and those closest to young girls to address contraceptive misinformation and encourages them to support girls in making decisions about their bodies and futures. In 2023, we reached 41,290 community influencers, of whom 42% were mothers of adolescent girls.

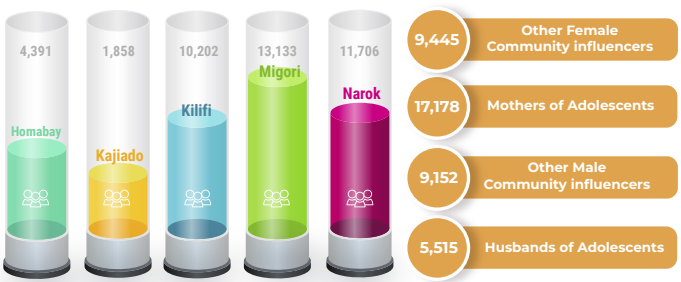


Figure 15: Community influencers reached in the initial 5 counties

2. **Binti Shupavu clinic** is the entry point for adolescent girls, offering them a safe space to connect with their peers, learn about contraception, and share their own stories of growth. In 2022, a total of 22,604 adolescent girls with an unmet need adopted modern contraceptive methods in the target counties.

3. **Binti Shupavu fest** encompasses Training and Co-design programming that pushes our adolescents and young mothers beyond just learning about their bodies but also towards feeling empowered and equipping them with new skills that link them to economic opportunities. A total of 877 adolescent girls were reached through vocational and life skills building classes, choosing their own pathways. 22 adolescent girls returned to school; 425 formed self-help groups; 161 joined vocational schools; 148 started individual businesses; 9 were absorbed in the Binti Shupavu program; and 117 were linked to CBOs and other workstations.

Adaptation within the Binti Shupavu project was further strengthened in the following areas to improve the user journey for girls:

1. Meaningful adolescent and youth engagement

Binti Shupavu has incorporated youth innovation champions who support and develop county-specific work plans that feed into nation-level activities. Some of the key activities in the work plan included,

- **Adolescent-led mobile clinics:** These are Binti Shupavu mobile clinics (outreach) where adolescents take the leading role in planning and organizing. Activities adolescents conduct include mobilization, venue identification, and goal setting with the support of link health facility staff and community health assistants. We conducted 10 adolescent-led mobile clinics as follows: 2 in Kilifi (Muyeye and Kakuyuni dispensaries), 6 in Migori County (2 in Ogwedhi health center, 1 in Maeta dispensary, 1 in Ntimaru Sub-county hospital, 1 in Bondo dispensary, and 1 in Kegonga Sub-county hospital), and 2 in Narok (Talek health center and Aitong dispensary).
- **Local adolescent forums:** These refer to organized groups of adolescents organized in the communities and linked to facilities who provide feedback on the relevance and engagement of the Binti Shupavu program. Feedback is skewed towards facility-level engagement. Feedback can be provided both directly and indirectly to the facility staff and A360 team. We initiated 14 local adolescent forums as follows: 2 in Kilifi (Muyeye and Kakuyuni dispensaries), 5 in Migori (Nyamaraga Sub-county hospital, Ogwedhi health center, Angogo dispensary, Ombo Kowiti dispensary, and Isibania Sub-county hospital), 3 in Homa Bay (Kabondo, Miriu, and Ndhiwa), and 4 in Narok (Emurua Dikirr health center, Narok County Referral Hospital, Enaibelibel health center, and Mulot health center)

2. Contraceptive continuation strategy

Beyond the adoption of a preferred method, Binti Shupavu continued to strategize on how girls can continue method use in line with their fertility preferences and aspirations, especially after accessing and adopting their preferred method. In efforts to strengthen counseling skills in support of adolescent girls' continuation, healthcare providers continued to enroll and take up the counseling for choice WhatsApp training. We also partnered with Tech Care for All through the Medical Hub's web-based platform to reach more healthcare providers with C4C training within our target counties. 399 providers healthcare workers were trained on AYSRH and C4C with an additional sensitization of 656 Youth mobilizers/CHVs done.

3. Binti Shupavu digital strategies

The Facebook page and USSD platform continue to take shape after months of planning. The Binti Shupavu Facebook page saw a growth of its audience from 200 followers in October to 6,000 followers by the end of December 2022 by using paid media to post relevant content twice a week and building on video and image content, which had engagement from the page audience. Binti Shupavu's USSD platform (*408#) is nearing the first phase of internal testing by the PS Kenya and PSI teams for its user acceptance testing (UAT). The platform's awareness strategy will involve the use of IEC print materials, all as campaign posts on the Facebook page. The team plans to conduct a pilot phase involving girls in the counties of implementation for further UAT and feedback before scaling up.

4. Contributing to the global learning agenda

Binti Shupavu joined A360 globally at the International Conference on Family Planning (ICFP) held in Pattaya, Thailand.

In this global forum, Binti Shupavu:

1. Conducted a session in the youth preconference on HCD learnings from the Binti Shupavu project in the Migori/Homa Bay Cluster.
2. Held a flash presentation on the same script, different cast, replication, and promising ASRH programming from Tanzania and Nigeria to Kenya contexts.
3. Participation in a panel discussion in a side event dubbed "girl-centered integration" to discuss how we are working and supporting girl-led integration with governments leading the way.

