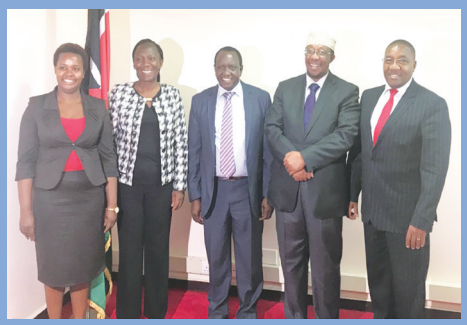
Quality Health Care

CHRISTIAN HEALTH ASSOCIATION OF KENYA

Annual Report 2017





Quality health care for all to the glory of God

Christian Health Association of Kenya

Annual Report 2017

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Identity, purpose, programs and partnerships

Identity
CHAK is a national faith based organization of the Protestant Churches' health institutions and programs from all counties of Kenya which was established in 1946 and is dedicated to promoting universal access to quality health care.

Vision
Quality Healthcare for all to the glory of God

Mission
To facilitate provision of quality health services through health systems strengthening, innovative health programs, training, advocacy and partnerships as a witness to the healing ministry of Christ

Values
- Integrity
- Transparency
- Accountability
- Professionalism
- Innovation
- Equity

Purpose
The purpose of CHAK is to promote access to quality health care by facilitating health facilities to deliver accessible, comprehensive, quality health services to the people of Kenya in accordance with Christian values, professional ethics and national health sector policies. CHAK also engages communities to empower them seek and access quality health care.

Strategic directions
The Strategic Plan 2017-2022 has its core objectives clustered into five strategic directions which include:
1. Health service delivery
2. Health systems strengthening
3. Capacity Building and Research
4. Advocacy and partnerships
5. Sustainable financing and resource management

Programs
CHAK runs a wide range of health service delivery and systems strengthening programs with the goal of promoting universal access to quality health care. These include:
- HIV&AIDS prevention, treatment, support and stigma mitigation
- Tuberculosis (TB) treatment, defaulter and contact tracing and TB/HIV co-infection management
- Malaria prevention and management
- Maternal, Neonatal and Child Health services
- Reproductive Health and Family Planning
- Diabetes management
- Hypertension education and screening at community level and referral linkages for management
- Advocacy, research and communication
- Hospital quality management program
- Partnerships and County Governments engagement
- Sustainable health care financing and grant management
- Health systems strengthening

a) Medical equipment program supporting needs assessment, sourcing, installation and maintenance
b) Human resources for health capacity development and systems strengthening
c) Governance, leadership and management support for member health facilities
d) ICT systems strengthening including Hospital Management System
e) Strategic Information (M&E) and EMR (Electronic Medical Records System)

Partnerships

- CHAK embraces strategic partnerships with donors, UN Agencies, Government, MOH, county health departments, NHIF, FBOs, NGOs, Private Sector, academic and research institutions and communities.
- CHAK is a founder member who hosts and supports the Secretariat of the Africa Christian Health Associations Platform (ACHAP) and the Institute for Family Medicine (INFAMED).

Donor partners

CHAK has had successful partnership with a variety of donor partners including PEPFAR, CDC, USAID, Global Fund, Gates Foundation, GIZ, Bread for the World (Germany), Packard Foundation, DANIDA, Astra Zeneca, Novo Nordisk, Norvatis and OSI Foundation.

CHAK membership analysis

CHAK membership includes hospitals, health centres, dispensaries, Church health programmes, community based health care programmes and medical training colleges from all over Kenya. As at the close of 2017, CHAK had a total membership of 586 member health units affiliated to 50 Protestant Churches Denominations located in 44 Counties.

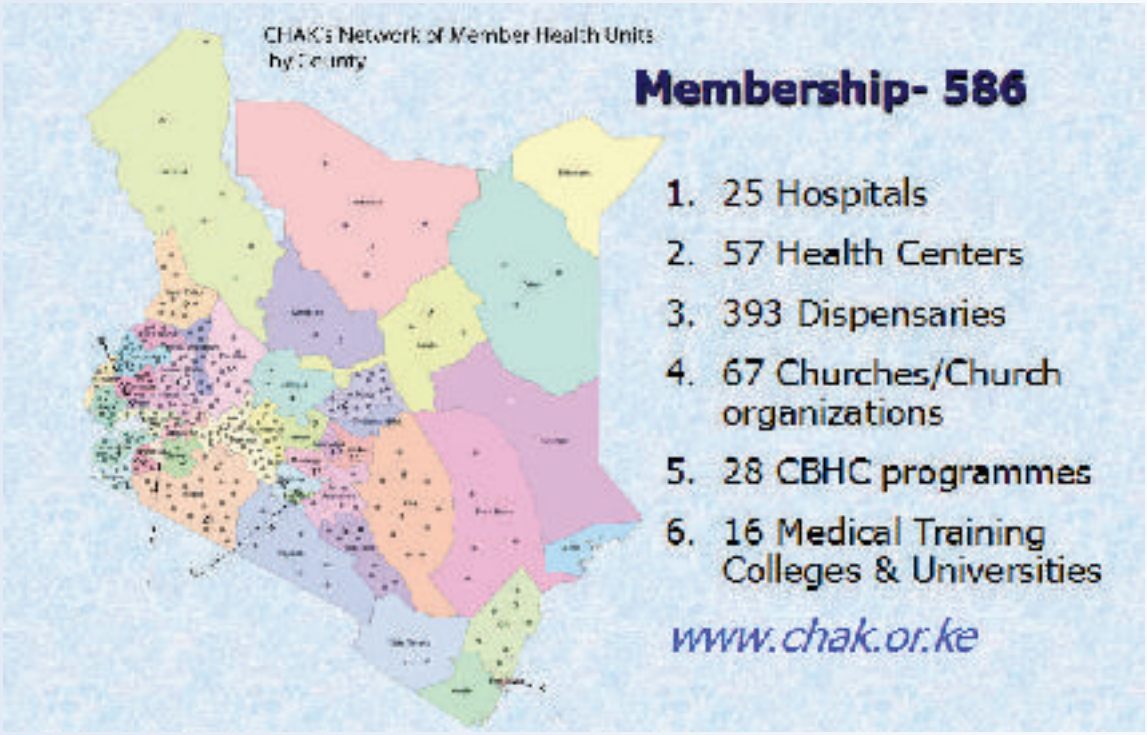
CHAK membership is grouped into four regions covering the whole country which are;

- Eastern/North Eastern Region
- Central/Nairobi/South East and Coast Region
- Western/North Rift Region
- Nyanza/South Rift Region

The membership analysed per category is as below:

- Hospitals - 25
- Health Centers - 57
- Dispensaries - 393
- Community Based Health Care Programs - 28
- Churches and Church Organizations - 67
- Medical Training Colleges & Universities - 16

Total - 586
Church Denomination affiliations - 50



Acknowledgement

CHAK is grateful to the Government of Kenya Ministry of Health, County Governments Health Departments, Development Partners and other Health Sector Partners for collaboration in the health initiatives in Kenya. We also value our regional partnership in the Africa Christian Health Associations Platform (ACHAP) and international partnerships through CCIH, WCC and other international agencies.

We appreciate our technical partners, consortium members, CHAK Member Health Units, Churches and communities.

ACHAP.....Africa Christian Health Associations Platform
ADR .....Alternative Dispute Resolution
AOPs.....Annual Operational Plans
ASRH. .....Adolescent Sexual Reproductive Health
CA Cervix.....Cancer of the Cervix
CRS. .....Catholic Relief Services
CHV .....Community Health Volunteers
CSO .....Civil Society Organisation
CQI .....Clinical Quality Improvement
CDC. .....Centres for Disease Control
CHAP. .....CHAK HIV/AIDS Programme
CHAM. .....Christian Health Association of Malawi
CU .....Community Units
CB DOT .....Community Based Direct Observation Treatment
CHEW. .....Community Health Extension Worker
CWC .....Child Welfare Clinic
CMMB.....Catholic Medical Missions Board
CHW.....Community Health Worker
CHAZ.....Christian Health Association of Zambia
CHAN .....Christian Health Association of Nigeria
CBHC.....Community Based Health Centre
CBTS .....Community Based Treatment Strategy
CDC .....Centre for Disease Control
CD4 .....Cluster of Differentiation
CHAP.....CHAK HIV/AIDS Project
CHEWS .....Community Health Extension Workers
CMMB.....Catholic medical Missions Board
CME .....Continuous Medical Education
CPD .....Continuous Professional Development
CRAG.....Cryptococcal Antigen
CQI .....Continuous Quality Improvement
DHMT.....District Health Management Team
DTC. .....Diagnostic Testing and Counseling
DBS.....Dry Blood Sample
DIFAEM.....(German Institute for Medical Mission)
DNCD.....Department of Non Communicable Diseases
DDIU .....Data Demand for Information Use
DOTS .....Direct Observed Treatment Strategy
DNA.....Deoxyribonucleic Acid
EMR .....Electronic Medical Records
EMTCT .....Elimination of Mother To Child Transmission of HIV/AIDS
EED .....Evangelisher Entwicklungsdienst (English: Church Development Service)
EXCO .....Executive Committee
EPN .....Ecumenical Pharmaceutical Network
FANC. .....Focused Ante Natal Care
FBHS .....Faith Based Health Services
FPNC.....Focused Post Natal Care
GCLP.....Good Clinical Laboratory Practices
HAART.....Highly Active Anti-Retroviral Therapy
HEI .....HIV Exposed Infants
HRSA .....Health Resources and Services Administration
HIV .....Human Immunodeficiency Virus
HTC .....HIV Testing and Counselling
HSS .....Health System Strengthening
HRH.....Human Resources for Health
HSSF. .....Health Sector Service Fund
HCW.....Health Care Worker
HEI .....HIV Exposed Infants
HTC .....HIV Testing and Counseling
IC .....Infection Control
ICC.....Inter Agency Coordinating Committee

ICF .....Intensified Case Finding
IPC .....Infection Prevention and Control
IPT.....Isoniazid Preventive Therapy
IYCF .....Infant Young Child Feeding
IHV .....Institute of Human Virology
IMA.....Interchurch Medical Assistance
IMCI. .....Integrated Management of Childhood Illnesses
INFA-MED.....Institute of Family Medicine
KAIS .....Kenya AIDS Indicator Survey
KCCB .....Kenya Conference of Catholic Bishops
KEMSA .....Kenya Medical Supplies Agency
KEPI.....Kenya Expanded Programme for Immunization
KNASP .....Kenya National AIDS Strategic Plan
KEPI.....Kenya Expanded Programme on Immunisation
KQMH .....Kenya Quality Model for Health
LAN.....Local Area Network
LTFU .....Lost To Follow Up
LPTF .....Local Partner Treatment facilities
MTC .....Medical Training College
MDT.....Multi Displinary Team
MDR .....Multi Drug Resistant
MOMS .....Ministry of Medical Services
MNCH .....Maternal Newborn Child Health
MOPHS.....Ministry of Public Health and Sanitation
MOH DOMC. .....Ministry of Health Department of Malaria Control
MEDS .....Mission for Essential Drugs & Supplies
MHU.....Member Health Unit
MoH.....Ministry of Health
MDR .....Multiple Drug Resistance
MEDS .....Mission for Essential Drugs and Supplies
NASCOP. .....National AIDS/STDs Control Programme
NCD.....Non Communicable Disease
NHIF. .....National Hospital Insurance Fund
NHRL .....National HIV Reference Laboratory
OI.....Opportunistic Infections
OJT.....On Job Training
PSSG .....Psycho Social Support Groups
PEP.....Post Exposure Prophylaxis
PR. .....Principal Recipient
PEPFAR .....US President's Emergency Plan for AIDS Relief
PLWHAs.....People Living With HIV/AIDS
PMCT.....Prevention of Mother to Child Transmission of HIV
PHMT.....Provincial Health Management Team
PITC .....Provider Initiated Testing and Counseling
PWP .....Prevention With Positives
PCEA.....Presbyterian Church of East Africa
PCR.....Polymerase Chain Reaction
PEP.....Post- Exposure Prophylaxis
PEPFAR .....Presidents Emergency Plan for AIDS Relief
PITC .....Provider Initiated Testing and Counselling
PLHIV.....Persons Living with HIV
PwP.....Prevention with Positives
QI.....Quality Improvement
RH.....Reproductive Health
RCC.....Regional Coordinating Committee
SI.....Strategic Information
TB Rx .....TB Treatment
TB .....Tuberculosis
TOT.....Training of Trainers
UCMB. .....Uganda Catholic Medical Bureau
UPMB. .....Uganda Protestant Medical Bureau

Summary of CHAK MHUs key achievements in 2017

Areas of reflection (1): **CHAK MHUs HTS 2017**	
INDICATORS	TOTALS
Concordant Couples (Couples Only)	12639
Discordant Couples (Couples Only)	917
Couples Testing	29835
Female under 15yrs	410
Female 15-24yrs	1755
Female above 25yrs	6156
Male under 15yrs	385
Male 15-24yrs	493
Male above 25yrs	4140
First Testing HIV	266199
Outreach Testing HIV	119071
Repeat Testing HIV	479321
Static Testing HIV (Health Facility)	597544
Total Tested HIV	746,503

Area of reflection (2): **PMTCT services in CHAK MHUs in 2017**	
INDICATORS	TOTALS
Women Attending 1st ANC Visit	64,800
Antenatal mothers tested for HIV	66,348
Antenatal mothers found to HIV Positive.	1,093
Known positive status at ANC entry.	2,998
Infant ARV prophylaxis issued in ANC	3,689
Women tested for HIV during Labour and Delivery.	17,151
Infant Testing within 2 months (PCR)	2677
Infants confirmed Positive for HIV at 2 months (PCR)	68
Exposed Infant Tested of HIV at 3 to 8 months (PCR)	722
Confirmed Infants Positive for HIV at 3 to 8 months	40
Infant Tested for HIV at 9 to 12 months (PCR)	410
Infants found Positive for HIV 9 to 12 months	21
Total confirmed HIV Positive Infants by PCR	139
Post Natal Prophylaxis – HAART	3,868
Total HIV Exposed Infants tested by 12 months	4,030
Total Infants Issued Prophylaxis	3928
Total mothers Tested for HIV (PMTCT)	85902
Total Positive (PMTCT)	5,192

Contraceptive methods	Client contraceptive cycles offered
Condoms	15,710
IM Depo Provera	29,501
IUCD (CuT38A)	**27,058**
Implants (5yrs)	**54,267**
Combined Oral Contraceptive Pills	**23,606**
Progestin Only Oral Contraceptive Pills.	**14,763**
BTL and Vasectomy	372
Natural Family Planning	1,288

Area of reflection (4):**MHUs HIV and AIDS clients service delivery 2017**		
	INDICATORS	**TOTALS**
Currently on ART	below 1 year	106
	Female 15 years and above.	38245
	Female Below 15 years	64791
	Male 15 years and above	46075
	Male below 15 years	5396
	Total	153074
Ever on ART	Female 15yrs and above	136,417
	Female under 15yrs	11764
	Male 15yrs and above	66700
	Male under 15yrs	9646
	Total	226094
Currently on Care	Under 1yr	558
	Female 15yrs &above	106314
	Female under 15yrs	5742
	Male under 15yrs	32,729
	Male 15yrs& above	19,420
	Total	154,243
HIV Exposed Infants (HEI) on cotrimoxazole Prophylaxis.	Female: 15 yrs& Above	88,839
	Female Below 15 yrs	5,519
	Male: 15 yrs % Above	4,268
	Below 15 yrs Male	5,189
	Total on CTX	141,682
HIV Clients screened for TB.	Female 15 years and older	56,135
	Female under 15 years	4,088
	Male 15 years and above	25,479
	Male Below 15 years	3,780
	Total	90,704

Chairman's Report

Introduction

In 2017, CHAK launched the new Strategic Plan 2017-2022 at the AGM in April. The year therefore marked the beginning of implementation of the new strategic plan.

Membership

Membership continued to grow, reaching 586 units affiliated to 50 church denominations. These CHAK member units include 25 hospitals, 57health centres, 393 dispensaries, 16 medical training colleges and universities offering medical programmes, 28 CBHC programmes and 67church organizations.

CHAP Uzima HIV/AIDS project

During the year, CHAK successfully completed implementation of a five-year comprehensive HIV&AIDS care and treatment project funded by PEPFAR through CDC. The CHAK HIV/AIDS Programme (CHAP) was implemented in church health facilities in 18 counties in eastern, central, Nairobi and coast regions of Kenya.

The CDC awarded CHAK a follow-on grant, CHAP Uzima, which started on April 1, 2017. The project's coverage expanded to 82 faith based health facilities in 19 counties, including Makueni, Narok and Kajiado with the scope now including OVCs and GBV. County government engagement has been scaled up and MoUs signed between CHAK and Kitui, Machakos and Makueni counties.

A colourful launch was held on June 16, 2017, in Nairobi, and well attended by representatives from MOH, CDC, NACC, county governments, religious leaders, implementing facilities, partners, CHAK EXCO, management and staff.

In 2017, the 82implementing health facilities tested 337,971 clients, provided ART to 44,518 clients, PMCT to 28,560 clients and supported 6,000 OVCs.

Healthy Heart Africa hypertension project

The Healthy Heart Africa hypertension project funded by AstraZeneca performed well during the year following restructuring which introduced regional offices.

The project surpassed its annual targets and was recognized for this good performance. It continued to support a unique health facility-church-community partnership model in rolling out hypertension education and awareness, screening and treatment linkages. It is expected to scale up to some public health facilities.

Collaboration and partnership

Church health facilities demonstrated their unique identity, resilience and commitment to compassionate quality health care when they sustained health services during the seven-month health workers strike that affected the public sector.

Service utilization data increased and there were incidences of overwhelming demand for services. We therefore wish to recognize and sincerely thank health workers in church health facilities for their diligence and commitment.

CHAK coordinated church leader's dialogue with MOH and Council of Governors towards strengthening partnership and collaboration. The new leadership at MOH and COG have embraced CHAK's request to jointly develop a partnership framework that will guide structured collaboration.

Governance of CHAK

CHAK Constitution promotes democracy, transparency, and opportunity for participation by members. According to the Association's Constitution, CHAK Officials and EXCO members are elected to serve a two-year term with a maximum of three terms.

Executive Committee (EXCO)

The AGM held on May4, 2017, conducted transparent and democratic elections for the positions of chairman, treasurer, vice-treasurer and chairmen for Nyanza/South Rift Region and Central/Nairobi/ South East & Coast Region.

Rev. Dr Robert Lang'at was re-elected chairman for a second term. Mr William Shimanyula and Ms Christine Kimotho were re-elected treasurer and vice-treasurer respectively for a second term and Mr Samuel Maati and Mr James Maina were re-elected RCC chairs for another term.

At the AGM in 2018, elections will be held for vice-chairman and chair, Western/North Rift and Eastern/ North Eastern regions.

The complete list of EXCO members who served in 2017is as follows:

- Rev. Dr Robert Lang'at - Chairman
- Dr. Mary Muchendu - Vice Chairman
- Mr. Wiliiam Shimanyula - Treasurer
- Ms. Christine Kimotho - Vice Treasurer
- Mr. James Maina - RCC Chairman Central/Nairobi/ South East/Coast
- Dr. Oliver Mamati - RCC Chairman Western/ North Rift
- Mrs. Mary Gitari - RCC Chairman Eastern/North Eastern
- Mr. Samuel Maati - RCC Chairman Nyanza/South

Rift

EXCO held four meetings during the year and had opportunity to meet with staff during their Christmas and end of year luncheon. During these meetings, they engaged in policy formulation, review and approval of projects and budgets. EXCO also had opportunity to receive and review programmatic and financial reports. The Association's annual audit report and project specific audit reports were also reviewed and approved.

EXCO held a governance retreat in Nakuru, during which they were orientated on the CHAP Uzima project by the project leadership team. Capacity building on US Government funding compliance regulations was delivered by Rahab Karume and Dr Agnes Lang'at from CDC. This was found to be useful in enhancing understanding of CHAK's obligations in managing the USG grants.

During the retreat, EXCO also discussed CHAK sustainability and reviewed and approved the CHAK Guest House Business Strategy 2018-2020.

Finance Committee

EXCO was assisted to process financial matters by the Finance Committee, which met quarterly and presented its reports to EXCO.

Members who served in the Finance Committee were:

- Mr. William Shimanyula-Chairman/Treasurer
- Dr. Mary Muchendu - Member
- Ms. Christine Kimotho - Member
- Mr. Jacob Onyango - Member
- Dr. Samuel Mwenda - General Secretary
- Mr. John Nzomo - Finance & Administration Manager
- Mr. Cornelius Ininda - Internal Auditor

CHAK Trustees

CHAK assets are held in trust by a team of trustees made up of senior church leaders of national stature.

The CHAK Trustees who served during the year are:

- Rev. Dr. Robert Lang'at – Africa Gospel Church (AGC)
- Rt. Rev. Michael Sande - Anglican Church of Kenya (ACK)
- Rt. Rev. Joseph Wasonga – Anglican Church of Kenya (ACK)
- Rev. Prof. Zablon Nthamburi – Methodist Church in Kenya (MCK)
- Very Rev. Dr George Wanjau – Presbyterian Church of East Africa (PCEA)
- Rev. Joseph Maswai – Africa Inland Church (AIC)
- Pastor Jonathan Maangi – Seventh Day Adventist Church (SDA)
- Dr Samuel Mwenda – General Secretary (Ex-Officio)

Three of the CHAK Trustees also serve as Trustees of MEDS. The current CHAK representatives on MEDS Board of Trustees are:

- Rt. Rev. Michael Sande
- Rt. Rev. Joseph Wasonga
- Rev. Dr. Robert Lang'at

CHAK Trustees were available and active during the year in supporting ecumenical partnerships and

EXCO members, CDC representatives, CHAK management team and CHAP Uzima project leadership team at the retreat held in Nakuru County.

advocacy activities. They held their annual meeting in which they received the annual programmatic performance report, assets status report, update on funding partnerships and new CHAK Strategic Plan 2017-2022. CHAK guest house business performance report and updates on statutory compliance and legal matters were also presented and discussed.

CHAK Trustees supported high level advocacy meetings with the Cabinet Secretary Ministry of Health, Dr Cleopa Mailu and the new Cabinet Secretary Sicily Kariuki which discussed strengthening of partnership with faith based health facilities.

They also led the CHAK delegation to the ground breaking ceremony of the Kabarak Teaching and Referral Mission Hospital held on June14, 2017, and had opportunity to make a courtesy call and hold a prayer session with the vision founder, Kenya's second President, HE Daniel Arap Moi.

HE Daniel Arap Moi with CHAK Trustees and religious leaders from AIC (Presiding Bishop Rev. Dr. Silas Yego, ACK (ArchBishop Dr. Jackson Ole Sapit and Bishop Julius Kalu) at his Kabarak residence.

CHAK Guest House and Conference Centre

CHAK Guest House provides convenient conferencing and meeting facilities to CHAK projects and programmes and assists CHAK in financing the administrative costs of security, water, electricity and grounds maintenance. The guest house acquired a van for transfer of guests and to support outside catering services.

In 2017, guest house business operations declined due to the prolonged electioneering period. Net gross revenue decreased from Ksh38m million in 2016 to Ksh35.5 million at the close of 2017, representing a 6.6 per cent drop.

Net performance was a loss of Ksh1.9m after providing for depreciation of Ksh 1.4m. The new business strategy has adopted several measures for turnaround to profitability.

The Guest House Management Committee (GHMC) assisted EXCO in steering the guesthouse operations.
The members of the GHMC who served in 2017 were:

- Ms. Christine Kimotho – Chairperson
- Mr. James Gituanja – Member
- Mrs. Jane Kathurima – Member
- Dr. Samuel Mwenda – General Secretary
- Mr.Patrick Kundu – Institution and Organization Development Manager
- Mr. John Nzomo – Finance and Administration Manager
- Mrs.Grace Koki Nthakyo – Guest House Manager (Secretary)

Regional Coordinating Committees (RCCs)

CHAK national network of members is divided into four geographic regions namely:

i. Eastern/North Eastern – Chair is Mrs Mary Gitari from Maua Methodist Hospital, Meru County
ii. Central, Nairobi, South East & Coast – Chair is Mr James Maina from KAG Health Ministries, Nairobi County
iii. Western/North Rift – Chair is Dr Oliver Mamati from Friends Lugulu Hospital, Bungoma County
iv. Nyanza/South Rift – Chair is Mr Samuel Maati from SDA Eronge, Nyamira County

Each Region is coordinated by a Regional Coordinating Committee which meets at least three times a year. The chairpersons of the RCCs are members of EXCO. All the RCCs held the scheduled meetings in 2017. CHAK Secretariat provided administrative support to the meetings and was represented.

The RCCs provide a rich forum for networking, dissemination of information from the Secretariat and receiving feedback from the members on advocacy issues that require joint action or CHAK Secretariat support. In addition, the RCCs conducted visits to MHUs in their regions and documented feedback on their health systems status and priority capacity building needs. This information will be used to plan for capacity building interventions.

The RCCs were actively involved in organizing meetings between CHAK members and county health departments.

We encourage member health facilities and churches to proactively engage county governments at every opportunity due to the critical role they play in health services management.

CHAK Secretariat has adopted a multi-departmental approach in engaging with county governments and will continue to leverage ongoing project activities to facilitate engagement at every available opportunity in order to strengthen partnership.

New CHAK Strategic Plan 2017 - 2022

The new CHAK Strategic Plan 2017–2022 whose theme is *"promoting universal access to quality health care in the devolved county health system in Kenya"* was launched during the 2017 AGM.

The strategic plan has the vision: *"Quality Healthcare for all to the glory of God"*.

To achieve this vision, CHAK Secretariat will be guided by the mission: *"To facilitate provision of quality health services through health systems strengthening, innovative health programs, training, advocacy and partnerships as a witness to the healing ministry of Christ"*

The strategic plan priority areas have been clustered into five strategic directions namely: health service delivery, health systems strengthening, capacity building and research, advocacy and partnerships and sustainable financing and resource management.

The scope of health services has been expanded to include communicable and non-communicable diseases, maternal and child health, nutrition and environmental health, mental health and medical education and research.

This strategic plan has adopted ambitious targets which will guide CHAK organizational growth and provide strategic guidance for the CHAK network as it engages in the global health agenda defined in the Sustainable Development Goals (SDGs), the Kenya Vision 2030, Health Policy Framework and Universal Health Coverage (UHC) of the President's "Big Four" development priorities.

CHAK's strategy involves integration and partnerships to scale up resource mobilization and implementation of the plan. During the first year of implementation, capacity building, advocacy, partnerships and implementation of the three-year programme and various health projects were undertaken.

NHIF partnership engagement

NHIF is the key government institution with mandate towards delivering universal health coverage for all Kenyans. It will therefore play an important role towards the delivery of the Government's goal of universal health coverage.

CHAK has nurtured partnership with NHIF through regular consultation and feedback. All CHAK hospitals and health centres have NHIF accreditation for provision of a wide range of medical services.

CHAK is a member of the NHIF-FBO/Private Sector Forum and is represented in its meetings by a team that includes secretariat and MHU staff.

The Forum engaged on new benefit packages, review of claims processing procedures and provision of feedback. CHAK organized a meeting between MHUs and NHIF which discussed proposed changes to the out-patient administration system from capitation to fixed fee for service, changes to the surgical package to procedure-based costing and the review of the Linda Mama free maternity programme.

The MOH through NHIF expanded the Linda Mama programme to include FBO health facilities. CHAK has been advocating for accreditation of all FBO health facilities with capacity to offer delivery services

to provide this service.

Every pregnant woman in Kenya is entitled to free delivery services in accredited public and faith-based health facilities. Linda Mama registration has been simplified and can be done through mobile phones, health facilities, NHIF offices and Huduma Centres. The MOH/NHIF has expanded the Linda Mama benefits package to include antenatal and postnatal care, child welfare clinic and family planning.

CHAK MHUs and churches are mobilizing communities to join NHIF for access to quality health care. Through NHIF, many needy patients have accessed specialized surgery, dialysis and cancer treatment. The CHAK level 5 and 6 hospitals have grown their revenue substantially from NHIF which accounts for between 40-60 per cent of total patient revenue.

