CHAK

Quality Health Care

CHRISTIAN HEALTH ASSOCIATION OF KENYA

STRATEGIC PLAN

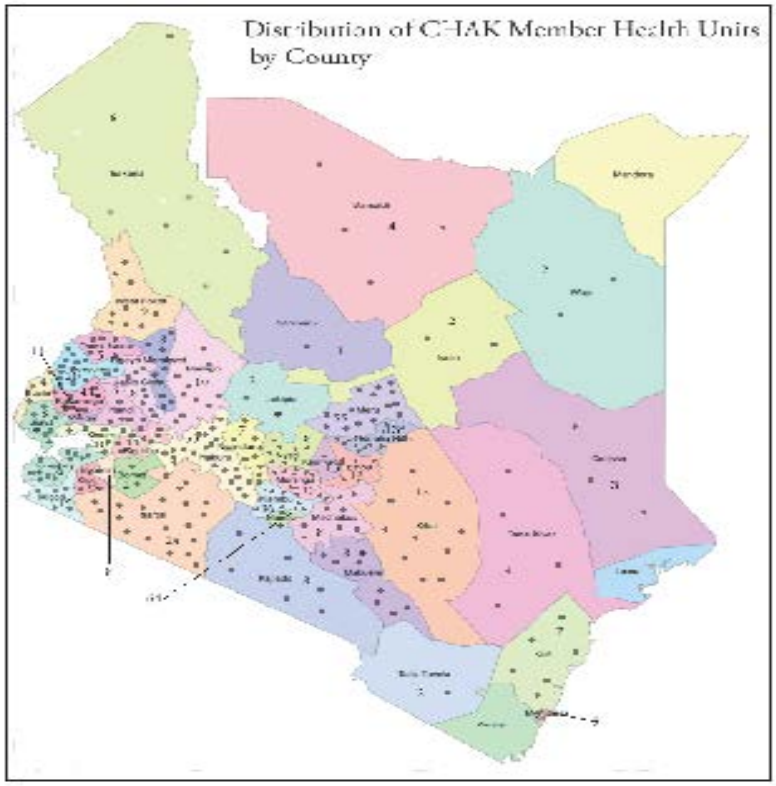
2017-2022

Promoting universal access to quality healthcare in the devolved health system in Kenya

through advocacy, capacity building, health systems strengthening, partnerships and innovative health programs

Our 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.



Our 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.

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Acknowledgement

The General Secretary and CHAK Secretariat management and staff wish to express their gratitude to all those who supported and contributed to the end-term external evaluation of the Strategic Plan 2011 - 2016 and the development of this Strategic Plan 2017 - 2022.

We thank all CHAK Member Health Units who gave their feedback in the evaluation process. Special thanks to all those who found time to come and share with us their views and recommendations in the CHAK Strategic Plan 2011 – 2016 MHUs evaluation workshop held in Nairobi in August 2016. Their input has been very valuable in informing the environmental analysis and defining the strategic priorities in this strategic plan.

CHAK Secretariat staff have worked tirelessly to facilitate the end-term evaluation of the previous strategic plan and the development process of the current strategic plan.

The Chairman and EXCO have given us support and inspiration. We thank them for allowing the necessary resources and for their individual and collective input towards the development of this revised strategic plan. EXCO chartered the vision, mission, values and strategic options that provided CHAK Secretariat technical teams with the benchmarks for developing the detailed strategic document. We thank CORAT Africa for the consultancy facilitation of the EXCO strategic visioning retreat.

We thank the external evaluation consultancy team led by Prof Dan Kaseje (including Drs Charles Wafula, CarenaOtieno& Beverly Ochieng) for their facilitation of the end-term external evaluation process that provided important recommendations which have been utilized in articulating this strategic plan.

The Ministry of Health has steered the health sector through critical reforms of devolution of health services. The Health Sector Policy 2014 – 2030 and development of the Health Bill as well as development of the various Health Sector Policies and Guidelines has been inclusive.
We thank the Ministry of Health for their leadership role in the health sector and for recognition, involvement and support to CHAK in the new policy developments. This has increased our knowledge of the emerging developments in the health sector and created impetus for the development of this strategic plan.

Devolution of Health services has been anchored in the County Governments and structures for coordinated engagement of the county governments has been established through the Council of Governors.

We cannot forget to thank our dependable development partner Bread for the World-Protestant Development Service from Germany who provided the needed resources for the evaluation process. We thank Bread for the World-Protestant Development Service for its long-term partnership with CHAK which has contributed tremendously to the organization's development and programmes.

We also sincerely thank our other partners; Global Fund, CDC/PEPFAR, USAID, Packard Foundation, Gates Foundation, OSI Foundation, Astra Zeneca, DANIDA/Novo Nordisk for supporting the implementation of specific components of the Strategic Plan.

It is our prayer and hope that we will continue to partner in the implementation of this strategic plan over the period 2017 - 2022.

May God bless you all.

Dr Samuel Mwenda
GENERAL SECRETARY

Foreword

CHAK Strategic Plan 2011-2016 implementation came to an end in December 2016. During this plan period, CHAK made tremendous progress in organizational development and expansion of programmes through diversification of donor partners. Institutional capacity was enhanced through expansion of the human resource capacity of the secretariat and strategic partnerships. CHAK led a consortium that was funded by PEPFAR through CDC that successfully implemented a five year quality HIV care and treatment project that had over 44,000 people on ART. Advocacy remained a key area of CHAK work with the notable achievement of enhanced collaboration with MOH and NHIF.
The introduction of enhanced benefits package by NHIF and the review of rebates has created opportunities for increased and sustainable health facilities financing.Following the expanded scope in the revised strategic plan, CHAK programmes expanded to include Non-Communicable Diseases covering Hypertension and Diabetes. In the area of partnerships CHAK continued to host and support the secretariat for the Africa Christian Health Associations Platform (ACHAP) which created opportunities for regional networking for information sharing and peer learning and also provided visibility and opportunities for advocacy in the international arena. CHAK membership recorded steady growth to close year 2016 at 576 members. Our Annual Health Conferences and AGM have become vibrant annual events for networking, learning, information dissemination and strategic engagement.

The external evaluation of CHAK Strategic Plan 2011- 2016 conducted by a consultancy team led by Prof. Dan Kaseje has documented our performance in the ended strategic plan period and identified organizational strengths and environmental opportunities which we need to build on. It has however also pointed out our internal capacity gaps and external threats that will have to be addressed. Financing, staff retention, regulatory burden and sustainability of quality services have been identified as the key challenges facing MHUs in health service delivery. The devolution of health services had an impact on the loss of some of the previous gains in recognition and support made in advocacy. Developments in the health service delivery infrastructure and equipment in the counties and health workers recruitment has increased competition for clients and health workers.

CHAK regional structure will be strengthened at the Regional Coordinating Committees (RCCs) to create effective County Engagement Structures (CES) to coordinate members' engagement with the county government health system. We shall advocate to get the MoU partnership framework that was developed between the Faith Based Health Services and Ministry of Health in 2009,re-negotiated to include the County Governments and Council of Governors so as to be well aligned with the current Kenya Constitution.

CHAK Strategic Plan 2017–2022 whose ***theme is "promoting universal access to quality health care in the devolved county health system in Kenya"*** has been developed through a participatory process that involved member health units, EXCO and all secretariat departments and technical staff. 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"***

To maximize efficiency in the utilization of the available scarce resources, CHAK has adopted a strategy of integration and partnerships. 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 will be expanded to include communicable, non-communicable, maternal & child health, nutrition & environmental health mental health and medical education & research.

In order to address our capacity gap in business development through proposal writing and the M&E weakness identified in the evaluation, the organizational structure has been enhanced to include Business Development Unit and M&E and Information Management Unit. Grant management capacity and internal control systems strengthening has been addressed by introducing an Internal Audit and Compliance Unit. During the implementation of this plan, CHAK will scale up use of modern technology to enhance efficiency and evidence based management of MHUs. The integrated CHAK Hospital Management software implementation will be scaled up to more MHUs while promoting use of electronic medical records and timely reporting to the MOH through the established reporting tools and system (DHIS2).
We are rolling out this ambitious plan because we have inspiration from our Christian foundation. We trust God for the provision of partners, resources and an enabling environment. The Almighty God who has called us to this healing ministry has given us assurance in 1 Thessalonians 5:24 which states: ***"The one who calls you is faithful and He will do it."We believe God has a good plan for the prosperity of CHAK as recorded in Jeremiah 29:11 which states: "For I know the plans I have for you…plans to prosper you, ……..plans to give you hope and a future"***

We invite all potential partners to join hands with us and to support our efforts towards implementation of this Strategic Plan. Through our collaborative effort, determination and effective stewardship, we shall deliver on the aspirations and commitments in this plan for the service of the people of Kenya and the region.
May God bless you and bless the CHAK network!

Rev. Dr. Robert Lang'at
CHAIRMAN

LIST OF ABBREVIATIONS

ACHAP	Africa Christian Health Associations Platform
AGM	Annual General Meeting
AHC	Annual Health Conference
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBHC	Community Based Heath Care
CBO	Community Based Organization
CCM	Country Coordinating Mechanism for Global Fund
CES	County Engagement Structures
CHAK	Christian Health Association of Kenya
CHAS	Christian Health Associations
CHCK	Catholic Health Commission of Kenya
CHEW	Community Health Extension Workers
CHMS	CHAK Hospital Management System
CHMT	County Health Management Team
CHSCC	Church Health Services Coordinating Committee
CHV	Community Health Volunteers
CME	Continuing Medical Education
CORPS	Community Own Resource Persons
CPD	Continuous Professional Development
CPR	Contraceptive Prevalence Rate
eMTCT	Elimination of Mother to Child Transmission of HIV
EXCO	Executive Committee
FBHSCC	Faith Based Health Services Coordinating Committee
FBO	Faith Based Organization
FAD	Finance and Administration Department
FAM	Finance & Administration Manager
GFTAM	Global Fund to fight Tuberculosis, AIDS and Malaria
GOK	Government of Kenya
GS	General Secretary
HBC	Home based Care
HCTS	Health Care Technical Services
HENNET	Health NGOs Network
HMIS	Health & Management Information Systems
HIV	Human Immunodeficiency Virus
HSCC	Health Sector Coordinating Committee
HTS	HIV Testing Services
HRH	Human Resources for Health
HRIS	Human Resource Information Systems
HRM	Human Resource Management
HSD	Health Services Department
HSM	Health Services Manager
ICC	Inter Agency Coordinating Committee

ICT	Information Communication Technology
IOD	Institutional &Organizational Development
IEC	Information Education and Communication
KCCB	Kenya Conference of Catholic Bishops
KCM	Kenya Coordinating Mechanism
KEBS	Kenya Bureau of Standards
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package for Health
KQMH	Kenya Quality Model for Health
MNCH	Maternal, Neonatal and Child Health
MEDS	Mission for Essential Drugs and Supplies
MHU	Member Health Unit
MIS	Management Information Systems
MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Program
NCCK	National Council of Churches of Kenya
NCK	Nursing Council of Kenya
NGO	Non GovernmentalOrganisation
NHIF	National Hospital Insurance Fund
NHSSP	National Health Sector Strategic Plan
OJT	On-job Training
PEP	Post-exposure prophylaxis of HIV/AIDS
PEPFAR	Presidential Emergency Plan on AIDS Relief
PHC	Primary Heath Care
PLWHA	People Living with HIV&AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
RCC	Regional Coordinating Committee
RH	Reproductive Health
SWOT	Strengths-weaknesses-opportunities-threats
TA	Technical Assistance
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counselling and Testing
WCC	World Council of Churches
WHO	World Health Organization

EXECUTIVE SUMMARY

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. 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.

The Strategic Plan 2017-2022 will guide CHAK organization growth and provide strategic guidance for CHAK network as it engages in the Global Health Agenda defined in the Sustainable Development Goals (SDGs) and the Kenya Vision 2030 and Health Policy Framework which promotes Universal Health Coverage (UHC) for both communicable and non-communicable diseases as well as Reproductive, Maternal, Neonatal, Child and Adolescent Health. CHAK will scale up resource mobilization and partnerships for sustainable health systems strengthening and capacity building towards enhanced quality health care in the devolved health system in Kenya

The Strategic Plan 2017-2022 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"

STRATEGIC DIRECTIONS

The six-year plan has its core activities organized into5 strategic directions as below;

1. Health service delivery
2. Health systems strengthening
3. Capacity Building and Research
4. Advocacy and Partnerships.
5. Sustainable financing and resource management

Strategic Direction 1: Health Service Delivery

Strategic priorities

1. Communicable Diseases
    a. HIV&AIDS
    b. Tuberculosis (TB)
    c. Malaria
    d. Neglected Tropical Diseases
        i. Leishmaniasis
        ii. Schistosomiasis

2. Non Communicable diseases
    a. Hypertension
    b. Diabetes
    c. Breast Cancer
    d. Bronchial Asthma
    e. Health for the aged

3. Reproductive, Maternal,Neonataland Child Health and Family Planning
    a. MNCH
    b. Family planning and Reproductive health
    c. Nutrition in MNCH
4. Environmental and Nutrition health
5. Orphans and Vulnerable Children (OVCs)
6. Mental Health
7. Visual Impairment

Strategic Direction 2: Health Systems Strengthening
Strategic priorities

1. Institutional Organization Development
    a. Infrastructure development
    b. Governance and managenent capacity building
2. Regional structures strengthening
3. County engagement structures
4. HealthCare Technical Services
5. Human Resources for Health Management
6. Health Quality Management Systems

Strategic direction 3: Monitoring and Evaluation, Researchand Learning
Strategic priorities

1. Monitoring and Evaluation
2. Research
3. Learning and Capacity Building
4. Medical Education through teaching hospitals and member Medical Training Colleges (MTC)
5. Communication and Documentation

6. Health Management Information Systems

Strategic Direction 4: Sustainable financing and resource management

Strategic priorities

1. Resource mobilization
2. Healthcare financing for Universal Health Coverage
3. Financial management
4. Audit and systems strengthening
5. Asset Management
6. CHAK Guest House management

Strategic Direction 5: Advocacy, Partnership and Networking.

Strategic Priorities

1. Strategic partnerships for health
2. Advocacy for CHAK member health network
3. Networking for knowledge sharing

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CONTEXT

i. SDGs and the Global Development Agenda

The United Nations High Level meeting held in September 2015 adopted the Sustainable Development Goals (SDGs) thus transitioning the global development agenda from MDGs to SDGs. There are a total of 17 goals and over 200 indicators. Health is covered under goal number 3 which commits to "Good health and wellbeing for all" The targets under this goal have been expanded to include achievement of the following by the year 2030;

i. By 2030 reduce the global maternal mortality ration to less that 70 per 100,000 live births
ii. End preventable deaths of newborns and under-five children
iii. End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
iv. Reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention, and treatment and promote mental health and well being
v. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
vi. Halve global deaths and injuries from road traffic accidents
vii. Ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
viii. Ensure universal health coverage (UHC) including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all
ix. Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination SDG number 17 promotes partnerships towards delivering the sustainable development goals and is important in the health sector.

Kenya has adopted the SDGs into national commitments and launched the Kenya SDGs at a public forum attended by various stakeholders and was well covered by the media. CHAK strategic plan will focus on universal health coverage for communicable, non-communicable diseases, reproductive maternal and child health through health systems strengthening and partnerships

ii. The Devolved Health System in Kenya

The Devolution in Kenya which has created 47 counties and the national government has continued to impact health services delivery in Kenya. Health has been provided as a right for every Kenyan in the Constitution and no person should be denied emergency medical treatment. The constitution has however not provided the mechanisms for financing the provision of health services in order to guarantee access to this right by the citizens. The counties are responsible for the provision of primary health care, community health services and county referral health services through various health facilities up to the County Referral hospitals. The national government has been assigned the responsibilities of health policy, regulation, capacity building of counties and running of the national referral hospitals. The Health Bill which will provide a legal framework for guiding health sector management was debated and passed by Parliament and presented to the Senate for review before enactment as it directly affects the counties.

Devolution has continued to have major impact in the Health Sector as all functions and resources for health service delivery from community to county referral hospitals are devolved to all counties regardless of existing capacity. Periodic industrial action by health workers in the public health facilities continued to be experienced in various counties due to weak management systems and existence of health professionals Labour Unions enabled by the Kenya constitution of 2010. Where these occur, they create immense pressure on the services provided by Faith Based Health facilities which have to bear with the additional workload from the Government Health facilities. The Faith Based Health facilities continue to experience loss of staff through recruitment of health workers by county governments which have the financial capacity to offer better terms. CHAK will step up county engagement and advocacy for recognition and support of MHUs. Support can be obtained through allocation of essential medicines from the county government and support with seconded health workers to Faith Based Health facilities as well as collaboration in health workers training.

The Council of Governors has developed a coordination structure to facilitate inter-governmental relations with a secretariat in Westlands, Nairobi. The County Health Executives Council is a Committee under the Council of Governors which coordinates counties engagement on health matters. This presents a strategic entry point for coordinated county engagement. Kenya will undertake the second general election in the new constitution dispensation in August 2017 and the elected leadership will have to take devolution of health services to a greater level of prosperity.

iii. Social economic context

The greatest socio-economic challenge that Kenya has continued to face is insecuritydue to terrorist threats and attacks particularly in northern Kenya. It has become difficult to attract or retain professional health workers in the areas most affected by terrorist threats. With the support of the international partners the situation shown remarkable improvement. Corruption in the public sector has affected resources available for public service and increased inefficiencies and cost of service delivery in the public sector.
However there have been some positive socio-economic developments; the Standard Gauge Railway project that links the port of Mombasa to Nairobi and later through the Rift valley, Nyanza to the neighbouring countries construction has been completed and will be inaugurated on June 1, 2017 which will substantially improve transport of goods from the port at a reduced cost. Tarmacking and upgrading of roads continues to be a government priority to improve the road network. Expansion of electricity distribution and affordable connection to the public and all schools has expanded access to electric power. ICT developments in the public sector has enhanced access to government services through the e-Citizen electronic government services platform and the HudumaCenterslocated in all counties providing integrated public service delivery. The extensive mobile money transfer services and developments in e-health and m-health solutions by the private sector opens new possibilities for transformation in the health sector. The country recorded a consistent economic growth rate of over 5% despite various economic shocks affecting the region.