Figure 16: Binti Shupavu joined A360 globally at the International Conference on Family Planning (ICFP) held in Pattaya, Thailand

Accelerate Project

The resilience within

Hellen Jepkosgei's rescue from domestic violence in Baringo County

The sight we met on arrival for the rescue mission of Hellen Nenglip Jepkosgei* depicted a gloomy picture full of unspoken words. She lay on the ground under a tree, writhing in pain in the unforgiving, scorching heat. Her skin looked pale, her lips were dry, and the wounds on her legs were oozing blood, all as a result of being a victim of gender-based violence. Hellen is a 33-year-old mother of five. She resides in Baringo South Sub-County, Kijiji Village in Marigat. She used to live with her husband and children in the slum area and depended on hard-to-come-by menial work for survival.

Prior to the abuse, Hellen had reported that on one occasion, her husband came home drunk and accused her of being unfaithful by having extramarital affairs with a neighbor. He went ahead and attacked her with a metal bar, breaking her left leg and later running away from their home. Her neighbors reported the case at the Marigat police station, where she recorded a statement and was issued an OB number. Later, she was referred to the Kabarnet County Referral Hospital for treatment. She received the first treatment at the county health facility, but she required further specialized medical intervention as well as psychosocial support.

The county health team coordinated with the Accelerate Project to rescue her from Marigat and bring her to the GVRC-Naivasha unit, where she underwent reconstructive surgery for a fragmented distal third of her lower limb and metal plates were placed in the affected leg to aid in her healing. Hellen looked distraught, in pain, and emotionally wrecked. To help in processing the betrayal and pain, GVRC enrolled her for counseling that is still ongoing.

* Not her real name

After a successful surgery and progress in counseling sessions, Hellen was integrated back into her community in Marigat. She is now able to walk on her own and has received overwhelming support from close relatives and community members in taking care of her children. The abusive husband was arrested, and the case remains active in court.

The help accorded to Hellen was only possible as a result of the strong networking and referral between Project Accelerate and the county structures, the steadfast support from the development partner DANIDA, and the resilience of the community. With great admiration, we have learned that if we engage the community through the correct channels and relay the correct information, as well as have trained health service providers and access to quality services, non-discriminative services will increase and community actions will improve to better protect women and girls. The Marigat sub-county hospital has continued to offer physiotherapy sessions for free.

Currently, Hellen is looking radiant, elated, and in high spirits to face life. With Accelerate's goal to bring back purpose to survivors' lives and their families, we continue to provide her with psychosocial support services as well as monitor the court case to support Hellen in accessing justice.

"Kama sio GVRC, mimi singepona mguu, (if it was not for GVRC my leg would have not healed), asanteni sana mungu awabariki."


NO
AUTO
GRAPHS

Accelerate is a five-year project (2021-2025), with its main goal being to reduce maternal mortality and morbidity, reduce the unmet need for SRHR (including family planning) and contribute to the reduction in the prevalence of GBV (including HTPs). It seeks to contribute towards the ICPD-25 promises of zero unmet need for contraception, zero preventable maternal deaths, and zero gender-based violence and harmful traditional practices. The project is working in 13 marginalized, under-served and hard-to-reach counties including West Pokot, Elgeyo Marakwet, Homa Bay, Kajiado, Kwale, Nairobi, Samburu, Garissa, Mandera, Marsabit, Baringo, Kilifi and Narok.

For the last two years, Accelerate project has been increasing access to comprehensive, equitable, inclusive GBV and SRHR services to beneficiaries in all the supported counties through direct and indirect service provision, primary prevention and capacity enhancement activities for healthcare workers, duty-bearers, teachers and other relevant county department staff. In year two, the project worked with 424 health facilities across the 13 counties and achieved 345,256 couple years of protection (CYPs). On GBV, the project supported 12,577 GBV survivors to access quality integrated health services within the project supported facilities with 234 of them being linked to Accelerate support groups where they received psychosocial support. Accelerate also provided expert testimony in courts to 704 survivors and virtual support and referrals to 312 survivors through the GVRC toll-free number.

In capacity building, the project has improved capacity in the counties through trainings as follows;

- Training on Family planning module 1 and 2 reaching 175 Healthcare Workers in Homa Bay, Kilifi, Nairobi, Marsabit, Baringo and Kwale counties.
- Adolescent and Youth Sexual Reproductive Health (AYSRH) training among 180 HCWs in Narok, Nairobi, Samburu, Baringo, Garissa and Kwale Counties.

- Trained 16 CBOs on SRHR/GBV. Two are LGBTQ (Nairobi and Malindi).
- Supported training of 339 healthcare workers in the Comprehensive and Equitable Management of GBV during NASCOP's led nationwide training.
- The project trained 285 teachers from 150 primary schools on child protection, human rights and life skills.

Accelerate project continued to increase demand for SRH and GBV medical, psychosocial and legal services in the 13 Accelerate counties through *Ahadi Yangu* Campaign, by engaging segregated program targets via community radio, localized print materials, community aligned wall murals, community-based organizations, duty-bearers, teachers and school based KQ peer clubs. A total of 232,949 women and 87,027 men reached through community small group sessions, 236,200 women and 887,668 men during outreaches, 96,200 women and 126,548 men through social media and over 5 million reached through 7 local radio stations.

Below find some Accelerate Radio Campaign links that hosted the audios.