Patient numbers have substantially grown due to the improved financing. Tenwek Hospital, a CHAK member located in Bomet County, recorded the highest number of heart surgeries in Kenya due to improved access to services through NHIF.
KAG Church partnered with NHIF for a successful medical outreach and NHIF recruitment drive in a remote area of Kajiado County.

Religious leaders support advocacy and partnership dialogue with MOH

CHAK through leadership of Chairman Rev. Dr. Lang'at continued engagement with the Government on strengthening partnership and increasing predictable support to faith-based health facilities.

Despite the challenges caused by the prolonged electioneering period, CHAK managed to have two meetings with the Health Cabinet Secretary. Engagement was also done with the Presidency.

The prolonged public sector health workers' strike resulted in a big burden for faith-based health facilities and created urgency for deeper partnership engagement. It also opened up opportunities as the contribution of the faith based sector in complimenting Government in health service delivery was appreciated.

CHAK facilitated meetings between religious leaders and the Cabinet Secretary MOH, Dr Cleopas Mailu as well as his successor, Sicily Kariuki, which saw general consensus on the importance of strengthening partnership. There was also need to develop a partnership framework or MoU to guide this collaboration. A joint technical team would be created to steer the process.

In a statement to the CS-MOH, CHAK made an appeal to the Government for support to faith based health facilities in recognition of their critical contribution in complementing Government health services.

The statement noted that Government should provide an enabling policy environment and assist to mitigate financing, staffing and sustainability challenges facing FBO health facilities.

KAG Church partnered with NHIF for a successful medical outreach and NHIF recruitment drive in a remote area of Kajiado County.

Government support would include:

1. Inclusion of FBOs in Universal Health Coverage initiatives at national and county level
2. Essential medicines and other health commodities
3. Medical equipment
4. Secondment of health workers (various cadres)
5. Fast tracking accreditation of FBO health facilities for Linda Mama Free Maternity Services
6. Reducing the burden of regulation by consolidating licensing procedures and fees for hospitals
7. Financial support based on need and potential contribution to health sector priorities
8. Fast tracking payment of claims submitted to NHIF for the members served
9. Scholarships for health care workers serving in faith based health facilities including opportunities for specialized training in KMTC
10. Tax exemption on donated medical equipment and supplies
11. Inclusion in the National Universal Health Coverage structures and Health Sector Strategic and Investment Plan 2018 – 2023 which is under development

Re-classification of health facilities by the Kenya Medical Board

The Medical Board has released new licensing classification of health facilities in Kenya in which they have created categories for the private, public and faith based sectors.

CHAK member hospitals including Tenwek, Kijabe, Litein and Kikuyu have been classified as Level 6B Faith Based Teaching and Referral Hospitals.

Maua Methodist, PCEA Chogoria, Jumuia Kaimosi and PCEA Tumutumu have been classified as level 5 while Oasis Medical Centre in Mtwapa, Kilifi County, has been upgraded to a Level 4 hospital.

Huruma Health Centre has been refurbished and expanded to a Level 4 hospital. We congratulate all CHAK member health facilities that have been upgraded.

Mission for Essential Drugs and Supplies (MEDS)

Mission for Essential Drugs and Supplies (MEDS) is a joint Trust of CHAK and the Kenya Conference of Catholic Bishops (KCCB). Established in 1986, MEDS provides high quality services in health commodities supply chain, health advisory services and medicines quality assurance.

MEDS Centre has state-of-the-art facilities for pharmaceutical warehousing and supply chain logistics, serving faith based health facilities, charitable NGOs, county government health facilities and neighboring countries.

MEDS is driven by quality and has acquired several national and international quality accreditations for its supply chain system and quality analysis laboratory. To further enhance efficiency, MEDS has acquired and installed a bar code system to automate inventory management and control stock. This will substantially enhance efficiency in order processing and inventory management.

CS-MOH, Sicily Kariuki meeting with religious leaders from CHAK at her Office in Afya House led by CHAK Chairman and General Secretary.

CHAK strongly urges all MHUs to MEDS services which guarantee quality and affordable medicines and pharmaceutical supplies.

MEDS business volume increased to Ksh3.0 billion from Ksh 2.9 billion the previous year. Net assets increased to Ksh1.59 billion up from Ksh 1.46 billion the previous year while the revolving drug fund has grown to Ksh 403m. There was commendable growth of volumes pulled by faith-based health facilities. MEDS Board of Directors has allocated Ksh12 million from the 2017 surplus for health systems strengthening awards to 100 top performing and 54 most improved church health units in consistently utilizing the supply chain agency's services during the year.

Change of leadership

MEDS Board chairmanship rotates between KCCB and CHAK every three years. CHAK Chairman Rev. Dr. Robert Lang'at took over in June 2017 from Rt. Rev. Paul Kariuki of KCCB who completed his term.

MEDS Managing Director Mr Paschal Manyuru retired in September after serving diligently for 11 years and Dr. Jane Masiga was appointed to succeed him. We thank Mr Manyuru for his dedicated service in steering MEDS growth. During his tenure, MEDS relocated to its current modern premises. We also congratulate Dr. Masiga on her appointment and assure her of our total support as she leads MEDS to greater heights of prosperity.

MEDS Strategic Plan 2018-2022

MEDS Board of Trustees and directors participated in the development of MEDS Strategic Plan 2018-2022 which was launched to guide MEDS organizational and business growth. It has targeted to grow business volume annually by 17 per cent in the FBO sector and 27 per cent in the non-FBO sector.

The Strategic Plan has the Vision *"A faith based organization leading in promoting healthy lives"* and the Mission: *"To provide quality and affordable health commodities, health advisory and quality assurance services"*.

It has three strategic priorities: Performance improvement and growth, diversification and partnerships.

The plan has redefined three core functions:

i. Supply chain – for health commodities and technologies
ii. Quality assurance – includes quality control lab which will be expanded and operated as a cost centre
iii. Health advisory services – includes training, technical support, consultancy and engagement with MOH and pharmaceutical regulators

CHAK pension scheme

CHAK pension scheme was started in July 2014 following registration with RBA. It is a contributory scheme for both employer and employee and has a membership of 119.

The annual external audit was conducted by Mazars for the period ended December 31, 2017, and returns filed as per RBA regulations.

The scheme has attained total fund value of Ksh110m, recording investment income of Ksh8.6m in 2017.

The scheme's trustees in 2017 were: Jacob Onyango (Chairman), James Maina, Dr Samuel Mwenda, Mildred Murunga, Grace Koki and Gideon Ochiel.

The scheme's service providers are:

- Liberty Pension Services Ltd – Fund Administrator
- CFC Stanbic Bank – Fund Custodian
- Co-op Trust Investment Services Ltd– Fund Manager
- Mazaars CPAK - Auditors

The trustees held quarterly meetings as required by RBA regulations to monitor regulatory compliance and fund performance.

The scheme is currently providing retirement benefit services for CHAK Secretariat staff. It will eventually expand to interested MHUs, provided they commit to abide by the scheme trust deed rules and regulations.

A warehouse operator at MEDS processing a customer's order using the bar code system.

CHAK's vision for this fund is to provide dependable retirement security for all its staff as part of its staff welfare and retention strategy.

Field offices

Due to successful mobilization of resources to support health programmes, CHAK has opened project offices in Vihiga, Nyamira, Nakuru, Embu and Machakos counties. This has strengthened CHAK presence in the regions and enhanced efficiency in project activities in the counties. Location of these offices was informed by volume of project activities and availability of funding.

Medical equipment programme

The CHAK medical equipment programme provides installation, repair and maintenance services. The programme has carved a niche in anaesthesia and x-ray equipment maintenance and radiation monitoring following accreditation by the Radiation Protection Board.

The National Health Care Technical Services (NHCTS) workshop also maintains and repairs general medical equipment and plants. This essential support is available to CHAK members and other faith-based health facilities as a priority before being extended to government facilities and the private sector.

The programme also provides technical support to church health facilities including procurement of medical equipment.

The NHCTS is self-sustaining, a fee that is competitive and good value for money is charged for services.

We wish to appreciate CHAK members who regularly utilize NHCTS services.

We further appeal to all MHUs to utilize these services and pay promptly for the work done to sustain the service and grow the programme. We also appeal to facilities with outstanding debts to settle their invoices as soon as possible.

CHAK assets and financial status in 2017

Net assets growth

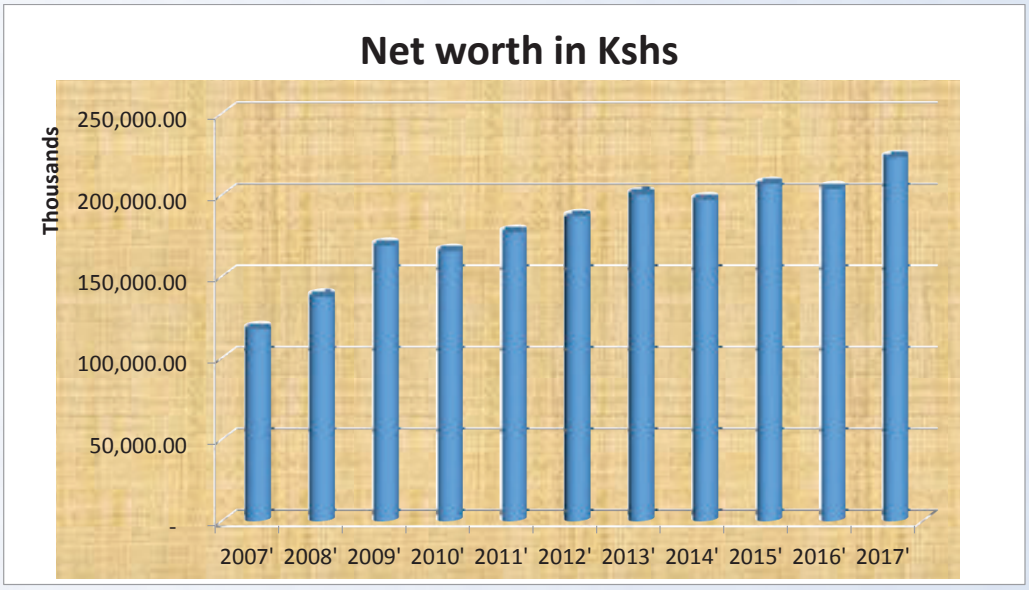
The Association's net assets recorded an increase of 9.2 per cent from Ksh204.9 million in 2016 to Ksh223.9 million in 2017. The increase was as a result of purchase of two motor vehicles at a cost of Ksh12 million and guest house asset replacement of Ksh 1.6 million. After factoring in depreciation, the Association recorded a surplus of Ksh3.6 million.

Total revenue

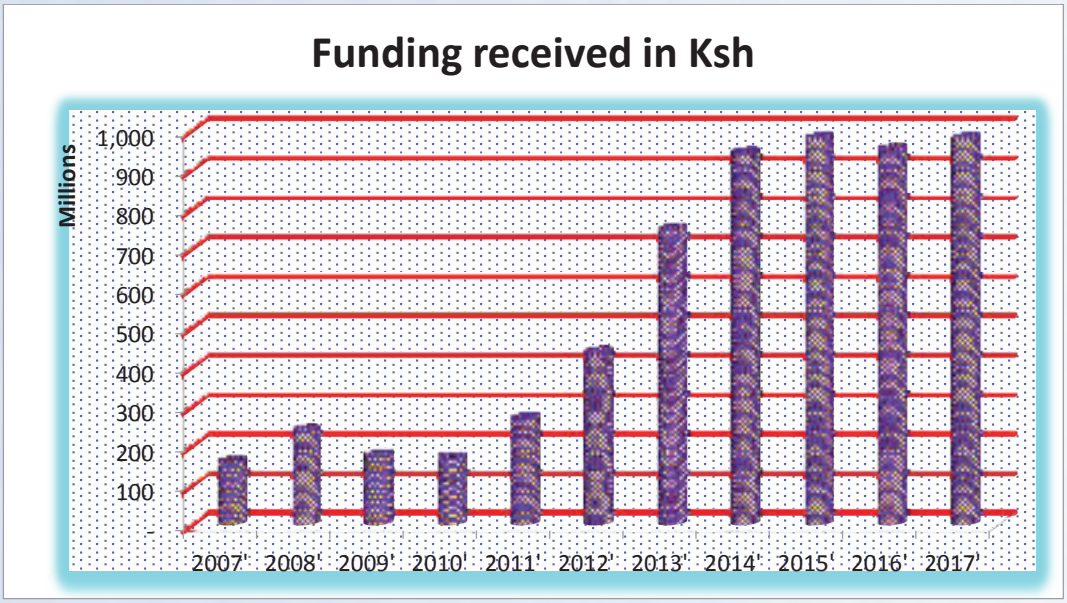
The Association's gross revenue increased from Ksh 953.2million in 2016 to close at Ksh 984.1 million in 2017 representing a three per cent increase.

The good performance was as a result of increased funding by CDC for the CHAK HIV/AIDS Project (CHAP Uzima), which contributed 66 per cent of the total funding.

Bread for the World contributed 12 per cent, Global Fund projects three per cent, Guest House three per cent, Healthy Heart Africa and NCD Projects eight per cent, USAID funded projects four per cent and other projects four per cent.



Revenue growth over nine years



CHAK is grateful to the donor partners who continue to entrust us with their resources and wish to assure them of our commitment to full compliance with their requirements and delivery on the agreed performance indicators.

CHAK – Kabarak University partnership

CHAK has developed a strategic partnership with Kabarak University motivated by shared Christian values and mutual interest in developing high quality health services with a functional referral network and expansion of medical education.

Kabarak University Medical School offers diploma and under graduate programmes in nursing, clinical medicine, laboratory sciences and pharmacy as well as a family medicine post graduate programme.

The family medicine residency training programme began in September 2015 and is a partnership with AIC Kijabe, Tenwek and PCEA Chogoria hospitals. Plans are underway to expand the training hospitals to include Maua Methodist, AIC Litein, AIC Kapsowar and PCEA Tumutumu hospitals. A fund operated through INFA-MED provided scholarships to all registrars in training. We encourage doctors in CHAK member hospitals to join the family medicine programme during the 2018 intake.

In addition, Kabarak University Medical School has an interest in partnering with several CHAK hospitals in clinical placements and training for other nursing and medical programmes.

Kabarak University held a colourful ground breaking ceremony for the proposed Kabarak Teaching and Referral Mission Hospital in Kabarak, Nakuru County where HE President Uhuru Kenyatta was the chief guest. The event was well attended by government, development partners, political leaders, religious leaders, CHAK member hospitals and the university staff and students.

Commitment towards the project, infrastructure and systems improvement for 23 CHAK member hospitals was reiterated. During the year, detailed design work

CHAK Chairman and GS lead religious leaders in planting a tree at the grounds of the proposed Kabarak Teaching and Referral Mission Hospital during the ground breaking ceremony held on June 14, 2017.

was done and engagement with donors and project partners progressed.

It is hoped construction work will begin in 2018. We wish to thank HE Retired President Moi, Chancellor, Kabarak University, for his great vision and generosity to mission hospitals through this project.

Development partners

Bread for the World-Church Development Services (BfdW)

CHAK is highly indebted to Bread for the World-Church Development Service (BfdW) for long-term partnership and most generous support. Indeed, BfdW has been a dependable long-term development partner who has committed to once again support our core budget for the three-year programe 2017-2019. In the new partnership, BfdW will provide 50 per cent support towards implementation the first phase of the strategic plan 2017-2022. This support provides CHAK with the necessary organizational structure, capacity and systems to engage in strategic plan implementation, advocacy and capacity building.

Global Fund to Fight TB, HIV/AIDS and Malaria (GFTAM)

Global Fund completed funding of TB and Malaria projects which ended on December 31, 2017. The funding supported TB contact and defaulter tracing in Machakos and Nyamira counties and Malaria community management in Vihiga County.

USG PEPFAR

CDC

CHAK completed a six-month cost extension of the CHAP project on March 31, 2017, which had a budget of USD2.4m. The new five-year CHAP Uzima project started on April 1, 2018, with a first year budget of USD 7.7m. The project scope has been expanded to include HIV prevention, treatment and OVC support in 82 faith-based health facilities in 19 counties. In 2017 the project tested 337,971 clients.

A total of 4,546 new HIV positive clients were identified and linked to treatment. PMTCT services were provided to 28,560 mothers and the 1,364 found positive were linked to treatment. At the close of the year a total of 44,518 clients were current on ART and of these 2,915 were children below the age of 15 years.

USAID - Afya Jijini project

This project is implemented by the IMA World Health-led Consortium which includes CHAK. The project was in the second year of implementation. The third year has also been awarded. The CHAK team supports HIV prevention, care and treatment services, maternal and child health services, nutrition and WASH in the sub-counties of Westlands and Kamukunji.

Packard Foundation

CHAK completed the second year of a grant by the Packard Foundation of USA. The project was implemented in Kenya by CHAK and Uganda through Uganda Protestant Medical Bureau (UPMB). The project which supported capacity building, community mobilization, engagement with religious leaders and service delivery to scale up quality FP services came to a close on December 31, 2017.

The Open Society Institute

The private foundation from USA completed the final year of their support to CHAK project on promoting the legal and human rights of people living with HIV&AIDS.

Novo Nordisk and DANIDA

CHAK continued to receive funding and technical support from Novo Nordisk and DANIDA for building capacity and scaling up quality diabetes management services in FBO health facilities.

AstraZeneca

CHAK is implementing a project to address the burden of hypertension in Kenya through funding support from AstraZeneca.

The project supports education and awareness creation on hypertension risk factors and its management, provides blood pressure screening at community level, facilitates linkages for referral to health facilities for hypertension management and provides quality essential hypertension medicines through MEDS at a highly subsidized and affordable price.

CHAK has a unique implementation model that involves health facility–church–community linkages.
CHAK NCD work has expanded substantially due to this partnership and a regional structure has been established.
CHAK performed very well in the past year by surpassing set targets and received recognition for this performance.

Gates Foundation through CCIH

CHAK is a member of Christian Connections for International Health (CCIH) of USA and has been partnering with CCIH in advocacy for increased support for maternal and child health programmes. CHAK is an implementing partner for a family planning advocacy project which is funded by the Bill and Melinda Gates Foundation through CCIH. The project was awarded another three-year phase.

Nutritional International (NI)

The Micro Nutrient Initiative is a two-year project is funded by Nutritional International (NI) from Canada. The project involves capacity building on good nutrition, antenatal and postnatal care. The project has trained and engaged health workers, religious leaders and CHVs on maternal care and nutrition.

World Diabetic Foundation

AFORD Kenya, a two-year project that targets community education, mobilization and screening for diabetes prevention and control is funded by the World Diabetic Foundation. The project is implemented through MHUs in Nyamira, Kisii and Kericho Counties

Novartis

Norvatis has funded a two-year NCDs project which involves capacity building for health workers and community health workers and provides access to high quality medicines for diabetes, hypertension, asthma and breast cancer at a highly subsidized price. Medicines are provided through MEDS.

Solarchill

The Solarchill refrigeration project is supported by the Global Environment Facility (GEF) to promote affordable, autonomous and battery free solar cooling equipment for both medical and commercial applications. The project is coordinated and carried out by the SolarChill Consortium which includes SKAT Foundation, UNEP, UNICEF, GIZ, GmbH, Greenpeace International, DTI (Danish Technological Institute), HEAT GmbH and PATH.

CHAK is collaborating with the SolarcChill Consortium and MOH in the project's implementation and will support distribution, installation and maintenance of the solar fridges in selected faith based and public health facilities in Kenya.

Conclusion

We thank all our partners for holding hands with us in 2017as we embarked on implementing the new Strategic Plan 2017-2022. We wish to appeal for continued partnership and support as we implement this strategic plan.

We thank God Almighty for His faithfulness in providing for the healing ministry at CHAK. The people God has provided to work with us have been a blessing. We thank all health workers in faith based health facilities for their compassion, dedication and resilience even during the times of crisis and intense pressure experienced during the prolonged health workers strike in public health facilities in 2017.

CHAK has received generous funding support and has been able to attract new partnerships and commitments for extension of existing partnerships. I wish to thank the Trustees, EXCO, management, staff, partners and members for their prayers, commitment, hard work and dedication to the mission of CHAK. The achievements of 2017have been due to our collective effort. Let us keep up the good work.

Romans 8:28 “And we know that all things work together for good to them that love God, to them who are called according to his purpose”

2 Chronicles 15:7 *“…Be strong and do not give up for your work will be rewarded”*

May God bless you all.

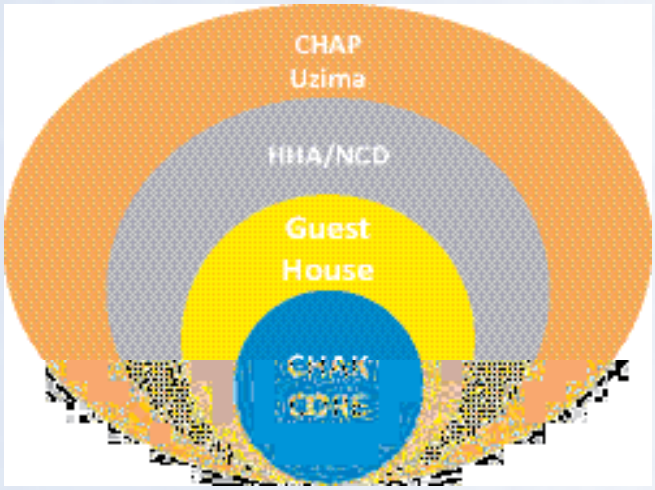
To God be all the glory!
Rev. Dr. Robert Lang'at, CHAIRMAN

General Secretary's Report

Human capital and restructuring for delivery of CHAK Strategic Plan 2017-2022

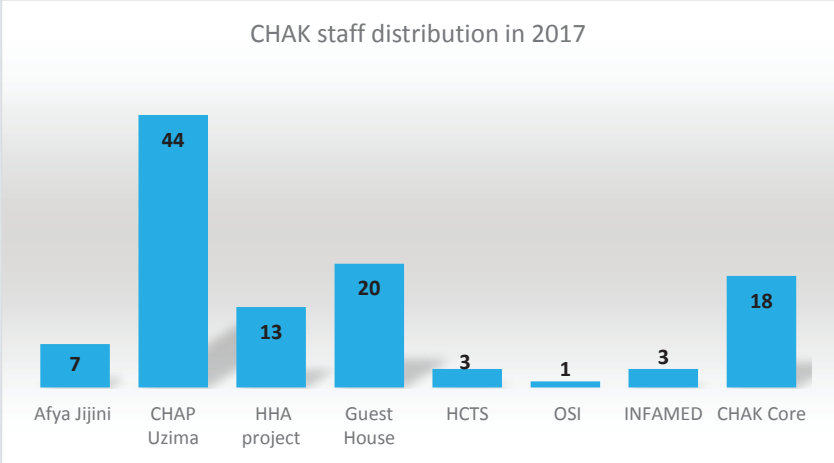
CHAK has a dynamic staffing structure that includes core, project and guest house staff. Project staffing has grown driven by strategic plan priorities, projects needs and available funding.
As at December 31, 2017, CHAK had a total of 109 staff. Staffing grew by 27 per cent during the year following addition of 30 new team members, mainly due to the launch of the new CHAK strategic plan, award of the expanded CHAP Uzima and growth of the NCDs programme.

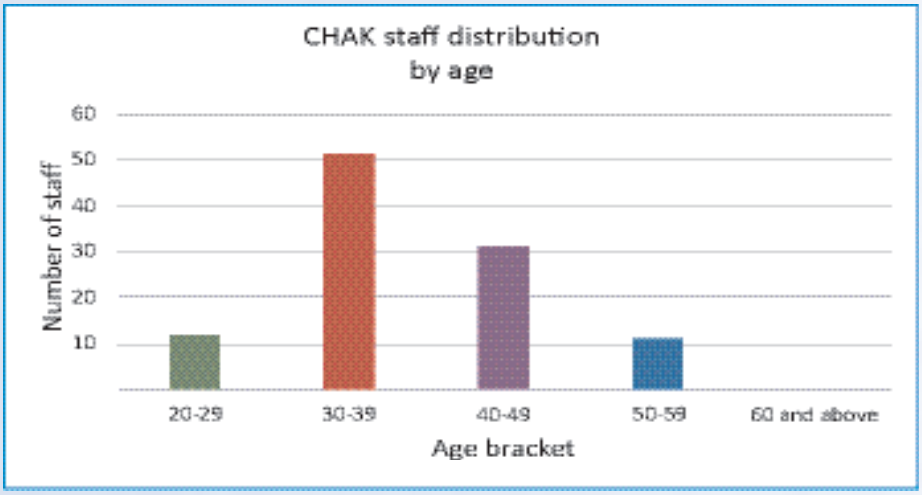
The table below also shows CHAK staff by project.



CHAK staff distribution by gender is 53 per cent male and 47 per cent female. Majority of staff are aged between 30 and 39 years (48 per cent).

The chart below shows the CHAK staff distribution by age.

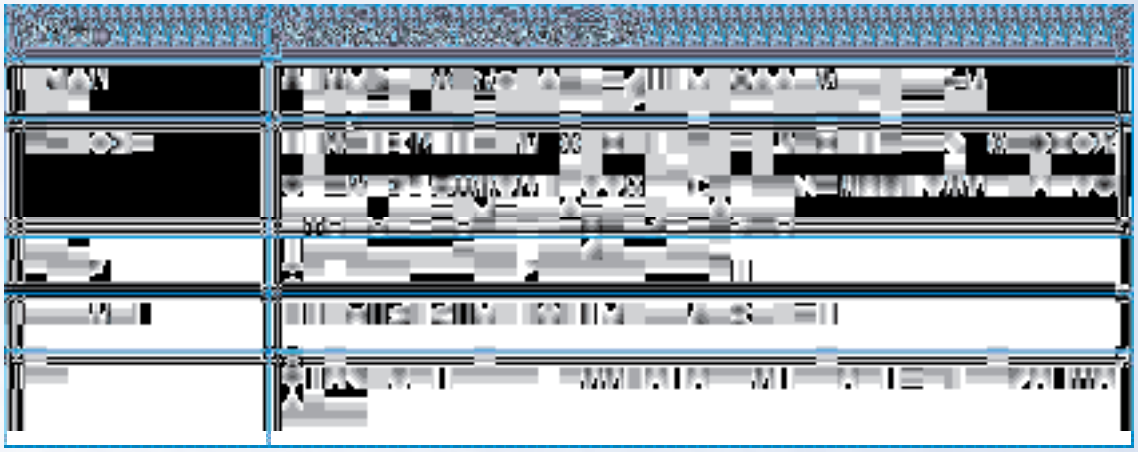




Regional offices

CHAK has established five regional offices in Kisii, Embu, Vihiga, Nakuru and Machakos counties to support project implementation and enhance technical support to MHUs and M&E. Staffing levels are driven by need and available funding.

Staffing levels in these offices are as follows.



CHAK Strategic Plan 2018-2022 implementation strategy

CHAK Strategic Plan 2017-2022 was endorsed at the 2017 AGM and launched for dissemination and implementation.

The Strategic Plan has the vision *"Quality Healthcare for all to the glory of God"*. Towards achievement of this vision, CHAK Secretariat is guided by the mission *"To facilitate provision of quality health services through health systems strengthening, innovative health programs, training, advocacy and partnerships as a witness to the healing ministry of Christ"*.

The six-year plan has its core activities organized into five strategic directions, namely:
- Health service delivery
- Health systems strengthening
- Capacity building and research
- Advocacy and partnerships
- Sustainable financing and resource management

CHAK has developed an M&E plan for the strategic plan which has defined indicators and targets that will be tracked quarterly, six monthly and annually.

A three-year programme covering the period January 2017 to December 2019 has been rolled out, marking the start of implementation of the first phase of the project.

An annual work plan guided implementation in 2017 and provided a framework for reporting. CHAK has adopted integration and partnerships for resource mobilization and capacity building for the plan's implementation.

Monitoring and evaluation

M&E strengthening

Following the launch of CHAK Strategic Plan 2017-2022, the M&E unit has been restructured and equipped to support the Secretariat and MHUs.

A Performance Monitoring and Evaluation Committee (PMEC) was established in 2017 under the leadership of the General Secretary. The PMEC membership is drawn from management, M&E and technical officers from various projects.

The PMEC meets quarterly to review performance reports, prepare semi-annual reports and annually for planning, performance review and consolidation of annual performance reports.

In 2017, annual performance review was undertaken by the PMEC team and data used to compile annual reports.