HIV remains a priority health and social economic challenge facing the country with an estimated 1.5m people living with HIV. The gains in HIV treatment and prevention of mother to child transmission has improved quality of life. However transmission risk and new infections remain high in key and priority populations with the highest burden identified among youth & adolescent girls.

iv. Kenya Health Policy 2014 – 2030

The Health Sector has elaborated its Kenya Health Policy (KHP) to guide attainment of the long term Health goals sought by the Country, outlined in the Vision 2030 and the 2010 constitution.

The policy framework has, as an overarching goal of, ‘attaining the highest possible health standards in a manner responsive to the population needs’. The policy aims to achieve this goal through supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.

The framework has six policy objectives which include;

1. Eliminate communicable conditions
2. Halt, and reverse the rising burden of non communicable conditions.
3. Reduce the burden of violence and injuries.
4. Provide essential health care.
5. Minimize exposure to health risk factors.
6. Strengthen collaboration with health related sectors

This Health Sector Strategic Plan 2014 - 2018 has the goal of;"accelerating attainment of health impact goals" as defined in the Health Policy. The mission of this strategic plan is "To deliberately build progressive, responsive and sustainable technologically-driven, evidence-based and client-centered health system for accelerated attainment of highest standard of health to all Kenyans".

The sector aims to attain this through focusing on implementation of a broad base of health and related services that will impact on the health of persons in Kenya. It places main emphasis on implementing interventions, and prioritizing investments relating to maternal and newborn health, as it is the major impact area for which progress was not attained in the previous strategic plan and MDGs but also highlights importance of non-communicable diseases that include injuries and mental health which is a rapidly growing health burden in Kenya

The Kenya Essential Package for Health (KEPH)

The Kenya Health Policy and strategic plan have defined 4 levels of the health system for the delivery of the Kenya essential package for health;

1. Community level: This is considered the foundation of the service delivery system in Kenya, with both health promotion services, and specified curative services that are most effectively delivered at the community.
2. Primary care level: comprising all dispensaries, health centres, maternity / nursing homes in the country.
3. County level: The first level hospitals
4. National level: The tertiary level hospitals, whose services are highly specialized

v. Health Financing in Kenya

Kenya has been facing challenges of inadequate financing for health to adequately serve the diverse needs of it's 42m population. The national budget allocation on health stood at 7% as compared to the Abuja target of 15%. Due to inadequate financing from the health budget, Kenya has continued to depend on additional financing from service users through payment of user fee, contribution from donor funding and health insurance initiatives which include NHIF, private insurances and community based health insurance schemes.

The Government of Kenya has identified NHIF as the vehicle towards universal health coverage and has set ambitious recruitment targets towards universal health coverage. NHIF rolled out out-patient medical cover through a system of capitation in which NHIF members and beneficiaries are provided services at accredited health facilities. The inpatient daily rebates have been reviewed and enhanced benefits packages to provide medical cover for deliveries, surgery, radiology, dialysis and cancer treatment have been introduced making health services at faith based health facilities very accessible with no co-payment.

vi. Kenya Demographic and Health Survey (KDHS) 2014

The health indicators in Kenya documented in the last Demographic and Health Survey conducted in 2014 which were published in late 2015 indicated that Kenya lagged behind the MDG targets. The status of key health indicators in that survey was as follows;

- The total fertility rate was 3.9 births per woman down from 4.6 in 2009
- Family Planning unmet need was down to 18% from 26%
- Children under 5 mortality was 52 per 1,000 life births down from 74
- Infant mortality rate was 39/1000 live births down from 52
- The proportion of mothers receiving antenatal care (ANC) from a health professional was 96% as compared to 88% in 2003
- The percentage of births attended by skilled health workers increased to 62% from 44%

In addition, analysis of county health profiles have revealed major disparities in health indicators with a wide range of performance.

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BACKGROUND INFORMATION AND OVERVIEW

CHAK organizational development

Christian Health Association of Kenya (CHAK) was established in the 1930s as a Hospitals' Committee of the National Christian Council of Kenya (NCCK). In 1946, the Committee was changed to the Protestant Churches Medical Association (PCMA) which acquired autonomous legal registration. Its mandate was limited to the distribution of Government grants to protestant churches' health facilities in Kenya.

In 1982, the Association changed its name to the Christian Health Association of Kenya (CHAK) with the broader mandate of facilitating the role of the Church in health care and healing. CHAK has thus transformed its mandate to a technical support organization for member Church health facilities with core mandate in advocacy, lobbying, representation, health systems strengthening, programmes development, resource mobilization and capacity building.

CHAK organizational development and programmes are guided by six-yearly strategic plans. The MHUs, EXCO and Secretariat staff participate in the development of CHAK strategic plans and in policy making through the AGM and representation in EXCO. Operationally, CHAK Secretariat plays a facilitative role by providing technical support, capacity building, coordination, advocacy and networking for its members. The MHUs' core function remains health service delivery.

CHAK's has attained steady organizational development by embracing a culture of continuous learning and partnerships. CHAK utilizes lessons pointed out by evaluation reports to strengthen systems. Each strategic plan undergoes a mid-term external review and an end term external evaluation which generate valuable recommendations on organizational development. In addition, CHAK engages in partnerships with various national, regional and international organizations which provide experiences and technical support in organizational development and health systems strengthening.

During the period of the CHAK Strategic Plan 2005 – 2010, CHAK facilitated study tours to five African countries for a combined team from MOH, NGOs and FBOs in Kenya which picked important lessons on public-private partnership. These were utilized in the development of an MoU between Government and Faith Based Health Services Providers which was approved in 2009. In 2007, CHAK was mandated to establish the Secretariat for the Africa Christian Health Associations Platform (ACHAP), which was eventually legally registered in Kenya in May 2012.

The ACHAP facilitates communication, networking and sharing of lessons and experiences among CHAs in Africa and also provides an avenue for joint advocacy. CHAK hosts the platform secretariat and has evolved to become a leader among Africa Christian Health Associations, a role which has opened up key opportunities for international advocacy. CHAK has developed notable competences in advocacy, health systems strengthening which include medical equipment maintenance services, architectural servicesfor infrastructure design and development, HMIS software, governance and management policies, capacity building, communication and networking. In addition, CHAK has attained good capacity in project proposal development and grants management.
During the last strategic plan, CHAK received project funds from CDC/PEPFAR, Bread for the World/EED, GDC, Global Fund, USAID, Gates Foundation and Packard Foundation among other donors. CHAK Secretariat is housed at the its own Office block located on Musa Gitua Road, off Waiyaki Way, in Nairobi. The premises also include the CHAK Guest House & Conference Centre (www.chakguesthouse.org). These provide infrastructure for the Secretariat, conference facilities for meetings and income generation opportunities.

CHAK membership

CHAK has a large membership that is growing steadily. The CHAK Constitution provides that *"Any Christian church or church sponsored or related non-profit making or ganisation or community group with the objective of promoting health and health service within the Republic of Kenya shall be eligible for membership of the Association".*

The total membership as at December 31, 2016, was 576, comprising 24 hospitals, 57 health centres, 387 dispensaries, 65 churches/church organizations, 27 community-based health care programs and 16 Medical Training Colleges. These members are drawn from 50 church denominations and are located all over Kenya.

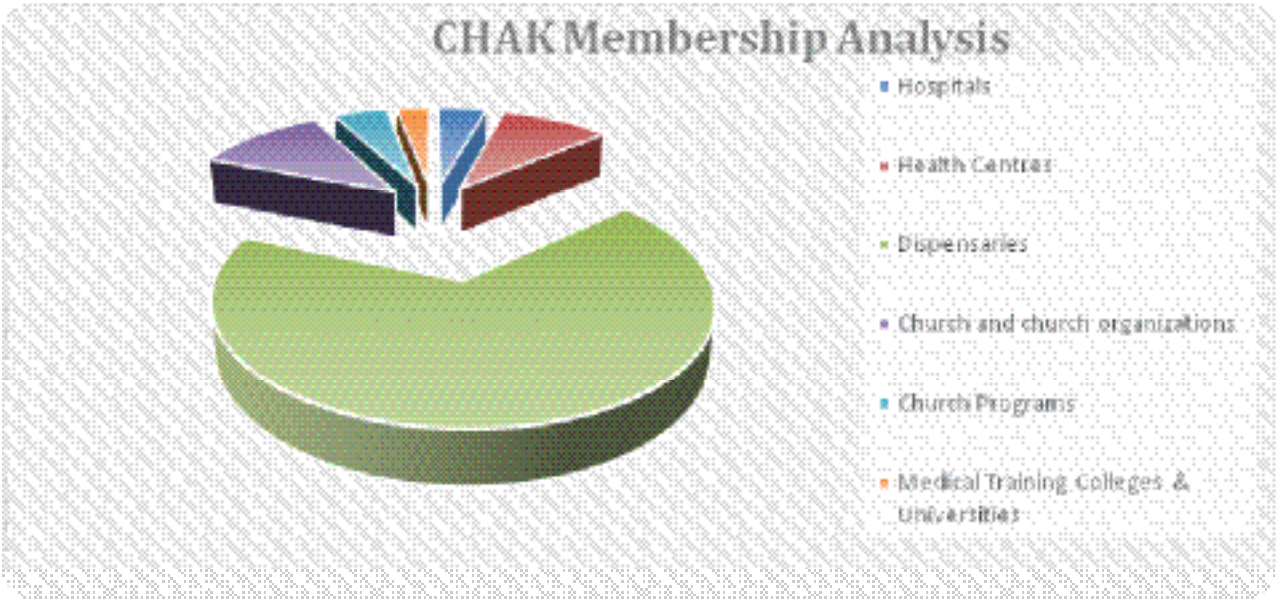
Membership by category

Hospitals	24
Health Centres	57
Dispensaries	387
Church and church organizations	65
Church Programs	27
Medical Training Colleges & Universities	16
Total	**576**
Church Affiliations	50

The CHAK membership is grouped into four regions covering the whole country. Each region has several counties. These regions are:

- Eastern/North Eastern region
- Nairobi/Central/South East & Coast region
- Western/North Rift region
- Nyanza/South Rift region.

CHAK is unique due to its ecumenical nature and nationwide network providing comprehensive quality health services to needy and vulnerable communities who would otherwise be inadequately served. Some hospitals within the CHAK membership have evolved as teaching and referral centres offering highly specialized services. CHAK will continue to catalyse growth of it's member health facilities into service diversification and training scope expansion.



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MISSION, VISION, VALUES AND PURPOSE

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.

1. Strengths – Weaknesses – Opportunities – Threats (SWOT) Analysis

1. Health service delivery

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• National network of health services contributing to the 20% health care services delivery in the country in providing holistic care. • Well-endowed with specialized HRH and capacity to deal with health emergency situation, broad range of non-communicable , communicable and emerging health situations in the context of the current SDGs. • Offer accessible, affordable quality health services • Strong donor and partner relationships • Experienced, skilled expatriates and volunteer professionals - Strength • Effective Health Commodities management system through MEDS • Inherent capacity to develop proposals addressing health service delivery and health systems strengthening at the secretariat	• High turnover of skilled staff in MHUs • Inadequate medical supplies and equipment in some MHUs • Weak M&E systems and non-structured documentation of best practices and operational research • Weak technical leadership in some MHUs • Weak communication strategy within the CHAK network and with Government • Weak capacity for advocacy at county level in all counties for MHUs	• Establish strategic mechanisms for county engagement • Networking with national referral and higher learning institutions • Opportunities for strategic programming for emerging health issues , key/priority populations and other SDGs that impact on health • Strengthen Partnership with supply chain partners (KEMSA and MEDS)for uninterrupted supply systems of health commodities • Strengthen capacity for operations research, share best practices • Establish research function within M&E Unit. • Expandedhealth services coverage by NHIF insurance cover • Targeted health programming for priority counties • Capacity for proposal development in the MHUs	• High poverty levels in most rural counties • Poor infrastructure e.g. roads, electricity, ICT • Shrinking donor basket and shifting donor priorities • Non receptive county government structures • Multiple licensing and regulatory authorities with high financial and compliance demands

1. Health systems

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• Existing Medical internship training programsfor Doctors,Cclinical officers and Nurses • Medical training institutions providing qulity training at basic, internship and higher level programs. • Partnerships withNHIF, NCK, MOH-ICCs, KEBS, USAID, NGOs and Private Sector • Competent, skilled and specialized staff at CHAK • Representationin government MOH policyagencies • MHUs accreditation to NHIF • Existing medicalequipmentmaintenance unitat the Secretariat. • Availability of highly specialized and referral services in some of our member health facilities	• Insufficient documentation and dissemination of information onservice delivery. • Lack of a strategy onsharingofbest practices • Inadequate participation in health sector planning in some counties • Lack of routine planned preventive maintenance. • Some Poorly equipped health facilities	• Potential new partnerships e.g. Kabarak University • Integration of services within the organization • The new enhanced NHIF scheme that covers outpatient, diagnostics, deliveries & surgery • Existing medicalequipmentmaintenance unitat the Secretariat, HCTS can be revamped and expended • Developing context/ environment relevant health programs giving CHAK a special niche	• Competition (Government health facilities built next to FBO health facilities) • Declining donor resources • FBO left out from the National free maternity services and Health Sector Services Fund(HSSF) which finance services in County Health facilities

1. Governance and Leadership

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
Secretariat • Constitution that guides the governance of the organization • Functional governance structure with dedicated Board of Trustees and EXCO • Cleary defined roles and responsibilities of governance & management structures • Well-developed policy guidelines effectively guiding decision making • Good financial management systems with internal and external audit functions • compliance with donor, statutory and internal requirements • Good working relationship with stakeholders including the government Health Facility • well-developed governance structures for some health facilities • Active participation of MHUs through Annual Health Conference and AGM • Regional structure that enhances members participation	Secretariat • Projects are largely Donor funded Health Facility • some Health Facilities have weak governance structures • some facilities have inadequate support from sponsoring churches • some not fully in compliance with statutory regulations • Weak representation of some MHUs in some forums • Lack of basic management capacity at facility level • Improper constitution of some health facility board member who tend to be inactive • Leadership challenges with some churches which affects governance of their institutions •	Secretariat • Potential partners interested in strengthening leadership and governance • Working examples of good governance practice from other CHAs for benchmarking Health Facility • capacity building opportunities from government • Potential partners in the area of systems strengthening	Secretariat • Varied Donor regulations and compliance demands which increases the burden of management and documentation Health Facility • Donors have preference for specific geographical areas and components which may not be aligned to health facility priority needs • County Government interference with boards and management of some member health facilities

6. Human Resources for Health (HRH)

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• Member training institutions for HRH(16 schools of nursingand five universities are CHAK members). • Access for CPDthrough seminars andother shortterm CMEs • Access to skilled workforce through Internship trainingfor Doctors • Skilled and committed workforce inthe secretariat and the members facilities • HR policyframework in the secretariat and in some the member facilities in place– The Secretariat has a HR Policy but lacks a comprehensive HR department (weakness). In the MHU's there is disparity from MHU to MHU. Strengthening the HR department at CHAK will help CHAK play a bigger role in the MHU HR structuring • HRMin the secretariat is institutionalizedanda continuous supportive supervision mechanismfor the member facilitiesin place This is functional and already captured in the policy framework • Christian values andspiritual support. Support for Christian values embedded in the HR value system • Peer learning cycle in place for sharingbest practices in HR management within the network • New – Partnership with international donor funded programs exposes CHAK to	• Non-competitive terms and conditions of service • Perceived job insecurity comparedto the public sector • Limitedavenues for career progression Limited resources for financing skill enhancement and career progression • Slowadoption of HR policies and interventions • Staff shortages – Inability to attract and retain skilled staff within MHU's. •	• Secondment of staff by County governments • Potential for advocacyto access more HR support fromCounty governments • Trainingopportunities by other players through partnerships. • Potentialregionaland local HR technical assistance andfinancial support • Support from committed partners' to fill in existing HR gaps • Potential to increase capacityof training institutions in terms of numbers, diversityin training courses. • Opportunity to witness to the healing ministry of Christ across religions. • Provide opportunity for continuous prof. Devt. • Devt. Of new training partnerships to promote skill devt. Locally and internationally.	• Competitive HR packages by other players • Migration of health workers – due to better working terms in government facilities. • Increased industrial labour unrest • Newlyenacted HRMAct in Kenya (2012) that increase wage burden to MHU's • Emerging demands by professional regulatory bodies that increase the financial burden of the facilities • The rise of secularism and anti-Christian attitude curtailing declaration of Christian faith in engaging the public • Lack of effective working structures with the county government to provide HRH support

6. Health care financing and sustainability

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• Secretariat operations are hosted in own CHAK Office Premises • HCTS, Guest House and MEDS generate revenue through their activities • Member health facilities accredited to NHIF and other health care insurances • Skills in proposal writing within CHAK • Credible external audit reports by leading audit firms increases institutional credibility and CHAK's rating with international partners. • National presence and ability to implement partner programs anywhere in the country	• Inadequate resources for expansion and support of a number of health care priority areas • Old and weak infrastructure in some MHUs • Not all MHUs are acccredited to NHIF • NHIF out-patient capitation funding is very low hence inadequate to provide the package of services expected • Restrictive funding conditions that sometimes are not in sync with MHU's priority need needs • Uncoordinated resource mobilisation strategies	• Donated equipment and medical supplies from National and County Governments • Expanded NHIF health package and other private and community based health financing institutions • Presence of MHUs in donor preferred geographical areas • Opportunity to expand investment enterprises • Opportunity for new partnership with other institutions • Entrepreneurship training for MHU's to operate hospitals efficiently • Donor partners appreciation of FBOs resilience and integrity	• Competition • new government regulation on NGOs resource mobilization • image of Kenya as a corrupt country Poor ranking of Kenya in the global corruption index • global rating of Kenya; Middle Income Level Country (meet midway – donor funding/resources) - note: but also opportunity • Unfavorable government regulations that affect donor support and funding inflows.