- ***Radio Victoria LINK: https://we.tl/t-VamzJVgern***
- ***LINK RD Jangwani and Sidai FM: https://we.tl/t-RE62PAb92f.***
- ***LINK STAR FM: https://we.tl/t-1b3OW5IMJ6.***
- ***LINK: https://we.tl/t-1bR44DX6NV.***

Table 1: Accelerate radio campaign reach

Cluster	Counties Covered	Radio Station	Radio Consumption	Listeners per day
Cluster 1	Kajiado and Narok	Maiyan FM	Mid-day and evening	150,000
Cluster 2	Samburu and Marsabit	Jangwani and Sifa FM	Evening between 3-6pm	500,000 - 1,000,000
Cluster 3	Baringo, Elgeyo Marakwet and West Pokot	Kass FM	Evening between 8-9pm	5,000,000
Cluster 4	Kwale and Kilifi	Kaya FM	Mid-morning hours	450,000
Cluster 5	Garissa and Mandera	Star FM	Mid-day	1,400,000
Cluster 6	Nairobi and Homa Bay	Ghetto Radio	Evening 8-9pm	1,000,000

The project participated and supported MoH in SRHR and GBV systems strengthening and policy streamlining by supporting development, testing and launch of Community Health Assistants (CHAs) GBV manual, participated in county AWPs and CIDPs, SRHR and GBV meetings and supported counties in domesticating National GBV policy. In order to achieve increased demand for integrated SRHR/MCH and GBV services, the project trained 285 teachers from 150 primary schools in 10 counties on child protection, human rights and life skills. The patrons implemented lessons learnt in the schools by establishing and managing Kings and Queens clubs, aimed at creating safe spaces for school-going children. Through the clubs, members developed artworks that were installed as murals. A total of 135 murals and 135 'Speak Out' boxes were installed in the project-supported schools. The project utilized several platforms aimed at increasing awareness among the target population on a large scale including supporting 12 radio talk show sessions across eight counties, installation of 13 public murals in 11 project counties, facilitating five Twitter Space sessions focused on GBV, airing eight podcasts through our social media platforms and development IEC materials.

Figure 17: A male elder engages men in a forum in Kajiado County

Accelerate project also supported commemorations and celebrations of GBV and SRHR calendar days such as World Population Day, Day of the African Child, International Women's Day, World AIDS Day, International Day for Persons with Disability, and the 16 Days of Activism.

Figure 18: 16 days of activism digital campaign

In pursuit of strengthening the accountability and capacity of National/County Governments on stewardship and ownership of SRHR/MCH and GBV interventions, Accelerates works with the division of Reproductive and Maternal Health which hosts family planning, maternal health and adolescent and young persons health. The project has been keen on supporting the review policies i.e. the reproductive health policy which was launched last year, the AYSRH policy which is still work in progress and the GBV policy domestication in several counties. The project has supported development of national level GBV score card that is used to visualize performance at all levels and a tool of accountability. The project has supported SRHR/GBV TWGs at national and county levels for the past two years. The project works very closely with the National Council for Population and Development (NCPD) in tracking the 17 ICPD25 country commitments made during the Nairobi summit in 2019.

Over the life of the project, three rounds of learning agenda (Outcome 4) studies are planned across the four learning counties (West Pokot, Narok, Kwale and Garissa) including Round 1 (early intervention in 2022), Round 2 (mid-intervention in late 2023), and Round 3 (late intervention in 2024/2025).

The project hosted Danish Ambassador in Mathare informal settlements during field visits to the community. These visits enhance the projects visibility and mutual respect with the counties we are working in.