The M&E department also supported work planning.

In 2017 and first quarter of 2018 (January-March) the M&E department working closely with the MOH Health Information Systems (HIS) Unit trained 130 Health Records and Information Officers (HRIO) and facility leads from the CHAK membership in use of DHIS2.

All the facilities whose staff were trained in the DHIS2

were given access rights to the system which is owned, hosted and managed by MOH.

CHAK strategy is to get all MHUs trained and supported to regularly use the DHIS2 reporting system. CHAK is also building capacity for FBO segregated data access and analysis to inform internal planning and external reporting and advocacy.

To further improve on real time DHIS2 reporting and data use, plans are underway to automate consolidation and transmission of disaggregated CHAK MHUs DHIS2 data to the Secretariat. This would enable data analysis using the performance dashboard and generation of reports to support planning, service improvement and advocacy. This process is dependent on availability of funds.

M&E innovations

CHAK's M&E unit also supports use of EMR in health facilities supported through CHAP Uzima and the NCD programme.

Under CHAP Uzima 61 health facilities were supported to use IQCARE. Additionally, four local implementing partners in the OVC programme were supported to use the Child Protection Information Management System (CPMIS).

The NCDs programme working closely with Savanna Informatics began rolling out an EMR in CHAK MHUs that did not have electronic HMIS. CHAK has also been working with facilities with an existing HMIS to integrate the NCDs module in their respective HMIS.

To improve on technology use in patient information management, CHAK has ventured into M-Health, linking community health care work to facilities. In 2017, efforts to identify a suitable M-Health solution for NCDs started with the aim of having a working programme by the end of 2018.

In CHAP Uzima the following M-Health solutions were identified in 2017 and implementation will be rolled out in 2018 in the 89 supported health facilities:

- **IQMOBILE –** Real time capture of HIV testing and counselling data using tablets and linkage of those testing positive to hospital EMR (IQCARE). Implementation of IQMOBILE started in 2017 in all CHAP UZIMA supported health facilities and was completed in March 2018. IQMOBILE has enhanced capturing of HTS data.

- **Mlab –** It enables timely availability of test results for EID/PCR, viral load and CD4 count from reference testing labs to ordering facilities. It also transmits laboratory results via SMS to the healthcare facility.

- **T4A (Text for Adherence) –** This is a mobile based technology aimed at improving adherence among people living with HIV by sending appointment, adherence and wellness reminders via SMS.

CHAK plans to roll out implementation of Mlab and T4A in 2018.

CHAP Uzima

Achievements of the CHAK HIV/AIDS Project (CHAP)

CHAP came to a close on March 31, 2018, and close out processes were successfully undertaken.

The project's achievements were celebrated during the launch of CHAP Uzima on June 16, 2017. Some of the key CHAP achievements were:

- **Over 42,000 patients** currently active on ART, translating to 5 per cent of all patients on ART nationally
- 100 per cent ART uptake among pregnant and breast-feeding women by close of year 5 and below **five per cent** MTCT
- Over 800,000 people tested for HIV and provided with their test results; 24,905 newly identified HIV positive with over 90 per cent linked to care
- 21 health facilities supported with Point of Care Electronic Medical Systems
- 21 health facilities using the supply chain management module for commodity management
- 93 per cent viral suppression contributing 30 per cent of virally suppressed clients in the supported counties
- Supported three nationally recognized HIV training centers
- Four laboratories received quality accreditation
- Supported over 400 health care workers
- Developed six nationally recognized best practices with one receiving international recognition

Launch of CHAP Uzima

The CDC-funded CHAP Uzima was officially launched on June 16, 2017. Dr Jackson Kioko, DMS-MOH was the chief guest. The DMS was represented by Dr David Soti, Head of Preventive and Promotive Division, MOH. CDC was represented by Dr Agnes Lang'at and several counties by their CECs for Health and other county health officers.

Representatives from 82 implementing health facilities, religious leaders, partners, CHAK EXCO, management and secretariat staff also attended the event.

This was a critical milestone in transition from the CHAP grant to the new five-year CHAP Uzima grant. CHAP Director Dr. Catherine Njigua presented a

Group photo of CDC representative, CECs for Health, religious leaders, CHAK EXCO and secretariat staff during the CHAP Uzima project launch.

summary of the project's major achievements and impact.

Speakers at the event applauded CHAK and the consortium partners for the achievements and award of the CHAP Uzima grant.

Beneficiaries of CHAP, especially the youth, moved participants with testimonies of how their lives had been transformed. They also spoke of their empowerment to become agents of mobilization for stigma reduction, promoting treatment adherence and hope.

Group photo of CDC representative, CECs for Health, religious leaders, CHAK EXCO and secretariat staff during the CHAP Uzima project launch.

Overview of CHAP Uzima

CHAP Uzima is a five-year PEPFAR-funded HIV care and treatment project started in April 2017 and expected to continue until April 2022. Under the funding agency CDC, the project has been mandated to support HIV care and treatment and OVC services in 80 Faith-based and Affiliated Health Facilities (FBAHF) spread over 19 counties in what was formerly Nairobi, Central, Eastern, Coast and Rift Valley provinces of Kenya.

CHAP Uzima is a follow-on to CHAP, which was a similar five-year HIV care and treatment project. CHAP Uzima project is implemented by four consortium partners with CHAK as prime:

- Prime partner – Christian Health Association of Kenya
- Health information systems, monitoring and evaluation – The Palladium Group
- Senior clinical technical advisors – University of Nairobi
- Health products and technologies – Mission for Essential Drugs and Supplies

The purpose of the project is to contribute to the national effort to halt and reverse HIV incidence and HIV-related morbidity and mortality by providing technical support to a network of targeted, high volume FBAHFs.

Through focused HIV interventions in general, key and priority populations, the project aims to expand provision of sustainable, high quality, integrated HIV prevention, care, and treatment services. The technical scope also includes support for orphans and vulnerable children (OVCs)

The project objectives are:

1. To provide comprehensive targeted high-impact interventions that reduce new HIV infections
2. To increase access to comprehensive care and treatment services and improve health outcomes for PLHIV
3. To improve information generation, management and use in supported FBAHFs and counties
4. To strengthen the capacity of county and facility health systems to deliver sustainable and comprehensive HIV care and treatment services

Advocacy and partnerships

CHAK has a mandate for advocacy towards promoting access to quality health care. CHAK advocacy is mainly targeted towards enabling policy environment, health systems strengthening, access to essential health commodities and resources for health.

Our network presence in remote rural areas and slums places on us the obligation to advocate for the poor and vulnerable towards improved access to affordable quality health services.

CHAK engages two main approaches in advocacy: proactive participation and engagement in dialogue on policy and planning and building partnerships for a stronger voice and resource mobilization.

CHAK values partnerships with like-minded stakeholders in health because we believe that in walking together, we shall go further, encourage and strengthen each other.

As part of this strategy, CHAK is an active member in various inter-agency coordinating committees and technical working groups of the health sector, the Church Health Services Coordinating Committee and broader Faith based Health Services Coordinating Committee, Health NGOs Network (HENNET), Public-Private-Partnership for Health in Kenya, Ministerial Stakeholders Forum, the Global Fund KCM and PEPFAR-CSO Leadership Team.

Through the Africa Christian Health Association's Platform (ACHAP) CHAK has played an active role in championing visibility for church health work in Africa at continental and international fora.

Our membership and partnership with the World Council of Churches (WCC) Health and Healing Programme based in Geneva and Christian Connections for International Health (CCIH) in Washington DC has provided CHAK with a good platform for advocacy and visibility at the global level.

General Secretary Dr Samuel Mwenda has been invited through these relationships to strategic international events in Washington DC and Geneva to make presentations about church health services in Africa with CHAK as a successful model.

County engagement

CHAK made significant progress in engaging county governments and the Council of Governors on health partnership. This was motivated by the realization that counties were effectively exercising their constitutional mandate of health service delivery.

CHAK reached out to various counties for partnership dialogue and this was well received. All CHAK projects made deliberate and proactive efforts to reach out to county health departments for introduction and engagement.

Makueni, Kitui and Machakos counties have signed MoUs with CHAK to guide engagement in CHAP Uzima project implementation. The lessons learned

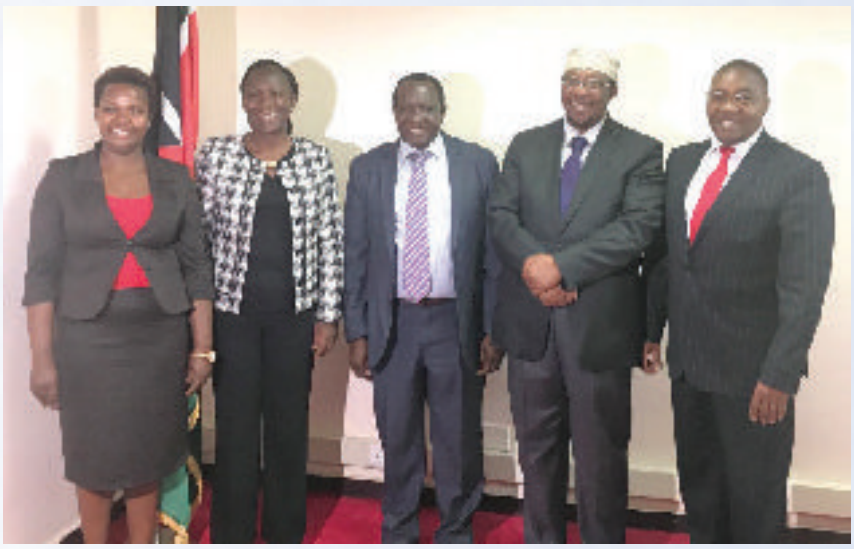
will be applied as we pursue scale up to other counties.

CHAK led the Faith Based Health Services Coordination Committee (FBHSCC) to a fruitful and progressive partnership meeting with the Council of Governors secretariat.

The FBOs were subsequently given an opportunity to address the Council of Governors meeting. In the statement delivered by CHAK General Secretary Dr Mwenda, the following key requests were made:

1. Inclusion of FBOs in county health priorities, health plans, coordination structures and universal health coverage initiatives
2. Allowing creation of a joint team of COG and FBO secretariats to develop a draft partnership framework or MoU to be considered by governors for adoption.

The MOU would guide partnership with FBOs on health, including among others, health infrastructure, medical equipment, quality of health services, response to medical emergencies and disease outbreaks, HRH, training, referral system, financing, community level services, health commodities, health data and reporting, governance and accountability. The framework would also include the MOH in order to cater for regulation, training, funds mobilization, NHIF and KEMSA which have direct impact on FBO health services.



COG CEO Jacqueline Mogeni in a group photo with Jacinta Mutegi - KCCB, Dr Samuel Mwenda - CHAK, Latif Shaban – SUPKEM and Dr Jonathan Kiliko – MEDS during a partnership meeting.

3. Extending support to FBO health facilities within the county based on their need and potential contribution to county health priorities. Such support could include staff secondment, essential health commodities, reporting tools, supervision and technical support, training and referral collaboration, laboratory and radiology networking and other resources.
4. Giving FBOs an opportunity to participate in the annual Devolution Health Conference

Recognizing the significant contribution of faith based health services in the health sector in Kenya, the Government had agreed to an MoU which was jointly developed and signed between CHAK/KCCB/SUPKEM and MOH in 2009.

In 2017, the FBOs were seeking to have the existing partnership and collaboration enhanced by developing a partnership framework that was aligned to the current Constitution and devolved system of government. This would create a structured and sustainable framework to guide partnership, support, performance monitoring and accountability.

This request was positively received and a go-ahead given to engage with a technical team from the Council of Governors (COG) and MOH to draft the Partnership framework or MoU.

Health Services Support

CHAP-Uzima

Executive summary

CHAP-Uzima is a five-year PEPFAR–CDC funded HIV care and treatment project that runs from April 2017 to March 31, 2022. The project is mandated to oversee HIV care and treatment, and orphans and vulnerable children (OVC) services in 79 faith-based and affiliated health facilities spread over 19 counties in Nairobi, Central, Eastern, Coast and Rift Valley regions.

It succeeded the CHAK HIV/AIDS Project (CHAP) which ended on March 31, 2017. The project is implemented by a consortium of five partners:

a) Christian Health Association of Kenya - Prime partner
b) Palladium Group, supporting healthinformation systems, monitoring and evaluation
c) University of Nairobi offering senior clinical technical advisory
d) Mission for Essential Drugs and Supplies (MEDS) for health products and technologies

Purpose of the project

The project's purpose is to contribute to the national effort to halt and reverse HIV incidence and HIV-related morbidity and mortality by providing technical support to a network of targeted, high volume faith based and affiliated health facilities through focused HIV interventions for the general, key, and priority populations. The aim is to ensure expanded provision of sustainable, high quality, integrated HIV prevention, care, and treatment services.

Project objectives

a) Provide comprehensive targeted high-impact interventions to reduce new HIV infections
b) Increase access to comprehensive care and treatment services and improve health outcomes for people living with HIV and AIDS (PLHWA)
c) Improve information generation, management, and use at supported faith based and affiliated health facilities and counties
d) Strengthen capacity of county and facility health systems to deliver sustainable and comprehensive HIV care and treatment services

Project achievements

Transitioning of new additional health facilities

At the start, the project transitioned 18 new health facilities from lower eastern region and four OVC local implementing partners in Narok County.

Prevention

Isoniazid Preventive Therapy (IPT)

During the year a total of 35,572 patients were on IPT. Of these, 19,945 were newly initiated on IPT, of whom 19,048 (96 per cent) completed the regimen. The overall IPT coverage under the project was 80 per cent up from 44 per cent in 2016. This was due to a more reliable supply of IPT from national supplies.

The 80 per cent coverage is still suboptimal (The set standard of care is 95 per cent) mainly due to:

a) Patients' reluctance arising from fearsof adverse drug effects and unwillingness to add to pill burden
b) Health care worker related factors (failure to offer IPT, or unwilling to initiate IPT in some groups of patients)
c) Systemic issues such as unavailability of laboratory tests to assess suitability of patients or for monitoring drug adverse events

Orphans and vulnerable children (OVC) services

During the reporting period, a total of 7,011 OVC were direct beneficiaries of the CHAP Uzima programme. The project picked up four OVC sites in Narok. By the end of the year, 6,908 (99 per cent) were still active. A total of 59 (8 per cent) had transferred out, 12 (2 per cent) had graduated, while the remaining had exited the program.

A good 32 per cent of the active clients were aged under 10 years with 36 per cent being male and 74 per cent female. Orientation of local implementing partnerson the revised reporting system (CPIMS)was immediate upon transitioning.

Sexual and Gender Based Violence (SGBV)

During the reporting period, the project carried out a program-wide sensitization on GBV programming and disseminated tools and educational materials to set the stage for ongoing SGBV integration that will impact on the programme in the upcoming years.

Identification and linkage (90 per cent of PLHIV aware of their HIV status)

HIV Testing Services (HTS)

In 2017, 337,977 patients accessed HIV testing and counselling services with a positivity yield of 1.5 per

Table 1: Trends of HIV Testing CHAP Uzima for FY 17.

Indicator	Q1	Q2	Q3	Q4	Total
Tested	71,269	91,092	76,897	98,719	337,977
Positive	1,254	1,311	1,090	1,265	4,920
Positivity yield	1.7%	1.4%	1.4%	1.2%	1.4%
Linked	1,171	1,216	9,88	1,118	4,493
Proportion linked	93%	93%	91%	88%	91%

cent. Of those tested, 48,229 (14.26 per cent) were aged below 15 years.

The table below shows the trend of HIV Testing Services by quarter during the year.

To improve identification of HIV positive clients, CHAP Uzima rolled out Partner Notification Services (PNS) and initial uptake, though suboptimal stood at 43 per cent, yielding 17 per cent positivity. The performance of PNS is demonstrated in the graph below.

CHAP Uzima PNS performance

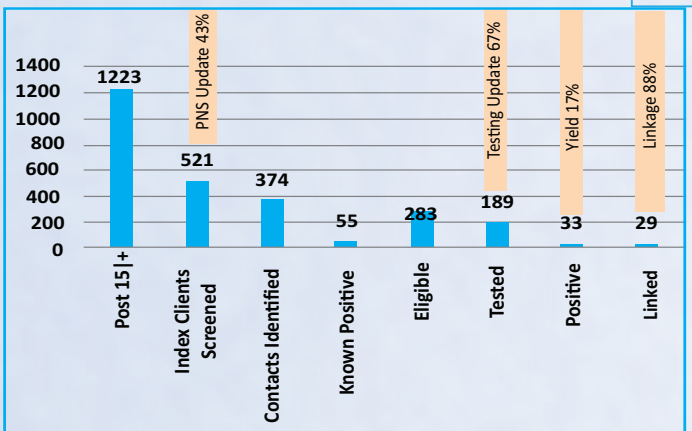


Figure 2: Partner testing notification implementation CHAP Uzima for FY17

The project exceeded the overall HTS and positive yield target of the year. However, positive yield target for pediatric patients was not met. The project will strengthen facility-based HTS coverage, geo-map hotspots for targeted testing, intensify family testing and partner notification services in the coming year to improve pediatric HTS uptake and yield.

Factors that affected HTS during the year were: healthcare workers' strike, irregular supply of HIV test kits, disruptionof HTS in some counties due to tense electioneering environment and job insecurity associated with the end of CHAP.

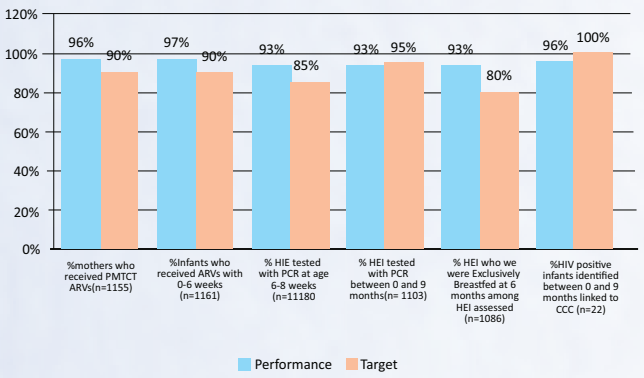
However, a HTS rapid response initiative was undertaken to reduce the impact of the challenges.

Pregnant and breastfeeding women

The proportion of HIV exposed infants belonging to the 2015 cohort undergoing first review within the reporting period who were identified as HIV infected were two per cent (n=1197), while for those undergoing second review, the proportion was 2 per cent (n=1253).

Service delivery targets (according to the HEI cohort analysis guidelines) are depicted in the following table.

Figure 3:HIE cohort analysis service delivery uptake HIE Cohort FY 2016



The HTS coverage for pregnant women at the antenatal clinic was 100 per cent. All HIV positive mothers were on antiretroviral therapy as per the national guidelines.

Viral suppression in PMTCT mothers was 96 per cent.

The trends for identification of HIV infected pregnant women is demonstrated in the table below.

Trends in positive preganant women identified CHAP Uzima in 2017

	Q1	Q2	Q3	Q4	Annual 2017
Numner of preganant women	5,974	6,905	6,080	9,601	28,560
Number positive(known and new)	334	379	304	347	1364
Proportion of mother who were HIV postive	5.6%	5.5%	5.0%	3.6%	4.7%

Going forward, CHAP-Uzima will seize the opportunity, identify expectant women in the community through community mentor mothers and also piggy-back on established initiatives such as the Beyond Zero.

Treatment

Clients currently on treatment

By September 2017, a total of 44,518 patients were current in care. However, after 18 health facilities were transitioned from CHS Naishi to CHAP Uzima, the total number of patients on ART by the end of December 2017 was 47,373.

Of these, 2.7 per cent were pediatrics aged 0-9 years and 7.7 per cent were adolescents aged 10 -19 years.

Clients newly started on ART
A total of 4,287 clients were newly started on ART.

Client 12-month retention on ART
The overall 12-month retention in 2017 in CHAP – Uzima was about 90 per cent. The lowest retention rate was recorded among the 20 -24 age category with a retention of 81 per cent.

Focus group discussions were held with participants aged 20 -24 years to identify some of the barriers to linkage to care and treatment services. Some of those barriers include:

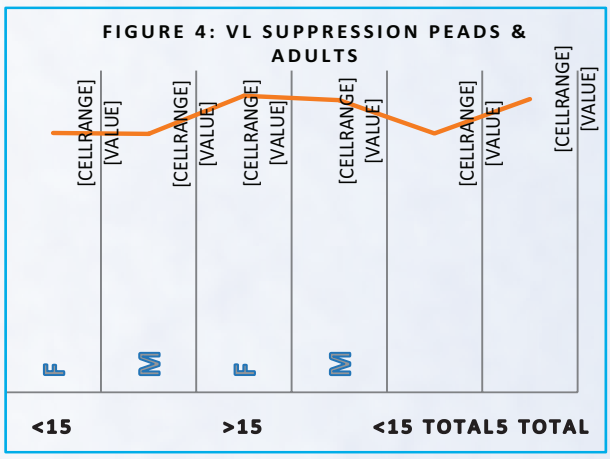
a) Transition in schools and movement to other towns in search of employment opportunities
b) Poverty
c) Lack of AYP (Adolescent and Young People) specific clinics
d) Stigma among key populations

TB/HIV coinfection
Screening for tuberculosis was provided to 95 per cent of patient visits at the HIV care and treatment clinics. The proportion of presumptive TB cases was 6.3 per cent of the total screened and 77 per cent of the presumptive TB cases received Gene Xpert testing as recommended by national guidelines.

In the TB clinic, HIV status was established for all (100 per cent) of the identified TB cases (2,765). The proportion of TB/HIV coinfection was 55 per cent (1536 cases), with 397 new HIV cases identified.

Antiretroviral therapy was provided to all, save for a few cases from the informal settlement served by German Doctors health facility (Baraka) which recorded a high number of transfers out before initiation of ART.

Viral suppression



Overall performance
As at the end of the reporting period, overall viral suppression was at 91 per cent. Viral load suppression by age and gender is depicted in the graph above.

Treatment adherence support
Operation Triple Zero (OTZ): During the reporting period the treatment adherence support team implemented OTZ, an adolescent treatment club which has been shown to improve treatment outcomes in adolescents in Kenya.

By the end of the reporting period, out of 1528 adolescents aged 10 -19 years in four high volume facilities, 548 had been enrolled into OTZ clubs.

Of these, 69 per cent were virally suppressed at baseline. However, after 6 months of OTZ intervention and follow up, over 90 per cent of the adolescents in the OTZ clubs were virally suppressed.

Health Systems Strengthening

Strategic information
During the reporting period, the project monitoring and evaluation team supported upgrading of IQ care EMR to version 4.0, which incorporates the latest version of the MoH HIV indicator data capture tool (Green Card).

The team also piloted the rollout of HTS geo-mapping in supported facilities within Nairobi and Kiambu counties. This will ensure identification of areas with high yield from testing, therefore ensuring targeted testing.

Support for site governance and compliance
The project supported site risk assessment and policy reviews within implementing facilities to ensure donor regulations compliance. We also strengthened facility governance structures through support for strategic plan development and board orientation for some project sites.

Stakeholder involvement
In 2017, Christian Health Association of Kenya was awarded the new CHAP Uzima project upon the end of the CHAK HIV/AIDS Project (CHAP) on March 31,2017.

CHAK supported a joint FBO dissemination forum as part of the close out procedure, where it together with other FBOs - BOMU, Kenya AIDS Response Program (KARP), Eastern Deanery AIDS Relief Program (EDARP), and Coptic Hospital - collectively showcased their five-year achievements under their respective CDC-PEPFAR funded projects.

CHAP Uzima (the follow onaward) was launched in May 2017.

The launch involved key stakeholders in the support for HIV service delivery in Kenya, i.e. religious leaders, National AIDS and STI Control Program (NASCOP), Ministry of Health, counties and other implementing partners.

Challenges

The main challenges experienced in the year were:
a) Staff turnover during transition period
b) Healthcare worker strikes affecting workload in faith-based facilities

Way forward

In the next year, priority areas will include the following:
1. Capacity building on priority areas including PNS, GBV, CQI and treatment adherence support
2. Expenditure analysis
3. Technical support to sites

Human Rights for People Living with HIV/Aids in Kenya

Introduction

Stigma and discrimination have been identified as underling factors that drive the transmission of HIV, and also impact negatively on the socio-economic status of PLWHA. HIV-related stigma and discrimination continue in Kenya, creating major barriers to preventing further infection, alleviating impact and providing adequate care, support and treatment.

The HIV stigma index 2014 found that HIV stigma and discrimination in Kenya is high at 45 with marked regional and population based variations. There are extremely high levels of stigma against key populations such as sex workers.

The CHAK HIV and Human Rights project is conceptualized to tackle AIDS-related stigma and discrimination in accordance with the declaration of commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2011 which states that confronting stigma and discrimination is a prerequisite for effective prevention and care. The declaration also reaffirms that discrimination on the grounds of one's HIV status is a violation of human rights.

The CHAK HIV and human rights project contributes towards reducing the prevalence of stigma and discrimination meted upon PLWHA in Kenya.

The project seeks to educate communities and PLWHA on the rights of those living with the HIV virus to enable PLWHIV to claim their space. Communities are empowered to advocate for and protect those rights within their setting and in healthcare and service delivery.

Project summary

The overall project goal is to improve HIV and AIDS care and treatment outcomes and quality of life for PLWHIV by increasing protection and realization of human rights and access to justice for PLWHA.

This is achieved through six objectives:

- Empower PLWHA to demand and defend their human rights and quality health care services in order to achieve better treatment and care outcomes and an improved quality of life

- Support health care workers to offer quality and humane health services by integrating human rights into HIV treatment and care in the clinics
- Improve the socio-economic status of PLWHIV in order to unlock their cultural emancipation and empowerment to enable them recognize, demand and realize their human and legal rights for quality treatment and care
- To ensure health care workers are effectively and sustainably linked to community mechanisms for reporting and registering human right abuses and disputes reported to them in the course of their work while respecting their clients' confidentiality
- To build the capacity of community social structures and systems to ensure the community plays a pivotal role in effective response to and resolution of disputes involving PLWHIV
- To build effective, accessible, affordable and sustainable linkage mechanisms between the community and collaborating legal practitioners and agencies to aid resolution of legal and human rights disputes irresolvable at the community level

In 2017 the project continued to raise awareness on human rights for PLWHA among project site host communities, educate the PLWHAs about their human rights and train health care workers on the rights based approach to ensure that PLWHA get better outcomes from care and treatment.

The project also sought to strengthen local systems and structures to empower communities to play a pivotal role in raising awareness on HIV and AIDS, thus reducing stigma and discrimination against PLWHA.

The project strengthened the capacity of communities in dispute resolution through effective Alternative Dispute Resolution (ADR) mechanisms and supported pro-bono litigation for issues that needed judicial intervention.

Achievements in 2017

a) PLWHAs empowered to demand and defend their human rights and better quality health care services to achieve better treatment and care outcomes and improved quality of life

During the year, community mobilization, awareness and education on human rights for PLWHA was done in the 25 implementing health facilities. A number of IEC materials including posters, T-shirts, bags and training manuals were printed and distributed to communities, CHWs and religious communities in the project sites.

A total of 12 community outreaches in churches and chief's barazas were done in Tumutumu, Maua, Chogoria, Kiima, Lugulu, Litein, Githumu and Kaloleni hospitals and their host communities.

The project identified 48 peer educators from 23 health facilities and trained them on HR-PLWHA.

This was a 96 per cent performance of the planned 50 peer educators.

A total of 27 peer educators from 23 health facilities were taken through refresher training on HR-PLWHA and now have the capacity to teach other members of their psycho social support groups.

Community mobilization was done in collaboration with the local administration. The peer educators and health care workers sensitized their local communities on HIV AIDS and the rights of PLWHAs during local chiefs' barazas.

Psycho social support groups from the 25 sites meet monthly. The peer educators were provided with discussion guidelines in addition to dealing with reported cases of human rights violation.

The peer educators focused on common violations experienced in their regions. Such violations ranged from negative cultural practices such as widow cleansing and widow inheritance to property and inheritance rights abuses.

b) Capacity of community social structures and systems is built to ensure the community plays a pivotal role in resolution of disputes involving PWHIV

During the year the project supported the five new project sites to form and train four seven-member Human Rights Councils out of the planned five to build their communities' social structures and capacity to handle human rights violations from within.