6. ICT/Technology

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• E-resource center for professional development • Comprehensive HMIS tools for clinical and administrative use(ICT) • Enhanced M&E Unit, serving the entire organization • infrastructure in some MHUs and Secretariat • Technical capacity present in the Secretariat for oversight exists • Existing capacity in M&E in CHAK network. • receptiveness towards HMIS among CHAK MHUs • Availability of universal data capture M&E tool in CHAK	• Insufficientfundsto supportICT development and maintenance in MHUs • Insufficient ICT infrastructure (including poor connectivity)and skillsat MHUs • LimitedHRto supporthugenetwork at Secretariat as well as CHMIS in MHUS • Gaps in M&E	• Operationalization of CHAK HMIS for improved M&E practice(ICT) • Improved fibre optic cable connectivity in all counties • High mobile phone connectivity country-wide and Increased use of smart phones leading to viability of M-Health implementation • • Growth of remote support systems available for free over the Internet • Goodwill from development partners leading to improved ICT infrastructure in CHAK and MHUs • Increased demand and customization for CHMIS among CHAK MHUs • DHIS Access	• Limitationinresourcestok eep up with changes in technology ..Frequent • Increased HMIS in the market hence increased competition with respect to CHMIS. • Emergence of viruses attacking software and the threat of hacking

6. Community strategy and linkages

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• Existing Secretariat and Church health community led programmes • Well established social linkages between CHAK MHUs and the community • Rich history of the church in implementing community activities • Capacity building of religious leaders to facilitate health programs • Church has the capacity to mobilize funds from the community to support community health programs. • Strong interfaith relations and representation • Experience running large scale community programs	• Reliance on volunteers to serve as CHWs and Inadequate mechanisms for motivation and involvement of CHWs • Poor documentation of community health worker intervention. • Weak linkage between community and facility health system • Inadequately trained CHWs for quality service • Inadequate capacity for the RCC's to effectively serve vast geographical areas.	• Existence of a national community strategy • Community goodwill in CHAK & MHU programs • Opportunity to use some of the existing community structures and platforms to drive community health interventions	• Provision of non- uniform incentives to CHWs by private practitioners and NGOs • Conflict between donor priorities and fundamental church values • Influence of alternative medicine and sociocultural practices • Competition for organized community organizations from different agencies (NGOs) • Competition from county governments for community program donor funding. • High attrition rate of CHWs • High community expectations and demands beyond programmatic abilities • Emerging threats restricting free movement of health workers e.g terrorism and insecurity. • Moralization of health service delivery (influence of alternative medicine, cultural and religious practices that hinder delivery of health services)

6. Institutional development and management

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• Large national network of membership • professional management team running day to day activities • Mechanisms exist that provides technical assistance to MHUs • CHAK Guesthouse with training facilities • Well-equipped modern facility and assets for operations • CHAK secretariat has office space • Existing donor partnerships • Institutions of higher learning (health sciences) • Existing regional offices • CHAK has 70 years of consistent service • Existence of mechanisms that provides technical in various areas to MHUs	• Some old assets which are costly to maintain and are not efficient • Inadequate office space as we are expanding • Some members are not actively engaged • Some health facilities facing sustainability challenges leading to closure/handover • Facility not able to attract right candidates to manage • Inadequate management policy guidelines and its implementation MHUs • Lack of modern equipment and well equipped MHUs	• Potential partners in the area of system strengthening • Potential partnership institutions of higher learning egKabarak teaching and referral hospital • Private public partnerships	• Government medical Equipment scheme to county health facilities • Competition from public and private health services providers • Provision of Free services limited to government health facilities • Increasing administrative and financial burden from the regulators e.g KMDPB, NCK

6. Church support and relations

Strengthes	Weaknesses	Opportunities	Threats
Internal		External	
• Goodwill from both local and international churches and church organizations • Support fromkey church leaders in advocacy • Holisticnature of our services • Public have faith and confidence in church health institutions • High standing moral values	• Interference by some church leadership in the day to day operation of their health facility • Lack of a common platform by church leaders through which to address MHU issues	• Extending partnerships and Expansionofnetworks with other church networks • Church involvementin countyactivities	• Competition for resources frominternational church networks • Rivalry among the different churches • unrealistic expectation on service delivery by the public • Conflict between church doctrines and legal requirement of employment

6. Devolution of Health services

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• ExistingMHUs in **44**counties • Existing good relationships with the healthleadership andtechnocrats in some counties • CHAKMHUsare part of devolved county health systems • Specialized capacity within some MHUs • Significant contribution to total health care deliveryin some counties. • Runningcommunityprograms thatCHAKcanleverageon. • Established county government- CHAK relationships with some programs running in some counties • Joint projects being runned by CHAK and County • Existing CHAK regional structure -RCC • Existing regional offices in three counties -Offices • CHAK has had a track record of successfully completing projects which has opened doors for more work with the counties • Presence of member churches that CHAK can leverage on	• Thin presence of CHAK MHUs in some counties • Unstructured county engagement • Minimal interaction between MHUs and counties • Low visibility and branding of CHAK in the counties • Poor presence of CHAK offices in a large proportion of the counties • CHAK MHUs are not regularly well represented in counties and sub-counties forums	• Donor funding opportunities to work with counties • Good will by some County government to FBO facilities • Counties looking to address problems or programs that are specific to communities • Counties working on structures through the council of governors for engagement with various partners	• Perception of FBOs as private institutions especially by County governments • Failurebysome countyleadership to recognize MHUs • Misunderstandings between somecounty governments and MHUs • Emerging health facilities next to FBOs due to political interest • Uncertainties associated with the political climate in the country, especially during election periods •

6. Advocacy

Strengths	Weaknesses	Opportunities	Threats
Internal		External	
• CHAKs National, regional and international representation • Membership in key forums e.g NHIF, KCM • Reputable and outstanding church leaders who supports advocacy • Existing communication and advocacy strategies • Existing referral and specialized facilities in some counties • Recognition of CHAK as a key stakeholder in health services delivery in Kenya • Good entry point through the churches • CHAK's participation in the joint inter faith technical working groups • Access to information on devolution • Joint advocacy structures with other partners • MHU involvement in advocacy	• Lean structures at Secretariat to meet county advocacy demands • Inadequate resources for county level advocacy • Low mainstream media engagement • Research and publication of good work done by CHAK projects and MHUs	• Church institutions working with county officials in their management boards and functions • New methodologies for advocacy strategies i.e. social media, Christian media houses • Rallying CHAK membership to support a common position • Organized coordinated structure for county government by Council of Governance to address health issues	• Competing interests among the FBOs • Uncertain operating environment and policies in some Counties • Competing political interests • Some potential emerging conflict with fundamental church principles • Emerging structures that claims CHAK space purporting to represent CHAK in some forums

5

END-TERM EVALUATION OF CHAK STRATEGIC PLAN 2011 - 2016

CHAK Strategic Plan 2011 – 2016 end term evaluation was conducted by a team led by Prof. Dan Kaseje from the Tropical Institute of Community Health in Africa (TICH-Africa). The evaluation covered the two phases of the three year implementation programmes 2011-2013 and 2014-2016.

The evaluation noted that during the strategic plan period 2011-2016, CHAK focused on promoting access to quality health care by facilitating all member health units (MHUs) to provide efficient, equitable, affordable, sustainable and high quality health care as a witness to the healing ministry of Christ. The work was organized around nine strategic directions that fall into six broad categories of: Service delivery; health systems strengthening; governance and accountability; research, advocacy and communication; human resources for health (HRH); and health care financing and sustainability.

Key Findings

The evaluation found that CHAK had maintained relevance through functions that members could only benefit from as an Association and not as individual units. These were: advocacy, health systems strengthening, Joint resource mobilization, networking, pooled experience and expertise. CHAK hadperformed very well, and had met its obligations and exceeded targets in some areas leading to sustained growth in funding, asset base and program activities expansion. However funded activities such as HIV, TB, Malaria, Hypertension and Diabetes were better documented in regular reports. Not all planned activities were regularly reported. Critical areas such as maternal, neonatal and child health that had not benefitted from designated donor funding tended to suffer under-reporting, giving erroneous impression of under-performance.

CHAK demonstrated efficiency in service delivery and achieved better results than other agencies in the health care market, due to commitment, and community approach as a strategy for service delivery. Community Health Strategy (MoH, 2006) provides an opportunity yet to be fully exploited to enable CHAK spearhead attainment of the Universal Health Coverage and SDGs. Total Quality Management has taken root in CHAK and is ready for rapid scale up.

However working through RCCs had not achieved the targets as planned, at a time when they were needed to engage County devolved health system in addressing the concerns of MHUs. It would appear that under-performance is due to assignment of tasks that could not be undertaken efficiently by a committee.

County Engagement started in earnest, with varying responses from different counties that are themselves at different levels of development. The CHAK information management software provides an opportunity to improve evidence based service delivery, advocacy and partnerships with counties and NHIF although institutional M&E function was not optimally developed.

CHAK supported its governing structures: AGM, Trustees, EXCO and Finance Committee adequately in their functions to maintain sound systems and structure of leadership, transparency and accountability. External audits throughout the Strategic Planning period gave unqualified opinions, implying compliance with international standards in financial management. Additionally, CHAK developed model policy documents to guide MHUs in governance and management to ensure integrity and accountability. Active strategic participation of CHAK at national level to influence health policy and service delivery was maintained with remarkable impact. The annual health conference, CHAK Times bulletin, Resource Centre, international network and an active website are effective communication mechanisms that CHAK maintained and utilized as envisioned. CHAK undertook some studies, but the use of results to support marketing, advocacy and partnership negotiations could be improved.

CHAK coordinated excellent Capacity building programs (Internship for Doctors, Short courses, CME, Family Medicine). The major challenge in human resources was high staff turn-over which has increased in recent times affecting smaller member health units more, although CHAK was also able to negotiate for secondment of staff by counties. There were indications of improvement in human resource (HR) management in a number of MHUs some of which had developed HR plans, policies, and even HR departments with qualified personnel and budgets. The Secretariat has hired a HR expert to sustain continuous improvement particularly in addressing problems of staff retention and also developed and registered staff Retirement Benefit Scheme in which all staff including the MHU staff are eligible for membership.

During the period under review CHAK demonstrated steady growth in service delivery activities , national image development and alignment of its relevance within the Kenyan health sector evolving reforms as well at the global arena. Furthermore, CHAK had developed and launched the now functioning Guest house & conference centre with potential for further growth. All these factors provide strong pillars for a sustainable CHAK.

Key Recommendations

There is urgent need to improve regular reporting of all planned activities by objective to support advocacy for National and County resources, taking advantage of CHAK HMIS software. Developing a robust institutionalized M&E unit to provide overall technical leadership to all funded and CHAK traditional health care services will go a long way to harmonize reporting to enable evidence based decisions, planning and implementation.

There is need to review the composition and mandate of RCCs, building on lessons from the success at national level. Composition could be expanded to include other FBOs, and County Government representatives, and mandate focused on convening regional collaborative and steering meetings for linkages/networking and joint advocacy for collective bargaining at their respective counties.

There is need to establish required minimal standards based on TQM framework to maintain CHAK membership, and towards this larger member facilities could adopt and mentor a number of smaller ones to accelerate achievement of these requirements. CHAK should prioritize strengthening FBO-NHIF Partnership involving all health facilities towards sustainable Universal Health Coverage. Engage Member Medical Training Colleges and Universities in partnership for staff professional development and research.

CHAK should fast track adoption of strategic business mind-set approach in developing and delivering services in an increasingly competitive market place that demands efficiency in the delivery of quality health care.

Emerging strategic directions

The evaluation identified the following emerging strategic directions;

i. Leadership, governance, advocacy, partnerships and networking
ii. Human resource and capacity building
iii. Monitoring & evaluation, research, information and communication
iv. Financing, sustainability and grant management

6

STRATEGIC DIRECTIONS

The six-year strategic plan has its core activities organized into 5 strategic directions namely;

i. Health service delivery
ii. Health systems strengthening
iii. Capacity Building and Research
iv. Advocacy and Partnerships.
v. Sustainable financing and resource management

The scope of each strategic direction is further provided as follows.

Strategic Direction 1: Health Service Delivery

Strategic priorities

1. Communicable Diseases
    a. HIV&AIDS
    b. Tuberculosis (TB)
    c. Malaria
    d. Neglected Tropical Diseases
        i. Leishmaniasis
        ii. Schistosomiasis
2. Non Communicable diseases
    a. Hypertension
    b. Diabetes
    c. Breast Cancer
    d. Bronchial Asthma
    e. Health for the aged
3. Reproductive, Maternal,Neonatal and Child Health and Family Planning
    a. MNCH
    b. Family planning and Reproductive health
    c. Nutrition in MNCH
4. Environmental and Nutrition health
5. Orphans and Vulnerable Children (OVCs)
6. Mental Health
7. Visual Impairment

Strategic Direction 2: Health Systems Strengthening

Strategic priorities

1. Institutional Organization Development
    a. Infrastructure development
    b. Governance and managenent capacity building
2. Regional structures strengthening
3. County engagement structures
4. HealthCare Technical Services
5. Human Resources for Health Management
6. Health Quality Management Systems

Strategic direction 3: Monitoring and Evaluation, Research and Learning

Strategic priorities

1. Monitoring and Evaluation
2. Research
3. Learning and Capacity Building
4. Medical Education through teaching hospitals and member Medical Training Colleges (MTC)
5. Communication and Documentation
6. Health Management Information Systems

Strategic Direction 4: Sustainable financing and resource management

Strategic priorities

1. Resource mobilization
2. Healthcare financing for Universal Health Coverage
3. Financial management
4. Audit and systems strengthening
5. Asset Management
6. CHAK Guest House management

Strategic Direction 5: Advocacy, Partnership and Networking.

Strategic Priorities

1. Strategic partnerships for health
2. Advocacy for CHAK member health network
3. Networking for knowledge sharing

7

IMPLEMENTATION APPROACH

CHAK has an organisational work culture characterised by participatory planning, teamwork in implementation and monitoring. This culture will be central in the implementation of the Strategic Plan 2017-2022.

The organisational structure has been redefined to ensure optimal efficiency and effectiveness in the plan's implementation. The strategic plan has identified strategic directions, priorities and objectives and defined a framework for their implementation and monitoring. A three-year program proposal will be developed with more specific details of activities and resource needs and used for resource mobilization and implementation monitoring. Implementation is achieved through annual operational plans and budgets that are further broken down to specific quarterly departmental and individual work plans.
CHAK will engage in strategic partnerships in joint proposal development, resource mobilization and projects implementation to ensure successful project design and effective implementation. Collaboration with both National and County governments will be nurtured for referral, to ensure compliance with health sector policies and for routine service data reporting.

In response to the wishes of its members, CHAK Secretariat has maintained a facilitative approach that incorporates elements of accompaniment and implementation especially for innovative projects/programs that address the identified priorities. CHAK will also retain its role as a resource organisation for its members.

In order to diversify sources of funding and technical support, CHAK will scale up efforts in resource mobilization coordinated by the Business Development Unit through partnerships and proposal development while ensuring efficient and effective implementation of funded projects to the satisfaction of donor partners, communities served and other stakeholders.

The strategies to be engaged include:

- Participation in health sector coordination structures for joint planning and performance monitoring/review
- Empowering MHUs through Health Systems Strengthening and capacity building
- Partnerships, networking, establishment of linkages and collaboration
- Advocacy through both proactive engagement in policy development, dialogue for opportunities and resources and building on the opportunity created by the MoU between Government and Faith Based Health Services. The Faith Based Health Services Coordinating Committee (FBHSCC) will be used to strengthen the advocacy role of FBOs in health.

- CHAK will endeavour to establish and scale up strategic partnerships for technical assistance, resource sharing and fundraising both locally and internationally for infrastructure development and systems strengthening.

CHAK will facilitate engagement with the devolved County Governments Health Departments which has been created by the Kenya Constitution 2010. County engagement structures will be established to coordinate MHUs advocacy and engagement in planning and service delivery collaboration at county level. CHAK county engagement strategy will be reviewed and implemented to facilitate an effective county engagement process.

The CHAK Secretariat will seek to maintain a human resource compliment that is lean, competent, efficient and cost effective. Full time core staff under the leadership of General Secretary will be maintained, developed and motivated by promoting a team spirit. The core staff will be supported by technical project staff who will be recruited to support implementation of funded projects for the life of such projects. The regular staff will be provided with relevant technical assistance by external consultants drawn for specific assignments with mutually agreed TOR and performance standards. It is recognised that the CHAK network has human resources with varied skills, expertise and experience from whom we shall draw technical support for capacity building and mentorship.

CHAK will give priority to the health sector coordination structures and opportunities and build capacity of its membership in KEPH implementation and health systems strengthening guided by the National Health Sector Policy and Strategic Plan. Governance, management and planning in MHUs will receive special attention in capacity building.

The implementation of this strategic plan will be monitored and backed by operational research, data gathering, analysis and information dissemination and use. This will create an evidence base for advocacy as well as for process and impact assessment.

8

MONITORING & EVALUATION AND RESEARCH

CHAK has a well-developed Monitoring & Evaluation and Information Management Unit which support the process of Monitoring, Evaluation, Research and Information dissemination at the Secretariat. The unit has technical officers who are responsible for guiding the development of the integrated CHAK work plan which is used in guiding the program/project staff in developing individual and quarterly work plans.

An M&E Plan has been developed which provides Indicators defition, data collection and reporting timelines. This will guide programmes, MHUs and projects in regular reporting.

Under the leadership of the General Secretary, there will be Performance Monitoring & Evaluation(PME) meetings that will be held quarterly and annually to review project/ program performance. The review will inform progress made by various interventions implemented by the secretariat.

The Monitoring and Evaluation department and the PME team will on quarterly and, bi-annual and annual basis compile narrative reports which will be shared with partners and key stakeholders highlighting the progress made during the program implementation and key challenges that were faced. The Secretariat will conduct end-of-year review and findings will be used to inform review of strategies and approaches for the following year. The information gathered from end of year review will be used in coming up with the Association's Annual Report.
The plan proposes the use of what is known as a "dashboard" approach to measure progress towards goals. This means that rather than assessing each target individually, achievements will be reviewed in the aggregate considering movement on all or most of the indicators together.