DESIP Program

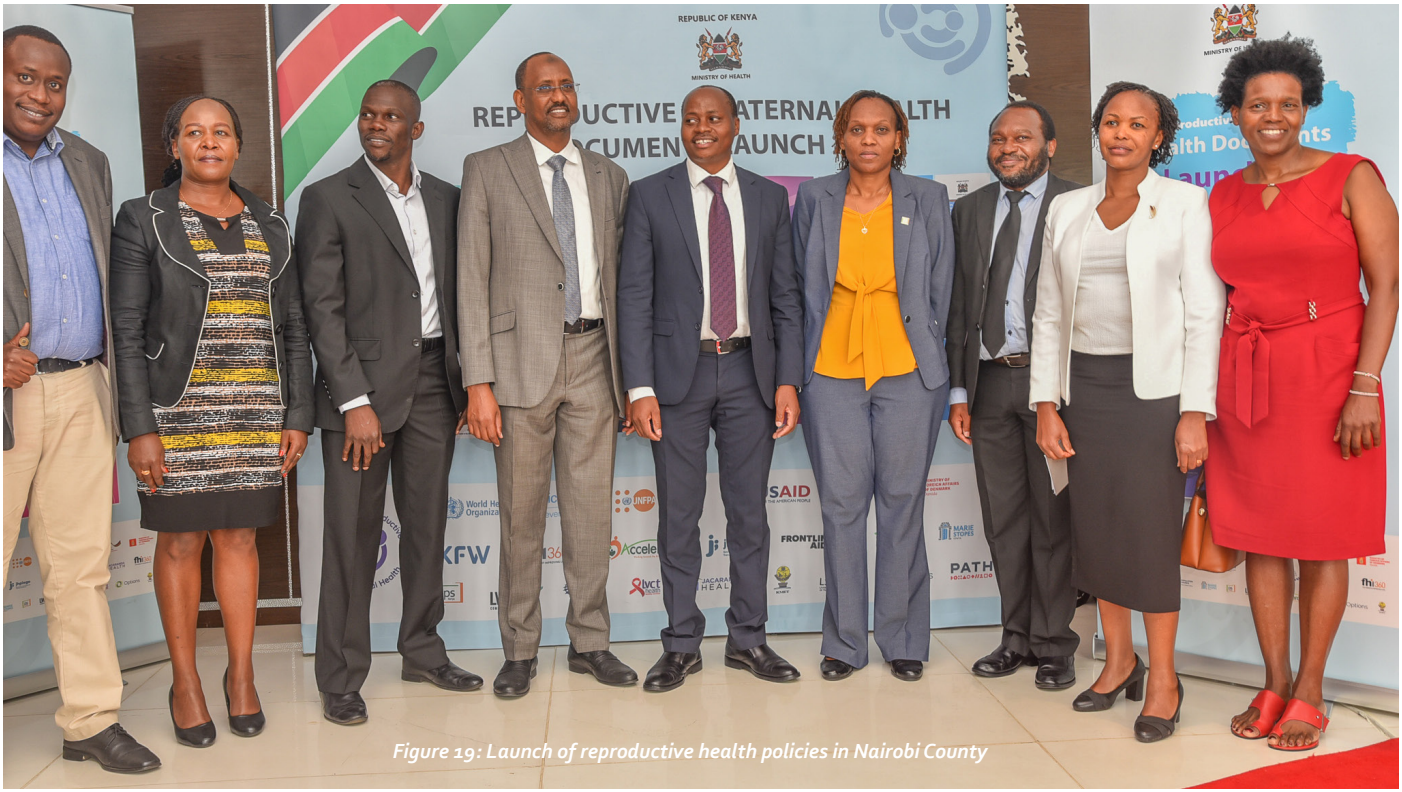


Figure 19: Launch of reproductive health policies in Nairobi County

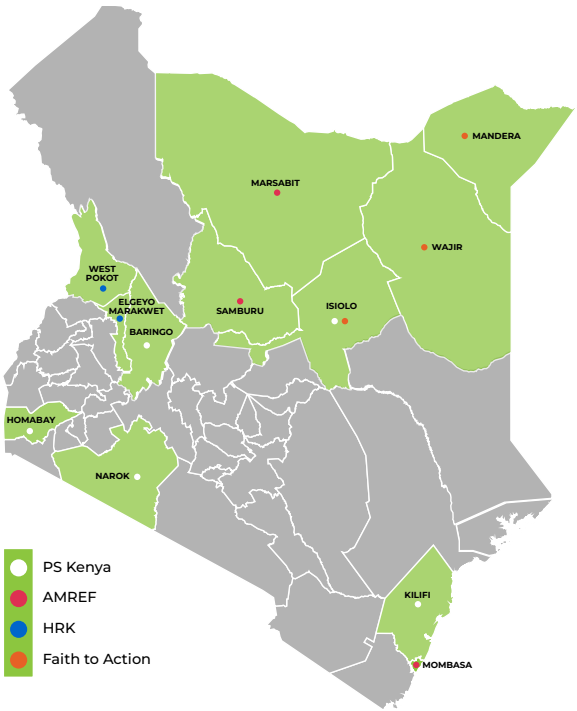


Figure 20: DESIP program counties of implementation

The Delivering Equitable and Sustainable Increases in Family Planning (DESIP) program (2019–2024) aims to increase family planning uptake among poor rural women, adolescents and youth, and persons with disabilities. At the beginning, DESIP supported 19 counties that had a low modern contraceptive prevalence rate of less than 45%. Currently, the program is working in 12 counties. DESIP is implemented through a consortium that is led by PS Kenya, with other implementing partners including AMREF, Health Right International, Faith to Action, VSO, Options, PSI, UNFPA, and HERA (Third Party Monitors). Thanks to FCDO for funding the program!

Reproductive health policies

One of the key highlights was the launch of 14 Reproductive Health documents that seek to improve the quality of maternal and new-born health services in Kenya.

The program supported the MoH to develop (DRMH) five documents; The Reproductive Health Strategy, The Total Market Approach for Family Planning, Reproductive Health

Commodity Security (RHCS) Strategy, National FP-Costed Implementation Plan (CIP) and FP standards for Health Care Facilities. During the launch, DESIP shared the dissemination briefs, which provided a short and succinct snapshot of the key components of the various strategies. The program also disseminated and rolled out the FP standards in the 12 DESIP supported counties. Every county has TOTs for FP standards that continue to rollout the tool at county and sub-county health facilities. The rollout model is sustainable and the counties have taken ownership.

Knowledge and attitudes towards FP uptake remain a barrier

Religious and cultural FP champions

The program partnered with religious and cultural leaders to educate women and men on the cultural and religious provisions on Family planning. For example, Family Planning is not allowed in the Muslim community but child spacing is. The champions capitalized on child spacing and health of the women and children to increase FP uptake in these communities.

Peer to peer

Youth for youth, mother to mother, was a powerful strategy for reaching peers with family planning messages. Young mothers and the youth who had taken up Family Planning inspired their peers to take up contraception for better health and future. The program also continued to partner with youth champions who engaged and linked youths and adolescents through safe social spaces, trendy lingo and social media platforms.

Male engagement

The program engaged boys and men by integrating male champions and duty-bearers (who are trusted and respected in their communities) during outreach and in-reach mobilization and men action days.

The men were sensitized on the importance of child spacing to the general wellbeing of their community and family. The sessions also highlighted the importance of facilitating an enabling environment at community and house-hold level and resourcing/facilitating the contraception seeking process.

Building the capacity of healthcare providers

Structured mentorship

Leveraging on existing county structures, DESIP adopted structured mentorship as a cost-effective and sustainable way of ensuring skills are transferred from skilled to unskilled service providers. This involved the training of mentors, who were then attached to mentees for ten sessions, where the mentees gained skills and became mentors. The new mentors continue with the process; this ensures continuity and sustainability even with the inevitable staff changes and recruitment of new staff. The strategy was implemented in 5 counties, including Baringo, Narok, Homa Bay, Kilifi, and Isiolo.