It was envisioned that the councils would be the pillar to solve disputes stemming from stigma and discrimination against PLWHAs.

Psycho social support group meeting in Turkana.

The Human Rights Councils have seven members as follows: health facility focal point person who is essentially from the HIV clinic, two peer educators, one administrator (chief), respected opinion leaders from the locality, a religious leader and two elders (male and female) from the community.

The councils were trained on human rights for PLWHAs and Alternative Dispute Resolution.

The councils were introduced to the PLWHIV through psycho social support groups and their mandate explained. Patients needing intervention by the Human Rights Councils were asked to report the matters to the peer educators who also doubled up as members of the councils.

The project supported two forums in Tenwek and Nairobi where 53 members from a total of 17 community ADR councils met and exchanged views and experiences.

c) Health care workers offering quality and humane health services as a result of integrated human rights treatment and care of PLWHA.

Health care workers are critical to the fight against stigma and discrimination of PLWHAs. The project trains health care workers to be agents of change within their health units, train fellow health care workers on human rights and the rights based approach to health for PLWHA.

In 2017, a total of 68 health care workers from 23 facilities underwent refresher training on the rights based approach to HIV/AIDS care and treatment. The health care workers were drawn from 19 old and four new sites.

A total of 200 health care workers attended Continuing Professional Education (CPE) sessions on rights based approach.

A total of 14 Continuous Medical Education (CME) sessions were held and attended by about 120 staff from general hospital departments in seven major health facilities.The CME sessions were to sensitize health care workers on rights-based approach to management of HIV/ AIDS clients and offering humane services

The health care workers were also trained on legal provisions in the HIV & AIDS Control and Prevention Act, 2006, especially on touching on voluntary counselling and testing, non-discrimination, confidentiality of patients' results and details as well as the rights and responsibilities of patients.

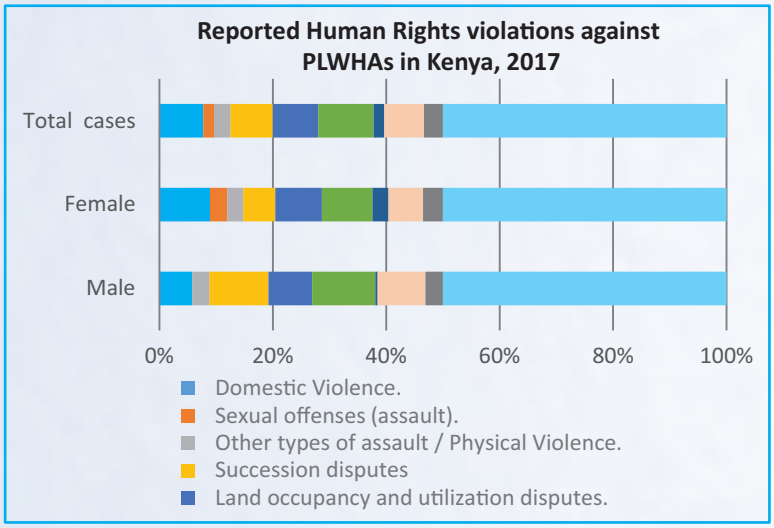
d) Health care workers are effectively and sustainably linked to community mechanisms for reporting and registering human rights abuses and disputes shared with them in the course of their work while respecting their clients' confidentiality

Health care workers are the project Focal Point People (FPPs) in the facilities. Before assuming the role of FPPs, the health care workers were trained on human rights and Alternative Dispute Resolution.

The trained health care workers have also been able to take up the role of ToTs within their facilities and community. They are able to address people during health outreaches on issues around HIV/ AIDS and the rights of PLWHAs.

A total of eight facilities conducted quarterly outreaches in churches and chief' s barazas in Tumutumu, Maua, Chogoria Kima, Lugulu, Litein, Githumu and Kaloleni hospitals.

	Reported human right violations against PLWHA.		
Category of cases reported	Male	Female	Total cases
Domestic Violence.	15	38	53
Sexual offenses (assault).	0	13	13
Other types of assault / Physical Violence.	8	12	20
Succession disputes	27	24	51
Land occupancy and utilization disputes.	20	35	55
Stigma and discrimination	29	38	67
Custody and maintenance of children	1	12	13
Child abuse and neglect	22	26	48
Others e.g. Disclosure of status	8	15	23
Total	130	213	343



A local human rights council meeting.

Health care workers in a CPD session.

During the year, the project recorded a total of 343 human rights violations against the PLWHA, 62 per cent of which were against women as indicated in the table and graph on the previous page.

The data indicates that most of the cases involved stigma and discrimination (19.5 per cent) followed by land occupancy and utilization (15.5 per cent), while domestic violence took third position at 15.4 per cent.

e) Effective, accessible, affordable and sustainable linkage mechanism between the community and collaborating legal practitioners

During the year, 16 out of the 25 health facilities identified and engaged a local legal practitioner who offered pro-bono services to needy PLWHA and support to the local council in form of legal advice.

The project supported five legal aid clinics held at AIC Mulango, Tei Wa Yesu and Kalamba health centers as well as PCEA Chogoria Hospital.

Challenges

1) Poverty and negative cultural practices continue to be the main underlying factors driving acts of human rights violations such asland ownership and utilization disputes.
2) High turnover of health care workers in CHAK health facilities is a big setback to creating sustained able teams who are fully enabled to offer rights based health care to PLWHA.

Key Lessons learned

Health facilities need to continuously integrate human rights for PLWHAs across their service delivery programmes to ensure sustainability.

Human rights programmes will be built into HIV and AIDS programmes to ensure that all health services are rights based and sustainable.

AFYA Jijini

Introduction

Afya Jijini is a three-year USAID-funded contract (with two additional years) designed to strengthen Nairobi City County's institutional and management capacity to deliver quality healthcare services.

Specifically, the project aims to improve access to and uptake of quality health services in Nairobi County for the most pressing health issues, i.e. HIV/AIDS and maternal and neonatal health, with a focus on informal settlements. AFYA Jijini is implemented by a consortium of five partners.

a) IMA- World Health) as the lead recipient and also implementing HIV/AIDS care and treatment
b) Christian Health Association of Kenya (CHAK) implementing HIV/AIDS treatment and care
c) University of Nairobi undertaking the programme for key populations
d) National Organization of Peer educators (NOPE) which leads in community programming in the informal sector
e) Mission for Essential Drugs Supplies (MEDS) which supports health products and technologies.

Today, Nairobi has the highest burden of HIV/AIDS in Kenya, mainly due to the county's large population. The city ranks fifth of the 15 high priority counties with the highest maternal and neonatal indicators in Kenya.

Afya Jijini objectives

Afya Jijini is designed to strengthen Nairobi County's institutional and management capacity to deliver quality healthcare services and specifically, to improve access to and uptake of quality health services in the city.

The project seeks to achieve three main sub-purposes:
1) Increase access and use of quality HIV services
2) Improve access to and uptake of maternal, neonatal and child health (MNCH), family planning (FP) and reproductive health (RH), water, sanitation and hygiene (WASH) and nutrition services
3) Strengthen county and sub-county health systems

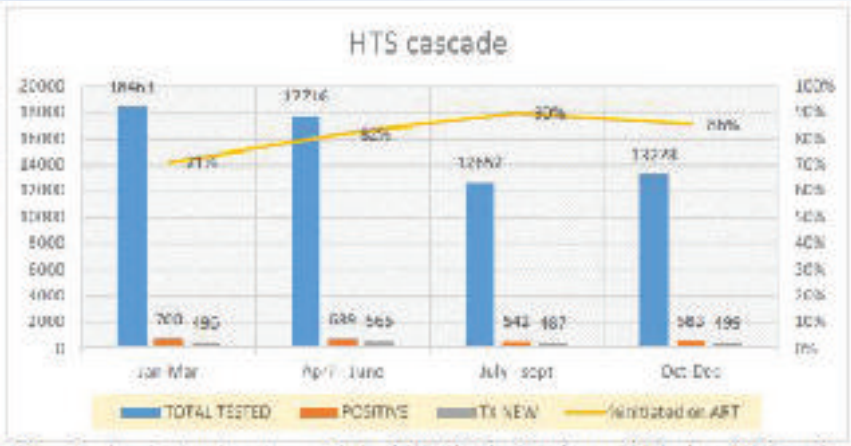


Figure 1, showing treatment access in both Westlands, Starehe and Makadara Sub Counties

Coverage

During the 2017 project year, AFYA Jijini supported HIV/AIDS care and treatment, maternal and neonatal health, PMTCT and HTC in three sub counties of Nairobi, namely, Westlands, Starehe and Makadara as part of the UHAI team 3 cluster. CHAK also provided AFYA Jijini with a HIV/TB advisor.

Increasing access and use of quality HIV services

HIV Testing Services (HTS)
The CHAK Jijini programme supported 13 health facilities to provide HTS services. In the reporting period, 62,109 clients accessed HTS services out of who 2,514 (4 per cent) tested positive for HIV.

Linkage to care and treatment
Of the 2,514 newly identified positives, 81 per cent (2047) were linked to care within Afya supported facilities. Of those linked to care and treatment, 232 (9 per cent) of the new positives) were linked to other facilities of their choice to ensure maximum retention.

A total of 235 were not linked, partly due to incorrect contacts, change of contacts or were tested during outreaches and could not be reached thereafter. The overall linkage in the year 2017 stood at 90 per cent.

The project rolled out Partner Notification Services (PNS) from October 2017 in order to scale up HTS.

HIV care and treatment

During the year under review, CHAK Jijini project supported 13,597 clients in care and treatment out of the targeted 13,996, a 97 per cent performance.

The project's 12 month retention rate stood at 80.1 per cent. This was achieved through intensified adherence counselling, PSSGs, establishment and support of defaulter tracking mechanism through peer educators, engaging clinicians and nurses in high volume facilities.

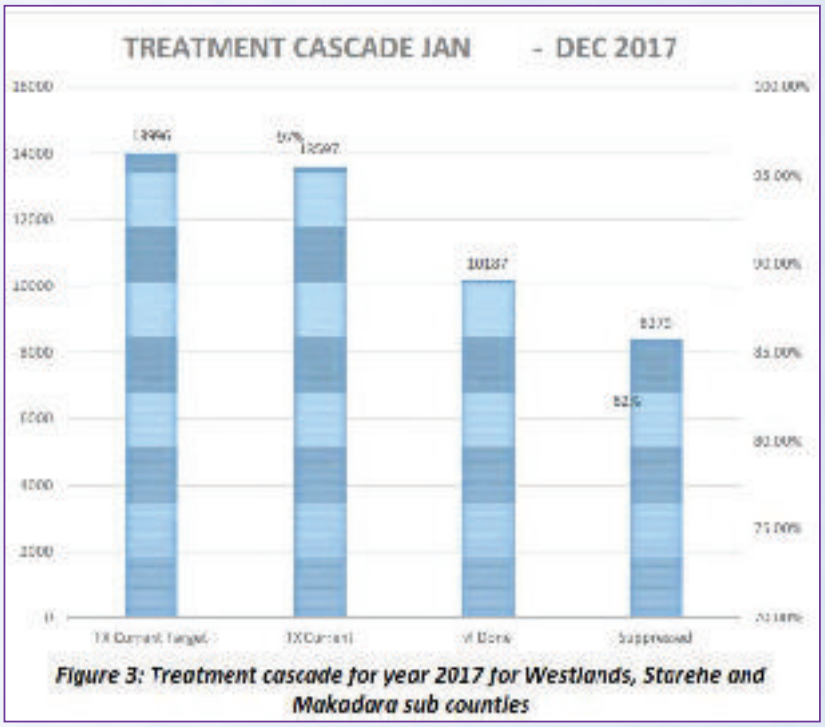


Figure 3: Treatment cascade for year 2017 for Westlands, Starehe and Makadara sub counties

Continuing mentorship to peer educators and adherence counselors helped to enhanced team work amongst healthcare providers and thus fostered adherence to treatment for both new and current patients.

The project also enhanced use of appointment registers and defaulter tracing mechanisms through telephone calls, home visits, rescheduling of appointments and allocating airtime to peer educators to contact clients who had defaulted on their appointments.

Viral load uptake and suppression

In 2017, a total of 10,187 clients had a valid viral load report out of the 13,597 eligible clients. Viral load suppression was at 8379 representing 82 per cent.

Figure 3 above shows HIV clients' current on care against the target and the viral load uptake and suppression for 2017.

The project also adopted CQI interventions such as the use of multidisciplinary meetings and case management of failed treatment regimen to ensure better viral load suppression rates. A viral load rapid results initiative (VL RRI) was conducted in quarter four of 2017 focusing on viral load uptake for eligible clients.

A total of 13 facilities took part in the exercise, contributing to the improved viral load suppression recorded above.

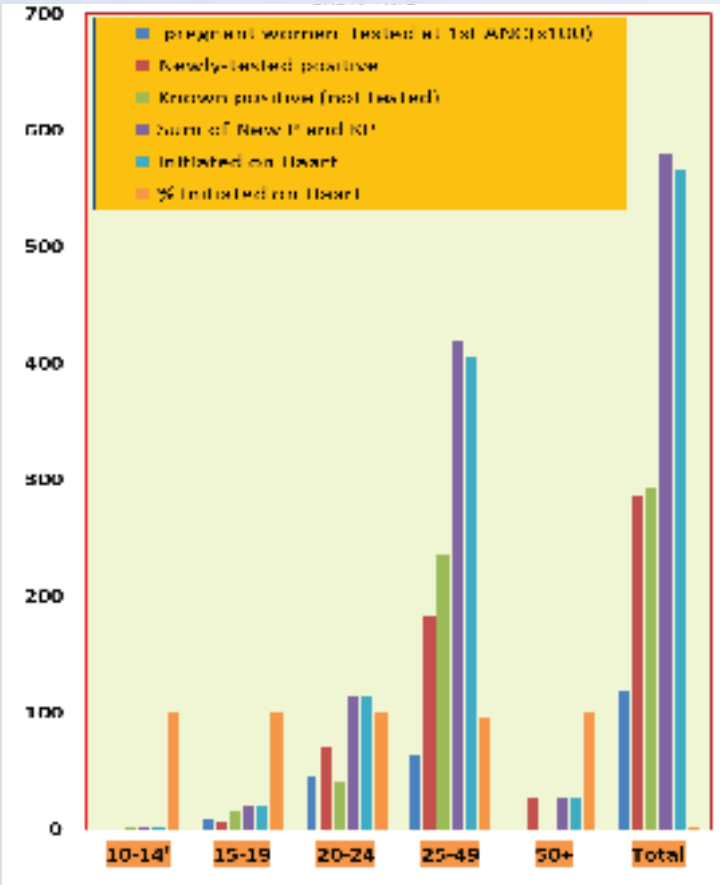
PMTCT

A total of 13 health facilities were supported to offer PMTCT services.

In 2017, the CHAK UHAI cluster team supported testing of 11,942 new ANC clients among who 287 were identified as HIV positive. A total of 293 known positives (KPs) were also identified bringing the total HIV infected pregnant women to 580.

A total of 567 out of the 580 (97.7 per cent) of the positive women received antiretroviral therapy to reduce the risk of mother to child transmission. They were also issued with infant prophylaxis.

PMTCT characteristics of pregnant women at first ANC in 2017						
Age of client	**10-14**	**15-19**	**20-24**	**25-49**	**50+**	**Total**
Pregnant women tested at 1st ANC (x100)	0.1	9.7	44.9	64.4	0.26	**119.4**
Newly-tested positive	0	6	72	183	26	**287**
Known positive (not tested)	1	15	41	236	0	**293**
Sum of New P and KP	1	21	113	419	26	**580**
Initiated on Haart	1	21	113	405	26	**567**
% Initiated on Haart	100	100	100	96.7	100	**98%**



The table and bar graph above show the distribution of the infected pregnant women in Jijini PMTCT by age.

From the data and the bar graph, it's noted that 134 of 580 (23.1 per cent) HIV-positive pregnant women were adolescent girls and young women of ages 15-24 years.

The trajectory of the PMTCT outcomes from the project are also displayed by quarters along the year in the graph below.

Maternal, neonatal, and child health (MNCH); family planning (FP) and reproductive health (RH); Water, Sanitation and Hygiene (WASH); and nutrition services

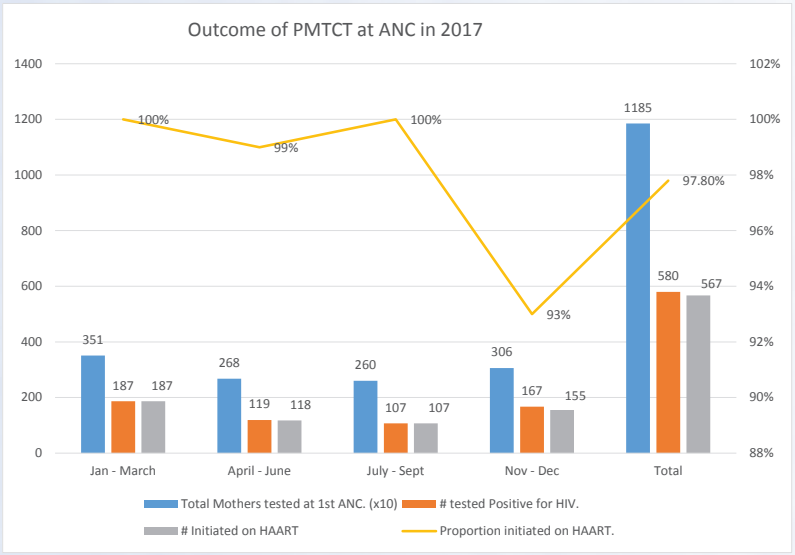
Coverage of RMNCH/FP services

The AFYA Jijini project supports MNCH services in 26 health facilities in Nairobi, covering the three sub counties of Westlands, Starehe and Makadara.

Antenatal clinic services

During the reporting period, the 26 supported health facilities continued to offer ANC services. A total of 24,367 clients registered for their first ANC visit while 16,150 came for their fourth ANC visit. This was against a target of 10,368 resulting in a 159.14 per cent attendance.

Health care workers at Kangemi, Westlands and Makadara were trained to mentor CHVs



attached to their facilities to mobilize expectant mothers in the community to seek ANC services.

Skilled birth attendance
The 26 health facilities recorded at total of 5,312 hospital deliveries in the hands on skilled birth attendants against a target of 5,532 (a 96 per cent achievement). Nairobi County still remains one of the top six counties with poor maternal and neonatal outcomes and the project undertook key interventions to reduce that burden.

The project supported the health facilities and sub counties to roll out the Maternal and Perinatal Death Surveillance and Response (MPDSR) in order to improve maternal and newborn health services.

Each of the health facilities formed an MPDSR committee that conducts a review of every maternal or neonatal death and near death events to identify the root causes, gaps, make recommendations and follow up on implementation of recommendations to ensure the event is not repeated.

To improve quality, the Westlands SCHMT regularly involved private facilities in their MPDSR reviews for bench marking. Gurunanak Hospital, a private facility, conducted their MPDSR alongside the county hospitals.

Facilities that formed the MPDSR committees included Ngara Health Centre, St. Joseph the Worker, Huruma Nursing Home and Lengo clinic, Mariakani Cottage, Mama Lucy Kibaki and Metropolitan hospitals.

These facilities continued to undertake maternal and perinatal death reviews and institute measures to solve the root causes of such events.

The project trained a total of 66 health care workers in skills such as the use of the partograph to improve maternal and neonatal outcomes.

Mentorship on ANC registers and mother baby booklet were done at Kangemi and Westlands health centres, Huruma Nursing, St. Joseph the worker Clinic, Githogoro, Lunga Lunga, Mama Lucy Hospital, St. Mary's Hospital, and Langata Health Centre. In total 200 ANC mothers undertook health education on FANC and danger signs.

Equipment
The project conducted an MNCH equipment needs assessment in the 26 sites. Gaps were identified and shared with the USAID who then financed the procurement and supply of equipment such as BP machines and delivery kits.

Psycho-social Support Groups (PSSG) for adolescent girls and young women (AGYWs)

The project supported the formation of ANC PSSGs for pregnant adolescents and women below 23 years at Bahati Health Centre where they participated in health messaging and information giving via the WhatsApp platform to improve their reproductive health outcomes and the health of their babies.

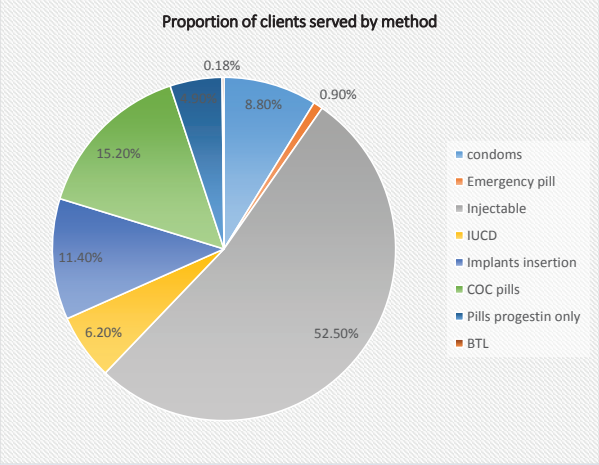
Post natal care and immunization of children
The project aggressively supported the sub counties to scale up child immunization to reduce the mortality and morbidity associated with preventable childhood diseases.

During the year , a total of 17,227 children received the measles vaccine by 12 months against a target of 5,808 (297 per cent) while 15,820 received DPT3 against a target of 5,358 (295 per cent) along with a further 17,808 who received pneumococcal vaccine against the target of 5358 (332 per cent).

Additionally, the project trained a total of 237 CHVs and health care workers on maternal infant and young children's nutrition (MIYCN) and high impact nutritional interventions (HINI) to ensure all mothers and care givers received the appropriate advice on exclusive breast feeding and food supplementation.

Family planning
Family planning services were offered in all the supported 26 health facilities throughout the year. Health centers and the dispensaries did not have the skills and capacity to offer male and female sterilization. The two (BTL and vasectomy were only available in the hospitals.

However, clients were able to access the full method mix by way of referral to the hospitals for the permanent methods. During the year, the number of clients who accessed family planning services in the project were 64,892 and were distributed as indicated pie chart below.



Representation at national and county fora

The CHAK project team participated in key stakeholder meetings and Technical Working Groups (TWGs) at both the county and sub county level to plan and review progress.

The CHAK project team was represented in the organization and implementation of all the international health events including World Contraceptive Day, World Prematurity Day and World Breastfeeding Week.

Capacity building for health care workers

Capacity building was undertaken in the form of on-going skills transfer, focused onsite mentorship and on the job training. This was done by the CHAK team together with a designated trainers from the county health team.

This, undertaken together with onsite mentorship has progressively strengthened the knowledge and skills of health care workers. This is demonstrated in the improved quality of care observed in the facilities.

The training programmes undertaken to improve MNCH/FP services are tabulated below.

Details of the HCWs trained in data collection and reporting tools

	Nairobi County		AFYA Jijini		
Sub County	M	F	M	F	Total
Makadara	3	15	1	1	20
Starehe	2	5	0	1	8
Westlands	2	15	2	5	24
Total	10	44	3	7	64

Support to sub county and health facilities

The project supported the health facilities with airtime. Volunteers from the three sub counties were also supported to improve reporting rates and timeliness in the DHIS2. The outcomes of this support are shown in the table below.

EMR implementation

During the reporting period, the project rolled out functional EMR in 10 care and treatment sites, using the point of care. The challenges experienced are being addressed.

Training programmes undertaken to improve MNCH/FP services

Title of training	Male	Female	Total trained
Commodity management	6	29	35
MIYCN	34	119	153
HINI	10	64	74
Rev HIV reporting tools	13	32	45
CMEs	**Participants**		
Use of partograph	6	34	40
Performing Bishops score and use of chlorhexidine for cord care	6	20	26
Documentation on partograph	2	12	14

Health systems improvement

The AFYA Jijini project M&E team built the capacity of health care workers on the revised HIV data collection and reporting tools in order to improve consistency and accuracy of the service delivery data and information.

The training targeted health care workers from HTS, PMTCT, Care and treatment in the three sub counties of Westlands, Makadara and Starehe.

Data review

The project supported three data review meetings for Westlands, Makadara and Starehe sub counties mainly targeting care and treatment, TB and MNCH Indicators in order to appraise facilities' performance.

Data warehouse orientation

The health care workers underwent orientation on data warehousing by NASCOP, navigating through the NASCOP data warehousing concept and dashboard.

Going forward, AFYA Jijini will be uploading data to the warehouse on monthly basis and review the dashboard routinely to monitor progress.

Reporting tool	Impact of the DHIS2 data entry support to the sub counties					
	Percentage of health facilities reporting in:			The timeliness of reports		
	Makadara	Westlands	Starehe	Makadara	Westlands	Starehe
MOH 710	98	92.8	86	90.3	87.5	8.4
MOH 711	86.7	88.8	82.6	83.3	84.8	74.7
MOH 731-3 Care and Treatment	88	89.1	90	85.3	86.5	90
MOH 731-1 HIV Counselling And Testing	83.6	90.3		79.4	85.7	

APHIA Plus KAMILI

Introduction

The APHIA plus KAMILI project is a USAID supported comprehensive HIV and AIDS treatment and care and MNCH/FP project that was launched in 2011. In 2017, the project was in its seventh and final year.

The project started with a consortium of eight partners in year one but by 2017, the partnership had shrunk to two partners, namely; JHPIEGO, the principal recipient, and CHAK.

By 2017 the project activities had shrunk to HTS, HIV AIDS care and treatment and PMTCT after shedding off support to RMNCH/FP, nutrition, OVC, household strengthening and community health strategy programmes.

Scope and coverage of work

The scope of work for CHAK in AFYA Plus KAMILI in 2017 involved working with the faith based health sector and specific county health facilities to implement comprehensive HIV and AIDS care and treatment, PMTCT and HTS.

The addition of county health facilities to CHAK's role was occasioned by reorientation of project staff based on partners' staff numerical strength. The CHAK programme covered a total of 37 health facilities, of which 22 had active comprehensive clinics for HIV&AIDS while all the 37 offered PMTCT services.

The project was spread in the eight counties of Embu, Tharaka Nithi, Meru, Kirinyaga, Muranga, Kiambu and Nyandarua. Because 2017 was the project's final year, implementation slowed down after August and staff numbers were scaled down.

Project goal

The goal of APHIA Plus KAMILI was to achieve the 90 90 90 strategy along the HTS, client enrollment into treatment and viral load suppression cascade of HIV and AIDS management client pathway.

HTS

Counselling and testing

A total of 37 health facilities were supported to provide HTS services with 14 provided with 18 sessional counsellors to offer testing. A total of 18 HTS counsellors were taken through training on the new HTS guidelines to strengthen the test and treat approach for the newly diagnosed clients.

Training of health care workers on HIV testing and counselling

Eighteen HTC counsellors and 72 health care providers were taken through training on the new HTS guidelines to strengthen the test and treat approach for the newly diagnosed clients. This was 115 per cent of the set target.

PHDP services

- All facilities providing HIV care and treatment offered age appropriate minimum package of PHDP services to all HIV positive patients. Additionally, 90 per cent of patients on care throughout the year received a minimum of three PHDP services (i.e. adherence and any other two). This was evidenced through the SIMS exercise in the FBOs in Kamili.
- The PHDP service provided included disclosure, condoms, STI screening, family planning, partner and child testing as well as review and counselling for substance abuse.
- Despite the challenge in some of the FBOs not offering condoms to clients, referral and linkage

was done to the other facilities where they accessed condoms and family planning services.

Stock outs

All 22 health facilities (100 per cent) with CCCs in the APHIA PLUS Kamili project were taken through a commodity management training which covered timely reporting and forecasting in order to ensure there was no stock out of kits and commodities.

Facilities were also supported with commodities and test kits through the national mechanism and redistribution done within counties for sites that had run short of the kits.

EMTCT services

All APHIA PLUS Kamili-supported eMTCT sites provided the service.

Total ANC first visit was 4,625. The number tested was 4506 which translates to 97 per cent. Of those tested, 119 were found to be positive which translated to a positivity of 2.6 per cent.

Of the 119 mothers found to be positive, 98 per cent were initiated on ART and their babies issued with prophylaxis.

All care and treatment facilities provided post-exposure prophylaxis (PEP).