Disparities or under-achievements in any area will be examined to determine the challenges and future activities re-focused accordingly. Routine data will be collected from the MHUs using MOH tools. The M&E staff will input and analyze the data received and share findings with Secretariat staff as well as MHUs and other Stakeholders.

The M&E unit will support use of MOH-HMIS Data collection and Reporting tools in CHAK MHUs by training M&E/HMIS contact persons in data collection and reporting. An M&E work plan will be developed to facilitate structured M&E.

Medical Records Management and Research

CHAK continues to receive data from MHUs to support analysis and advocacy. However, two key challenges are experienced; delayed reports and lack of a comprehensive database. The MHUshave been sending their reports in hard copies via mail, leading to late delivery. The M&E unit will advocate for and support scaling up of the role out ofElectronic Medical Records (EMR) systems in MHUs. These will try to integrate reporting with the MOH-DHIS2. To ensure timely reporting, CHAK will develop a web-based database. This will facilitate timeliness and efficiency in reporting. However MHUs without reliable Internet access would continue to send their reports as hard copies via mail. Mobile based data capture and transmission solution will be introduced in consultation with stakeholders in the health sector. In this plan period installation and application of Electronic Medical Records (EMR) will be promoted and supported.
The M&E team will on monthly and quarterly basis analyse the collected data and provide feedback to enable the program/project staff monitor their performance and make strategy reviews and provide targeted technical support.

CHAK will proactively facilitate, promote and engage in research, utilizing the rich data available within member health network community based programmes and projects. Operations research will be integrated in programmes to generate evidence to support strategy review, decision making and advocacy. Partnering with academia, research institutions, MOH and development partners CHAK will mobilize technical and financial resources to support research. MHUs and Projects will be encouraged and mobilized to build institutional culture of data demand and information use to track quality and support decision making.

The programs/projects implemented by CHAK will conduct mid-term and end-term evaluations and reports disseminated to stakeholders. The strategic plan will also be subjected to both mid-term and end-term evaluation. The evaluation reports will be reviewed by EXCO and presented to AGM and partners.

9

INSTITUTIONAL FRAMEWORK

CHAK governance and management structure

The CHAK governance structure is defined by its Constitution. CHAK's supreme authority, the AGM, is composed of all registered members and meets annually in April. CHAK has a Board of Trustees composed of seven senior church leaders from member churches who are mandated by the Constitution to hold in trust all the assets of the Association.

The Executive Committee (EXCO) is the executing arm of the AGM with the mandate to formulate policies, approve plans and monitor program implementation as well as accountability. EXCO members are elected by the AGM to serve a term of two years which is renewable to a maximum of six years. A standing Finance Committee reviews budgets and financial reports before presentation to EXCO. Other advisory committees may be appointed by EXCO on adhoc basis to address specific terms of reference.

CHAK Guest House & Conference Centre Management Committee oversees the management of the Guest House & Conference Centre and submits it's performance reports to EXCO. The Guest House is managed by a professional team experienced in hotel management as a separate entity from the Secretariat. It provides conference facilities for CHAK capacity building and networking activities.

Regional Coordinating Committees (RCCs) and County Engagement Structures

The RCCs coordinate the Association's activities in its four regions - Eastern/North Eastern, Central/Nairobi/South East & Coast, Western/North Rift, and Nyanza/South Rift. The chairmen of the RCCs represent their regions in EXCO. The four geographical regions also facilitate planning, regional advocacy, communication and allocation of resources.

The chairpersons of the four regions are also members of EXCO together with CHAK's national officials, namely, the chairman, vice-chairman, treasurer and vice-treasurer. The General Secretary serves as the Secretary and represents the Secretariat.
The RCCs coordinate networking and participation in health sector planning at regional level in addition to providing a communication link between the Secretariat and MHUs. They also facilitate identification of advocacy issues and provide feedback to the Secretariat. Further, RCCs assist the secretariat in monitoring health services projects within their regions and in dissemination of information.

Following the creation of 47 county governments with scope of mandate that includes health services provision, planning, supervision and decision making in resource allocation, CHAK proposes to establish and strengthen County Engagement Structures (CES) to support RCCs in mobilization, coordination and advocacy for MHUs engagement at county level. The county engagement structures shall be defined in a County Engagement Strategy to be articulated by CHAK. These will take into consideration the strength of membership presence at the County including Medical Training Colleges.

Secretariat

The implementation of the Strategic Plan is facilitated by the Secretariat management and technical staff under the leadership of the General Secretary. The Secretariat has been structured into three departments:

- Health Services
- Institutional & Organisational Development
- Financial Management and Administration

Monitoring & Evaluation (M&E), Research and information management will be facilitated by the M&E and Information Management Unit which will be under the leadership of the M&E Advisor. The HMIS, M&E and ICT functions will be coordinated under this unit to provide services to all CHAK departments, projects and units. A Business Development (BDU) unit will be established under the office of the General Secretary to coordinate new business development and ensure effective start-ups. An Internal Audit & Compliance unit has been established to support governance towards ensuring effective statutory and donor compliance monitoring. The structure will have the flexibility to accommodate expansion that will be necessitated by new business acquisition through project proposals development. A job evaluation will be conducted to providean optimal staffing structure and appropriate job descriptions, salary structure and a performance based managed system for all essential staff. It will also develop a structure to accommodate various project staff expansion needs.

Each department is led by a Head of Department (HOD) responsible for staff supervision, mentorship and provision of leadership towards achievement of set targets. It is also recognized that CHAK Secretariat cannot afford to maintain in its establishment all professional competencies required hence engaging short-term external consultancy services for defined assignments would assist fill gaps or serve specific needs. However, there exists space and flexibility to expand CHAK's human resource capacity to cope with new project demands provided the necessary resources are available. CHAK may also draw technical assistance from partners and can join partnerships for relevant joint health projects implementation.

The organizational structure for CHAK is as below:

2. TUBERCULOSIS (TB)					
Goal: To accelerate the reduction of TB burden in the catchment areas of MHUs through provision of quality and comprehensive TB services by 2022.					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Increased provision of comprehensive TB diagnostic and treatment services to all MHUs by 2022	**Measures the capacity of MHUs to offer comprehensive TB diagnostic and treatment services**	**Proportion of MHUs providing comprehensive TB diagnostic and treatment services annualy**	**TIBU, DHIS**	**Annualy**	
Output 1: Increased MHUs TB diagnostic capacity	Measures MHUs able to offer TB diagnostic services by TB sputum microscopy and GeneXpert testing	Proportion of MHUs with TB diagnostic capacity annualy	CHAK database, Project reports	Annualy	
Activity 1.1: Placement of Gene Xpert machines within MHUs	Lobby with TB programme and other partners for placement of Gene Xpert machines within MHUs	Proportion of MHUs with Gene Xpert machines annualy	CHAK database, Project reports	Annualy	
Activity 1.2: Build the capacity of MHU administrative staff	Capacity of MHU administrative staff built on resources mobilization towards infrastructural support of TB diagnostic services i.e. Procurement of TB diagnostic and safety equipment including Biosafety cabinets as well as laboratory renovations	Proportion of MHUs that provide TB microscopy annualy	CHAK database, Project reports	Annualy	
		Proportion of MHUs that offer TB microscopy with Biosafety cabinets annualy	CHAK database, Project reports	Annualy	

		Proportion of MHUs whose laboratories have adequate room and ventilation to offer TB microscopy services annualy	CHAK Project Reports	Annualy	
Activity 1.3: Establish TB diagnostic networks	Establish TB diagnostic networks between MHUs and GeneXpert diagnostic health facilities	Proportion of MHUs linked to Gene Xpert TB diagnostic sites annualy	CHAK database, Project reports	Annualy	
Output 2: Increased MHUs TB treatment capacity	Measures MHUs able to provide TB treatment within the health facilities for patients diagnosed with TB	Proportion of MHUs offering TB treatment services annualy	TIBU, DHIS	Annualy	
Activity 1.1: Capacity building of HCWs in MHUs	Capacity building of HCWs in MHUs on TB treatment and monitoring interventions including MDR TB as per national TB guidelines	Proportion of MHUs with HCWs capacity built on TB treatment and monitoring interventions annualy	CHAK database, registers, Project Reports	Annualy	
Output 3: Increased MHUs Capacity to offer Comprehensive TB/HIV integrated activities and services	Measures MHUs capacity in integrating of TB/HIV services for all TB/HIV co-infected patients	Proportion of MHUs offering Comprehensive and integrated TB/HIV services quarterly	CHAK Project Reports	Quarterly	
Activity 3.1: Capacity building of HCWs in MHUs	Capacity building of HCWs in MHUs on integration of TB /HIV activities and services using the national guidelines (Including Isoniazid Prophylactic Therapy scale up, Integration of TB/HIV services and ART initiation in TB/HIV co-infected patients)	Proportion of HCW capacity build on TB/HIV collaborative activities in all MHUs using the national guidelines annualy	CHAK database, Project Reports	Annualy	
Outcome 2: Increased uptake of TB Infection Prevention and Control Interventions in all MHUs by 70% of baseline by 2022	**Measures MHUs capacity in provision of integrated TB infection prevention and control interventions including administrative controls, environmental controls and personal protective controls**	**Proportion of MHUs with TB Infection Prevention and Control plans and active Infection control committee's quarterly**	**CHAK database, Project Reports**	**Quarterly**	
Output 1: Increased knowledge and implementation of TB Infection control measures among HCWs in MHUs	Measures implementation of TB infection control interventions by HCWs within the MHUs	Proportion of MHUs with HCWs implementing TB infection control interventions quarterly	Project reports	Quarterly	
Activity 1.1: Sensitization of HCWs in MHUs	Sensitization of HCWs in MHUs on the Infection Prevention and control policy document	Proportion of MHUs with HCWs sensitized on Infection Prevention policy document annualy	Project reports	Annualy	

3. MALARIA					
Goal: To accelerate the reduction of Malaria morbidity and mortality in the catchment areas of MHUs within Malaria endemic regions through provision of quality and comprehensive Malaria prevention and treatment interventions by 2022					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Increased provision of comprehensive Malaria prevention interventions within all MHUs catchment areas in Malaria endemic zones by 80% of baseline by 2022	**Measures provision of malaria prevention interventions for MHU catchment populations within Malaria endemic zones**	**Proportion of MHUs in malaria endemic zones providing malaria prevention interventions for their catchment populations quarterly**	**ANC Register, Facility Net Register, facility monthly summary reports**	**Quarterly**	
Output 1: Increased uptake of Malaria preventive interventions of MHU catchment population in Malaria endemic zones	Increased uptake of Malaria preventive interventions of MHU catchment population in Malaria endemic zones	Number of MHUs within Malaria endemic zones providing malaria prevention interventions quarterly	CHAK database, Project reports	Quarterly	
Activity 1.1: Capacity building of Community Health Volunteers (CHVs)	Capacity building of Community Health Volunteers (CHVs) attached to MHUs in malaria endemic zones on Malaria prevention interventions	Proportion of CHVs attached to MHUs in malaria endemic zones capacity built on malaria prevention interventions annualy	MoH 506 summary, MoH 504 summary	Annualy	
Activity 1.2: Capacity building of HCWs	HCWs to be capacity built on provision of Intermittent Preventive Treatment for Pregnant women (IPTp), and other malaria prevention interventions	Proportion of MHUs in malaria endemic zones with HCWs capacity built on IPTp and other malaria prevention interventions bi-annualy	Project reports	Bi-annual	
		Proportion of MHUs in malaria endemic zones providing IPTp for pregnant women quarterly	ANC registers	Quarterly	
Activity 1.3: Distribution of Insecticide Treated Nets (ITNs)	Network with national implementing partners in health e.g. MoH and PSI in distribution of Insecticide Treated Nets (ITNs) to MHUs within Malaria endemic zones providing health services to Pregnant women and Under 5s	Proportion of MHUs in malaria endemic zones receiving ITNs quarterly	MoH 506	Quarterly	
Outcome 2: Increased provision of accurate Malaria diagnostic services to all MHUs by 2022	**Measures capacity of MHUs to provide malaria microscopic and rapid diagnostic services**	**Proportion of MHUs providing malaria diagnostic services annualy**	**Project Reports**	**Quarterly**	

4. LEISHMANIASIS

Goal: To accelerate the reduction of all forms of Leishmania morbidity and mortality in the catchment areas of MHUs within Leishmania endemic regions through provision of quality and comprehensive Leishmania prevention, control and treatment interventions by 2022

OBJECTIVES	NARRATIVE /DEFINITION	INDICATORS	MEANS OF VERIFICATION	REPORTING FREQUENCY	ASSUMPTIONS
Outcome 1: Increased knowledge and skills of HCWs working in the MHUs catchment areas in Leishmania endemic zones to identify, manage and prevent Leishmaniasis by 80% of baseline by 2022	**Measures acquisition of knowledge and skills by HCW in MHUs catchment population within Leishmania endemic zones to identify, manage and prevent leishmaniasis**	**Number of HCWs in MHUs within the catchment population that have knowledge and skills of managing Leishmaniasis bi-annualy**	**MHU reports, CHAK database, project reports**	**Quarterly**	
Output 1: Increased uptake of leishmania treatment and preventive interventions of MHU catchment population in leishmania endemic zones	Measures capacity of HCWs of MHUs in leishmania endemic zones to provide leishmania preventive interventions for their catchment populations and effective and timely treatment of diagnosed leishmaniasis cases	Proportion of MHUs within Leishmania endemic zones providing leishmania treatment and preventive interventions bi-annualy	CHAK database, Project reports	Bi-annual	
Activity 1.1: Capacity building of HCWs	Capacity building of HCWs in MHUs on provision of leishmania case management and Preventive interventions for communities living in leishmania endemic zones	Proportion of HCWs from MHUs in leishmania endemic zones capacity built on leishmania case management and prevention for communities working in leishmania endemic zones bi-annualy	CHAK database, project reports	Bi-annual	
Activity 1.2: Capacity building of Community Health Volunteers (CHVs)	Capacity building of Community Health Volunteers (CHVs) attached to MHUs in leishmania endemic zones on leishmania prevention and control interventions	Proportion of CHVs attached to MHUs in leishmania endemic zones capacity built on leishmania prevention and control interventions bi-annualy	Project Reports	Bi-annual	

Activity 1.3: Distribution of Insecticide Treated Nets (ITNs)	Network with national implementing partners in health e.g. MoH and PSI in distribution of Insecticide Treated Nets (ITNs) to MHUs within leishmania endemic zones providing health services for the catchment populations	Proportion of MHUs in leishmania endemic zones receiving ITNs quarterly	Project reports	Quarterly	
Outcome 2: Increased provision of accurate leishmania diagnostic services to all MHUs by 2022	**Measures capacity of MHUs to accurately diagnose visceral and cutaneous leishmaniasis**	**Proportion of laboratory and medical personnel in MHUs within leishmania endemic zones able to accurately diagnose cutaneous and visceral leishmaniasisannualy**	**Project Reports**	**Bi-annual**	
Output 1: Increased MHU capacity in leishmania endemic zones to accurately diagnose all forms of leishmaniasis	Measures capacity of laboratory and medical personnel in MHUs within leishmania endemic zones to be able to collect splenic, urine and other relevant samples and accurately prepare the samples, as well as interpret test results for accurate leishmaniasis diagnosis	Proportion of MHUs in leishmania endemic zones whose HCWs are able to appropriately collect and process relevant samples for leishmaniasis diagnosis and accurately interpret the results bi-annualy	Project reports, case incidence reports	Bi-annual	
Activity 1.1: Build the capacity of MHU administrative staff	Build the capacity of MHU administration on resource mobilization for laboratory infrastructural support	Proportion with MHUs with Functional laboratories offering leishmania diagnostic services annualy	CHAK database	Annualy	

Activity 1.2: Capacity building of laboratory and medical personnel	Capacity building of laboratory and medical personnel in MHUs within leishmania endemic zones on sample collection and relevant diagnostic tests and interpretation of results for leishmaniasis	Proportion of laboratory and medical personnel in MHUs in leishmania endemic zones capacity built on leishmania diagnostic tests annualy	Project reports	Annualy	
Outcome 3: Increased provision of comprehensive and timely leishmania case management in all MHUs within leishmania endemic zones by 2022	Measures MHUs capacity to provide comprehensive leishmaniasis case management	Proportion of MHUs in leishmania endemic zones providing comprehensive and timely leishmania case management quarterly	Project reports	Quarterly	
Output 1: Increased MHU capacity within leishmania endemic zones to provide timely and comprehensive leishmania case management	Measures capacity of HCWs in MHUs withinleishmania endemic zones able to accurately diagnose both cutaneous and visceral leishmaniasis and provide appropriate and timely case management	Number of leishmania cases accurately identified in MHUs within leishmania endemic zones and appropriately managed with the recommended treatment regimens quarterly	Facility reports	Quarterly	
Activity 1.1: Capacity building of HCWs	Capacity building of HCWs within MHUs in leishmaniasis endemic zones on national leishmaniasis treatment guidelines as well as commodity management for recommended leishmaniasis treatment drugs	Proportion of MHU in leishmaniasis endemic zones with HCWs capacity built on national leishmaniasis treatment guidelines bi-annualy	Project reports, CHAK database	Bi-annual	
		Proportion of MHUs in leishmaniasis endemic zones with HCWs capacity built on commodity management of leishmaniasis treatment drugs bi-annualy	Project reports, CHAK database	Bi-annual	