WhatsApp platform

A major challenge identified by DESIP in all counties was early discontinuation of contraceptive use by women who still had unmet needs for family planning. It was noted that the main reasons for premature discontinuation was due to myths and misconceptions and side effects. To address this, DESIP utilized the use of WhatsApp where healthcare workers are able to take up the Counselling for Continuation/Choice Course and learn how to better counsel clients on what to expect and actions to take thus managing client expectation and improving continuation of family planning. A use WhatsApp platform delivers the training to the healthcare provider wherever they are, to be taken at their own convenient time. The course is certified by MoH and earns them CPD points.

Over 1,000 healthcare providers took up the course.

Figure 21: Peer to peer session among elderly women

Figure 22: Imam educates community members on FP

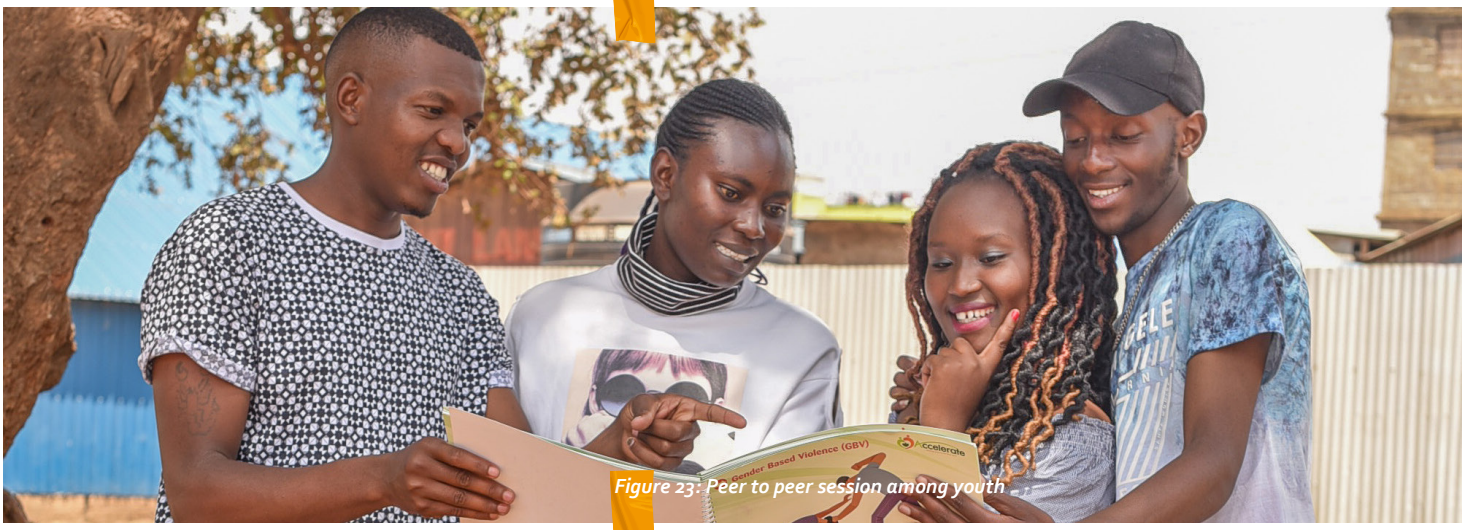
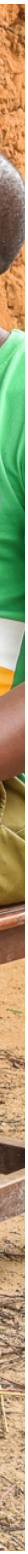


Figure 23: Peer to peer session among youth

Figure 24: PS Kenya regional coordinator engages men in the community in Baringo County

Figure 25: Community health volunteer engages PWD on family Planning in Kilifi County



Enhancing access to Family Planning commodities

A major challenge to family planning access and uptake has been shortage of family planning commodities within the counties. DESIP worked closely with counties to identify health facilities that had extra commodities and through the respective county and sub-county health management teams, redistributed the commodities to where there were stock-outs. Working with other partners and stakeholders, DESIP assisted counties to conduct forecasting and quantification, accurate documentation, timely requesting of commodities and data quality audits. To further address the stick-out challenge, FCDO through UNFPA funded the procurement of 60,000 Levoplants for distribution in the DESIP supported counties.

Accountability systems

The accountability systems have to be functional for any county to achieve their set goals. DESIP supported various TWGs such as RMNCAH/Family Planning and Commodity TWGs in all supported counties. These TWGs have been key in identifying gaps in provision of family planning services and county specific solutions that are not only realistic but sustainable due to county ownership. DESIP provided technical support to counties in these forums.

Leaving No One Behind

The program integrated social inclusion at all levels:

1. **National level:** Advocacy for health policies and tools that are inclusive of persons with disabilities e.g. Indicators to include persons with disabilities and supporting the development of disability mainstreaming guidelines.
2. **County level:** Sensitization of County Health Management team on Social Inclusion, encouraging clinic structural changes e.g., ramps, increasing health funding (additional disability inclusive budget) and having disability champions at county level.
3. **Health facility level:** Training of healthcare workers, on social inclusion e.g. use of sign language, using the Washington Group's set of questions to identify persons with disabilities, use of braille and gender.
4. **Community level:** Sensitization of community health workers on Social Inclusion, raising awareness of family planning amongst persons with disabilities, Integrating PWDs in outreaches and in-reaches, identifying organizations of people with disabilities and using them to mobilize PWDs to take up FP services.
5. **Development of educational materials** for use at the facility and community levels.

Counties supported by DESIP registered an improvement in mCPR

Table 2: Comparison of 2014 and 2022 mCPR in counties where DESIP program is being implemented.