All the 37 supported PMTCT and HIV/AIDS a care and treatment sites provided both occupational and sexual assault/rape-related post exposure prophylaxis as per MoH guidelines.

Electronic medical records

19 CCCs out of 22 (86 per cent) had a comprehensive EMR point of care and the project reported a 100 per cent reporting rate for care and treatment sites.

HIV/AIDS care and treatment

Number of clients on treatment and care
By September 2017, current clients on ART in the APHIA PLUS Kamili FBO project were 6,155.

Training of health care workers
Out of the targeted 70, a total of 58 health care providers were trained on the new ART/ HTS guidelines in six training sessions to build their capacity on HIV care and treatment.

TB/HIV integration

All APHIA plus care and treatment sites integrated TB/HIV services
Integration of ICF of TB in HIV care and treatment services was achieved and over 95 per cent of patients receiving HIV services were routinely screened for TB at every visit.

All the health care providers in 22 CCCs were trained in TB and infection prevention and control established in 70 per cent of the care and treatment sites. Isoniazid preventive therapy (IPT) was initiated in 23 CCCs.

Retention

The APHIA PLUS Kamili project had a 12-month retention of over 85 per cent in 2017.

Close of the project and way forward

As this was the final year of the project, close out meetings with health facility administrators and health care workers were held to prepare them for the end of the project. This ensured service delivery was not interrupted. County health management team leads, incharges of HIV and AIDS/TB care and treatment were involved and requested to support the health facility during the transition.

The health facility managements agreed to continue paying salaries of clinical officers, nurses and CHVs who were working in the CCCs to ensure continuity.

Going forward, these health facilities will be supported under the Kenya HIV/AIDS activity support cluster 3 programme that is being implemented by JHPIEGO.

Global Fund Malaria New Funding Mechanism

Introduction

Malaria situation in Kenya

Kenya's 2017population is estimated at 48 million people, with an estimated population growth of 2.3 per cent per year. Malaria remains a major public health problem in Kenya accounting for about 31 per cent of outpatient consultations and 5 per cent of hospital admissions, (KMIS) 2015. The risk of malaria transmission and infection islargely determined by altitude, rainfall patterns and temperature. Kenya has three geographic regions where malaria is significantly endemic. These are the lake, coastal and highland regions.

Background of CHAK in Global Fund implementation

CHAK experience in Global Fund – Malaria dates to the 2006 Global Fund Round 4 Malaria Project in which a total of 32,000 LLINs were distributed, 631 health workers trained in Case Management, 466 laboratory diagnostic kits and supplies distributed through MEDS and ACSM conducted reaching 92,778 people.

All CHAK member health units played a key role as malaria treatment centers while some were sentinel surveillance sites.

Global Fund Malaria New Funding Model

In 2017,CHAK received the Global Fund Malaria NFM grant, with the view to contributing to the national goal of reducing the morbidity and mortality attributable to malaria by two thirds of the 2007-2008 levels.

The project was implemented with support from AMREF. Equally, CHAK worked very closely with the county health systems in the project county of Vihiga.

The project objective of "Scaling up malaria intervention for impact" was to be achieved through communitybased interventions to contribute to:

a) Strengthening community systems by the increasing the number of established Community Units ("CUs") from 37 per cent to 80 per cent of the required 711 CUs in Western and Nyanza Regions by 2017
b) Supporting atleast 80 per cent of people in malaria risk areas to use appropriate malaria preventive interventions by 2018
c) Ensuring that 100 per cent of suspected malaria cases presenting to a health provider are managed according to the National Malaria Treatment Guidelines by 2018
d) Ensuring that 100 per cent of the malaria epidemic prone and seasonal transmission sub-counties have the capacity to detect and timely respond to malaria epidemics by 2018
e) Increase utilization of recommended malaria control interventions by communities to at least 80 per cent by 2018
f) Ensure that all malaria indicators are routinely monitored, reported and evaluated in all counties by 2018
g) Improve capacity in coordination, leadership, governance and resource mobilization at all levels towards achievement of the malaria program objectives by 2018

Implementation strategies

The project strategies are as follows:

a) Community social mobilization to create demand for increased uptake of key malaria control interventions
b) Strengthening community case management of malaria in Vihiga County in collaboration with the SCHMTs and other stakeholders at the community level
c) Supporting establishment of additional functional community health units in Vihiga County
d) Training of CHVs on malaria case management
e) Supportinghealth management teams at the counties, sub-counties and facilities to effectively carry out core interventions that address programme indicators in malaria control, prevention and treatment
f) Ongoing verification of the quality of case management malaria indicators and the effectiveness of the data management systems to collect, manage and report quality MCCM and laboratory data in selected sites.
g) Identification of corrective measures and development of action plans for strengthening data management, reporting system and data quality.

Achievements in 2017

The project recorded impressive performance for the period January to December 2017 as indicated in the table below:

Outcome	Target	Achieved	Proportion
Number of functional Community Units(CUs) set up in the county	41	41	100%
Number of CHVs provided with performance based monthly stipend	410	410	100%
Number of CHEWs provided with monthly airtime	82	82	100%
No. of CHVs provided with support supervision feedback per Quarter	410	410	100%
Number of CHVs accessing RDTs and ACTs in a month	410	410	100%
Number of people with uncomplicated Malaria receiving ACT treatment as per national treatment guidelines at the community under community case management of malaria in Western and Nyanza province	4,448	No. Tested: **43,076** No. Positive: **29,182** Cases Managed at Community Level: **28,203** No. referred: **979**	96.8%
No. of health facilities receiving CHMT supervision	15	15	100%
No. of health facilities receiving SCHMT supervisions (40 per cent)	49	49	100%
No. of facilities provided with data quality audit feedbacks	37	37	100%
CHVs refresher training on community case management of malaria	410	410	100%
CHEWs ToTtraining on CCMM	0	39	
Quarterly M&E data review meetings	8	8	100%

Lessons learned

Complete and dedicated support and collaboration with the county health management team is critical for the success of community case management of malaria. Ownership of the community case Management intervention by the CHMT is critical for sustainable success and full integration of malaria CCM at the county.

This was the reason for intensive engagement of the county and sub-county health management.
Supply of commodities, especially RDTs and ACT at both the facility and the community level, remains the single largest risk factor to the success of community case management of malaria. The county CHMT must ensure that the supply is regular, timely and adequate.

Inadequate supply of integrated reporting tools remains a risk to effective data collection and reporting. Going forward, the CHMT is expected to step up that supply.

Tuberculosis programme

Introduction

TB is a major cause of death worldwide. Kenya is one of the 22 high burden TB countries that together account for more than 80 per cent of the world's TB cases.

The WHO estimates that there were 120,000 new cases of TB in Kenya in 2012. Additionally, TB,is the fourth leading cause of mortality in the country accounting for an estimated 9,500 (5,400-15,000) deaths.

According to the Kenya TB preference survey 2016, the burden of TB in the country is much higher than was previously estimated, placing it at 558 per 100,000 persons, with an estimated 138,105 new TB cases every year.

In 2015 alone, only 82,000 cases of TB were detected meaning that 40 per cent of TB cases were missed.

The survey also indicated that prevalence of TB in men is twice that of women.

The major factors responsible for the huge TB disease burden in Kenya include: TB/HIV co-infection, poverty and social deprivation leading to mushrooming of peri-urban slums, congestion in prisons and limited access to general health care services.

In order to address the challenges posed by the tuberculosis epidemic in the face of the HIV epidemic and socio-economic environment, the Ministry of Health through NLTD-P has identified the following areas for increased support:

a) Strengthening human resource capacity at all levels for effective coordination of TB control activities
b) Decentralization of TB control services down to the community level to increase access to these services
c) A stronger collaboration between TB and HIV control programs in order to promote delivery of integrated TB/HIV services
d) Private public partnerships to increase thenumber of private providers integrated intothe TB service provider network
e) Public education campaign to promote early health care seeking and adherence to treatment at community level and better TB case management by health care providers

The programme also seeks to enhance case detection through:

a) Community engagement
b) Inclusion of the private sector
c) Intensified case finding
d) TB/HIV collaborative activities
e) Increased focus on identifying TB in children

In 2017 the MOH call for action included:

a) Expanding the use of Gene Xpert for TB diagnosis
b) Expansion of the TB screening criteria to include cough of any duration, night sweats, weight loss, fever, fatigue and shortness of breath
c) Use of chest x-ray for all TB suspects
d) Making the GeneXpert a primary TBinvestigative process for all TB suspects
e) Strengthening of community systems for TB including ACF and improving the community health seeking behavior with respect to TB symptoms

The national goal is to improve and sustain TB control gains in order to accelerate reduction of TB disease burden through provision of people-centred universally accessible, acceptable and affordable quality services in Kenya.

The national goal also resonates with the CHAK strategic goal of accelerating the reduction of TB burden in the catchment areas of Member Health Units through provision of quality and comprehensive TB services by 2022.

The CHAK TB programme has two components which include:

a) TB projects driven by CHAKSecretariat in selected counties, communities and health facilities in accordance with specifications of individual projects as per agreements with funding agencies
b) TB community and facility based prevention, diagnostic and treatment initiatives undertaken by CHAK health facilities and community based health programmes

TB projects driven by CHAK Secretariat

Community TB project in Machakos and Nyamira counties

This project is supported by Global fund through AMREF as principal recipient. The project implementation period was from October 1, 2015 to December 31, 2017.

Project goal

CHAK supports and shares the Ministry of Health goal seeking to improve and sustain TB control gains in order to accelerate reduction of TB disease burden through provision of people-centred universally accessible, acceptable and affordable quality services in Kenya.

Specific objectives

The objectives of the Global fund TB project are to:

a) Intensify efforts to find TB 'missing" cases
b) Reduce TB transmission
c) Prevent TB active disease, morbidity and mortality

To achieve the above objectives the project carried out the following activities:

Community-based activities

TB New Smear Positive Contacts (NSPC) tracing

The key intervention was identification of the TB new smear positive contacts of the TB index case at the health facility by health care workers or the facility based community health volunteer (CHV).

This information would then be passed on to the appropriate CHVs. The CHVs would then undertake a householdvisit toeach of the contacts and screen all its household members.

This intensified active case finding strategy aimed to enhance early TB detection among undiagnosed TB patients, resulting in initiation of treatment hence arresting further transmission by these secondary

cases. The CHVs particularly targetted children, the aged and those with HIV infection.

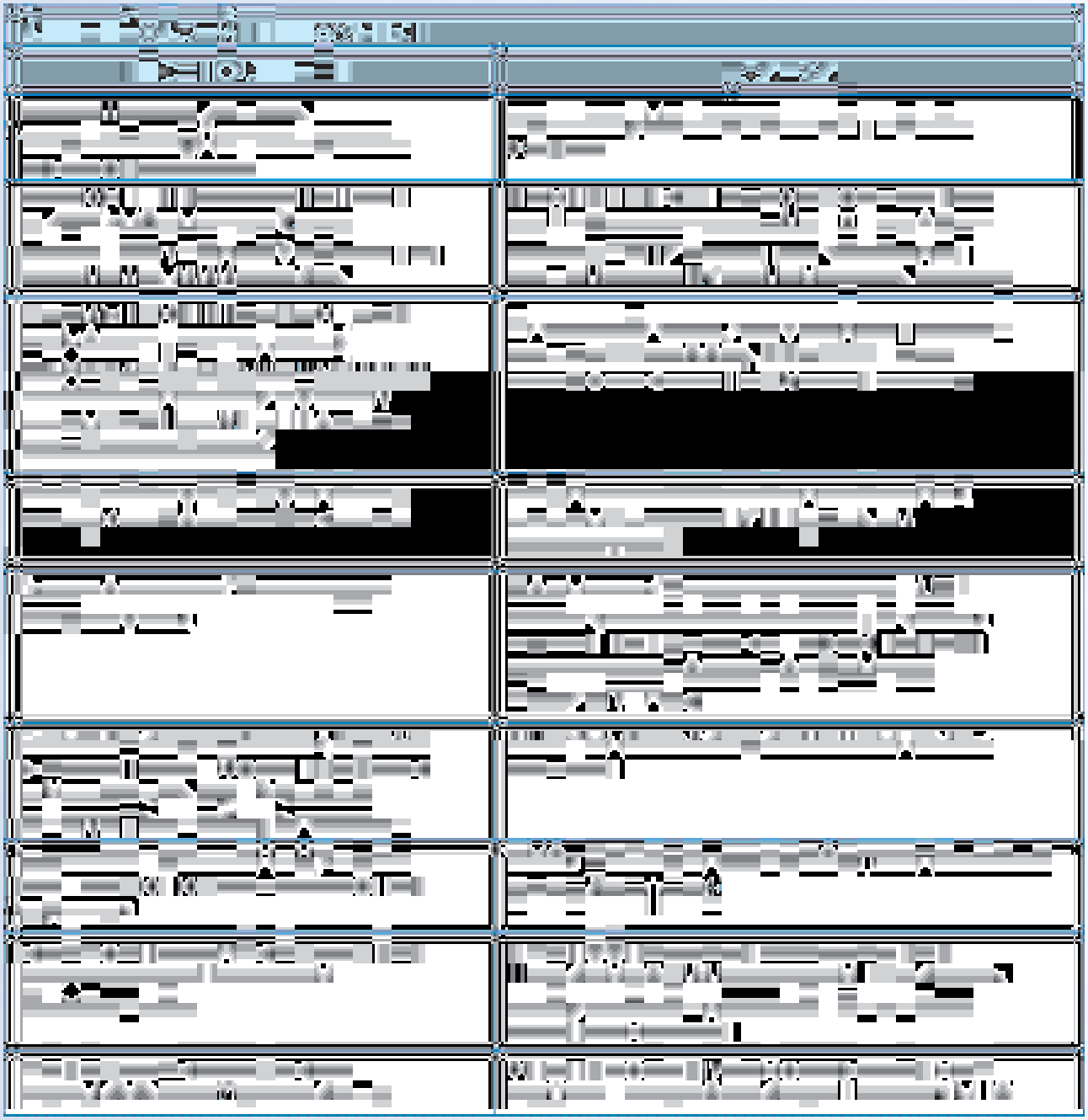
(b)TB treatment interrupters tracing
The aim of this activity was to stop these patients from reaching the status of lost to follow up. It improved adherence and treatment outcomes.

(c) Health education
This was done at the household level to provide individual and family education on TB infection control, counseling on nutrition and treatment adherence.

(d) TB screening for prison inmates
Screening upon entry to prison and within the prison helps detect TB and initiate treatment early, assisting to prevent transmission within the prison. This also helps to reach marginalized, high-risk and under-served populations with health education.

(e) Stake holder meetings
The meetings targeted TB stakeholders in the counties and sub-counties to discuss the disease burden in

Project performance in 2017



the regions, facility data reports, CHV activities and challenges encountered for the purpose of improving project outcomes.

Health facility-based interventions

A total of 57 CHAK health centers and hospitals provided TB diagnostic and treatment services while 387 dispensaries supported TB treatment services.

Through the HIV/AIDS/TB projects, CHAK supported diagnostic and treatment services in 22 faith based health facilities under the AFYA KAMILI project.

Under the CHAP Uzima project, 54 facilities provided TB diagnostic and treatment services while theAFYA Jijini project supported 13 county and faith based facilities to offer comprehensive TB services.

Challenges

Data on the cases managed under the facility-based TB programme can be found in the national TB HMIS – TIBU. CHAK is putting up a mechanism to access this data and share it with MHUs for the purpose of improving TB care and treatment services.

Lessons learned

The community needs to be more involved in order to scale up community-based TB Active Case Finding, trackand bring back treatment interrupters to complete their ATT and ensure that allexposed and children under five years are screened for TB.

Anzilisha MNH, infants and young children's nutrition project

Introduction

Millions of women, infants and children continue to miss out on vital nutritional and other high impact maternal and neonatal interventions in the 1000-day window from conception. At this stage,poor nutrition affects both mother and infant significantly.

ANZILISHA project is designed to scale up nutrition interventions in high burden counties in Kenya for adolescent girls, pregnant women, newborns, infants and young children in order to reduce anaemia, low birth weight, mortality and stunting.

The project is a follow up to the investments in the Right Start project that supported the scale up of intervention packages for neglected populations whose unmet needs were highlighted by the Lancet Series Maternal and Child Nutrition 2013.

The project is supported by Nutrition International in Kenya. It targets the above mentioned vulnerable groups both during the critical 1,000-day period and in advance of this window to improve the health of women and their infants throughout life, and to ensure that women are better nourished as and when they become pregnant.

County	Health facilities covered	County	Health facilities covered
Narok	Olasiti, Owasongiro, Siapei, Olekanzorai, Ngito, Olendim	Kakamega	Mundoli Dispensary, COG Bushiangala HC, COG Mwihila Hospital, Chebwai Dispensary, Namasoli, Musanda ACK D ispensary.
Kajiado	ACK Health for all D ispensary, Beacon Of Hope Health Centre, AIC Kajiado Dispensary	Vihiga	Friends Kaimosi Hospital, Kima Health Centre
Bomet	Tenwek and Kabos	Kisumu	Maseno Mission H ospital
Bungoma	Friends Lugulu Hospital, IcFEM Dreamland Mission Hospital , Chwele Dispensary, Kamukuywa H ealth Centre	Nakuru	Nakuru West Health Clinic, Naivasha medical Centre, Njoro PCEA Health Centre, Kings Medical Clinic, Fountain Mission Medical Centre and Wesley Mission M edical Centre
Makueni	Kiu Dispensary, AIC Kalamba hospital, AIC Mbooni Dispensary, AIC Mukaa Dispensary	Kitui	Tei Wa Yesu Family Care Centre, Mulango Dispensary, Zombe Dispensary
Kilifi	Oasis Medical Centre, Watamu Dispensary, AIC Malanga H ealth Centre)	Uasin Gishu	AIC Litein Hospital, Mary Finch Memorial Dispensary, Kabokyek Dispensary, Kebeneti Dispensary, Barotion dispensary
Kwale	Oasis medical Centre, Watamu Dispensary and St Luke's H ospital	Homa Bay	Kendu Adventist Hospital, Mangima Health Centre, Atemo HC, Kamasengre Dispensary

Coverage

Anzilisha is a three year (2017-2019) project implemented in 52 communities and supported by 52 link CHAK MHUsin 13 counties as indicated in the table on the previous page.

Project activities began in September 2017 with entry meetings held in the nine counties of Kitui, Makueni, Kakamega, Vihiga, Kajiado, Kilifi, Bomet, Narok and Bungoma.

The County Health Management Teams (CHMTs) were taken through the project objectives and implementation plan. The MOH Division of Family Health took advantage of these meetings to introduce kangaroo mother care (KMC) to the counties.

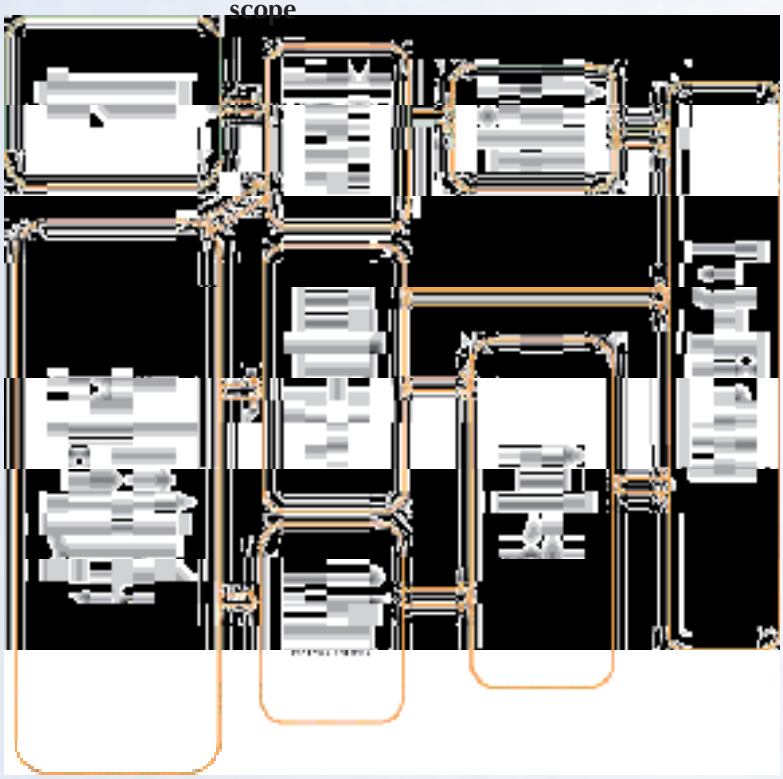
The County Health Management Teams (CHMTs) were mainly represented by County Directors of Health, reproductive health coordinators, child health focal persons, health promotion and community strategy staff and county nutritionists. The meetings were critical to the success of the project since Anzilisha is a national project supported by a consortium of five partners.

Project scope

The flow diagram below shows scope and demonstrates linkages betweenthe programme areas of maternal and neonatal health (MNH) and infants and young children's nutrition (IYCN).

Pregnant women and newborns (MNH) scope

Infant and Young children's nutrition (IYCN) scope



Key:

IYCN, MIYCM *- maternal, infant and young children nutrition*

MNPs: *Micronutrient powders*

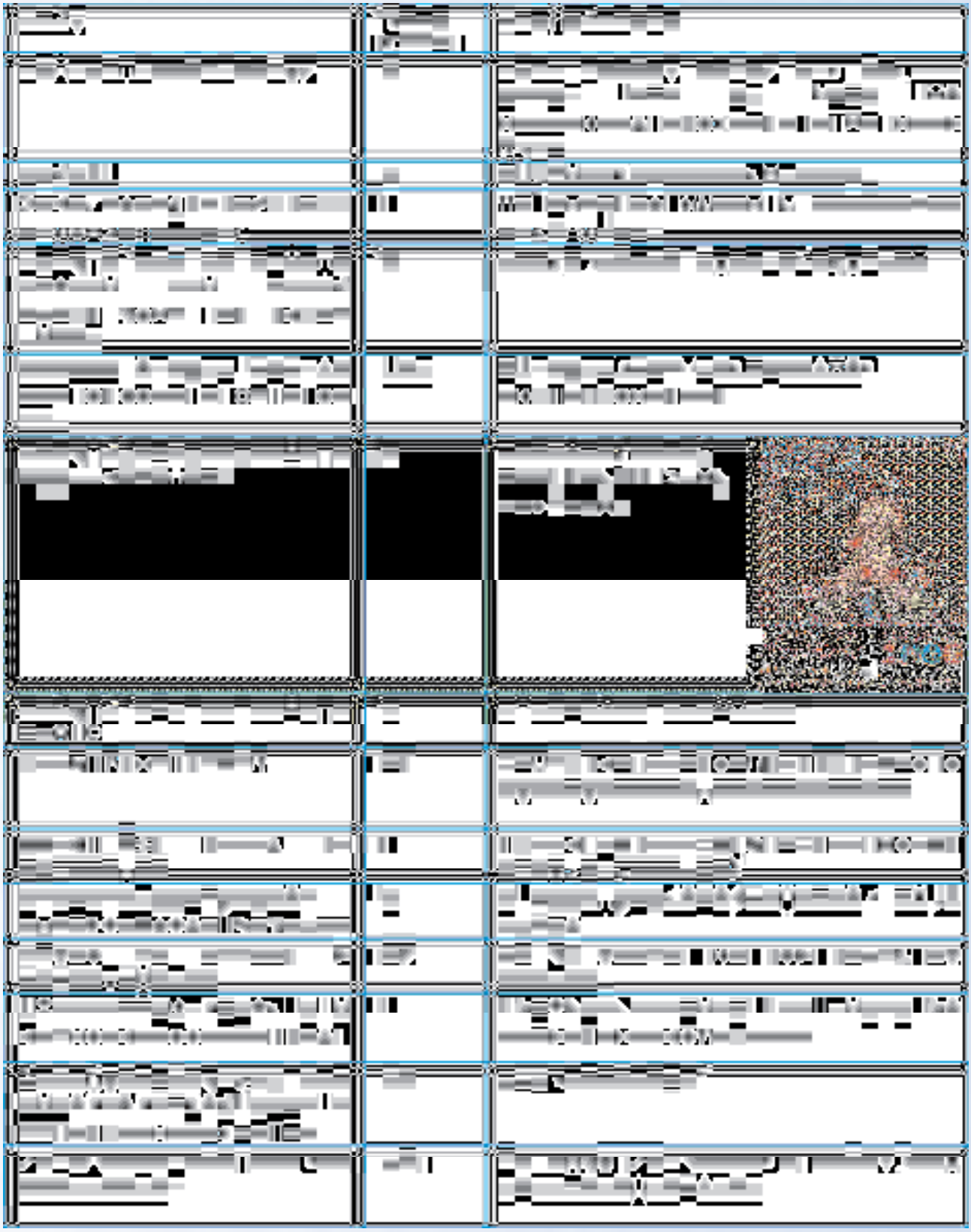
SBCC: *social behavior change and communication*

MNHN: *maternal, newborn health and nutrition*

TBAs: *Traditional birth attendants*

CBMNH: *community based maternal and newborn health*

Project achievements (September 2017 to February 2018)



Challenges

1. Staff turnover in the CHAK MHUs remains a major challenge.
2. Cultural and religious biases against contraception
3. Erratic supply of commodities at the FBO facilities
4. Many FBO health facilities lack appropriate equipment to support BEmOC

Lessons learned

- Strong partnership and collaboration with the MoH, NI, Implementing partners and other stakeholders is key to success of the project.
- The health facility managers' involvement has been helpful in scaling up activities.
- Community participation through religious leaders and CHVs is very important

Way forward

The Anzilisha project is still at its infantile stage and will be entrenched further into MHUs and communities with greater support to ensure its success.

Family planning programme

Rationale for family planning projects

In 2017, CHAK implemented family planning projects in Kenya and Uganda. The projects in Uganda were implemented in collaboration with the Uganda Protestant Medical Bureau (UPMB).

The family planning need in Kenya and Uganda remains largely unmet, standing at 23 per cent and 41 per cent according to KDHS 2014 and HSSIP respectively. The United Nations Population Division report (2009) placed the contraceptive prevalence rate for married women in Uganda at 23.7 while that of Kenya was 46 in 2008, according to the KDHS then.

Regional variations depicted Nyanza region to have the highest proportion of married women with an unmet need for family planning (32 per cent) compared to central region with the lowest at 15-16 per cent (KDHS 2014).

Nyanza region also had the highest rate of teenage pregnancies in Kenya with 27 per cent of girls aged 15-19 years having had children. (Policy Brief No. 31 June 2013: Ministry of Public Health and Sanitation and Population Reference Bureau Kenya).

A survey by Population Council in 2014 found that Kisumu had a large share of women (40 per cent) with unplanned pregnancies, 50 per cent of who wanted a child later while 40 per cent wanted no more children.

Uganda's population growth stands at 3.2 per cent per annum and with a total fertility rate of 6.7 children per woman. The population is mainly comprised of youth, 50 per cent of whom are below 18 years.

The unmet need is highest in West Nile and North regions (43 per cent, each), followed by East Central region at 42 per cent (UDHS, 2011).

This presents both an opportunity and a challenge for achieving sustainable economic and human development, as well as framing the trend towards population stabilization.

The current population growth in the two countries surpasses the growth in vital socio-economic services and unless addressed will increase vulnerability for the youth with greater possibilities of social unrest.

Both Kenya and Uganda governments have dedicated less resources for FP services than expected, Uganda setting aside 9 per cent of the national budget while in Kenya, both national and county governments set aside only 7.6 per cent in the 2016/17 financial year down from 7.7 per cent the preceding year. Pre-devolution levels were at 7.8 per cent.

This shows a need for greater political will, support and leadership to champion the right of individuals to make responsible choices on matters reproduction and contraception.

In 2017, CHAK implemented two family planning projects, one supported by the Lucile and Packard Foundation and the other by Bill Gates Foundation.

Packard Foundation FP project

The project pilot started in 2013 and ended in December 2015. It was extended for a further two years that ended in December 2017. Project activities were carried out in Uganda and Kenya by UPMB and CHAK respectively, with CHAK as the prime recipient and UPMB as the sub recipient.

Coverage

In Uganda, the project was implemented in the upper eastern region with four link health facilities.

In Kenya, the project was implemented in Nyanza, western and eastern regions in collaboration with six health facilities.

Project objective

The overall objective of the project was to contribute to reduction of the unmet need for family planning and improve maternal health outcomes.