5. SCHISTOSOMIASIS					
Goal: To accelerate the reduction of all forms of schistosomiasis morbidity and mortality in the catchment areas of MHUs within schistosomiasis endemic regions through provision of quality and comprehensive schistosomiasis treatment, prevention, control and treatment interventions by 2022					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Increased knowledge and skills of HCWs working in the MHUs catchment areas in schistosomiasis endemic zones to identify, manage and prevent schistosomiasis by 80% of baseline by 2022	**Measures acquisition of knowledge and skills by HCW in MHUs catchment population within schistosomiasis endemic zones to identify, manage and prevent schistosomiasis**	**Number of HCWs in MHUs within the catchment population that have knowledge and skills of managing schistosomiasis annualy**	**MHU reports, CHAK database, project reports**	**Annualy**	
Output 1: Increased uptake of schistosomiasis treatment and preventive interventions of MHU catchment population in schistosomiasis endemic zones	Measures capacity of HCWs of MHUs in schistosomiasis endemic zones to provide Schistosoma preventive interventions for their catchment populations and effective and timely treatment of diagnosed Schistosoma cases	Proportion of MHUs within schistosomiasis endemic zones providing schistosomiasis treatment and preventive interventions quarterly	CHAK database, Project reports	Quarterly	
Activity 1.1: Capacity building of HCWs	Capacity building of HCWs in MHUs on provision of schistosomiasis case management and Preventive interventions and control for communities living in schistosomiasis endemic zones	Proportion of HCWs from MHUs in schistosomiasis endemic zones capacity built on schistosomiasis case management and prevention for communities working in schistosomiasis endemic zones annualy	CHAK database, project reports	Annualy	
Activity 1.2: Capacity building of Community Health Volunteers (CHVs)	Capacity building of Community Health Volunteers (CHVs) attached to MHUs in schistosomiasis endemic zones on schistosomiasis prevention and control interventions	Proportion of CHVs attached to MHUs in schistosomiasis endemic zones capacity built on schistosomiasis prevention and control interventions bi-annualy	Project Reports	Bi-annual	

Outcome 2: Increased provision of accurate schistosomiasis diagnostic services to all MHUs by 2022	Measures capacity of MHUs to accurately diagnose schistosomiasis	Proportion of laboratory personnel in MHUs within schistosomiasis endemic zones able to accurately diagnose schistosomiasis through laboratory microscopy bi-annualy	Project Reports, MHU reports	Bi-annual	Availability of schistosomiasis diagnostic services in Schistosoma endemic zones
Output 1: Increased MHU capacity in schistosomiasis endemic zones to accurately diagnose all forms of schistosomiasis	Measures capacity of laboratory personnel in MHUs within schistosomiasis endemic zones to be able to collect and prepare relevant samples, as well as interpret microscopic tests for accurate leishmaniasis diagnosis	Proportion of MHUs in schistosomiasis endemic zones whose HCWs are able to appropriately collect and process relevant samples for schistosomiasis diagnosis and accurately interpret the microscopic tests bi-annualy	Project Reports, MHU reports	Bi-annual	
Activity 1.1: Build the capacity of MHU administration staff	Build the capacity of MHU administration on resource mobilization for laboratory infrastructural support	Proportion with MHUs with Functional laboratories offering schistosomiasis diagnostic services annualy	CHAK database	Annualy	
Activity 1.2: Capacity building of laboratory personnel	Capacity building of laboratory personnel in MHUs within schistosomiasis endemic zones on diagnostic tests and interpretation of results for schistosomiasis	Proportion of laboratory personnel in MHUs in schistosomiasis endemic zones capacity built on schistosomiasis diagnostic tests annualy	Project reports,	Bi-annual	
Outcome 3: Increased provision of comprehensive and timely schistosomiasis case management in all MHUs within schistosomiasis endemic zones by 2022	Measures MHUs capacity to provide comprehensive schistosomiasis case management	Proportion of MHUs in schistosomiasis endemic zones providing comprehensive and timely schistosomiasis case management quarterly	Project reports,	Quarterly	

Output 1: Increased MHU capacity within schistosomiasis endemic zones to provide timely and comprehensive case management of all forms of schistosomiasis	Measures capacity of HCWs in MHUs within schistosomiasis endemic zones able to accurately diagnose schistosomiasis and provide appropriate and timely case management	Number of all forms of schistosomiasis cases accurately identified in MHUs within schistomiasis endemic zones and appropriately managed with the recommended treatment regimens quarterly	Facility reports	Quarterly	
Activity 1.1: Capacity building of HCWs	Capacity building of HCWs within MHUs in schistosomiasis endemic zones on national schistosomiasis diagnosis and treatment guidelines and on commodity management for recommended schistosomiasis treatment drugs	Proportion of MHUs in schistosomiasis endemic zones with HCWs capacity built on national schistosomiasis diagnosis and treatment guidelines bi-annualy	Project reports, CHAK database	Bi-annual	
		Proportion of MHUs in schistosomiasis endemic zones with HCWs capacity built on commodity management of schistosomiasis treatment drugs bi-annualy	Project reports, CHAK database	Bi-annual	

1.2 : NON-COMMUNICABLE DISEASES					
Goal :To reduce by 25% the preventable burden, avoidable morbidity, mortality, risk factors and cost due to NCDs and promote the well-being of the community by providing evidence-based NCD prevention and control measures to attain the highest attainable standard of health by 2022 :					
1.2.1 : HYPERTENSION					
OBJECTIVES	**NARRATIVE /Definition**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: To reduce the burden of raised blood pressure (hypertension) in communities served by 100 CHAK MHUs.	**Raised blood pressure [BP] defined as having SBP≥ 140mmHg and/or DBP ≥90mmHg or on medication for raised blood pressure**	**To reduce by 25% the burden of raised blood pressure (hypertension) in communities served by 100 CHAK MHUs by 2019. Screen: 520,000 males; 780,000 females. Treat:40,000 males; 60,000 females**	**Education and awareness tools, Screening Registers, Referral Forms, Linkage Registers, Treatment Registers, Appointment Diaries, Defaulter Registers**	**Monthly Quarterly Bi-annualy Annualy**	**The current Kenya National strategy for the prevention and control of Hypertension 2015-2020 remains unchanged.**
Output 1: Promote awareness and knowledge on hypertension and it's risk factors in the community	**Health promotion through community engagement**	2,000,000 persons reached 110 MHU administrators sensitized	Hypertension education and awareness tools MOH 514	Monthly Reports	Data captured/Reports available
Activity 1.1: Train community health workers (CHWs) and key opinion leaders (religious leaders-RLs) on hypertension and it's risk factors to conduct health promotion in the community	Awareness and education will be carried out in the community by CHWs during community congregation's e.g. chief baraza meetings, celebrations (weddings, burials), open market areas, social welfare group meetings etc. RLs will sensitize the community on hypertension during church congregations and pastoral activities.	500 CHWs trained 100 RLs trained	CHAK training report	Quarterly	No attrition of trained CHWs and RLs
Activity 1.2: Contribute to the development and dissemination of information, education through mass media and IEC materials on hypertension	IEC materials include; posters, patient passports, banners, t-shirts, umbrellas, lab coats, caps, aprons, wrist bands, pens, badges for display in the community and member health units (MHUs) Mass media include radio, TV, social and print	Number of IEC materials distributed Number of radio/tv shows Number of active social media platforms	CHAK Inventory List CHAK Project Reports CHAK Times	Quarterly Bi-annually	Data captured/Reports available Inventory List updated

Activity 1.3: Support MHUs to conduct community outreaches	Community outreaches will be led by MHUs in collaboration with CHWs and RLs for the purpose of awareness creation and screening for hypertension	360 community outreaches conducted	CHAK project reports MOH AWP Monthly Service Delivery	Monthly	Data captured/Reports available
Output 2: Promote screening and early diagnosis for hypertension	Screening will be conducted by CHWs in the community using digital BP machines and by HCWs in MHUs using digital/manual BP machines	1,300,000 people screened	Hypertension screening register	Monthly Reports	No re-screening of the same individual
Activity 2.0: Equip CHWs with BP machines and train on screening for hypertension and linkage to MHUs for care and management	2 day training for CHWs on screening for hypertension, equipping the CHWs with digital BP machines. Linkage to care- is the process of engaging clients screened and found with raised blood pressure into hypertension primary care	250 CHWs trained 250 digital BP machines distributed 90,000 persons linked	CHAK training report CHAK inventory list Client Referral forms Hypertension linkage register	Monthly Reports	No attrition of trained CHWs No breakdown or loss of equipment All persons referred will reach the MHUs
Activity 2.1: Equip facilities to facilitate screening and early diagnosis for hypertension	Equipping the MHUs with manual sphygmomanometers, stethoscopes, weighing scales (audiometers) and height scales	60 sphygmomanometers distributed 60 stethoscopes distributed 50 weighing scales and height scales	CHAK training report CHAK inventory list	Bi-annually	No attrition of trained HCWsNo breakdown or loss of equipment
Output 3: Strengthen MHUs in provision of comprehensive hypertension care services	Comprehensive hypertension care services include: screening, linkage, diagnosis, treatment, retention and control of hypertension	100,000 put on comprehensive hypertension care	Screening register Linkage register Treatment register	Monthly Reports	Data captured and Reports available
Activity 3.0: Train HCWs on comprehensive hypertension care	3 day training for HCWs on hypertension management	450 HCWs trained	CHAK training report	Monthly Reports	No attrition of trained HCWs
Activity 3.1: Participate in the development and dissemination of clinical guidelines and treatment protocols on comprehensive hypertension care services	Comprehensive clinical guidelines and treatment protocols developed with other partners including MOH and distributed to the MHUs	Number of guidelines and protocols developed and distributed Proportion of MHUs utilizing guidelines and protocols	CHAK Reports	Quarterly	Data is captured
Activity 3.2: Mentorship and on-the-job skills development to improve skills of HCWs in the	Trainers of trainers (ToTs) to provide mentorship and on-the-job skills training for	10 TOTs trained 450 HCWs mentored	CHAK reports	Quarterly	No attrition of mentored HCWs

Output 4: Ensure hypertensive patients on management are retained and controlled to prevent complications	Retained- once the patient is initiated on care, they remain on care for hypertension management. Controlled patient- with blood pressure below 140/90 mmHg	50% of hypertensive patients retained on care and controlled	Hypertension treatment register Appointment Diary	Monthly Reports	Patients initiated on care remain on care
Activity 4.1: Support MHUs to access affordable quality medicines for hypertension through partnerships to assure continuous supply and adherence to medication by patients	Strengthen existing multi-sectoral partnerships both within Government and private sector to address the supply and affordability of quality commodities for hypertension	Proportion of hypertensive patients on medication 110 MHUs stocking medicines	Hypertension treatment register Supervision Reports	Monthly Reports	Patients initiated on care remain on care
Activity 4.2: Support MHUs to establish and strengthen psychosocial support groups (PSSGs) for hypertension patients	Psychosocial support groups address mental health counselling, education, group support and other services to hypertension patients.	50 MHUs with active PSSGs	CHAK reports	Quarterly	PSSGs established will be self-sustaining and remain active
Activity 4.3: Support MHUs to establish defaulter tracing mechanisms, carry out defaulter tracing and home visits	Defaulter is a patient who misses an appointment, is contacted and still fails to honor the appointment within 7 days.	100% defaulters identified 70% defaulters traced	Appointment diary Defaulter register	Monthly Reports	All defaulters will be traced and therefore not lost to follow up
Output 5: Improve hypertension HIS (health information systems) at community level for effective project management, and decision making for better patient and project outcomes	Health information systems (HIS) refer to any system (manual or electronic) that captures, stores, manages or transmits information rela ted to the health of patients	110 MHUs with functional HIS	CHAK reports	Quarterly	No breakdown in HIS systems
Activity 5.0: Participate in the development and utilization of M&E (monitoring and evaluation) tools for screening and treatment of hypertension at community and MHUs level	Development of Hypertension M&E tools (manual or electronic)	110 MHUs with M&E tools disseminated	CHAK reports	Quarterly	MHUs adopt the M&E Tools

1.2.2: DIABETES					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 2: To halt the rise of diabetes and obesity and improve the care of persons living with diabetes		To halt the rise (0% increase) of diabetes and improve the care of persons living with diabetes. Screen: 153,000 males; 187,000 females Diagnose: 6,900 males; 8,400 females	CHAK reports	Annually	
Output 1.0: Create awareness and education on diabetes and it's risk factors in the community	Advocacy and sensitization to create awareness on diabetes	1,400,000 persons reached 75 MHUs administrators are sensitized	CHAK reports MOH 514	Monthly	Data captured
Activity 1.0: Train diabetes peer educators (DPEs), CHWs and key opinion leaders (RLs) on diabetes and it's risk factors to conduct health promotion in the community	Awareness and education will be carried out in the community by DPEs and CHWs during community congregation's e.g. chief baraza meetings, celebrations (weddings, burials), open market areas, social welfare group meetings etc. RLs will sensitize the community on diabetes during church congregations and pastoral activities.	500 DPEs trained 235 CHWs trained 268 RLs trained	Training reports	Quarterly	No attrition of trained CHWs and RLs
Activity 1.1: Provision of information education and communication (IEC) materials on diabetes	IEC materials include; posters, patient passports, banners, t-shirts, umbrellas, lab coats, caps, aprons, wrist bands, pens, badges for display in the community and member health units (MHUs).	Number of IEC materials distributed	CHAK Inventory List CHAK Project Reports CHAK Times	Quarterly	Inventory list updated
Output 2.0: Promote screening and early diagnosis for diabetes	Screening and early diagnosis in the community and the MHUs	340,000 clients screened	Screening registe	Monthly	Data captured
Activity 2.0: Equip peer educators and MHUs with glucometers and glucose test strips and train them on screening for diabetes	Screening will be conducted by PEs in the community and in the MHUs using glucometers	300 glucometers distributed to DPEs and MHUs	CHAK Inventory List Training report	Quarterly	No breakdown or loss of glucometers

Activity 2.1: Support MHUs to conduct community outreaches	Community outreaches will be led by MHUs in collaboration with PEs and RLs for the purpose of awareness creation, screening and diagnosis for diabetes	45 outreaches held Number of people reached with health messages, screened and diagnosed	Diabetes Screening registers Permanent register, Diabetes treatment register	Monthly	Data captured
Output 3.0: Strengthen MHUs in the provision of Diabetes Comprehensive Care (DCC)	Diabetes Comprehensive Care Concept is a model of care for diabetes that is patient centered, with a multidisciplinary team approach. It aims at inter-linking the patient, the health care system and the community. The delivery of DCC requires reorganization of existing clinics into diabetes comprehensive care clinics.	MHUs providing DCC	Diabetes Screening registers Permanent register, Diabetes treatment register	Monthly	Data captured
Activity 3.0: Train HCWs on DCC	ToTs to provide training for the HCWs	600 HCWs trained	Training reports	Quarterly	No attrition of trained staff
Activity 3.1: Mentorship and on-the-job skills development to improve skills of HCWs in the management of Diabetes	ToTs to provide on-the-job skills training for HCWs in the MHUs	10 TOTs trained 60% of HCWs mentored	Training and mentorship report	Quarterly	Reports available
Activity 3.2: Ensure availability of glucometers and HbA1c machines in MHUs for treatment and monitoring of diabetes through partnerships	MHUs to be supplied with glucometers and HbA1c machines	20 MHUs equipped with glucometers and HbA1c machines	CHAK inventory	Quarterly	Inventory list updated
Output 4: Ensure diabetic patients on management are retained and controlled to prevent complications	Retained- all the patients initiated on care, remain on care for diabetes management Controlled patient- with fasting plasma glucose (<6.0mmol/L) or HbA1c <7.0%	Proportion of diabetes patients on care, retained and controlled. (Baseline survey in Y1 to determine rate)	Daily activity register, Diabetes treatment register DM reporting tool	Monthly	Data captured
Activity 4.0: Support MHUs to access affordable quality insulin and oral glucose lowering agents (OGLAs) for diabetes management through partnerships to assure continuous supply and adherence to medication bypatients	Strengthen existing multi-sectoral partnerships both within Government and private sector to address the supply and affordability of quality commodities for hypertension	75 MHUs with access to OGLAs and insulin	Support supervision tool	Quarterly	Data is captured
Activity 4.1: Support MHUs to establish and strengthen psychosocial support groups (PSSGs) fordiabetes patients	Support to be provided to the MHUs to establish and strengthen psychosocial support groups (PSSGs) for diabetes patients	25 MHUs with PSSGs established	Support supervision tool CHAK reports	Quarterly	Data is captured

Output 5.0: Improve diabetes HIS at facility and community level for effective project management, and decision making for better patient and project outcomes	Improve and integrate diabetes HIS into the existing Health management information systems	75 MHUs with functional HIS	Registers EMR	Quarterly	No breakdown in HIS systems
Activity 5.0: Participate in the development and utilization of M&E tools for screening and treatment of diabetes at community and MHUs level	Development and use of diabetes M&E tools in the MHUs	75 MHUs with HIS tools disseminated	Registers EMR	Quarterly	MHUs adopt the M&E Tools
Output 6.0: Development and review of diabetes pre-service training curriculum	Pre-service training refers to the process of introducing clinical and public health concepts and approaches of the diabetes management strategy into medical and paramedical education, before graduates enter service.	Number of MHUs with training institutions adopting the curriculumNumber of students taken through the curriculum	CHAK Annual ReportCHAK Times	Annually	MHUs adopt the M&E Tools

1.2.3 :BREAST CANCER					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 3.0: To reduce premature deaths from breast cancer, and improve the quality of life and survival rates.		**To reduce by 20% premature deaths from breast cancer, and improve the quality of life and survival rates by 2022. (Partner funding)**	**CHAK Reports**	**Annually**	**Reports available**
Output 1.0: Create awareness and education on breast cancer signs and symptoms, self-examination	**Awareness and education will be carried out in the community by DPEs and CHWs during community congregations' e.g. chief baraza meetings, celebrations (weddings, burials), open market areas, social welfare group meetings etc. RLs will sensitize the community on breast cancer signs and symptoms, self-examination during church congregations and pastoral activities.**	1,000,000 reached with health messages	MOH 514 (CHW service log book)	Monthly	Data is captured
Activity 1.0: Sensitize CHWs and RLs on breast cancer	Focused community education and disease awareness creation on self-examination for breast lumps, discharge and skin changes.	250 CHWs sensitized 100 RLs sensitized	Training Reports		Reports available
Output 2.0: Improve access to early diagnosis and treatment for breast cancer through supporting MHUs with skills training and equipment for screening and investigation and partnerships for commodities for breast cancer treatment.	Focus on early diagnosis, treatment and referral for breast cancer	10 new cases of breast cancer	Cancer Screening Register Cancer Treatment register	Monthly	Data is captured