County	mCPR 2014 (KDHS 2014)	mCPR 2022 (KDHS 2022)
BARINGO	33.1	48
ELGEYO MARAKWET	43.6	59
Homa Bay	45.5	54
ISIOLO	26.3	29
KILIFI	32.8	45
KWALE	38.2	35
MARSABIT	10.9	6
MOMBASA	43.6	42
NAROK	38.1	52
SAMBURU	20	25
WAJIR	2.3	3
WEST POKOT	13.3	23

Inua Grassroot Network

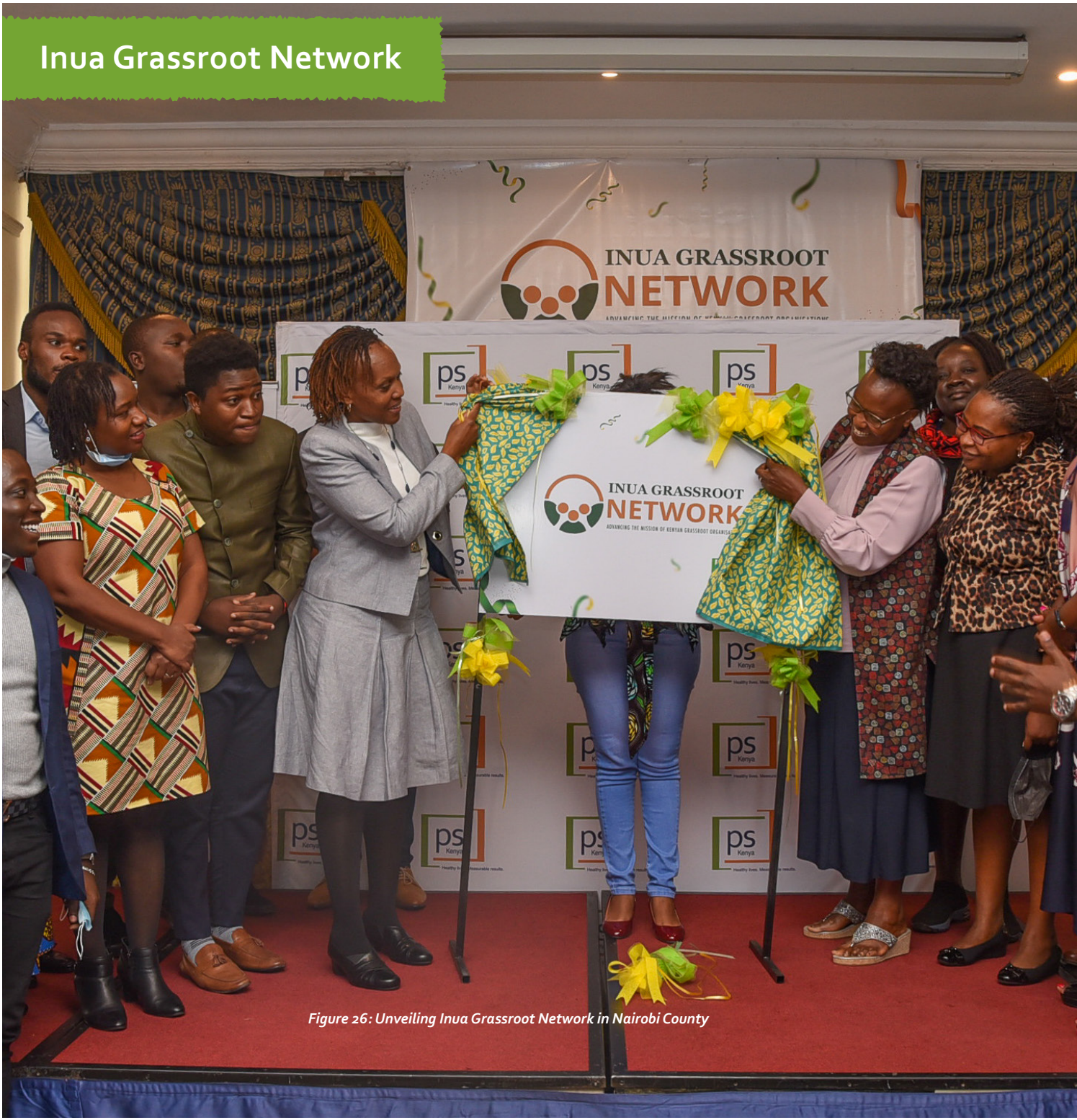


Figure 26: Unveiling Inua Grassroot Network in Nairobi County

Inua Grassroot Network is a PS Kenya registered and managed country-wide umbrella organization, currently comprised of 32 grassroot organizations. It works as a foundation pillar to unite community-based organizations, faith-based organizations and civil society organizations in fostering community-led, community-managed and community-owned health, economic and social development.

One of PS Kenya's strategic pillars is, "Working with and through others to achieve impact at scale." The umbrella network aims to unite all voices and stakeholders in health behavior change empowerment, social accountability, collective investment programs, mobilize resources, to collate and learn more about their health and social economic status, with special focus on the lives of the vulnerable including women, children and persons with disabilities.

In July, PS Kenya officially launched the Inua Grassroot Network. It was a historic event that brought together officials from the MoH, Social Services, PS Kenya's senior team and members of CBOs from over 15 counties.

The primary objective of the Inua Grassroot Network is to build the capacity of grassroot health organizations in their respective gap areas in order to strengthen their operations and increase health and social impact. "Grassroot organizations are critical in the health systems and have become a key vehicle for implementing community health solutions yet they face several challenges that limit their delivery at community level," stated Sylvia Wamuhu, Health Systems/RH Director.

PS Kenya's Chief Executive Officer, Joyce Wanderi in her key address made some notable remarks:
"There's so much beauty in diversity, working with different CBOs from different counties tackling various health issues is a game changer for PS Kenya."
"CBOs are the voice of the people. It is high time that our communities are able to make policy decisions on what they want and how they want it," Lilian Mutua, Health Promotion, Nairobi Metropolitan Services.
"I urge all CBOs to embrace all the issues at the community level. Let this expand into a bigger network and actually *Inua* everyone. We are going to support you and work with you in any way possible," Gladys Mugambi, Head Division of Health Promotion.
"Capacity building is mandatory before registering a CBO," Isaac Nyagaka, Director Social Services.