This would be done by strengthening the capacity of community health and faith-based systems and structures to create demand and improve access, quality and uptake of FP services.

Specifically the project set out to:

- Build capacity of faith-based health systems and networks to provide high quality, sustainable FP information, counseling and services
- Build and strengthen capacity of religious leaders, pastoral platform and other community stakeholders to increase demand for FP
- Share and disseminate the successes and impact of the community pastoral and faith platform to local and international partners and forums as an effective and replicable model for improving contraceptive uptake

Implementation model

The project was modelled along three key pillars:

Community pillar
This pillar was made of the pastoral platform supported by religious leaders and CHWs. The pillar was key to creating education and awareness on family planning methods, addressing contraceptive myths and misconceptions and offering FP counselling to create demand for contraceptive use at the community level.

This pillar was a vital link between communities and health facilities through managed linkage and referral systems that ensured clients accessed FP methods of choice either at the community or health facility.
The skills and capacity of both CHWs and religious leaders were improved through appropriate training using national guidelines.

The CHWs offered community based FP services that included distribution of condoms, cycle beads and oral contraceptive pills which they got from the health facilities. They referred clients to health facilities for long acting and permanent methods (LAPM).

FBO health facility pillar
The health facility pillar linked with the community pillar by offering quality FP services to clients referred or walking in from the communities.

The project built the capacity of health facilities to render FP services by training health workers on contraceptive technology and supporting them with basic FP equipment.

The health facilities and CHWs worked closely to ensure that referrals from religious leaders were effectively linked and supported.

Commodities and supplies pillar
A dependable, consistent and sustainable commodity supply mechanism is critical for success of an FP service delivery program.

The project worked with county health management teams for supply of FP commodities to both the communities and health facilities. In case of stock outs in the counties, the project supplied the commodities from a small buffer stock built in within the system.

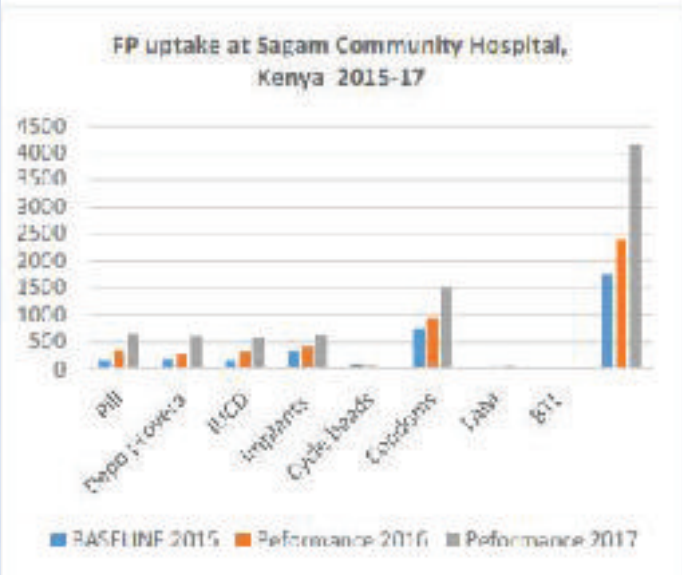
Project achievements

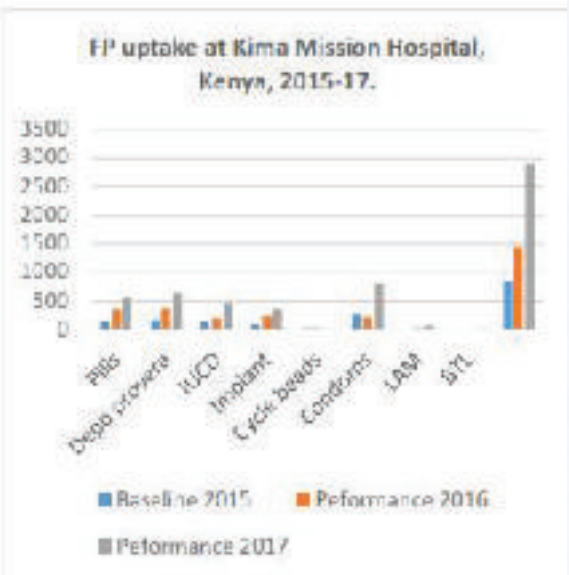
Outcome 1
Capacity of faith-based health network and system strengthened to provide high quality, sustainable FP information, education, counseling and services

The project supported 98 CHVs trained in the pilot phase to further strengthen the community pillar. The CHVs conducted door-to-door FP counselling and reached out to couples with information and education. They supported community dialogue days, reaching out to families and communities with key FP messages.

Religious leaders conducted monthly meetings where they shared progress reports and sought solutions to challenges. They engaged communities in dispelling the myths and misconceptions about family planning using biblical verses in support of FP. The number of clients reached with FP messages and information at the community level is tabulated below.

Total	1,175,000				





The CHVs were empowered to distribute contraceptive pills, cycle beads and condoms at individual, family and community level after counselling clients. A key challenge was stock outs, specifically for pills which ran out for some months. The CHVs referred clients to facilities that still had stocks.

Religious leaders were instrumental in advocating for family planning using platforms such as churches, women and men groups. CHAK developed, printed and distributed an advocacy tool for religious leaders. This guide has biblical verses and teachings that support family planning.

Community outreaches were done quarterly. The 10 implementing health facilities targeted hard to reach areas where CHVs and religious leaders mobilized the communities. This ensured FP services were closer to the people.

During the reporting period, the project served clients in both Uganda and Kenya as tabulated above:
The CHVs accessed and distributed IEC materials such as posters supplied from the Sub County family health units, including the WHO FP wall chart.

	Outreaches done	New clients	Revisiting clients	Total clients
UPMB	72	1,480	1,106	2,586
CHAK	97	3,798	3,821	7,619
Total	169	5,217	4,927	10,205

Outcome 2
Capacity of faith-based health facilities built to improve access to affordable, equitable and high quality family planning services

Policy engagement was facilitated at national and county levels by both CHAK and UPMB.

Meetings were held with both county and national governments to advocate for improved support for family planning. This advocacy enabled health facilities to continue receiving FP commodities from the sub county offices. Information dissemination and training workshops were also held.

On-job-training and updates on contraception were done in both CHAK and UPMB health facilities.
Newly employed health workers were trained on long acting FP methods. A total of 60 health care workers were trained and updated.

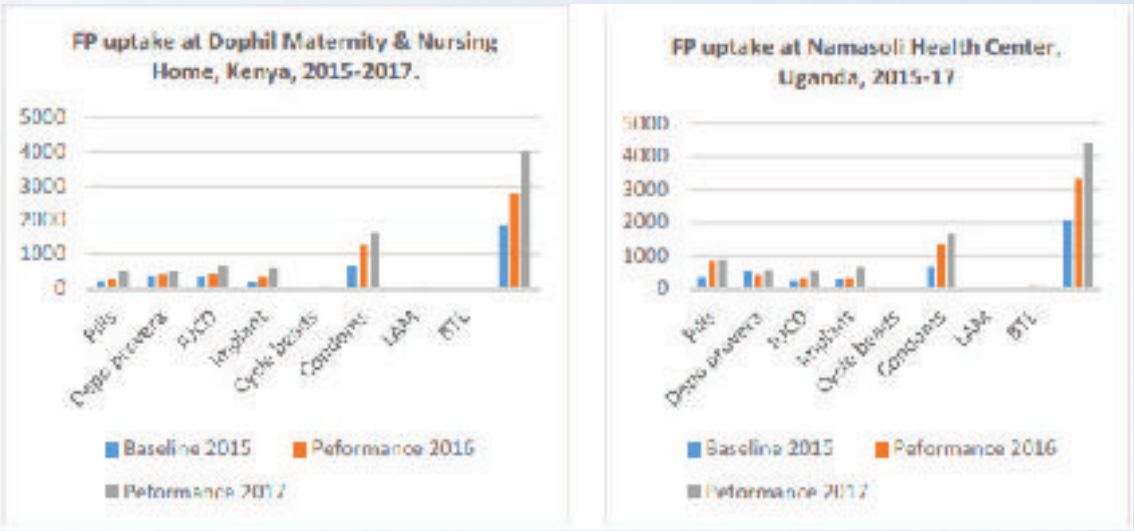
Outcome 3
Develop a community faith-based FP model for replication in other Christian Health Associations in sub-Saharan Africa
The project model has been replicated successfully in initiatives addressing non-communicable diseases with demonstrable success.

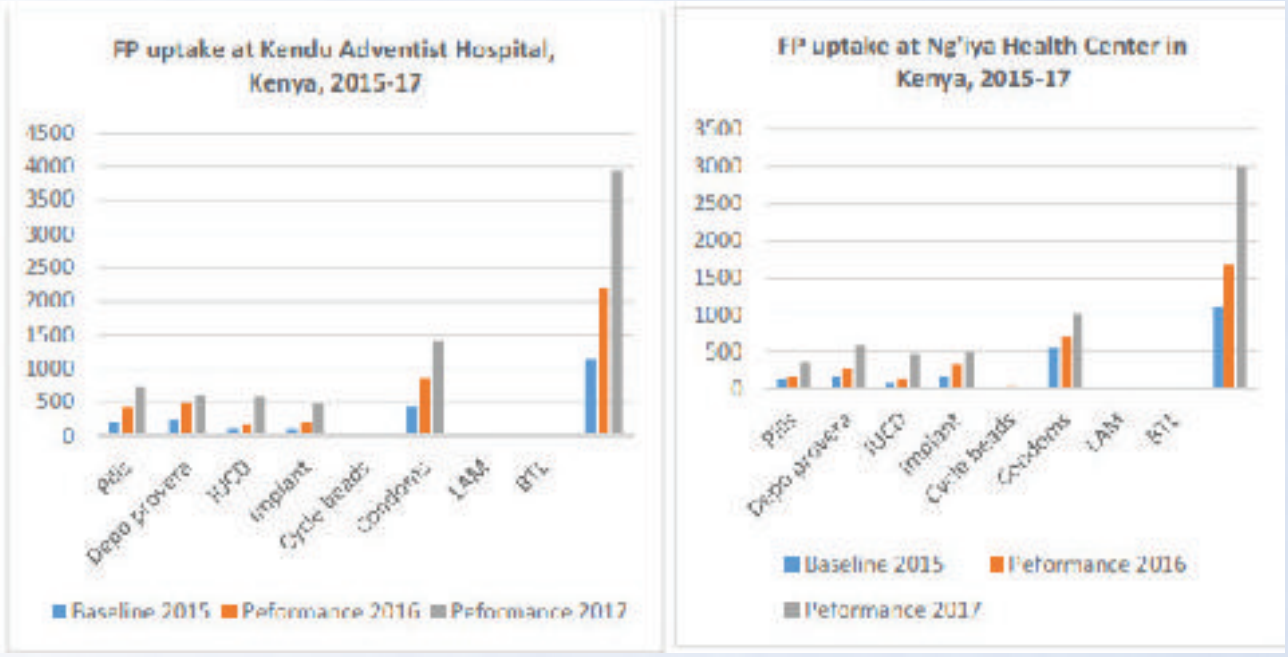
Using church platforms to increase uptake of family planning has yielded good results.

The project results, lessons learnt and best practices were shared in various national, regional and international forums.

National level platforms including Technical Working Group (TWG) meetings and stakeholders meetings were used to disseminate information, results, lessons learnt and best practices.

Dophil Maternity and Nursing Home, one of the implementing sites in Nyanza region, was supported to attend the GLUK 2017 conference where information on the project was shared. CHAK shared the project's success stories at the Africa Christian Health Platform (ACHAP) conference in Lesotho and CCIH conference in the USA in 2017.





Participation in health days such as like World Contraceptive Day was instrumental for advocacy.

The project work was also shared during the CHAK Annual Health Conference where religious leaders shared their achievements in family planning advocacy, generating debate and interest.

Institutionalization and sustainability

It is expected that implementing health facilities would continue to offer quality family planning services at the community level through outreaches and at the health clinics after the project.

The CHMTs have integrated supervision to faith-based health facilities at county and sub county levels.

Capacity building of health care workers through on job training and updates would also continue with participation of CHMTs.

Program activities currently run by other stakeholders such as Beyond zero in Kenya were also adopted for sustainability.

Lessons learned

CHVs, if equipped with the right tools and resources, are be able to bridge the gap between communities and health facilities with tremendous improvement in service delivery.

Through continuous sensitization especially by religious leaders, behavioral change aspects related to family planning such as myths and misconceptions

were addressed.

The CHV and religious leaders' partnership and collaboration was important for achieving the project objective and overall goal. Capacity building of health care workers was ongoing due to high staff turnover in faith based health facilities. This ensured services are offered continuously to avoid missed opportunities.

Community health workers and religious leaders share their experiences in the project

"I am now well known in my community as a trained health worker…People look forward to seeing me and hearing from me during community sensitizations.'' - CHV from Nabitende Health Center II, Uganda.

''In my community, people applauded the project. They are appreciative for the work done especially for having the CHV bring services nearer to them than before.'' - CHV from Kakombo HC III, Uganda

''One of my clients whose husband doesn't approve of her using a family planning method said that she finds it easy to come to pick pills from my home.'' - CHV from Kendu Adventist Hospital in Kenya

"In my community, the youth have responded well to the sensitizations. Commodities such as condoms are taken up very fast and freely. I'm always getting refills from the link health facility." -CHV from Dophil Nursing & Maternity home.

"I am happy that my community regard me as a family planning pastor. I am not ashamed to talk about family planning to the congregation whenever I get a chance. Many couples that I have encouraged to use family planning methods are now using the methods because as a teacher of the word of God they believe in my words. I am happy to report that I have been able to refer more than 100 clients to the health facilities for FP methods. Most of them come back to me to inform me that they have taken the method. I have become a "Daktari" meaning a (doctor) of family planning."

Christian Advocacy for Family Planning in Africa (CAFPA) project

Introduction

Faith-based organizations (FBOs) and religious leaders have huge impacts on their communities through direct service delivery and as community opinion leaders. They are also influential voices with policymakers.

The FBOs provide approximately 40 per cent of total healthcare in Kenya and 30 per cent in Zambia. In sub-Saharan Africa, 85-90 per cent of people identify religion as "very important" in their lives, according to a survey by the Pew Research Center's Forum on Religion and Public Life released in April 2010.

The Christian Advocacy for Family Planning in Africa (CAFPA) project is focused on identifying and engaging willing religious leaders in Kenya, Nigeria, and Zambia on family planning advocacy within their denominations, and with government officials.

This would in turn impact national and international forums positively through a broader, sustainable faith-based movement for family planning at country level. In Kenya, the project is implemented in the three counties of Kiambu, Muranga and Meru.

Project objectives

1. To improve the policy and funding environment for FP through advocacy by religious leaders at county and national levels in support of improved maternal and child health outcomes
2. To increase visibility of Christian Health Associations (CHAs) and other faith-based organizations in global initiatives on family planning

Project achievements

CHAK has been influencing the policy and funding environment for FP in the Kenya over the last three years by increasing the advocacy capacity of FBOs and their affiliated institutions.

Youth in the project counties were engaged in discussions on how the church could address their family planning needs and how these were affected by county and national budgets as well as policies.

The project utilized radio shows to address questions related to youth FP needs and encouraged religious leaders to discuss sexuality with them.

The project ensured that churches and faith communities invested deeply in the health and well-being of their youth, advocated for action against gender and sexual based violence and keeping girls safe.

A study on financing of family planning supplies and commodities was done in the project counties and findings shared with religious leaders and county governments. This was to shed light on existing gaps and seek partnerships to address such shortcomings.

Project outcomes

- FP policies supporting resourcing and financing of FP commodities, supplies and activities were openly discussed at the county and national level.
- The capacity of a core group of local FBOs and religious was improved and commitments of MOH and other partner organizations working with FBOs on FP secured.
- County governments and county health departments support for FP commodities has greatly improved. Dialogue is continuing for inclusion of sexuality and gender matters related to HIV.
- Improved FP uptake and improved method mix at health facility and community levels was recorded in project counties.
- Engagement of religious leaders in advocacy at community level to address myths and misconceptions driven by belief and culture was deepened and entrenched in their pastoral care and practices.

Partnership and networking

a) CHAK worked with CCIH, EPN and CHAZ to develop the FP advocacy guide for faith communities.
b) Advocacy was done in Kiambu and Murang'a counties for budget lines for FP commodities.

Emergency support to MHUs

Introduction

The CHAK emergency programme is supported by a small fund that sits with MEDS. The fund was set up by the CHAK Executive Committee (EXCO).

The purpose of the fund is to alleviate challenges associated with emergency health situations experiencedby CHAK member health facilities in their quest to offer equitable, quality and affordable health care to communities.

Emergency kit offered to the CHAK facilities

Cholera outbreak

In 2017, the Ministry of Health separately declared cholera and malaria outbreaks. The cholera outbreak was characterized by continuous transmission in affected communities coupled with outbreaks in camp settings and institutions or during mass gatherings.
Continuous transmission in communities accounted for around 70 per cent of the total cases with the majority coming from Nairobi County.

Overall, over 15 counties were affected by the cholera outbreak.

Facilities affected by cholera outbreak

No	Facility Name	Church	County
1	El-Wak Adventist Health Centre	SDA	Garissa
2	Kimende Orthodox Mission Health Centre & Maternity Home	Orthodox	Kiambu
3	ACK St. Joseph Kanyariri Dispensary	ACK	Kiambu
4	ACK St. Marks Kanunga Dispensary	ACK	Kiambu
5	Kamirithu K.A.G. Church Dispensary	KAG	Kiambu
6	PEFA Mercy Medical Centre	PEFA	Kiambu
7	Mombasa Mobile Clinic	MPC	Mombasa
8	Mununga Dispensary	AIC	Murang'a
9	ACC&S Tata Hannah Dispensary	ACC&S	Murang'a
10	St. Paul's Ithiki Community Dispensary	ACK	Murang'a
11	ACC &S Rwathe Church Dispensary	ACC&S	Murang'a
12	Baraka Health Center	CTKIPF	Nairobi
13	Soweto Kayole Health Program	AEE	Nairobi
14	Mwangaza Ulio Na Tumaini	Nairobi Chapel	Nairobi
15	Huruma Clinic	NCCK	Nairobi
16	KAG Sombo Dispensary	KAG	Tana River
17	Lokichar Health Centre	RCEA	Turkana
18	AIC Lokichoggio Health Centre	AIC	turkana
19	Kalokol Health Centre	AIC	Turkana
20	Kima Health Centre	COG	Vihiga
21	Dophil Medical Clinic "Rabuor"	Nomiya Church of Kenya	Vihiga
22	Boyani ADC Clinic	ADC	Vihiga
23	Koloch Dispensary	BAPT	Vihiga

Following the outbreak, some MHUs in the affected counties requested for support including medication, intravenous fluids and other supplies to help them support management of the outbreak in their catchment communities.

CHAK supported 23 MHUs with essential commodities and medicines. The support was valued at Ksh42,964per MHU with a total of Ksh988,172 being used to support all the affected facilities.

The emergency supplies were sent out to recipient health facilities by MEDs and feedback given upon receipt ofeach consignment by the MHU.

Highland malaria outbreak

In addition to the cholera outbreak, the five counties of Baringo, Lamu, Marsabit, Turkana and West Pokot experienced an outbreak of malaria in November 2017.

Malaria is endemic in Nyanza and parts of western region. While many parts of Kenya have low malaria prevalence, seasonal variations occur fueled by weather patterns. In such instances, there is a sudden rise in malaria infections in low transmission zones. As a result of the outbreak, 11 MHUs as shown in the table below requested for support.

CHAK was able to support each facility with a kit containing essential medicines. Each kit was valued at Ksh150,047 with the total support reaching Ksh1,650,517.

Non-Communicable Diseases (NCD) Program

Introduction

Non-communicable diseases (NCDs) are medical conditions that are non-infectious and non-transmissible. They are usually chronic and progress insidiously. Globally, NCDs kill 40 million people each year, constituting about 70 per cent of all deaths.

NCDs affect men and women almost equally. The commonest types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and metabolic disorders such as diabetes.

The risk factors associated with NCDs include tobacco use, unhealthy diet, physical inactivity and alcohol abuse.

These NCDs are not only a health problem but a development challenge due to the high number of lost years due to ill-health, disability and early death. These diseases are also associated with catastrophic hospital and home care costs.

The CHAK NCD programme

CHAK, in collaboration with Novo Nordisc, The World Diabetes Foundation (WDF), AstraZeneca, Norvatis, the Ministry of Health, county governments, the Church, and communities has been implementing its NCDs program since 2012.

The CHAK NCD programme addresses four conditions:

1) Diabetes
2) Hypertension
3) Asthma
4) Breast Cancer

The goal of the CHAK NCD programme is to contribute to the worldwide WHO target of achieving 25 per cent relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025.

The CHAK NCD program is aligned to the Kenya National Strategy for the Prevention and Control of Non-Communicable Diseases 2015-2020 whose three action areas are:

1) Disease prevention and health promotion targeting reduction of modifiable risk factors such as inadequate exercise, poor diet, obesity
2) Early diagnosis, treatment and control of NCDs through health systems improvement
3) Improvement of monitoring and evaluation (M&E) of NCD interventions and outcomes

The specific objectives of the CHAK NCD program as in the CHAK Strategic Plan 2017-2022 are in phase with the above three domain areas and are as follows:

1. Promotion of awareness and knowledge of diabetes, hypertension, asthma, breast cancer and their risk factors in the community
2. Promotion of screening and early diagnosis of diabetes and hypertension
3. Strengthening MHUs in provision of comprehensive services for diabetes, hypertension, asthma and breast cancer
4. Promoting early treatment and retention on care to prevent complications of diabetes and hypertension.
5. Improvement of health information systems at community and health facility levels for improved patient outcomes

Diabetes

During the reporting period, CHAK implemented three projects addressing the burden of diabetes in Kenya.

Base of the Pyramid (BoP)

CHAK has implemented the BoP project since 2012 with the support of Novo Nordisc. The 2017 program was implemented under a two-year project that ended in December 2017 but the program will continue under a new two-year contract starting January 2018.

The BoP project covers 75 CHAK health facilities and their host communities spread in 23 counties, with the objectives of improving access to quality, affordable and sustainable insulin, improving clinical, patient and community based management of diabetes and giving information, awareness and education at the community.

The project also works closely with the MOH to build the national capacity of supervision, data collection and reporting as well as monitoring and evaluation.

Action for Diabetes in Kenya (AFORD-Kenya)

This is a two-year project supported by WDF, which is implemented in 20 CHAK and 30 county government health facilities in Kisii, Nyamira and Kericho counties. This project started in 2017 and ends in 2019.

The project's objective is to promote early diagnosis of diabetes by promoting community information, education and awareness, screening at community level and improving linkage to enrollment for treatment and care at the health facility level.

The project works in collaboration with the BoP

and Novartis projects to improve access to insulin and oral hypoglycaemics for enrolled clients. Joint implementation with the counties ensures support from the devolved governments, improves sustainability and continuity of the project activities.

Novartis Access Project

This is a two-year project supported by Novartis and implemented across 50 CHAK Member Health Units in 20 counties.

This project seeks to promote community-based awareness and education and screening for diabetes to promote early diagnosis and enrollment for treatment and care.

The project also supports capacity building of health care workers to improve the quality of care. At community level it works with psychosocial support groups to raise the level of self-care and adherence to treatment.

All the three diabetes projects are complementary to each other and enable CHAK to achieve more coverage, community awareness for early diagnosis, improve care and treatment, data collection and reporting and supervision.

The three projects have critical deliverables with regard to improvement of diabetes mediation and supplies and improving diagnostics. The CHAK programme works with the private sector to improve laboratory diagnostics and follow monitoring of blood sugar control. In this regard, Meditec Systems has placed HbA1c machines in CHAK MHUs.

The overall objective of the CHAK diabetes projects is to contribute to the World Health Organization target of halting the rise of diabetes and obesity by 2025.

Hypertension

In 2017 CHAK implemented two hypertension projects to address and contribute to reduction of the burden of Hypertension in Kenya.

Healthy Heart Africa (HHA) Project

This is a three-year project ending in 2020, supported by AstraZeneca. It is implemented in 53 CHAK member health units and seven high volume county health facilities spread across 22 counties.

The project's strategies involve the key areas of patient awareness, improved care and treatment and control of hypertension. In 2017, patient awareness and education activities were scaled up.

This followed a realization that it would take long for patients to actively manage their condition on their own because it is asymptomatic. For many Kenyans with hypertension, its management may not be a top priority.

Improving patient linkage to treatment after screening was critical. In 2017 the project targeted usage of out or in-reach screening at clinics, workplaces oand communities to improve linkage.

Regular clinic attendance improves blood pressure control. With an estimated 20 per cent of Kenyan adults over the age of 18 having high blood pressure, the HHA programme aims at driving higher attendance to clinics.

The project actively worked to build capacity of health facilities by training and task shifting to support the appropriate use of nurses to manage HTN in order to improve patient treatment experiences and hence improve treatment success.

Use of faith-based platforms to combat NCDS

During the year, CHAK heavily utilized Christian community social systems and pastoral platforms for community education and awareness creation, screening for diabetes and hypertension, supporting community-based clinical outreaches and offering the all-important linkage to those with hypertension and diabetes to get care and treatment at the health facilities.

The use of the religious and church platforms is unique to CHAK. This approach has also been used in the CHAK family planning programme with demonstrable replicable success.

Achievements of the CHAK NCD Programme in 2017

Diabetes programme

Majority of Kenyans (87.8 per cent) have never done a blood sugar test in their lifetime. Yet nearly two per cent of Kenyans (nearly one million people) have raised blood sugar levels according to the Kenya STEPwise Survey for NCDs Risk Factors 2015 Report.

Awareness and education

In 2017, all the three CHAK diabetes projects engaged in awareness and education activities.

A total of 86,251 persons were reached with messages on diabetes and the associated risk factors.

These messages were passed through distributing IEC materials to communities and at health facilities. CHAK also participated in a radio talk show in Kisii dialect to commemorate World Diabetes Day. The

Commemoration of World Diabetes Day on November 14, 2017.

radio show was also supported with a concurrent diabetes walk.

Screening

Screening for diabetes was done through outreaches and at health facilities. In 2017 the project conducted a total of 110 community outreaches where 10,474 persons were screened for diabetes. Those found with abnormal sugar levels were referred to health facilities for further evaluation and treatment.

To facilitate screening for diabetes, CHAK distributed 401 glucometers and 12, 950 glucose test strips to MHUs. Further, a total of 118 community health volunteers (CHVs) were equipped with glucometers.

The project also undertook risk factor evaluation for clients attending outreaches, targeting BMI, smoking, obesity, level of physical activity and alcohal abuse. The clients were advised on strategies to minimize the risk factors.

Capacity building

To improve the capacity of MHUs offering comprehensive diabetes care, the project supported continuous mentorship to health care. In 2017, a total of 337 health care workers were trained using the strategy.

Treatment and care

During the reporting period, a total of 8,915 patients were offered diabetes treatment in CHAK MHUs. More than 90 per cent of the MHUs accessed and dispensed supplies under the BoP access price of Ksh500 as compared to Ksh1,500 in the private for profit health sector.

CHAK has facilitated establishment of 54 diabetes psycho social support groups to promote self-management of diabetes and improve adherence and control.

Equipment

HbA1c screen, an important blood sugar control monitoring indicator was available in four CHAK MHUs, namely, AIC Litein, AIC Kapsowar and Nyanchwa Adventist hospitals as well as Baraka Health Centre in Nairobi through a placement arrangement with Meditec Systems. Meditec supplied Siemens Vantage DCA HbA1c machine at the facilities.

CHAK-MOH collaboration

The National Diabetes Control Programme, Division of Non-Communicable Diseases, (MOH) in partnership with CHAK conducted support supervision to assess the implementation of diabetes services in selected CHAK MHUs in three counties in Western Kenya.

The team visited IcFEM Dreamland Hospital, Friends Lugulu Mission Hospital and Mission of Mercy Medical Clinic in Bungoma, ACK Namasoli Health

Diabetes and hypertension screening outreach organised by PCEA Kikuyu Hospital on May 14, 2017.

Centre, Ingotse Health Centre and Chebwai SDA Dispensary in Kakamega and COG Kima Mission Hospital in Vihiga county.