Activity 2.0: Train HCWs on breast cancer screening, diagnosis, referral mechanisms and management including palliative care	The health care workers in MHUs are trained in screening, diagnosis, referral mechanisms and management and on palliative care for patients who may not benefit from more aggressive treatment and care.	300 HCWs trained	Training Reports	Monthly	Reports available
Activity 2.1: Screening and referral for breast cancer in 50 MHUs		50 MHUs screening for breast cancer 30,000 screened and referred	Cancer Screening Register	Monthly	Data is captured
Activity 2.2: CHAK engagement in Public-Private Partnerships to support capacity-building of MHUs into regional centres of excellence for diagnosis and treatment for breast cancer including palliative care	Development partners support health and health related interventions	6 regional centers of excellence	CHAK Annual Report CHAK Times	Annually	Reports available
Activity 2.3: On-job-skills development and mentorship of HCWs on breast cancer screening, diagnosis and management	OJT and Mentorship for HCWs	60% of HCWs mentored	CHAK Report	Quarterly	Reports available

1.2.4 :BRONCHIAL ASTHMA					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 4.0: To improve the quality of care and treatment of bronchial asthma in CHAK MHUs		50 MHUs offering comprehensive management for bronchial asthma by 2022	CHAK reports	Annually	Data captured
Output 1.0: Education to the community on asthma, allergens and allergic conditions	Awareness and education will be carried out in the community by DPEs and CHWs during community congregations' e.g. chief baraza meetings, celebrations (weddings, burials), open market areas, social welfare group meetings etc. RLs will sensitize the community on asthma during church congregations and pastoral activities.	1,000,000 reached with health messages	MOH 514 (CHW service log book)	Monthly	Reports available
Activity 1.0: Sensitize CHWs and RLs on bronchial asthma	Focused community education and disease awareness creation	250 CHWs sensitized 100 RLs sensitized	Training report	Quarterly	Reports available
Output 2.0: Improve access to early diagnosis and treatment for bronchial asthma through supporting MHUs	Improve the Screening and early diagnosis of bronchial asthma in the community and the MHUs	Number of Asthma patients on treatment	MOH 204A (Under 5 Outpatient Register) MOH 204B (Over 5 Outpatient Register)	Monthly	Data captured
Activity 2.0: Train HCWs on bronchial asthma screening, diagnosis, management and referral mechanisms	The health care workers in MHUs are trained in screening, diagnosis, referral mechanisms and management for bronchial asthma	300 HCWs trained	Training reports	Quarterly	Reports available
Activity 2.1: CHAK engagement in Public-Private partnerships to support MHUs access affordable, quality medicines and equipment for bronchial asthma management to assure continuous supply **.**	Development partners support health and health related interventions	50 MHUs with medicines and equipment Number of clients screened, diagnosed and managed	MOH 204A (Under 5 Outpatient Register) MOH 204B (Over 5 Outpatient Register)	Monthly	Data captured
Activity 2.2: On-job-skills development and mentorship of HCWs on bronchial asthma management	OJT and Mentorship for HCWs	60% of HCWs mentored	Mentorship reports	Monthly	Data captured

1.2.5 :HEALTH FOR THE AGED					
Goal: To improve the Health Related Quality of Life (HRQoL) for the aged	**The ageing population continues to live longer lives and face a myriad of challenges concerning their social welfare-nutrition and housing, health especially NCDs and associated complications of vision, URTIs, Arthritis and the need for terminal and palliative care**		**CHAK reports**	**Annually**	**Reports available**
Outcome 1.0: To address the health needs of the aged	**Geriatric care management, is a holistic, client-centered approach to caring for older adults or others facing ongoing health challenges. Health care professionals work with families/care givers to ensure quality care and an optimal life for the aged**	**Number of MHUs Number of staff trained on geriatric care**	**CHAK reports**	**Quarterly**	**Data is captured**
Output 1.0: Improve access to health services for the aged through education and awareness, screening and diagnosis	**Awareness and education will be carried out in the community by CHWs and RLs during community congregations to sensitize the community on taking care of the elderly**	Number of Barazas held Number of people sensitized	CHAK reports	Monthly	Data is captured
Activity 1.0: Building the capacity of HCWs on geriatric health and care for the aged	CHAK to support the capacity building in MHUs for HCWs offering geriatric health services- screening and treatment or referral for common morbidities like NCDs and URTIs	50% of staff in MHUs trained on geriatric care Number of aged screened and diagnosed for various conditions	Training reports MOH Tools CHAK reports	Monthly	Data is captured

1.3 : REPRODUCTIVE HEALTH MATERNAL AND CHILD HEALTH AND FAMILY PLANNING					
1.3.1 : ANTINATAL CARE					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1 : To increase the uptake of ANC in CHAK MHUs	**All pregnant women attend antenatal clinic**	**Increase ANC attendance for pregnant mothers in all MHUs by 20% by 2022**	**ANC registers**	**Quarterly**	**Skilled staff are retained in the facilities.**
Output 1: All the CHAK MHUs provide quality ANC services by 2022	**All the MHUs provide antenatal care.**	Number of women accessing ANC services in CHAK MHUs	ANC registers	Quarterly	skilled health workers
Activity 1.1: Training, mentorship and OJT of health care workers on FANC	Train health care workers to manage pregnant mothers during Antenatal care, all pregnant women attend at least 4 ANC visits, get require doses of tetanus toxoid, ANC profile, ultra sound and IPT as required and nutritional support.	all health care workers in the targeted MHUs trained	attendance list	Bi-Annually	Funds for training will be available, facilities will release staff for training
Activity 1.2: Training of CHVs on follow up of pregnant women and linkages to health facilities	The CHVs will be skilled in follow up, referral and linkage between the community and health facility and vice versa	Number of trained CHVs in targeted community units	attendance list	Bi-Annually	Funds for training will be available
Activity 1.3: Provide the MHUs with equipment for focus antenatal care (FANC)	- facilities will be provided with FANC equipment as per the need such as weighing machines etc.	Number of facilities provided with FANC equipment	ANC registers, inventory	Quarterly	availability of funds to purchase equipment

activity 1,4: promote the use of Mother child booklet at MCH in all MHUs	All pregnant women will be provided with Mother child booklet to monitor growth, immunization and nutrition status of the baby and mother	All MHUs using the mother child booklets	ANC registers, inventory	Quarterly	mother child booklets will be available
Activity 1.5: Integrate HIV testing services (HTS), PMTCT and TB screening at MCH in all MHUs	All pregnant women will be tested for HIV, screened for TB and managed accordingly	All women attending ANC tested for HIV and screened for TB	ANC register	Quarterly	test kits will be available
Activity 1.6: Develop/adopt and distribute ANC IEC material to all MHUs	IEC materials related to mother and child health printed and or collected from MOH and distributed to the MHUs.	All MHUs issued with ANC IEC materials	Inventory and distribution lists	Bi-Annually	funds will be available, materials will be available
Activity 1.7: Conduct supportive supervision to all the 56 health centers, 24 hospitals and 20% of the dispensaries	the facilities will be visited for technical support and mentorship	Support supervision conducted in all the 56 health centers, 24 hospitals and 20% of the dispensaries	supervision checklists, reports and visitors books	Quarterly	funds will be available, there will be security in all regions

1.3.2 : MATERNITY					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 2 : Increase skilled deliveries in the 80 MHUs (56 health centers& 24 hospitals) by 20%	**All pregnant women will receive care from skilled birth attendants**	**Number of women offered skilled delivery and care in the MHUs**	**Maternity registers**	Quarterly	**skilled staff are retained in the facilities**
Output 1: Improved maternal and neonatal care in all MHUs	**All the MHUs will have skilled personnel and the necessary equipment.**	**All MHUs provide skilled maternal and neonatal care by 2022**	**Maternity registers**	Quarterly	**availability of skilled attendants and equipment**
Activity 11: conduct facility assessment in provision and uptake of maternity services (Bemonc and EmONC) in all the 80 health facilities.	Baseline assessment will be done to assess the skills of health care workers and availability of equipment	80 facilities assessed by 2018	Baseline assessment report	Bi-Annually	Funds will be available, there will be security in all regions
Activity 1.2: Training of health care workers on Basic Emergency obstetric and newborn care (BEmONC) and Comprehensive Emergency obstetric and newborn care (CEmONC).	health care workers in targeted maternity departments trained to offer basic and comprehensive essential maternal and newborn care	All health care workers in maternity in the targeted facilities trained by 2019	List of attendance and training reports	Bi-Annually	Funds available and release of staff
Activity 1.3: Training of health care workers in Infection prevention and control in the 80 health facilities and 20% of the dispensaries	Health care workers from targeted MHUs trained in infection prevention and control	All health care workers in maternity in the targeted facilities trained by 2019	List of attendance,	Bi-Annually	funds will be available for training
Activity1. 4: Provide the 80 health facilities and the 20% dispensaries with maternity equipment.	Purchase and distribute equipment such as delivery sets, warmers, BP machines, delivery coaches.	All the targeted MHUs issued with maternity equipment by 2018	Inventory and distribution lists	Annually	Funds will be available
Activity 1.5: Develop/adopt and distribute IEC material to all MHUs	IEC material related to maternity will be printed and distributed to the MHUs	All targeted MHUs will be issued with IEC materials by 2019	Inventory and destruction lists	Bi-Annually	funds will be available, materials will be available

1.3.3 :POST NATAL CARE					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 3: All post-natal women and their babies will receive postnatal care in all health facilities.	**The MHUs will offer postnatal care as per the MOH guidelines**	**All women offered skilled postnatal care in the targeted MHUs**	**MCH registers**	**Quarterly**	**skilled staff are retained in the facilities**
Output 1: All women and babies attending post-natal care receive quality care	**The mother and baby receive care such as exclusive breastfeeding information, immunizations, sensitize on danger signs for prompt managent**	**(a)All babies attending post-natal breastfed for exclusively, immunized and examined for any abnormalities or complications within 18 months. (b) All mothers attending postnatal care examined, given health education and offered family planning methods**	**CWC and PNC registers**	**Quarterly**	**Skilled HCW**
Activity 1.1: Train health care workers on proper management of mother and baby after delivery	health care workers will be updated on management of postnatal emergencies and conditions for prevention and management	All healthcare workers working in postnatal in the targeted MHUs trained by 2019	attendance list	Bi-Annually	Availability of funds
Activity 1. 2: training of CHVs on follow up of women and their babies, identifying complication and refer to the health facilities	The CHVs will be trained on identification of danger signs and refer accordingly.	All CHVs from targeted community units trained by 2019	attendance list	Annually	Availability of funds

Activity 1.3: training of health care workers in essential newborn care through mentorships/CMEs and OJT in 80 health facilities (health centers and hospitals)	Health care workers will be trained and updated on care of newborn to include examination of Mother and Baby within 48 hours after delivery	All health care workers trained on essential newborn care by 2019	attendance list	Annually	Availability of funds
Activity1. 4: Scale up Kangaroo mother care (KMC) in 80 MHUs through training, mentorship and OJT	The MHUs will offer kangaroo mother care whereby the newborn is placed directly on the mother skin for warmth	All the health care workers working in postnatal in the targeted MHUs trained on KMC 2018	Reports, attendant list	Biannually	staff available, funds available
Activity .15: Enhance Baby- Friendly hospital initiatives (BFHI) in 80 MHUs	Sensitize all health workers in BFHI to include immediate initiation of breastfeeding, kangaroo care.	80 MHUs offering baby friendly services by 2019	attendance list	Bi-Annually	Availability of funds
Activity 1.6: conduct facility supervision on MNH	Quarterly supportive supervision conducted for technical support, OJT and mentorship	support supervision conducted at least annually to the 80 health facilities	Support supervision report	biannually	Availability of funds
Activity1.7: Print and distribute the policy and Job aids	Job aids for quality improvement and quality assurance will be distributed	80 health facilities issued with job aids and policy documents by 2017	Report, distributed list	Bi-Annually	Availability job aids.
Outcome 4: All the under-fives receive child welfare care in all MHUs	The MHUs will provide service to the under fives	All MHUs offer child welfare services by 2019	MCH registers	quarterly	skilled staff are retained in the facilities
Output 1: To reduce childhood illnesses	**The MHUs will provide child welfare services**	all MHUs provide comprehensive care and treatment to the under-five by 2017	Under-fives registers	quarterly	there will be skilled staff
Activity 1.1 All children are fully immunized at 18 months	Support facilities to plan for their immunization activities including proper implementation and monitoring of the immunization schedule	100% children under-fives fully immunized by 2019	Immunization register	quarterly	vaccines will be available, cold chain will be maintained
Activity 1.2 Train HCWs in effective immunization	The health care workers will be trained on newly introduced vaccines (the new rotavirus vaccine, Injectable Polio Vaccine, Pneumonia vaccine),	All health care workers in targeted MHUs trained by 2017	attendance list	Bi-Annually	Availability of funds

Activity 1.3 Train HCWs on critical child health areas (Inter-management of childhood illness (IMCI), Emergency triage assessment and treatment(ETAT- Plus), Basic Life Support, MHUs)	HCW will be trained on management of early childhood illnesses	All health care workers in targeted MHUs trained by 2017	attendance list	Bi-Annually	Availability of funds
Activity 1.4: Support health facilities to have a functional oral rehydration treatment (ORT) and zinc corner for outpatient management of diarrheal diseases	The facilities will have ORT and zinc corners in outpatient, MCH and pediatric ward	All health facilities have established ORT and zinc corners by 2017	operational ORT and zinc corners	Annually	availability of space and skilled staff
Activity 1.5: Support quarterly facility updates and CMEs on diarrhea management standards	CMEs on management of diarrhea diseases will be conducted in the health facilities bi-monthly	Number of CMEs conducted per facility	attendance list, schedule	bi-monthly	there will be a CME schedule which will be followed
Output:2 : Increase community engagement in identifying, managing and referral of children with childhood illnesses in the community	**The MHUs will support the communities to identify and refer children**	**Number of community units engaged by 2020**	**community engagement reports**	**Bi-Annually**	**the community will be receptive and attend mobilization activities**
Activity 1.1 Conduct quarterly awareness forums in the MHUs catchment areas that target mothers to identify signs of diarrhea and acute respiratory infection and seek child health services immediately.	The facilities will sensitize the community units to create awareness in the community on childhood diseases	Number of Community units sensitized	reports	quarterly	there will be available staff
activity 1.2 Support CHVs to offer health education on diarrheal diseases and support them in referral	the CHVs will offer health education on childhood diseases at the community levels	number of community units offering health education on childhood diseases	Reports	quarterly	there will be available and committed CHVs

1.3.5 :FAMILY PLANNING					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal: To reduce the unmet need for family planning, unplanned births and disparities in contraceptive prevalence rate (CPR) and improve maternal and child health outcomes in all MHUs.	**all women should access family planning services in all MHUs**	**increase family planning uptake in the MHUs by 10% per year**	**family planning registers**	**quarterly**	**there will be skilled staff, supplies and basic equipment**
Outcome 1 : To increase the uptake of family planning in all MHUs by 2022	**All MHUs will deliver and monitor family planning services**	**To increase the uptake of family planning in all MHUs by 20% by 2022**	**FP registers**	**quarterly**	**Skilled staff are retained in the facilities.**
Output 1: To strengthen the MHUs to plan, deliver and monitor FP services	**All MHUs will deliver FP services and increase the number of people accessing FP services**	All targeted MHUs plan, deliver and monitor FP services by 2018	FP registers	quarterly	FP commodities will be available, skilled HCW will be retained in the FP departments
Activities 1.1: Training, mentorship and OJT of health care workers on contraceptive technology update (CTU) working in FP department	Train health care workers to offer FP services	All health care workers trained on CTU by 2019	attendance list	Bi-Annually	Funds for training will be available, facilities will release staff for training.
Activity1.2: Provide the MHUs with equipment for family planning services	- facilities will be provided with family planning equipment as per the need such as IUCD/Implant insertion sets, weighing machines among theirs	40% MHUs provided with FP equipment by 2022	inventory	bi-annually	availability of funds to purchase equipment
Activity 1.3: integration of FP services in other departments/units	Family planning services will not only be offered in FP room but also in other departments	80% of MHUs have integrated FP services by 2022	FP registers	quarterly	There will be available commodities and willingness of staff
Activity 1.4: Offer quality youth- friendly FP services	the MHUs will offer family planning services in conducive environment to the youth	40% of MHUs offering youth friendly services by 2020	FP registers	quarterly	The FP commodities will be available, there will be skilled staff

Outcome 2: Strengthen community unit capacity in the MHUs catchment areas to provide FP services	**The MHUs will empower the community units to provide quality family planning services at the community level**	**50% of community units offering FP services**	**FP registers, reports**	**quarterly**	**functional community units available, skilled CHVs, and availability of FP commodities**
Output 1.: improved family planning services in the community	**The CHVs and religious leaders support family planning activities in the community**	**80% of community units offering FP services by 2019**	**reports**	**quarterly**	**the CHVs and religious leaders will be willing to support**
Activity 1.1: Training of CHVs to offer community based FP services, follow up and linkages to health facilities	The CHVs will be skilled in follow up, referral and linkage for clients who need FP services	50% of CHVs trained to offer community FP services	attendance list, reports	Bi-Annually	Funds for training will be available,
Activity 1.2: Sensitization of religious leaders to advocate for family planning services	The religious leaders will give information on FP and advocate for resource allocation for FP services	Number of Religious leaders sensitized and sharing FP information at the community	attendance list, reports	annually	funds will be available
Outcome 1. Strengthen dissemination of information and enhance learning	The MHUs participate in conferences, TWGs and peer review forums.	40% of MHUs attending conferences and other forums	reports	annually	funds will be available , conferences will take place
Output 1: Create platforms for sharing best practices in family planning	The MHUs will have forums to discuss and share best practices	Number of forums for sharing best practices and number of visits to other MHUs	Report	annually	funds will be available
Activity 1.1: Benchmarking	identify MHUs performing well in FP services for other to learn from them	12 FP benchmarking forums for MHUs by 2022	reports	annually	funds will be available