Co-creation with the network members

During the launch, James Kamande-DESIP Program manager led a co-creation session with the CBOs members. They requested Inua Grassroot Network to support them in trainings on the following areas.

- **Governance:** Most of the grassroot networks struggle with governance and operate their entities unprofessionally.
- **Social Behavior Change (SBC):** SBC is one of the key pillars of Universal Health Coverage (UHC) whereby most grassroot networks lack the necessary skills to conduct SBC activities and are trained in an adhoc manner whenever NGOs need to work with them for various projects.
- **Resource Mobilization:** Grassroot networks are usually low in resources to carry out the planned activities and this leads to ineffective implementation.
- **Create Linkages:** A key challenge that grassroot network face is lack of support from the relevant authorities which further suppresses the opportunities for the grassroot organizations to present their big ideas.
- **Establishment of a Grassroot Network Learning Platform:** Recognizing the numerous capacity gaps that the grassroot networks have, the network will establish a digital learning platform that will host relevant courses that are aimed at building the capacity of the grassroot organizations members.

- **Technology:** Exposure to the relevant technology that bring about effectiveness and efficiencies in their programming and operations.
- **Financial Management and Compliance:** Most grassroot networks lack competency in development of workplans for their budgets, accounting and reporting on the activities undertaken.

The Inua Grassroot Network shall embark on organizing systematic yet comprehensive trainings for the network members to build and maintain their capacity in the network.

Working through grassroot organizations

Over the last 30 years, while implementing various programs across the country, PS Kenya has worked through Community-based Organizations (CBOs), Community Health Volunteers (CHVs), religious leaders, and local administration to empower the community and help them make informed decisions on health, social issues, and all-round development. Inua Grassroot Network supports organizations in Nairobi, Kiambu, Kilifi, Kwale, Mombasa, Kisumu, Homa Bay, Kisii, Nyamira, Narok, Kajiado, Baringo, Samburu, Marsabit, West Pokot, Elgeyo Marakwet, Garissa, and Isiolo Counties.

The grassroot network organizations tackle the following health areas; HIV testing and enrollment to treatment, Drug-Resistant TB management, Sexual Reproductive Health issues such as family planning, Gender-based violence, Fistula treatment, Female Genital Mutilation (FGM), early marriages and teenage pregnancies. However, the network has community-based organizations operating off the premise of health, focusing on education, financial empowerment of the youth and their community as a whole.

Achievements of Inua Grassroot Network

The network is keen on capacity building the network members. In 2022, we took them through virtual training sessions on Resource Mobilization, proposal writing, financial management, compliance and good governance.

Inua Grassroot Network plans to further support the CBOs in project management, Social Behavior Change Communication (SBCC), resource mobilization, technology, linkages, business support programs, and systems and compliance.

Monica Oguttu, the Kisumu Medical and Education Trust (KMET) Executive Director shared her growth journey with the network members, on how KMET grew from a community-based organization to a local NGO attracting donors from all sectors.

PS Kenya's, Chief Operating Officer, Dr. Margaret Njenga, took the grassroot network members through an in-depth session on proposal writing and resource mobilization.

Through their interactions with Inua Grassroot Network, some of the CBOs have managed to clinch funding from both local and international donors. A good example is the County Youth and Adolescent Network based in Homa Bay County and the Arise and Shine CBO, which operates in Muhoroni and Nyando sub-counties.

The Inua Grassroot Network will also support the CBOs in gaining credibility in the eyes of the community and other organizations that would be interested in funding them and give them a chance to participate in policy development, both at the county and national level, thereby amplifying the voices of the communities they serve.

Social Entreprises

Figure 27: The Social enterprise team training a client on how to use the SaraMed CMS

Sustainability through SaraMed CMS

As part of PS Kenya's strategy to offer sustainable franchise benefits to healthcare providers and its Tunza Family Health Network franchises, guided by the needs of the network members and informed by insights gathered by working with the Tunza franchise for over 10 years, PS Kenya designed and developed the SaraMed Clinic Management System (SaraMed CMS), whose principal objective is to help clinics increase their client volumes and revenue by capitalizing on efficiency gains presented by improved clinic operations through automation.

SaraMed CMS is fully owned by PS Kenya and locally developed to respond to the clinic's ever-evolving and diverse needs. It aims to help healthcare providers focus on their core business of providing fast, accessible, quick, and quality health care services by eliminating costly and inefficient manual work flows.

The SaraMed CMS roll-out started with a pilot phase that focused on Tunza facilities within the Greater Nairobi Region for ease of offering support and efficiency of troubleshooting system challenges that may arise during the pilot period. The pilot ran in select Tunza facilities for a period of three months, starting in January 2022. The main purpose of piloting SaraMed CMS was to test the functionality of the system, gather feedback on the user interface, and customize the existing features to suit the set-up of the facilities.

Upon completion of the pilot period, the commercial roll-out was launched in May 2022, with the primary target group being Tunza Network facilities in Level 2 and Level 3B in the Ministry of Health Tier of facilities. To excite the market with the new product offering from PS Kenya, the Social Enterprise Committee approved an early adopter offer limited to the first 20 facilities to sign up for the rollout of SaraMed CMS at their facilities.

To date, SaraMed CMS has been successfully rolled out in several Tunza Healthcare facilities across the country, and the number continues to grow.