Hypertension programme

More than half (56 per cent) of Kenyans have never had their blood pressure taken, yet nearly one in four adults in Kenya have raised blood pressure (Kenya STEPwise Survey for NCDs Risk Factors 2015 Report - 2015).

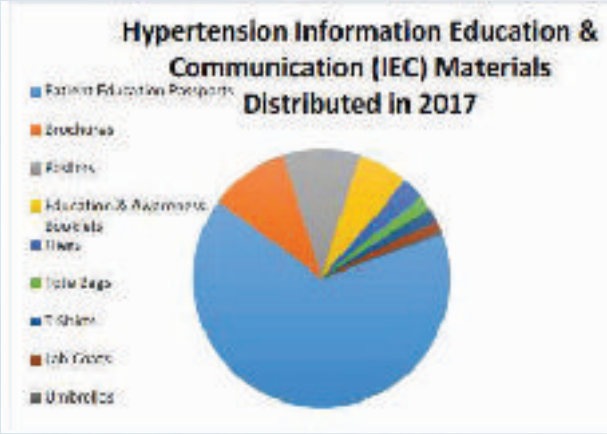
Hypertension is the occurrence of persistent raised blood pressure and it is the biggest risk factor for cardiovascular diseases (CVD), the leading cause of death worldwide.

Education and awareness

Raising awareness on hypertension and its associated risk factors was an effective intervention for communities to change their health seeking behavior and take up regular blood pressure screening.

In 2017, CHAK provided hypertension health education to over 500,000 persons through religious leaders, community health volunteers and health care workers from implementing CHAK MHUs.

The messages were passed by distributing of over 10,000 information education and communication (IEC) materials. The project also took the opportunity to pass hypertension messages during a talk show hosted by Radio Waumini on World Hypertension Day (May 17).



Screening

During the year, the project screened a total of 523, 066 persons for high blood pressure in different settings including churches, open air markets, chiefs barazas, work places and health care facilities.

In communities, screening was done by CHVs, who had been trained and equipped with blood pressure machines by the project since 2015 and HCWs in health facilities.

Out of those screened, a total of 98,461 were referred with high blood pressure and subsequently, 26,883 were diagnosed with hypertension.

Capacity building

Through the year, CHAK continued to build the capacity of community health systems and health facilities in screening for early diagnosis and to link those diagnosed with hypertension to health facilities for treatment.

During the year, a total of 301 CHVs received refresher training to improve their skills. The training enabled them to better give health education messages and screen for hypertension. The project also trained a total of 576 HCWs from CHAK MHUs on comprehensive hypertension management. A total of 89 health care providers were trained centrally and 487 through onsite mentorship.

Supply of medicines

Through the HHA and Novartis Access Projects access price for quality hypertension drugs that is managed by MEDs, over 110 CHAK MHUs were enabled to procure affordable quality medication for their clients. These drugs continue to be available at MEDS.

These drug prices have been discounted by over 90 per cent of their commercial value, to a price of Ksh180 – Ksh250 (USD 1.8-2.50) for a month's dose.

Efficient supply logistics have seen deliveries done to any part of Kenya within 7-10 days of ordering from MEDS.

Collaboration with Ministry of Health

In 2017, CHAK in collaboration with the Ministry of Health-Non Communicable Diseases Control Unit and other stakeholders, contributed immensely to the development and validation of both the Kenya National Diabetes and Hypertension Curriculums and monitoring and evaluation tools.

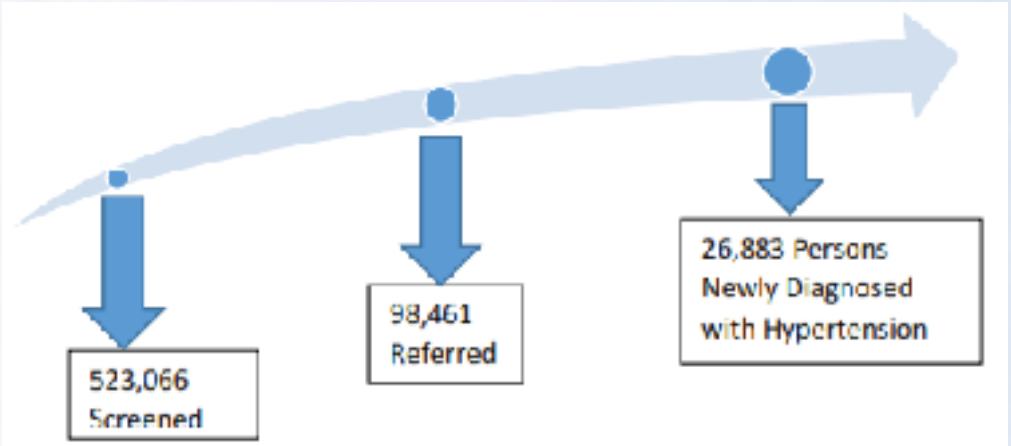
The two documents will be launched in early 2018 for dissemination and roll out throughout the country.

Asthma and Breast cancer

Bronchial asthma and breast cancer awareness and screening is a new area of programming for CHAK and is in its early stages.

According to the CHAK five–year strategic plan 2017-2022, the goal is to initiate the processes and operations of developing five CHAK MHUs into centers of excellence on breast cancer care, contributing to the WHO global targets of reducing the risk of premature mortality from cancer by 25 per cent by 2025.

Currently, the programme is supported by the Novartis project. In 2017, CHAK conducted a baseline survey in 21 sites to establish the status of



The hypertension patient pathway: screening through to diagnosis

health care delivery for NCDs including asthma and breast cancer.

The survey targeted the areas of human resource capacity, supply of drugs and commodities, appropriate equipment, laboratory diagnostics and community health system structures.

The data collected will be analyzed in 2018 after the survey is completed by extending it to another 15 health facilities and communities.

The project started the process of building the capacity of community health systems and health care workers as a basis for launching community education and screening.

A total of 15 key religious leaders from 15 sites were sensitized on asthma and breast cancer while 27 health care workers formed the ab initio team to be trained in the community awareness, screening and management of the two conditions.

The programme activities will be scaled up in 2018.

Challenges

1. Industrial action by Kenyan Health Workers in 2017, especially the nurses and the doctors led to a massive in-flow of patients to CHAK implementing sites. Due to the limited staff in the FBOs, the patient overload slowed down the NCD project activities in level four facilities and above. This is, however, a non-recurrent challenge.
2. The events around the prolonged election period affected activation and start of activities in high volume MOH sites for HHA and most sites targeted by the diabetes and hypertension project supported by Novartis and AFORD-Kenya projects.

Way forward

CHAK will endeavor to scale up its NCD programme both in intensity and extent to ensure that it is integrated into the normal service delivery programmes for long term sustainability.

CHAK will work closely with the MOH, county governments and other partners to ensure that we contribute significantly to the objective of halting and reversing NCDs in Kenya by 2025.

Health Systems Strengthening

Introduction

Health Systems Strengthening efforts by CHAK were in the following areas: Human resources management and development, hospital management information systems and software, financial management, drugs and pharmaceutical supplies and commodities, monitoring and evaluation, standards and quality assurance, medical equipment procurement, repairs and maintenance and development of building infrastructure.

Capacity building in project formulation and proposal writing

In response to requests by MHUs through the RCCs for capacity building in health projects formulation and proposal writing, CHAK organized and conducted a national workshop. The workshop was held in June 2017 at Jumuia Conference Centre, Nakuru. Attendance at the workshop was 26 participants from 26 MHUs.

Proposal writing workshop group work.

Capacity building in management and governance

Management workshop for Nyanza and South Rift region held in Homabay.

Management workshop in Embu.

Training workshops

The need for capacity building in management and governance by MHUs was addressed through four separate regional workshops that covered a total of 80 MHUs. The workshops focused on imparting knowledge, skills and information through power point presentations, plenary discussions and experience sharing.

A management and governance workshop for MHUs in Western and North Rift region was held in August 2017 in Kakamega. For MHUs in Nairobi, Central, Rift Valley and Coast region, the workshop was held in October 2016 in Nairobi while MHUs in Eastern and North Eastern region met in September 2017 in Embu for a similar exercise. A training for Nyanza and South Rift region was held in June 2017 in Homabay.

Management workshop in Kakamega.

Experience sharing exchange visits

Experience sharing and learning exchange visits between facilities are an effective way of transferring knowledge and best practices from one facility to another. During the year, the following benchmarking exchange visits were done:

a) PCEA Tumutumu Hospital team visited Nazareth Hospital.
b) Kendu Adventist Hospital visited Aga Khan Hospital, Avenue Hospital and Jaramogi Oginga Odinga Teaching and Referral Hospital.
c) AIC Kapsowar Hospital visited PCEA Tumutumu Hospital.

Visit by PCEA Tumutumu Hospital to Nazareth Hospital.

Support to governance of MHUs

Board meetings

In this reporting period CHAK supported and participated in meetings and activities for governing boards of the following 11 member hospitals: ACK Maseno, ACK St. Lukes Kaloleni Hospital, MCK Maua, PCEA Kikuyu, Friends Lugulu, AIC Kijabe, AIC Githumu, PCEA Chogoria, PCEA Tumutumu, AGC Tenwek and Tei Wa Yesu Health Centre.

Board induction and capacity building

In response to requests by six facilities in Turkana County for support in Board induction and capacity building, CHAK organized and held a joint workshop for six facilities in November 2017. The six facilities were Lokichogio, Lokichar, Lokori and Kaloko health centres, Namuruputh Medical Centre and Eliye Springs Dispensary.

There were two representatives from each facility. The participants comprised both members of the management teams and facility in-charges. The focus of the workshop was induction on roles of the management committee in small health facilities and capacity building in relevant management and governance aspects.

Management committee induction for six facilities from Turkana County.

Regional Coordinating Committee (RCC) activities

Performance review and planning meetings

In March/April 2017, all the four CHAK RCCs held meetings to review activity implementation in the previous year (2016) and to plan for the year 2017. Activities in all the CHAK regions reached 80 MHUs.

An RCC planning meeting in progress.

Implementation of RCC activities

The four CHAK RCCs set out to do the following:

1) Hold four workshops (one in each region) to build the capacity of small MHUs in governance and management
2) Hold a proposal writing workshop for all facilities to build their fundraising potential
3) RCC members were tasked with making supervision visits to MHUs in their respective counties
4) Engage with MoH in their respective counties for resource allocation and advocacy

Management workshop for Nairobi, Central, Coast and Central Rift Valley.

Management workshop for Eastern, and North Eastern Region.

All the planned activities were achieved except the county engagement which was hampered by the prolonged electioneering period due to the 2017 General Elections. A total of 158 MHUs benefitted from supervision visits from the RCC members and essential data was gathered.

County engagement

County engagement within the CHAK network takes four forms: engagement with the Council of Governors, direct engagement by MHUs and churches at county level, engagement through partnership in CHAK projects and direct appointments between CHAK RCCs and County MoHs.

In 2017, county engagement was hampered by the prolonged electioneering. However, engagement through partnership in CHAK projects was on-going.

Projects partnerships were seen Kiambu, Kilifi, Mombasa, Makueni, Machakos, Nairobi, Narok, Nakuru, Muranga, Kirinyaga, Nyeri, Embu, Tharaka Nithi, Meru, Kericho, Kisii, Nyamira, Vihiga, among other counties. Detailed reports of these engagements are in the Health Services Support section of this report.

Architectural support

The support provided covered whole or part of the scope of normal architectural services. These are client briefing and site investigations or evaluation, preliminary design, detailed designs and tender documents, pre-construction contract services, construction period services and post-construction period services.

Ramp at the Tenwek Eye and Dental project.

The following MHUs were supported:

AGC Tenwek hospital

a) Architectural drawings were produced for a male hostel and a female hostel to support the anticipated

high intake for April 2018.

b) Supervision of construction works for Tenwek's Bomet Satellite Hospital continued. The project is expected to be complete by May 2018.

c) Supervision of construction works for the eye and dental unit continued. The project was completed and officially opened by President Uhuru Kenyatta in April 2018.

d) Supervision and project administration for the proposed kitchen, dining and multi-purpose hall for the school of nursing continued.

PCEA Tumutumu hospital

a) Architectural and engineering proposals and cost estimates for converting and rehabilitating an existing multilevel building housing Sugar Baker Dispensary into a satellite hospital for PCEA Tumutumu Hospital were done.

b) Architectural and engineering proposals and cost estimates for residential units on a piece of land in Nyeri were developed. The project will serve as an income generator for the hospital

c) Architectural and engineering proposals and cost estimates for reorganizing, extending and refurbishing the current laboratory and pharmacy units were developed.

MCK Maua Hospital

CHAK offered supervision support for remodeling of HIV and chest clinics. It is anticipated that the project will be completed in March 2018.

PCEA Kikuyu hospital

Architectural and engineering proposals and corresponding cost estimates were developed for a paediatric eye surgical unit. It is anticipated that the project will proceed to tender and construction in early 2018.

RCEA Plateau Hospital

CHAK offered supervision support for an x-ray building to completion.

Ronda Fund proposals

Five hospitals were assisted to consolidate proposals and submit applications to Ronda funding towards civil works infrastructure and medical equipment. These were Tenwek, Kijabe, Chogoria, Maua and Kapsowar.

During this period, there were changes in areas of emphasis regarding the much anticipated support towards infrastructure upgrading through the Kabarak Teaching, Research and Referral hospital partnership.

Fixing of copper pipes for oxygen and medical gases.

Additionally, three hospitals - Kijabe, Kapsowar and Chogoria - were supported in repackaging their proposals for presentation to CBM.

Health care technical services

Introduction

The CHAK National Health Care Services (NHCTS) Workshop started off as a project in June 1999. The project was intended to serve the need for repairs and maintenance of medical equipment in mission hospitals in Kenya. Today, the workshop offers a wide range of services to Church, government and private health facilities. These services include:

- Installation, repair and maintenance of x-ray equipment and associated accessories
- General medical equipment repair and maintenance
- Installation, repair and maintenance of anaesthesia equipment
- Technical advice to the MHUs on procurement and maintenance of medical equipment
- Hospital plant maintenance e.g. power generators, oxygen generators and cooling plants
- Trainings for users and facility maintenance unit technicians

Acquisition of Agency

Discussions are at an advanced stage with one manufacturer to grant agency to NHCTS workshop in anaesthesia and ICU equipment.

An agreement was also secured with another manufacturer that NHCTS becomes an outlet for several of their products. These are theatre tables, patient monitors, LED theatre lamps, and digital x-ray viewers. There is a future possibility of many more medical equipment being included.

Supply and installation of equipment

This was done as in the table below at cost to the facility.

Equipment	Health facility recipient
Digital x-ray viewer	ACK Mt Kenya Hospital
Delivery couch	Ngiito Health Centre
Lead sheetfor x-ray unit	Sagam Community Hospital
Power management module	Nanyuki Cottage Hospital
Dental equipment	Oasis Medical Centre
Autoclave	Tenwek

Additionally, calibrated vaporizers were supplied to two private companies and furniture, laboratory equipment, maternity and MCH equipment to a community health centre at Kikopey in Nakuru.

Dispatch of assorted equipment to Kikopey Dispensary in partnership with Rotary International.

User training

The NHCTS workshop conducted a refresher training on point of care ultra sonography for 25 users. The training was spearheaded by DAK Foundation, Australia, in collaboration with Emergency Medicine Kenya. The training enhances the quality of diagnosis from ultrasound machines.

Radiation safety services

The NHCTS Workshop is accredited to carry out radiation safety assessments of radiology equipment in various institutions including CHAK MHUs. The workshop issues assessment certificates that are required by the Radiation Protection Board (RPB) of Kenya before a user can be licensed to operate radiology equipment.

Besides radiation safety assessment services, the CHAK NHCTS workshop is accredited by the RPB and licenced to offer installation of lead sheet and approval of new x-ray rooms.

The following 16 facilities were supported in radiation quality assurance:

- Kima Mission Hospital
- AIC Cure International Children's Hospital
- PCEA Chogoria Hospital
- PCEA Chogoria Hospital Chuka Branch
- North Kinangop Catholic Hospital
- Moi Teaching and Referral Hospital
- St. Marys Mumias Mission Hospital
- MCK Maua Hospital
- Friends Lugulu Hospital
- ICIPE Mbita Clinic
- Nanyuki Cottage Hospital
- ACK Mt. Kenya Hospital
- PCEA Tumutumu Hospital
- PCEA Kikuyu Hospital
- Ralph Bunche Dental Clinic
- AIC Githumu Hospital

Annual service of x-ray equipment at Tenwek Hospital.

Equipment maintenance and repairs

The workshop offers maintenance and repair of general, anaesthesia and x-ray equipment. Support to CHAK member health units was as follows:

Service	No of MHUs supported	No/categories of jobs
Basic equipment repair and maintenance	11	26
X-Ray maintenance	10	33
Anaesthetic machines maintenance	13	41
Technical advice	40	4
Total	**74**	**104**

Theatre Equipment Available for sale at CHAK

The NHCTS workshop has secured theatre equipment through a partnership with manufacturers for sale to CHAK MHUs.

These includes an anaesthesia machine, theatre table, ICU ventilators and patient monitor. One anaesthesia machine was installed at PCEA Tumutumu Hospital and has been running trouble-free for one year.

New anaesthesia machine available for sale at the NHCTS workshop.

Standards for medical equipment and devices

The NHCTS represented CHAK at the Kenya Bureau of Standards (KEBS) technical committee on hospital equipment and devices

Four standards were finalized by the technical committee and forwarded to KEBs Board for adoption and implementation:

- KS ISO 22609 - Clothing protection against infectious agents
- KS ISO 1885-2007 - Respiratory tract humidifiers for medical use
- ISO 13485-2016 - Quality systems
- ISO 9001 ISO 29969-2009 - High pressure connections for use with medical gas systems
- Started work on examination bed

Stakeholders' meeting at KEBS.

Summary of income and expenditure for 2017

Income (Ksh)	Expenditure (Ksh)	Surplus (Ksh)
12,018,340.00	12,581,035	(562,695)

Summary of work done, paid work and debtors for 2017

Work done	Paid work	Debtors
12,018,340.00	8,897,340.00	3,121,000.00

Challenges and constraints

The following challenges were noted in CHAK's health systems strengthening efforts:
- Financial limitations to meeting requirements for agency with various manufacturers of medical equipment
- Stiff competition from other service providers
- Debtors
- Rapid technological changes

Health Quality Management Systems

Introduction

Kenya has a population of about 49 million (2016 estimate: KNBS) with around 8,000 licensed health facilities or one health facility for every 6,125 people.

Of the 8,000 health facilities, 48 per cent are Government owned, 35 per cent privately owned and 15 per cent belong to faith based organizations (FBOs). About two per cent are owned by non-governmental organizations (NGOs).

Improving the quality of health care is currently a country policy objective and is enshrined in national planning documents.

Implementation of the CHAK health quality management systems (HQMS) programme is guided by the Strategic Plan 2017 – 2022. In 2017, CHAK supported member health units with training and on-site capacity building to improve their quality systems.

Quality in health care can potentially increase the competitiveness of CHAK member Health units, improve customer satisfaction, hence increasing their market share. This project purposes to support CHAK MHUs to continuously improve quality in services and operational processes.

This program is supported by Bread for the World who have also seconded a dedicated professional advisor to CHAK.

Coverage of the programme

The programme is targeted to be implemented in all CHAK member health units through a phased approach.

Objectives of the programme

The objectives of the CHAK Health Quality Management Systems program are to improve the overall quality in health care systems and services in MHUs and to contribute to the national level quality of care through strategic partnership with MOH and county governments.

The expected outcomes of the project will be delivered through:
1. Capacity building and support of health facility staff and systems
2. Improving skills and capacity of health facility based quality improvement officers and teams
3. Supporting integration of health quality systems into structural and operational processes and systems of CHAK member health facilities
4. Conducting annual quality improvement and best practices review and evaluation meetings with health facilities
5. Advocacy and awareness creation on health quality systems improvement for CHAK MHUs at strategic forums such as the CHAK AGM, CHAK Times

Health facility trainings

During the year, the project supported training of four health facilities in infection prevention and control and anti-microbial resistance to improve their quality of care.

These facilities were St. Luke's Hospital Kaloleni, Mombasa Catholic CBHC, Watamu SDA and P.C.E.A. Chogoria Hospital.

During the reporting period, the programme supported facility quality forums to give health

workers opportunity to share experiences and develop strategies for improving quality systems.

These meetings were held at CHAK Guesthouse and PCEA Chogoria hospital. During the meetings, some of the key discussions focused on implementation of 5s and the ISO certification process. The teams also made adjustments to the quality assessment tool.

The project undertook a training needs assessment at Oasis Medical Centre in Kilifi County. This was followed by an in-house training on quality documentation in March 2017.

After the training, the facility introduced Control of Document (CoD), Document Master List and Standard Operating Procedures (SOPs) to ensure a steady improvement of quality in the documentation system and procedures.

A second training laid emphasis on the laboratory department which was facing challenges in documentation and reporting. After the training, the CHAK HMIS unit was requested to work with the facility to improve the skills of CCC staff using the software.

To improve the procurement system, an SOP was developed.

A third in-house training was conducted focusing on infection prevention and control and anti-microbial resistance using guidelines from the Ministry of Health. All departments at Oasis Medical Centre were trained.

Health care workers from St. Luke's Hospital Kaloleni, Mombasa Catholic CBHC and Watamu SDA were also invited to the Oasis training.

Quality training at Oasis Medical Centre.

Quality presentation at CHAK Annual Health Conference

During the 2017 CHAK Annual Health Conference, member health facilities shared best practices under the topic "Achieving a competitive edge through continuous quality improvement".

- Cure International Hospital gave insights on the process of ISO 9001 accreditation.
- PCEA Chogoria spoke on the successes of its health quality management systems program, focusing on the development of quality documentation systems.
- AIC Litein presented its successes in improving laboratory department procedures.

Health facility advisory visits

In 2017, Embu Children's Hospital, Watamu SDA Dispensary and Cure International Hospital were visited, assessed and evaluated.

The outcome of the assessment was shared with each facility's management.

The assessment report indicated intervention areas and solutions to improve the quality of processes and services.

5S (Set, Sort, Shine, Standardize and Sustain) trainings and audits

In December 2017 CHAK Secretariat departments started to work on their first 3s (Set, Sort and Shine). The exercise started in the Health Services Support department.

Networking and collaboration

In 2017 CHAK was invited to the Infection Prevention and Control Committee of the Ministry of Health. CHAK was also co-opted into the Anti-Microbial Resistance (AMR) Committee of the Ministry of Health. CHAK is represented in the two committee by its Health Quality Management Systems advisor.

CHAK participated in the National Sanitation and Hygiene Conference convened by the Ministry of Health in February 2017.

Clarification was sought on the plastic bags' ban by the National Environment Management Authority (NEMA). Following discussions between the health sector and NEMA, health facilities were exempted from the ban on condition that they would brand their names and logo on any bags they utilised for traceability.

Challenges

- The stretched electioneering period due to the 2017 General Elections slowed down project implementation for three months. Additionally, the prolonged industrial strike by nurses and

doctors negatively affected the project's progress due to the resultant increase in workload in FBOs. The facilities prioritized patient care, as naturally expected.

- Most CHAK health facilities did not have resources to hire a full time quality improvement officer. The programme thus went a lot slower than planned because it was difficult for the facilities to focus on implementation without a dedicated staff.

Lessons learned

1. To ensure successful continuation of skills transfer, direct follow up visits and meetings of health facilities and quality officers are crucial.
2. The positive outcome of the 2016 and 2017 training courses has encouraged other health facilities to attend and participate. There is great interest in quality management systems.
3. When trying to implement quality structures it is necessary to include not just quality officers in trainings, but also management who are the decision makers.
4. It is necessary to work closely with other projects, donors and related institutions to avoid duplication and add value.

Way forward

CHAK participation in national forums such as quality improvement, infection prevention control and waste management committees of the Ministry of Health is critical to the agenda of quality improvement in health systems both within and without CHAK. This will be strengthened going forward.

Health Management Information Systems (HMIS)

CHAK Hospital Management Software (CHMIS)

CHAK has embraced advancements in information technology and developed a responsive and customized Hospital Management Software built on the CARE2X and WebERP open source systems that has been named CHAK Hospital Management Software (CHMS).

This innovative software was initiated to respond to a demand by member hospitals who were frustrated by the cost, inadequate performance and lack of dependable support for other solutions that were offered off-the-shelf.

By January 2018, 14 CHAK MHUs in all the four CHAK regions were using the software as follows:

Nyanza and South Rift Region

- Hope Compassionate Health Services – Homabay County
- AIC Litein Hospital – Kericho County
- Adventist Nyanchwa Hospital – Kisii County

Western and North Rift Region

- RCEA Plateau Hospital – Uasin Gishu County
- Friends Lugulu Hospital – Bungoma County

Nairobi, Central, South East and Coast Region

- Oasis Medical Centre Hospital – Kilifi County
- Mombasa CBHC Programme – Mombasa County
- ACK St Lukes Hospital Kaloleni – Kilifi County
- St. Joseph Shelter of Hope Voi – Taita Taveta County
- AIC Githumu Hospital – Murang'a County
- ACK Mt. Kenya Hospital – Kirinyaga County
- Soweto Kayole Dispensary – Nairobi County

Eastern and North Eastern Region

- Methodist University Health Centre – Meru County
- Maua Methodist Hospital - Meru County

These health facilities are at different levels of the software implementation and technical support was provided to address various needs. The system has assisted the health facilities to achieve the following among others:

- Improved patient turnaround time
- Increased revenue collection due to proper monetary accountability
- Easily accessible patient historical information
- Improved inventory management
- Comprehensive accounting that follows international accounting standards
- Adherence to international health standards such as ICD-10 coding
- Seamless paperless workflow
- Easy compilation of accurate medical reports for the Ministry of Health such as morbidity and mortality reports
- Accurate and efficient payroll preparation
- Real time reports to support administrative functions and management in decision making
- Accurate and reliable debtors database and debtors management

CHAK Document Management System

This system is used by CHAK to enhance financial reporting, review and feedback in grant management.

Its advantages include:
- Easy and fast access to information
- Secure storage of information
- Documents are efficiently shared between health facilities and staff members
- Reduced the cost of managing records and documents
- Simplified documents' storage and retrieval

All CHAP Uzima project sites have been supported to use the system to transmit reports through alfresco online CHAK system. During the year, the system was installed in an additional 22 health facilities.

Membership growth

During the year, CHAK accepted eight new applicants into its membership. These are:
1. Musoa SDA Dispensary
2. Maiani Salvation Army Dispensary
3. ADS Pwani
4. Ruunguu SDA Dispebsary
5. Tuiyobei AGC Dispensary
6. Royal Christian Church Dispensary
7. Royal Christian Centre
8. Marysyl Medical centre

Medical education

CHAK remains a committed stakeholder in medical education in Kenya. Within the CHAK membershipare medical training colleges,universities and hospitals offering diplomas, degrees, postgraduate and residence programmes.

Training

Training within CHAK includes but is not limited to:

a. Specialist trainings

For general surgeons found at Tenwek and Kijabe hospitals through a fellowship programme delivered in collaboration with PAACS and COSESCA, orthopedic surgery fellowship by Cure International Hospital and pediatric neurosurgery course for surgeons by Bethany Kids.

b. Medical training colleges

There are 13 Medical Training Colleges (MTCs) affiliated to CHAK member health units. Over the years, CHAK affiliated MTCs have been known for diploma in nursing training. With regard to this, CHAK consistently represented them in the Nursing Council of Kenya Board.

The growth in medical education within the medical training colleges has seen a transition from the traditional schools of nursing to Colleges of Health Sciences by some MTCs such as Kijabe, Kendu, Litein, Tenwek and Tumutumu hence diversifying their courses to include Diploma in Clinical Medicine and Surgery, Diploma in Medical Laboratory, Post Graduate Diploma in Anaesthesia and Emergency Medicine among other prospective courses.

Three CHAK Hospitals - Tenwek, Kijabe, Chogoria - are partnering with Kabarak University Medical School in a Masters programme in Family Medicine. Plans are underway to scale this up to include Maua, Tumutumu, Litein and Kapsowar hospitals. There are 15 registrars undertaking the family medicine programme.

CHAK has continued to foster and strengthen collaboration with regulatory bodies and professional associations in the sector such as Medical Practitioners and Dentists Board, Clinical Officers Council, Radiation Protection Board, The Nursing Council of Kenya and Medical Laboratory Technicians and Technologists Board.