1.3.6 : NUTRITION IN MNCH					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal: To improve nutritional status of the women and children through nutrition knowledge, attitudes and practices.	**The nutritional status of the women and children will be improved by reduction in malnutrition, anemia etc.**	**Reduction in malnutrition and anemia cases by 30% of women and children access nutritional care and support in the MHUs**	**Nutrition registers**	**quarterly**	**there will be skilled staff and available nutritional commodities**
Outcome 1 :To increases uptake of nutritional services in women and children in MHUs and catchment areas	**rise in the number of women and children accessing nutrition services**	**20% increase of women and children offered nutritional services**	**Nutrition registers**	**Quarterly**	**Supplements will be available**
output 1 Strengthen MHUs capacity to plan, deliver and monitor nutrition services	All MHUs will deliver and monitor nutrition services	100% of MHUs delivering and monitoring nutrition services	Nutrition registers	quarterly	availability of staff
Activity 1.1 Conduct training, OJTs and CMEs on High Impact Nutrition Interventions (HINIs) for 300 HCWs	health care workers will be trained on Nutrition intervention	3000 HCW trained on HINIs	attendance list	Bi-Annually	there will be available fund, staff will be released to attend training and CMEs
activity 1.2 MHUs hold review meetings for nutrition assessments	the MHUs will review the progress of nutrition status of the clients	100% of MHUs and hold review meetings held at least twice in a year	reports for review meetings	Bi-Annually	we will have dedicated HCW to conduct the meetings
Activity 1.3 Vitamin A supplementation is given in all MHUs as required	all children and lactating mothers will be given Vitamin A supplementation	100% of MHUs given Vitamin A supplements women and children	Nutrition A register	Quarterly	Vitamin A will be available
activity 1.4 Nutritional counseling and services incorporated in all departments	Nutritional counselling and services will be provided in all departments	90% of MHUs offer integrated nutrition services	Nutrition Registers	Quarterly	skills staff will be available
Activity 1.5 Job aids available at the facility and at the community level	Job aids will be distributed to the health facilities and community	80% of MHUs and 80% of community receive job aids	distribution list	Annually	the job aids will be available
Activity 1.6. 200 HCW trained on anthropometric measurements (muac, Z score and BMI)	The HCW will be trained on skills in to identify malnutrition.	200 HCW trained by 2019	attendance list, training reports	Bi-Annually	funds will be available for training
Activity 1.7 MHUs participate in deworming campaign every six month in schools	MHUs will carry out deworming services in their catchment areas	50% of MHUs participating in deworming campaigns	Reports	Quarterly	The dewormers will be available

1.3.7 :Water, Sanitation, and Hygiene (WASH) Services - RMNCH/FP WASH					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal : To ensure availability and sustainable management of water and sanitation in the MHUs	**All the MHUs will have access to safe water and sanitation**	100% MHUs have safe water and proper sanitation by 2022	reports	Quarterly	there will be adequate funds
Outcome 1 :To improve sanitation and access to safe water in the MHUs	**The MHU will have safe water and clean environment**	**100% of MHUs with proper sanitation practices by 2022**	**Reports**	**Quarterly**	**funds are available**
Output 1. Strengthen MHUs WASH practices	All MHUs will adopt WHO WASH practices	100% of MHUs Adopting WHO WASH practices BY2017	Reports	Quarterly	availability of funds
Activity 1.1: Train HCWs on evidence-based WASH messaging (including handwashing)	The health workers will be trained on water and sanitation	70% of MHUs NHCW trained on water and sanitation	attendance list	Bi-Annually	there will be available fund, staff will be released to attend training and CMEs
activity 1.2: The MHUs will be supported to develop and use WASH improvement plans	Support facilities to develop/operationalize WASH improvement plans that ensure all facilities are properly equipped with clean water, hand washing stations, safe latrines, and proper waste disposal,	100% of MHUs have WHO WASH improvement plans BY 2020	reports	Bi-Annually	funds will be available
Activity 1.3: Support MHUs to conduct handwashing observational audits and other QI projects to boost handwashing adherence	all MHUs will ensure adherence to hand washing practices in the hospital and at the community	100% of MHUs conducting handwashing observational audits	Reports	Quarterly	funds available
activity 1.4: the MHUs will work together with the sub county to ensure clean and conducive environment	Liaise with Sub-county WASH committee for proper waste disposal in the hospital and surrounding communities	100% of MHUs with proper waste management	Reports	Quarterly	skills staff will be available

1.4 :Environmental and Nutrition health					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal: **Reduce the prevalence of anaemia and stunting in pregnant women and children below 5 years.**	All ANC pregnant mothers and children under five years screened for anemia and stunting.	1. Proportion of present mother diagnosed with anemia last ANC to delivery and at 6/52 postpartum. 2. Proportion of CU5s diagnosed with evidence of stunting.	ANC and Child welfare clinic registers.	quarterly	Baseline survey to establish the level of anemia stunting for the year prior to project intervention is done comparison.
Outcome 1.0: awareness and education on early ANC (1st trimester) and on ENA in pregnant women and infants at community level is created.	All ANC pregnant woman and mothers of CU5 reached out with awareness and education on ENA approach and on stunting.	Proportion of ANC pregnant mothers and mothers of CU5 years reached out with awareness and education on ENA approaches and on stunting.	**MOH 708 and 504 environmental register.**	**Quarterly**	**The MOH 508 and 504 registers will be available and used regularly.**
Output 1: Essential Nutritional Actions approach to control Iron Deficiency Anemia in Pregnancy and infants is initiated.	All pregnant women and breast feeding mothers (BFM) are put on ENA approach for mother and infant.	Proportion of pregnant woman and BFM initiated on ENA approach.	ANC and PNC register	Quarterly	IFAS and other micronutrients are available from County health services.
Activity 1.1:	The CHVs liked to the HF are trained in community and supported to offer awareness and education of anemia and stunting in pregnant mothers and CU5.	a) The proportion of HF with their CHVs trained on ENA and stunting in CU5s b) # of CHVs trained and supported to offer awareness and education on IDA and stunting at the community level.	a) Training reports MOH 808	Monthly	The project regions have CUs with CHWs.
Activity 1.2:	The MNCH HCWs in the HF are trained on ENA approach to reduce IDA in pregnancy and infants**.**	a) # of health care workers trained in ENA. b) Proportion of HF with HCWs trained in ENA approach.	Training reports	Monthly	The trained HCWs remain at the HF.

Activity 1.3:	Awareness and education on anemia and stunting in pregnant women and CU5 is carried out in the communities by CHVs and at the HF by HCWs.	# of people reached out with A&E on IDA and stunting at the community and HF levels.	MOH 708	Monthly	
Activity 1.4:	Health facilities initiate pregnant women and CU5 on the ENA package to reduce IDA.	# Of pregnant women and CU5s on the ENA package to reduce IDA.	ANC register	Monthly	
Outcome 2: contribute to reduce the prevalence of stunting in children under five years.	All MHUs in eastern region institute HINI and interventions to mitigate against EE/IE to reduce the prevalence of stunting from the 44% to 30% in CU5s by 2022.	Percentage reduction in prevalence of stunting for CU5s in the regions served by the CHAK MHUs.	The MOH 204A register for the CU5s.	half yearly	Weather conditions for remain favorable for food production at communities.
Output 2: Reduced causes of environmental and infectious enteropathy (EE/IE) e.g. diarrheadiseases in children under 5.	Awareness and education on causes and prevention of enteropathy stunting at all CHAK MHUs and the community they serve is undertaken.	Proportion of CHAK MHUs in the project region offering awareness and education at ANC, PNC, and at community level.	MOH 708	Quarterly	
Activity 1.1:	CHVs in project sites are trained in prevention of in/non-infective enteropathy at the community.	a) # of CHVs trained on prevention of enteropathy b) Proportion of HF with trained CHWs to create A&E at the community.	training reports	Quarterly	Trained HCWs retained in HFs.
Activity 1.2:	Train HCWs in prevention and management of infective and non-infective enteropathies.	Proportion of HF with HCWs trained in the management of enteropathies.	Training reports	Quarterly	
Activity 1.3:	CHVs undertake Community awareness and education on complications of stunting, prevention of environmental / infective courses of enteropathy and stunting.	a) # People reached with awareness and education on community aspects of prevention of stunting.	MOH708	Quarterly	

	Health Facilities effectively managing infective and non-infective enteropathies to improve nutrient absorption.	# Cases of enteropathies managed at facilities	MOH 204	Quarterly	
	Primary School health programmes strengthened to scale up prevention of infective enteropathy targeting CU5s	Proportion of primary schools with a functional school health programme targeting the Pre-school classes.	MOH 708	Quarterly	
Output 2: Improved nutritional intake for pregnant mother, infants and CU5s	Pregnant mothers, parents/guardians of CU5s given education on balanced diets necessary for proper growth and development at both the HF and communities.	Pregnant women reached out with A&E on balanced diets for pregnant woman and parents/care givers of CU5s.	MOH 708	Quarterly.	
Activity 1.1:	Nutritional demonstration centers/ corners set out in HF and communities to educate mothers and caregivers on balanced diet for pregnant woman and CU5s	a) Proportion of HF that have set up nutritional demonstration centres # of Nutritional demonstration centres set up at the communities centres. b) # of clients who have been served at the nutritional demonstration centres at the HF and at communities.			
Outcome 3 :BUILD the capacity of MHUs to conduct nutritional assessments of CU5	MHUS are empowered to undertake nutrition assessment by provision of proper equipments	Proportion of HF providing nutritional assessment services by 2022	Facility reports	Annually	Available of funds
Output 1:Procure anthropometric equipments for assessment of malnutrition and in CU5 for accurate determination recording of stunting	All HF and CHWs are trained to use and supplied with anthropometric equipment measuring equipment for assessment of nutritional status of mothers and CU5s for accurate recording and reports.	a) Proportion of HF supported with the anthropometric measuring tools for assessing the nutritional status of pregnant women and CU5s. a) b) # of CHV supplied with simple anthropometric tools for s=assessing nutritional status at community level	MOH 708 and 204	Quarterly	

1.5: Orphans and Vulnerable Children (OVCs)					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal:To ensure that Orphans and Vulnerable, Children are protected and supported in order to achieve their full potential.	**All (100 %) CHAK MHUs undertaking HIV and AIDS programmes have a robust OVC programme**	Proportion of CHAK MHUs offering HIV and AIDS treatment and care that have a robust OVC programme.	***OVC REGISTERS***	***Quarterly***	.
Outcome 1: OVC support and care services are strengthened by anchoring the OVCs to supporting households (HH) or families in community for better care and retention.	All enrolled OVCs are liked up to a supportive HH or family in order to promote family based care and support and improve retention.	1. # of enrolled OVCs	**OVC registers**	**Quarterly**	
		2. Proportion of OVCs that have been settled accommodating household or family in the community			
Output 1: Increased number of households taking care of OVC enrolled in social safety net systems.	OVCs are identified and registered in the project sites.	# of OVCs identified and registered at the health facility.	OVC register	Quarterly	
		Proportion of the HF facilities that have identified and registered OVCs	OVC register	Quarterly	
Activity 1.1: OVCs are identified and enrolled in the project sites.	All CHAK HFs with HIV/AIDS treatment and care identify and register OVCs in the programme	Proportion of HF that have identified and enrolled OVCs.			
		# of OVCs identified and enrolled.			
Activity 1.2: Social safety net for OVCs in families in place	All the OVCs are linked up to supporting households (HH) or families in the community.	Proportion of enrolled OVCs that have been linked up with HH or family in the community for support.	OVC register	Quarterly	
Output 2: Capacity of HH and care giver families improved to strengthen the social safety net for the OVCs.	Economic capacity of the households is strengthened by promoting income generating micro-enterprise development for OVC caregivers.	Proportion of HH/Families trained on micro-enterprise development.	*Training register*	Quarterly	
		Proportion of HH/Families that have developed income generating microcenter prices.	*OVC Register*	Quarterly	
Activity 1.1: The capacity of care giver HH / Families in financial and micro-enterprise management is strengthened.	All the care giver HH/families are trained in financial and micro-enterprise management and linked up with miro-enterprice lending institutions for start-up financing	Proportion of HH trained in the micro -enterprise start-up and management.	*Training reports*	Quarterly	
		Proportion of HH/Families that have linked with microfinance lending institutions and funded to start a micro-enterprise.	OVC Register	Quarterly	

Outcome 2: Increased number of OVC taken care of within family set up and retained in these families throughout their childhood period	**All enrolled OVCs have greater access to essential services including education, health care, nutrition , birth registration, legal aid, and reproductive health**	**1. Proportion of enrolled OVCs receiving at least 3 essential services and 2. Proportion of households offering at least three essential services**	**OVC Register,**	**Quarterly**	
Output 1: The capacity of HH /families to drive succession planning for OVCs is built.	All OVCs receiving essential services in the HH /families at the communities.	1. Proportion of HH / families offering at least three OVC essential services.	Training reports and OVC register.	Quarterly	
		2. The proportion of HH/Families supporting OVCs to access at least 3 OVC essential services.	OVC register	Quarterly	
Activity 1.1 Care givers and OVCs capacity to effect Succession planning is built.	HH/families are trained and mentored on managing succession and also put in place Succession planning in favor of OVCs.	# of HH/families that have put in place succession plans in favor of OVCs.	OVC register	Quarterly	
Activity .1.2 Capacity of OVC care givers to care and protect OVC is built.	HH/families are trained to offer parenting, financial management, nutrition and health, legal affairs, sexual and reproductive health and gender concerns to OVCs.	# OVCs receiving at least three of these essential services.	OVC register	Quarterly	
		# of HH/families trained and mentored on offering essential OVC services.	OVC register	Quarterly	
Output 2. Forum for OVCs formed and strengthened to support psychosocial network and experience to promote confidence and retention.	OVC PSSGs and networks of families are formed and strengthened and IEC materials for OVC care and protection, reproductive health and HIV/AIDS risks and prevention education and other issues are shared.	# of OVC PSSGs and family networks formed.	OVC register	Quarterly	
		# OVCs enrolled in the PSSGs, and attending group meetings.	OVC register	Quarterly	
Activities 1.1 OVC PSSGs and family networks are formed**.**	OVC PSSGs and network of families formed used to support OVC education, and support services.	# Of PSSGs groups and family networks formed.	OVC register	Quarterly	
		# of OVCs enrolled into the PSSGs.	OVC register	Quarterly	

Outcome 3: A supportive environment for OVCs, caregiver HH/ families to create awareness on OVC issues through advocacy and social mobilization campaigns.	**Communities, HH and families and other communities based players raising awareness to improve the plight, human and legal rights of OVCs.**	# of community and county leader's forums convened to discuss maters on OVCs. # Proportion of trained community and county leaders supporting and leading campaigns to a deal with OVCs issues.	MOH 708	Quarterly	
Output 1: Increased # of leaders engaged in campaigning for reduction of stigma and discrimination.	Capacity of local leaders to support and lead campaigns on the rights of OVCs including reduction of stigma and discrimination is built.	# of local community and administrative leaders trained and sensitized to support the rights and plight of OVCs at the community.		Quarterly	
Activity 1: Capacity of county and local leaders on OVC issues and impact of stigma and discrimination to the families and society is built.	County administration and local leaders, are trained and sensitized OVC issues and impact of stigma and discrimination to the families and society.	# of county and local leaders trained and sensitized of maters of OVCs.	Training reports.	Quarterly	
Output 2 :Increased public awareness on the situation of OVC and dangers of stigma and discrimination	Public awareness and support for OVCs issues in improved at the community level.	# Of forums health by the local and county administration discussing mater pertaining to OVCs.	MOH 708	Quarterly	
Activity 1.1 Public awareness on the plight of OVCs is raised within the communities and welfare institutions	Partnership with the media and local administration engagement is promoted to highlight issues of OVCs including , stigma and discrimination, succession and education	# Of media campaigns and engagement done to height issues on OVCs.	MOH 708	Quarterly	
		# Of forums health by the local and county administration discussing mater pertaining to OVCs.	MOH 708	Quarterly	

1.6:MENTAL HEALTH					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal : To prevent and manage mental health illnesses in all MHUs and the catchment areas	**24 hospitals wii offer mental health services**	*24 hospitals offer mental health services by 2022*	*reports*	*Quarterly*	*there will be adequate funds*
Outcome 1 :To reduced burden of mental health illnesses	**24 hospitals diagnose, treat and rehabilitate patients with mental health illnesses**	**24 MHUs provide mental health services by 2022**	**Reports**	**Quarterly**	**funds are available**
Output 1. Promote mental health and prevent mental health illness and disorders	All MHUs will adopt Mental act	24 of MHUs adopting mental health act by 2020	Reports	Quarterly	availability of funds
Activity1.1 Sensitize health care workers on prevention, management and rehabilitation of patients with mental conditions	Health care workers will be sensitized on care and management of patients with mental illnesses	48 health care workers sensitized on mental health by 2018	Attendance list, report	annually	funds availability
Activity 1.2: strengthen MHUs to offer comprehensive and integrated mental health services	everyone should benefit from the best possible measures to promote mental health	24 of MHUs offer mental health services	Reports	Bi-Annually	MHUs will be receptive
Activity 1.3: conduct community sensitization on causes, management and prevention of mental health illnesses and reduce stigma	MHUs sensitize the community on mental health	48 community units sensitized	Attendance list, report	annually	availability of funds
activity 1.4: promote linkage, integration and networking with partners and stakeholders dealing with mental health management and prevention	The MHUs build partnerships, linkages and networking with other stakeholders in mental health services.	24 MHUs sensitize 48 community units by 2020	reports	annually	funds will be available