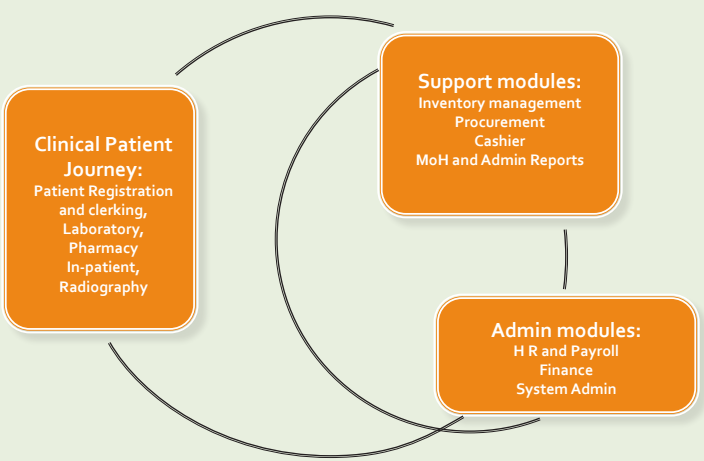


Figure 28: The SaraMed Clinical Management System (CMS)

Social Marketing

Figure 29: PS Kenya products

The social marketing (SM) arm of PS Kenya has a mission to successfully leverage private sector infrastructure to deliver sustainable business. Social marketing strategically leverages behavior change activities to drive for 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 utilization and pooling of private sector resources, social marketing improves access and availability of vital health products to the target audience both in peri-urban and rural areas across all 47 counties. 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 distribution structure that has 20 regional distributors who distribute products to over 700 wholesalers. These in turn break bulk to directly reach 23 community-based organizations, 66,000 retail outlets [kiosks, dukas, supermarkets, bars, and lodgings], 3,500 pharmacies, and 1,586 clinics. These retail, pharmacy, and clinic outlets represent 46%, 49%, and 32%, respectively, of the total private sector outlets that social marketing leverages.

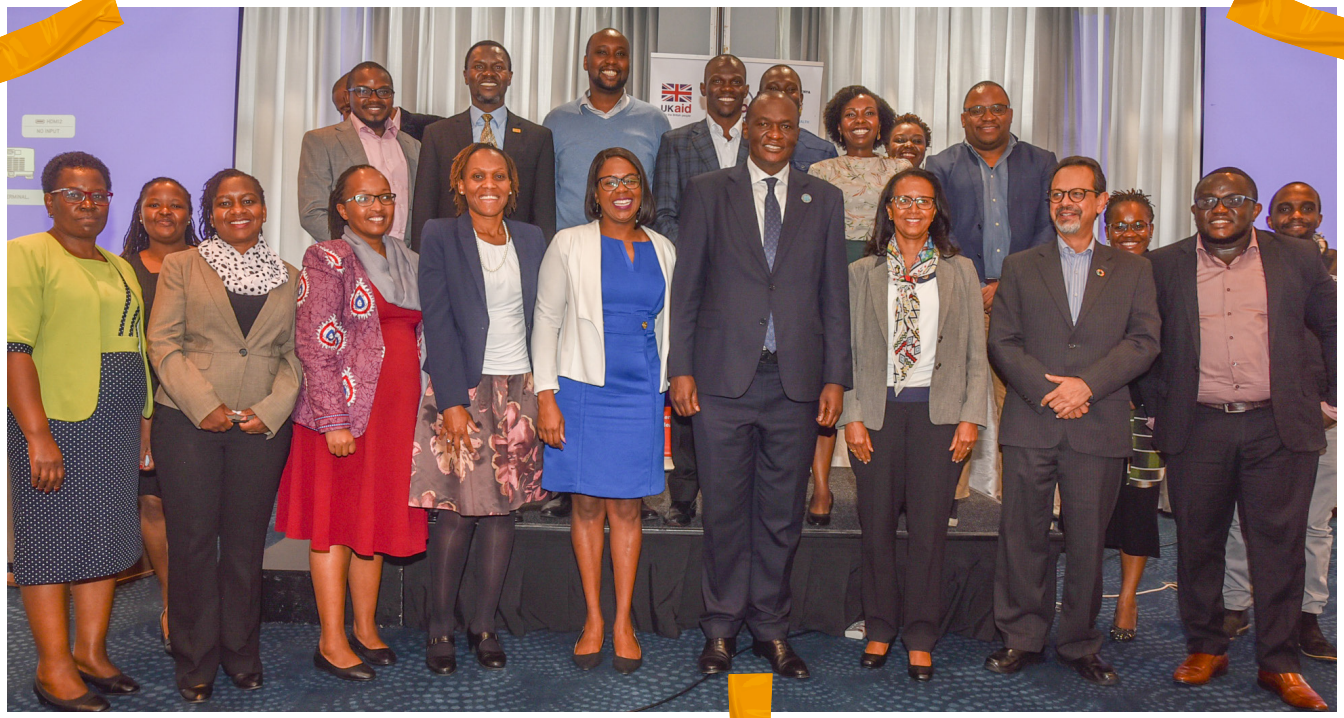
In 2022 PS Kenya, through its social marketing arm, distributed 24 million condoms, 3.6 million oral contraceptive pills, 57,000 3-month injections, and just over 12,000 HIV self-testing kits. This was achieved through targeted trade promotions, retail drives, and trade offers to drive availability and visibility of our brands across trade channels.

PS Kenya also achieved over 100% cost recoverability on all brands, ensuring that the social marketing arm is self-sustaining.

During the same period, PS Kenya achieved the provision of 1.1 billion liters of treated safe water through the distribution of Waterguard water sterilizers, PandG 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.

Partnerships



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