Tumutumu College has introduced Diploma programmes in IT and business management in an effort to contribute to health systems strengthening.

We expect this expansion trend to cover new cadres in the coming years. We also expect increased partnerships with universities for clinical placements.

Afya elimu fund

Afya elimu fund is a public- private partnership (PPP) initiative aimed at increasing access to both pre-service and in-service training.

The funding targets needy middle-level college students. It offers affordable loans to students pursuing medical training at pre-service (i.e. diploma and certificate) level.

The ultimate aim of the initiative is to create a self-sustaining revolving fund from which students can access financial assistance to enroll into health sector related courses.

The fund is meant to respond to existing gaps in capacity development and unmet needs for certain cadres of the health workforce.

CHAK has continued to advocate for students in FBO medical training colleges to access loans from the Higher Education Loans Board (HELB) through the fund.

Students from FBO MTCs have continued to benefit from this partnership reducing dropout rates. A total of Ksh43,717,995.00 was paid to 581 students

undertaking diploma courses in CHAK-affiliated schools between 2013 – 2017.

Out of these, 84 have already graduated but are yet to get employment.

Medical officer internship programme

CHAK continues to partner with the Ministry of Health, Universities and accredited member teaching hospitals in the Medical Officers internship programme.

The demand for training within CHAK accredited hospitals has been increasing with new collaborations taking place in 2017.

During the year, the CHAK medical officer internship programme entered into a working relationship with Maseno University and Kenya Methodist University.

In 2017 CHAK facilitated sensitization, selection and recruitment of 68 Medical Officer Interns and recommended them to the Ministry of Health/ KMPDB for placement.

The process took place at University of Nairobi, Moi University, Egerton University, Kenyatta University, Maseno University, Kenya Methodist University.

Two students from Uzima University were also interviewed and recommended.

CHAK MTCs training portfolios

	Name of school	Courses offered	Course duration
1	Kijabe School Of Health Sciences	Diploma in nursing (KRCHN) Diploma in clinical medicine and surgery Kenya registered nurse anaesthesia (KRNA) Higher diploma in nurse anesthesia course Kenya registered periopeartive nursing (KRPON): Higher diploma in perioperative nursing course Kenya registered critical care nursing (KRCCN) Higher diploma in critical care nursing course Emergency and critical care for clinical officers (ECCCO) Higher diploma in emergency and critical care for clinical officers Operation surgical technician (OST) certificate in operation theatre technician course	3 ½ yrs 3 yrs 1 ½ yrs 1 yr 1 yr 1 ½ yrs 1 yr
2	AIC LITEIN Medical Training College	Diploma in medical laboratory sciences (2011) Diploma in medical laboratory sciences (part time upgrading) Diploma in nursing (KRCHN) - 2013 Diploma in clinical medicine and surgery - 2017	3 yrs 2 yrs 3 ½ yrs 3 yrs
3	AIC Kapsowar School Of Nursing	Diploma in nursing (KRCHN)	3 ½ yrs
4	Tenwek School Of Health Sciences	Diploma in nursing (KRCHN) Diploma in clinical medicine and surgery	3 ½ yrs 3 yrs
5	PCEA Chogoria Mission Hospital	Diploma in nursing (KRCHN)	3 ½ yrs
6	Maua Methodist Hospital School Of Nursing	Diploma in nursing (KRCHN)	3 ½ yrs
7	PCEA Tumutumu Hospital Training College	Diploma in nursing (KRCHN)	3 ½ yrs
8	PCEA Nakuru West Medical College	Diploma in Kenya registered nursing Kenya registered nursing and midwife Certificate in aged care	3 ½ yrs
9	Kendu Adventist School Of Medical Sciences	Diploma in clinical medicine & surgery Diploma in nursing (KRCHN)	3 yrs 3 ½ yrs
10	St. Lukes Kaloleni Hospital School Of Nursing	Diploma in registered community health nursing	3 ½ yrs
11	PCEA Kikuyu School Of Nursing	Diploma in nursing (KRCHN)	3 ½ yrs
12	Maseno School Of Nursing	Diploma in nursing (KRCHN)	3 ½ yrs
13	PUEA	Diploma in registered nursing	3 ½ yrs

AFYA ELIMU FUND Report for CHAK affiliated Institutions										
Name of Institution	No. of Beneficiaries by Gender								Total No. of beneficiaries	Total amounts used in Ksh
	Female	Male	Nursing	Clinical Medicine	Lab	Nutrition	Public Health	Health Records		
AIC Kapsowar School of Nursing	36	22	57		1				**58**	4,188,500
AIC Kijabe College of Health Sciences	20	8	24	4					**28**	1,596,500
AIC Litein Medical training College	81	36	104	2	11				**117**	10,160,500
Great Lakes University	7	13	1	18		1			**20**	1,351,000
Kendu Adventist School of Medical Sciences	18	20	25	13					**38**	2,306,000
Kenya Methodist University	2	2		4					**4**	218,500
ACK Maseno Mission School of Nursing	12		12						**12**	474,000
Maua Methodist Hospital School of Nursing	36	25	61						**61**	4,871,925
PCEA Chogoria School of Nursing	18	4	22						**22**	1,448,000
PCEA Nakuru West School. Of Nursing	48	24	72						**72**	5,970,500
PCEA Tumutumu School of Nursing	49	20	69						**69**	4,912,570
Presbyterian University of Eastern Africa	22	12	21	12					**34**	2,513,500
Tenwek Hospital School of Nursing	24	22	46						**46**	3,706,500
Totals	**373**		**208**	**513**	**53**	**12**	**1**	**0**	**0**	**581**
43,717,995										

Medical officer interns placed in participating CHAK hospitals after the 2017 selection process

No	Name of hospital	No of interns	UON	Moi	Kenyatta	Egerton	Maseno	KEMU	Others (Uzima)
1.	Maua Methodist Hospital	9	2	1	1	2	1	1	
2.	PCEA Chogoria Hospital	8		1	2	1	3	1	
3.	AIC Litein Hospital	8		3	2	2			1
4.	Tenwek Hospital	10	2	2	2	1	3		
5.	AIC Kijabe Hospital	12	2	2	2	2	2	1	1
6.	PCEA Tumutumu Hospital	6	2				2		
7	Kendu Adventist Hospital	4						3	
8	PCEA Kikuyu Hospital	10	2	1	2		3	2	
	Total	**67**	**10**	**10**	**11**	**8**	**14**	**8**	**2**

HRH support

Support to member health units

Regulatory and statutory compliance

Technical advice was offered to CHAK MHUs to ensure compliance with both regulatory and statutory requirements. This included compliance to:

Statutory deductions (NSSF, NHIF, PAYE, NITA)

CHAK successfully advised on and followed up National Industrial Training Authority (NITA) penalties waiver appeals on request by member health units.

Maua Methodist Hospital was supported to develop a memorandum of understanding with NITA for a phased approach to compliance with the training levy. The hospital was also supported with documentation to process accreditation as a NITA trainer.

Capacity of MHUS was built on opportunities available for optimal utilization of the training fund. Among the member units advised were AIC Litein, KIMA, Maua Methodist, Tenwek Hospital, PCEA Chogoria, Oasis, and AIC Cure hospitals.

Additionally, CHAK Guest House and Conference Centre was supported. The guesthouse utilized the training levy to take staff through a refresher training at the Kenya Utalii College.

Requirements of different health sector professional bodies

e.g. Medical Practitioners and Dentists Board, Nursing Council of Kenya, Clinical Council of Kenya, among others.

Registration and renewal of health facilities' practicing licenses

With the medical Board. Member facilities that were upgraded by county departments of health in their respective areas were advised to update their status in the DHIS and CHAK data bases.

Development and review of HRM policies and manuals

Technical support was given to a number of member health units to review or develop human resource policy and procedure manuals.

Facilities that benefitted from this support are PCEA Kikuyu, PCEA Chogoria, CBHC Mikindani, Mbungoni, St. LukesKaloleni, NIDP Narok and community health partners in Narok.

Capacity building

- PCEA Chogoria was supported in staff and institutional rationalization as well as management development.
- AIC Litein Hospital was supported to do team building and skills development for its senior management team.
- RGC Huruma did a one-day team building session.
- CHAK Guesthouse and conference Centre was supported to do a one-day team building and communication exercise to enhance staff and engagement.

Response to industrial unrest

Kenya has in the past two years experienced increased agitation for better terms and conditions of service for health workers through negotiation and implementation of CBA.

The Kenya National Union of Nurses (KNUN) has recruited members in some CHAK member facilities and demanded for signing of recognition agreements which would in turn lead to CBA negotiations.

Article 41 of the Constitutiongives every person the right to fair labour practices, remuneration, reasonable working conditions, form, join or participate in the activities and programmes of a trade union and go on strike.

In response to these industrial actions, the following measures have been taken:

- Federation of Kenya Employers (FKE) has built the capacity of hospitals whose staff were recruited by trade unions to enable them deal with labour demands.
- Religious leaders played a key role in resolving a stalemate between the government and doctors' union, leading to a return-to-work agreement. Their role in conflict resolution remains key.
- CHAK has continued to join stakeholders in forums addressing industrial unrest as a key stakeholder.

CHAK acknowledges the need for continuous dialogue with the unions and proactively building the capacity of members to engage with them.

Secretariat recruitments

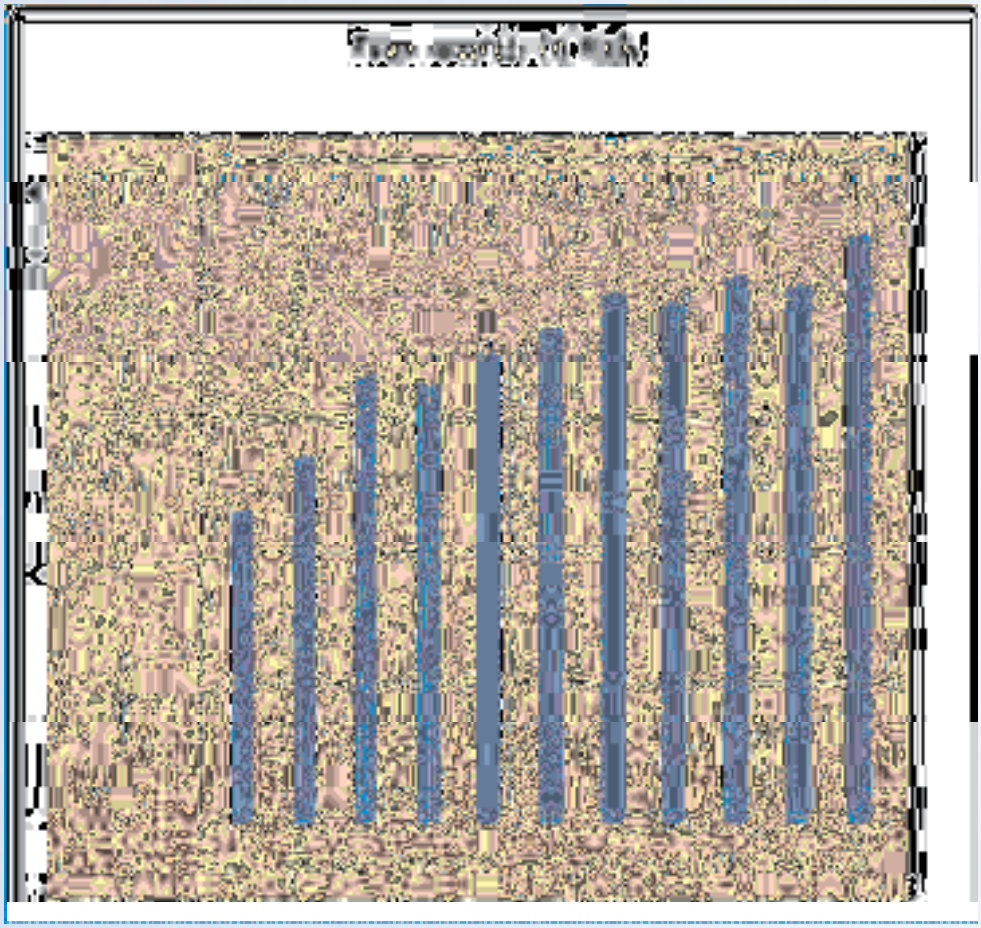
In 2017 CHAK undertook an elaborate recruitment drive following the award of the CHAP Uzima project and the NCD Healthy Heart Africa. The positions filled are shown in the table below.

No.	Position	Project	Location	Interviewed	Offered	Reported
1	Project Officer	NCD	Embu	10	1	Yes
2	M&E Officer	NCD	Nairobi	3	1	Yes
3	Assistant Project Officer	NCD	Kisii	7	1	Yes
4	Data Officers	NCD	Kisii	4	1	Yes
5	MNCH	Afya Jijini	Nairobi	8	1	Yes
6	Medical Doctors	CHAP Uzima	Machakos/ Embu/ Naivasha	8	3	Yes
7	Clinical Officers	CHAP Uzima	Machakos	5	1	Yes
8	GBV/ OVC Officer	CHAP Uzima	Nairobi	6	1	Yes
9	MNCH/FP specialist	CHAP Uzima	Nairobi	2	1	Yes
10	CQI Specialist	CHAP Uzima	Nairobi	5	1	Yes
11	Treatment Adherence Support (TAS) Officer (1)	CHAP Uzima	Machakos	4	1	Yes
12	HIV Testing Services (HTS) Officer (1)	CHAP Uzima	Machakos	4	1	Yes
13	Data Analyst and Information Use (DDIU) Specialist (1)	CHAP Uzima	Nairobi	3	1	Yes
14	Health Informatics Officer/Programmer	CHAP Uzima	Nairobi	4	1	No
15	M&E Officers (5)	CHAP Uzima	Nairobi/ Naivasha Machakos/ Embu/	13	5	Yes
16	Finance Officers	CHAP Uzima	Nairobi/ Machakos	15	4	Yes
17	Administrative Assistant (1)	CHAP Uzima	Machakos	11	1	Yes
18	Drivers	CHAP Uzima	Machakos/ Embu/ GH Naivasha/ Kisii /	9	5	Yes
19	Senior Technical Advisor – Clinical	CHAP Uzima	Nairobi	4	1	yes
20	Technical Advisor HIV AIDs TBB	Afya jijini	Nairobi	4	1	Yes

Financial Report 2017

Net assets growth

The Association's net asset book value recorded an increase of 9.23 per cent from Ksh 204.9 million in 2016 to close at Ksh 223.9 million in 2017. The increase was as a result of purchase of two motor vehicles at a cost of Ksh12 million and CHAK Guest House asset replacement at Ksh1.6 million. After factoring in depreciation, the Association recorded a surplus of Ksh 3.6 million which significantly contributed to the net asset growth shown below.

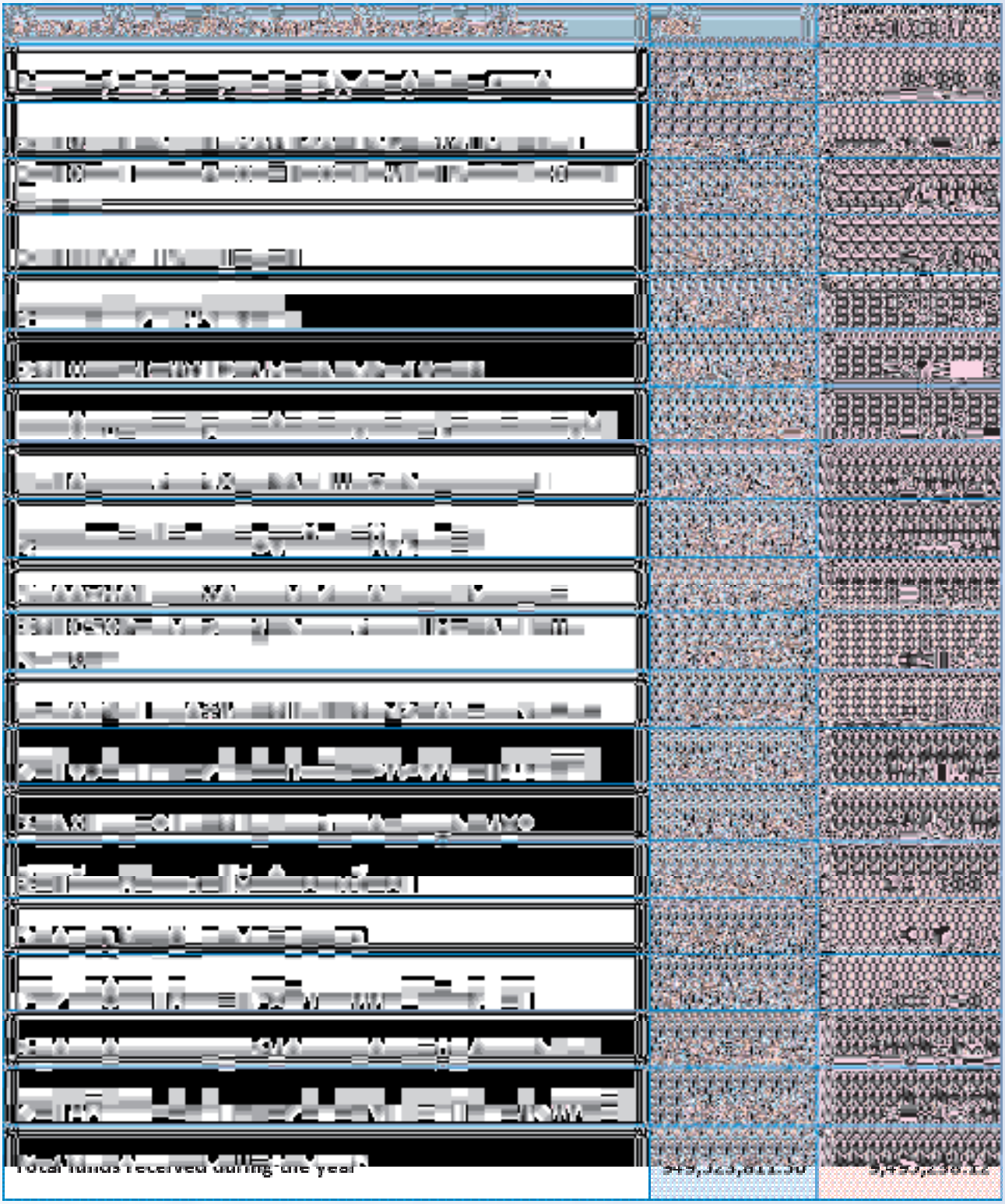


Total revenue

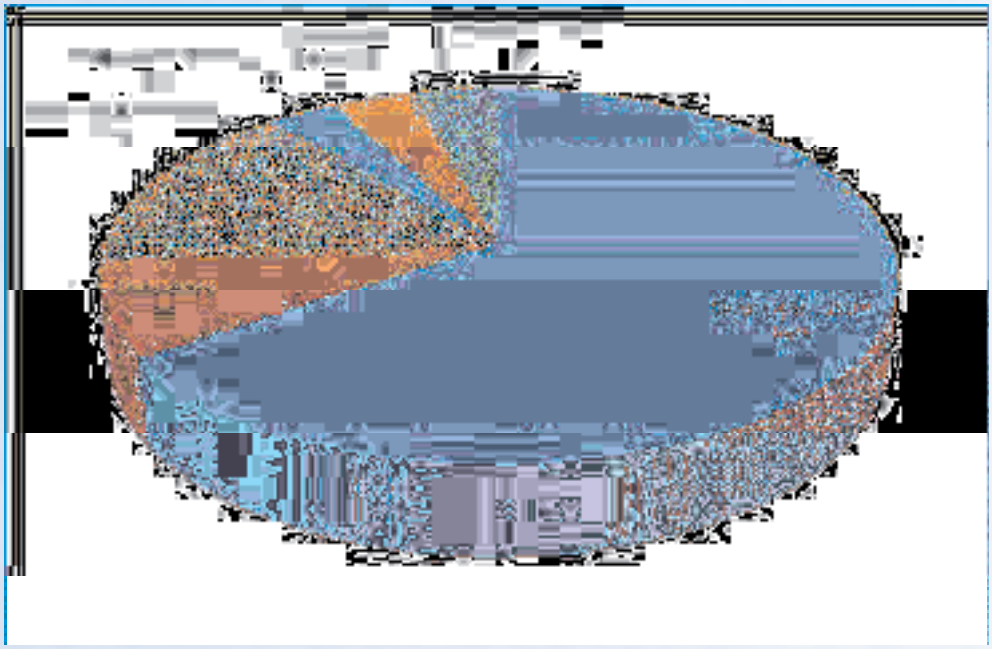
The Association's gross revenue increased from Ksh953.2 million in 2016 to close at Ksh984.1 million in 2017 representing a three per cent increase. The good performance was as a result of increased funding by CDC for the CHAK HIV/AIDS project (CHAP), which contributed 66 per cent of the total funding.

Bread for the World contributed 12 per cent of the total revenue and Global Fund projects three per cent. CHAK Guest House and Conference Centre's contribution accounted for three per cent of the total revenue, Healthy Heart Africa and NCD projects eight per cent, USAID-funded projectscontributed four per cent and other projects four per cent.

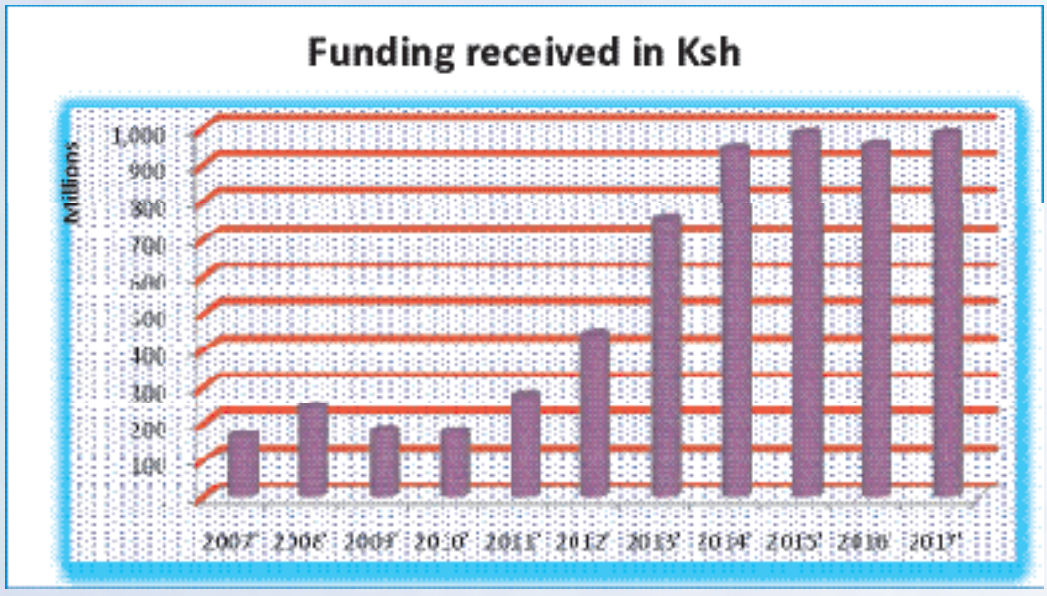
The table below shows contributions by project and funding source:



The pie chart below shows contributions of income by project



The table below shows CHAK revenue generation for the last 11 years.

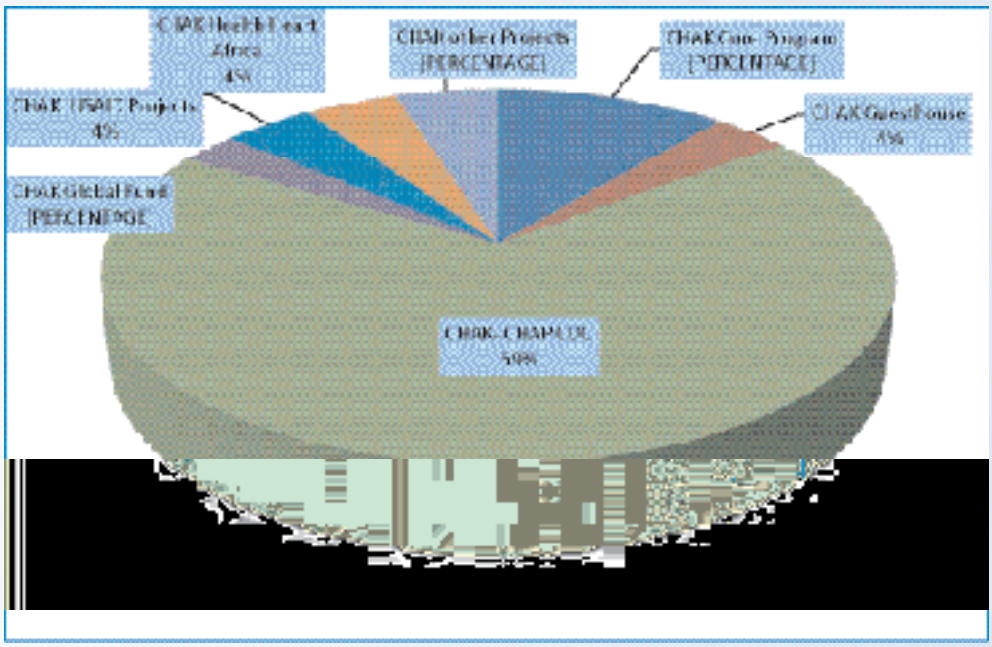


Total expenditure

The Association expended Ksh953.8 million in implementing various project activities. Overall, CHAK managed an expenditure against income at a rate of 97 per cent or burn rate of 97 per cent. This indicates that funds were put into use in accordance with the approved budget and work plan. All efforts were put in place to ensure expenditure was consistent with budget and in line with funding agreements.

The table below shows expenditure by project category.

The pie chart below shows percentage of expenditure by project category.



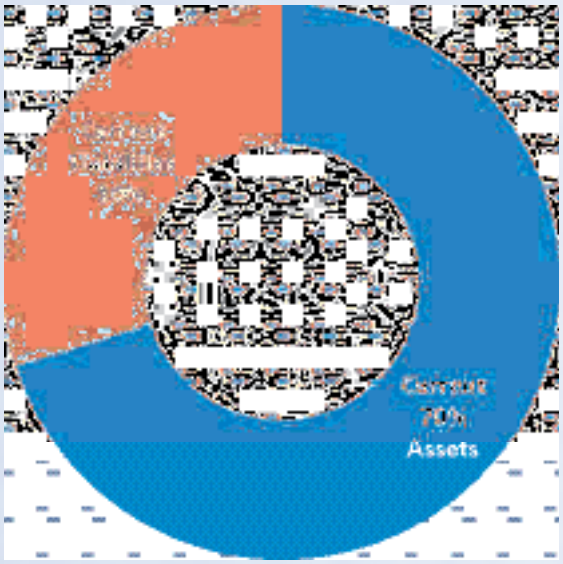
Liquidity ratios

The association maintained a cash ratio of 2.4:1. Total current assets were Ksh193 million while current liabilities were Ksh 82 million. This means that the liabilities can be paid twice without causing any cash flow problems.

The diagram below shows asset strength in terms of liquidity proportions.

Current assets	193,021,075.00
Current liabilities	82,108,621.00

The pie chart below shows current assets compared to current liabilities.



CHAK Guest House and Conference Centre

The gross revenue decreased from Ksh38.8 million in 2016 to close at Ksh32.4 million in 2017, representing a decrease of 16 per cent. However, expenses remained almost at the same level compared to the previous year: Ksh34.6 milion in 2017 compared to Ksh34.8 million in 2016. The guest house hence recorded a loss of Ksh1.9 million compared to a profit of Ksh3.9 million in 2016. The loss was mainly attributable to the prolonged electioneering period which generally affected the hospitality industry in Kenya.

External audits and reviews

During the year, CHAK was externally audited and received unqualified audit reports. Several audits and assessments were conducted as follows:

1. CHAK Core, Guest House and Conference Centre and Bread for the World project audits were conducted by Mazars CPA.
2. The CHAK CHAP CDC project was audited by Price Water House Coopers CPA.
3. CHAK Healthy Heart Africa Project was audited by Price Water House Coopers CPA.
4. CHAK Global Fund Project was audited by KPMG CPA.

CHAK also received routine internal control reviews by the internal auditor. Recommendations from the audits and reviews were used to further strengthen internal control systems.

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