1. 7 :VISUAL IMPAIRMENT					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal : To accelerate the reduction of infectious and non-infectious eye conditions and related blindness through provision of comprehensive prevention and treatment interventions	**Measures reduction in incidences of infectious and non-infectious eye conditions and related blindness**	**Number of reported new cases of infectious and non-infectious eye conditions and related blindness within MHU catchment areas annualy**	**Sub-county case summary reports, MoH 717 summary**	**Annualy**	
Outcome 1: Increased provision of infectious eye conditions prevention messages and interventions for MHU catchment populations by 80% of baseline by 2022	**Measures the capacity of MHU catchment populations to access prevention messages and interventions for infectious eye conditions**	**Proportion of MHUs providing prevention messages and interventions for infectious eye conditions to their catchment populations quarterly**	**Project Reports, DHIS**	**Quarterly**	
Output 1: Increased provision of infectious eye conditions prevention interventions	Measures capacity of HCWs within MHUs to provide prevention interventions and messages for infectious eye conditions including hygiene promotion, routine screening for visual impairments, health education on good nutrition	Number of MHUs providing prevention messages and interventions for infectious eye conditions to their catchment populations quarterly	Project reports	Quarterly	
Activity 1.1: Capacity building of HCWs within MHUs	Capacity building of HCWs in MHUs on strategies to prevent visual impairments attributed by poor hygiene, poor nutrition bacterial and viral infections	Proportion of HCWs capacity prevention interventions and strategies for various eye conditions	Project Reports	Annualy	
Activity 1.2: Distribution of IEC materials	Printing and distribution of IEC materials on various eye conditions and prevention interventions to MHUs	Number of MHUs that have received IEC materials on eye disease prevention interventions bi-annualy	Project reports	Bi-annual	
Output 2: Increased provision of infectious eye conditions prevention messages by CHVs	**Measures capacity of CHVs from Community Units (CUs) attached to MHUs to provide eye infection prevention interventions and messages including hygiene promotion, health education on good nutrition, early health seeking behavior etc. to households and**	Proportion of MHUs that have CHVs capacity built on infectious eye conditions prevention interventions annualy	Annual	Annualy	

Activity 1.1: Capacity building of CHVs	Capacity building of CHVs from CUs attached to MHUs on infectious eye conditions prevention interventions and strategies for dissemination to schools and households within the MHU catchment populations	Number of CHVs capacity built on infectious eye conditions prevention interventions and strategies bi-annualy	Project Reports	Bi-annual	
Outcome 2: Increased provision of timely diagnosis and case management of infectious and non-infectious eye conditions by MHUs	**Measures MHUs capacity to accurately diagnose and manage infectious and non-infectious eye diseases and visual impairment**	**Number of MHUs whose HCWs are able to accurately diagnose in a timely manner and manage both infectious and non-infectious eye conditions bi-annualy**	**Project reports**	**Bi-annual**	
Activity 1.1: Capacity building of HCWs	Capacity building of HCWs from MHUs on detection of infectious and non-infectious eye conditions and management and refer in a timely manner complex cases to appropriate referral centres	Proportion of MHUs with HCWs trained on early detection and management of infectious and non-infectious eye conditions and referral of complex cases annualy	Project Reports	Annualy	

1.8: Drug and alcohol abuse.					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal: Clients access quality, equitable, drug and alcohol prevention and care services that is responsive to their needs.	**Drug and alcohol are enrolled identified and enrolled into a drug and alcohol prevention and therapeutic care services that are friendly, appropriate for age, and gender and responsive to their needs.**	***# of clients enrolled into the drug and alcohol abuse prevention and care and support services segregated by age and gender.***	***MOH 711***	***Quarterly***	
Outcome 1: Drug and alcohol abuse including IDUs a and alcoholics access support and care services at regional prevention and rehabilitation centers.	Drug and alcohol prevention, care and support centers are set in three reginal centers on cost, central and western regions.	1. Clients are enrolled and receiving drug and alcohol prevention and rehabilitation centers in the reginal prevention and rehabilitation centers.	**OVC registers**	**Quarterly**	
		2. The three prevention treatment and rehabilitation centers are set up and offering services with selected CHAK MHUs.	**MOH 711**	**6 monthly.**	
Actvity1.1 Awareness and information about availability of drug and alcohol abuse prevention, care and rehabilitation services is done to create demand.	Communities referring drug and alcohol abuse clients to the regional centers for prevention, care and rehabilitation services.	# of drug and alcohol abuse clients including IDUs and alcoholics referred to the regional centers for prevention, care and rehabilitation services.	MOH 711	Quarterly	
		# Regional prevention care and rehabilitation centers set and offering services.	MOH 711	Quarterly	
Activity 1.1.1: Regional Centers for drug and alcohol abuse prevention, care and rehabilitation are set up and are offering serves.	Regional centers are set up at the cost, Central and Stern regions to offer prevention, care and rehabilitation services for drug addicts and alcoholics.	# Of regional centers for drug and alcohol prevention, care and rehabilitation set up and accepting clients.	MOH 711	Quarterly	
		# of clients enrolled and getting services at the regional centers	MOH 711	Quarterly	

Activity 1.1.2: Capacity of health care workers, social workers and Counsellors is built to improve quality of services	Health care workers, social workers and counsellors are trained enable the offer prevention care and rehabilitation services.	# Of health care, social and counselors trained and offering services at the regional centers.	Training reports	Quarterly	
Output 1.2: Programme for prevention of HIV infection between the IDUs is established.	Harm reduction programme is incorporated into the prevention and care programme and IDUs are enrolled.	IDUs enrolled and getting services from the harm reduction programme.	*Training register*	Quarterly	
Activity: 1.2.1 The disposable syringe programme is put in place in the regional centers to promote HIV infection.	IDUs are supplied with replacement disposable needles and instructed of infection prevention procedures.	# of IDUs enrolled and receiving needle replacement and infection prevention support services at the regional centers.	*MOH 711*	Quarterly	
Outcome 2: Sexual and reproductive health services programme established to support rehabilitation and prevention of HIV transmission.	**SRH services are accessed by adolescent girls and women and all IDUs to promote HIV infection prevention and family planning.**	**Proportion of IDUs accessing SRH services at the regional centers.**	**MOH 711**	**Quarterly**	
Output 2.1 Capacity of HCWs, social workers and counsellors built to offer SRH services at the regional centers.	Social worker, Counselors, and HCWs (all referred as health care givers) are trained on SRH	Proportion of health care givers trained and givers services at the regional centers.	Training reports	Quarterly	
		# of clients received care and services at the regional centers.	MOH 711	Quarterly	
		# of OVCs enrolled into the PSSGs.	OVC register	Quarterly	
Outcome 3: Rehabilitation services for alcoholic and drug addiction are established and offering services.	**Clients with addicted to Alcohol and drugs are treated for the addition, rehabilitated and reintegrated into the society.**	Proportion of clients effectively treated, rehabilitated and reintegrated into the society	MOH 708	Quarterly	

Output 3.1 Programme for treatment, rehabilitation of alcoholics and drug addicts is put in place.	Alcoholics and drug addicts are treated and rehabilitated and reintegrated back into society	Proportion of enrolled alcoholic and drug abusers treated and rehabilitated back into the society.	MOH 711	Quarterly	
Activity 3.1.1: The capacity of health care givers is built to support treatment and rehabilitation of alcoholic and drug addicts	Health care givers at the regional centers are trained on treatment, rehabilitation and reintegration of alcoholic and drug addicts into society.	# of health care givers trained in treatment and rehabilitation of alcoholic and drug addicts into the society.	Training reports.	Quarterly	
Activity 3.1.2: PSSGs and family networks are started to promote retention and relapse of alcohol and drug abuse.	The PSSG and family networks of alcoholic and drug addiction are created and supported to meet regularly at the regional centers.	# Of PSSSGs and family networks created to support rehabilitation of the addicts.	MOH 708	Quarterly	
Activity 3.2.1 PSSGs and family networks are supported to meet once every month to facilitate exchange of experiences and for reinforcement of positive behavior change.	The regional centers are supported with resources to convene PSSG and family network meetings to promote rehabilitation and reintegration of the drug and alcohol addicts into the society.	# Of meetings held by the PSSPs and # of clients attending the meetings.	MOH 708	Quarterly	
		Proportion of clients who have been successfully rehabilitated and reintegrated into the society.	MOH 708	Quarterly	

2.0 : HEALTH SYSTEM STRENGTHENING					
Goal : Efficient and Effective service delivery in the CHAK network					
2.1 : INSTITUTIONAL ORGANISATION DEVELOPMENT					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Effective governance and management in CHAK MHUs					
Outcome 1: Functional and Effective Hospital Boards	Number of functional and effective Boards	15 Hospital Boards by end of 2022	Reports	Annual	
Output 1.1:Capacity of hospital Boards to govern enhanced	Hospital Boards' capacities enhanced	15 Hospital Boards by end of 2022	*Annual reports*	Annual	Corporation from Hospital Boards
Activities 1.1 To participate in Board meetings for 15 hospitals	Number of hospitals Boards supported	15 Hospitals by end of 2022	Board Meetings Minutes	Annual	Requests for support from hospitals
Activities 1.2 To facilitate induction and capacity building for new hospital Boards	Number of hospital Boards inducted	15 Hospital Boards by end of 2022	Workshop Reports	Annual	Requests for support from hospitals
Activities **1.3** To facilitate learning/experience sharing exchange visits between hospitals	Number of exchange visits between hospital Boards	15 Hospital Boards by end of 2022	Visit reports	Annual	requests for support from hospitals
Activities **1.4** To disseminate to the hospitals generic policy guidelines for reference	Number of hospitals Boards supported	15hospital Boards by end of 2022	*W*orkshop Reports	Annual	
Activities **1.5** To review the current governance practice against best practice and give feedback to the hospital	Number of hospitals govern practices reviewed	15 hospitals by end of 2022	Report	Annual	invitation for review by hospitals identified
Activities **1.6** To hold an experience sharing forum on best practices in Governance	Number of hospitals participating at the experience sharing forum	15 hospitals by end of 2022	Forum report	Annual	
Outcome 2: Efficient and Competitive Operations at the hospitals	Number of Facilities whose management Committee capacity has been enhanced	15 hospitals by end of 2022	Reports		
Output 1: The quality of management practice of the Hospital Administrative Teams is enhanced	Hospitals' management capacity enhanced	15 hospitals by end of 2022	Reports	Annual	
Activities 1.1 To carry out a management audit in identified hospitals and give feedback for implementation	Number of hospitals audited for best practices in management	15 hospitals by end of 2022	Audit reports	Annual	Requests for support from hospitals

Activities 1.2 To hold Management workshops for hospitals	Number of hospital participating	15 Hospital Boards by end of 2022	Workshop Reports	Annual	Requests for support from hospitals
Activities 1.**3** To facilitate learning/experience sharing exchange visits between hospitals	Number of exchange visits between hospital HATs	15 Hospital Boards by end of 2022	Visit reports	Annual	requests for support from hospitals
Activities 1.4 To facilitate MHUs in developing Strategic plans	Number of hospitals assisted in developing Strategic Plans	12 MHUs by end of 2022	Documents	Annual	
Activity 1.5 To train MHU staff in Project Formulation and Proposal writing	Number of MHUs Supported	180 MHUs by end of 2022	Workshop Reports	Annual	
Activity 1.6 To hold financial management Workshops for hospitals	Number of MHUs participating	15 hospitals by end of 2022	Workshop Reports	Annual	
Activity 1.7 To hold Workshops in Management Information Systems for MHUs	Number of MHUs participating	60 MHUs by end of 2022	Workshop Reports	Annual	
Outcome 3: Efficient and Competitive operations at the Dispensaries and Health Centres	Number of Facilities whose management Committee capacity has been enhanced	100 MHUs	Reports	Annual	
Output 1: The management Capacity of the facility Management Committee is enhanced	Facilities' management Committee capacity enhanced	15 MHUs	Reports	Annual	
Activity 1.1: To carry out a management audit in identified Dispensaries and Health Centres and give feedback for implementation	Number of MHUs audited for best practices in management	60 Hospitals	Audit reports	Annual	Requests for support from hospitals
Activity 1.2 To hold Management workshops for MHUs	Number of MHUs participating	180 MHUs	Workshop Reports	Annual	Requests for support from hospitals
Activity 1.**3** To facilitate learning/experience sharing exchange visits to selected MHUs	Number of facilities supported to exchange visits locations	120 MHUs	Visit reports	Annual	requests for support from hospitals
Activity 1.4 To develop a strategic plan template for small facilities and support adaption by MHUs	Number of MHUs assisted in adapting Strategic Plan generic template	120 MHUs	Documents	Annual	
Activity 1.5 To hold financial management Workshops for MHUs	Number of MHUs participating	180 MHUs	Workshop Reports	Annual	
Activity .6 To hold Workshops in Management Information Systems for MHUs	Number of MHUs participating	60 MHUs	Workshop Reports	Annual	

Activity 1.2: Quality Improvement Questionnaires are developed.	Developing of Quality Improvement Questionnaires for Staff and MHUs to identify gaps.	Yearly Questionnaire send out to MHU or CHAK Staff	Questionnaires, Report	Yearly	Qualified Personnel is available
Activity 1.3 5S (Set, Sort, Shine, Standardize and Sustain) Training and Audits	Quality Audits to organize work environment.	Quarterly 5S Audits done per year.	Report, Pictures	Quarterly	Qualified Personnel is available
Activity 1.4. Qualified Personnel is assigned for Improvement of Quality at CHAK	to ensure Sustainability Qualified Personnel is assigned to improve Quality Structures at CHAK	Qualified Personnel is employed by the end of 2019.	HR Documentation	End of Strategic Planning	Qualified Personnel is available
Outcome 3/Objective: Communication/Networking/Knowledge Transfer at all Health Care levels	**Improvement of Communication structures at all Health Care Levels to enhance visibility of CHAK at the National and International Level**	**Number of Communications Reports, Articles etc.; Number of Participation in Technical Working Groups**	**CHAK Communication Platforms**	**Yearly**	**Qualified Personnel is available**
Output 1: Updates on new guidelines and their implications are provided	Updates on new guidelines/standards are communicated and information distributed	Number of updates on new guidelines provided by 2022.	CHAK Communication Platforms	Yearly	Guidelines are updated
Output 2: Awareness of new technologies or fields of interest for CHAK and MHUs	New technologies or fields of interest are communicated and information distributed.	Number of Personnel/MHUs informed on new technologies.	CHAK Communication Platforms	Yearly	New technologies are made available.
Activity 1.1 Quality Officer Meetings from various Health Facilities	trained Quality Officers of Health Facilities continue training on interested topics and assess each other	Quality Officer Meeting twice per year at various Health Facilities	Invitation Letters, Report, Program, Participation Lists etc.	Yearly	Assigned staff is interested in Quality officer meetings
Activity 1.2. Annual Health Conference - Session on Quality of Health Care - Best Practices of MHUs	Selected MHUs present best practices and improvement of Quality of Health Care	at least 2 Health Facility presents Quality of Health Care Improvements at the CHAK Annual Health Conference	Program, Presentations etc.	Yearly	Assigned representative of Health Facility

Activity 1.2: Quality Improvement Questionnaires are developed.	Developing of Quality Improvement Questionnaires for Staff and MHUs to identify gaps.	Yearly Questionnaire send out to MHU or CHAK Staff	Questionnaires, Report	Yearly	Qualified Personnel is available
Activity 1.3 5S (Set, Sort, Shine, Standardize and Sustain) Training and Audits	Quality Audits to organize work environment.	Quarterly 5S Audits done per year.	Report, Pictures	Quarterly	Qualified Personnel is available
Activity 1.4. Qualified Personnel is assigned for Improvement of Quality at CHAK	to ensure Sustainability Qualified Personnel is assigned to improve Quality Structures at CHAK	Qualified Personnel is employed by the end of 2019.	HR Documentation	End of Strategic Planning	Qualified Personnel is available
Outcome 3/Objective: Communication/Networking/Knowledge Transfer at all Health Care levels	**Improvement of Communication structures at all Health Care Levels to enhance visibility of CHAK at the National and International Level**	**Number of Communications Reports, Articles etc.; Number of Participation in Technical Working Groups**	**CHAK Communication Platforms**	**Yearly**	**Qualified Personnel is available**
Output 1: Updates on new guidelines and their implications are provided	Updates on new guidelines/standards are communicated and information distributed	Number of updates on new guidelines provided by 2022.	CHAK Communication Platforms	Yearly	Guidelines are updated
Output 2: Awareness of new technologies or fields of interest for CHAK and MHUs	New technologies or fields of interest are communicated and information distributed.	Number of Personnel/MHUs informed on new technologies.	CHAK Communication Platforms	Yearly	New technologies are made available.
Activity 1.1 Quality Officer Meetings from various Health Facilities	trained Quality Officers of Health Facilities continue training on interested topics and assess each other	Quality Officer Meeting twice per year at various Health Facilities	Invitation Letters, Report, Program, Participation Lists etc.	Yearly	Assigned staff is interested in Quality officer meetings
Activity 1.2. Annual Health Conference - Session on Quality of Health Care - Best Practices of MHUs	Selected MHUs present best practices and improvement of Quality of Health Care	at least 2 Health Facility presents Quality of Health Care Improvements at the CHAK Annual Health Conference	Program, Presentations etc.	Yearly	Assigned representative of Health Facility
Activity 1. 3. Networking with Government and Private Organizations	Participation in various Technical Working Groups (e.g. Waste Management, Infection Prevention Control, Kenyan Quality Model for Health)	4 Networking Meetings with the technical working groups or private sector per year	Invitation Letters, Program, Meeting Minutes	Yearly	Regular meetings of Technical Working Groups

2.2 : NATIONAL HEALTHCARE TECHNICAL SERVICES					
GOAL: Ensuring High Standards in Clinical diagnosis and therapy in MHUs by 2022					
OBJECTIVES	**NARRATIVE /DEFINATION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Maintenance of Hospital Equipment and Plant	Number of MHUs supported so that their Medical equipment are well Maintained and repaired, medical equipment procured and installed with proper technical assistance and users trained accordingly	420 Total number of facilities to be served by end of 2022	CHAK Annual report	Annually	All facilities to be working towards having functional medical equipments
Output 1.0 Preventive maintenance services carried in MHUs	Number of MHUs listed for PPM services	420 facilities served by end of 2022	Job Cards, Invoices and delivery notes.	Annually	NHCTS is the First Choice Maintenance shop for MHU's and Beyond.
Activity 1.1 To provide Anesthesia and Medical gases PPM services to MHUs	number of MHUs served with anesthesia and medical gases services on PPM	120 facilities served by end of 2022	Certificate of compliance and job cards	Monthly	MHUs embracing the PPM schedule
Activity 1.2 To provide Radiology and Imaging Equipment PPM Services to MHUs	Number of MHUs served with Radiology and imaging services on PPM.	180 facilities served by end of 2022	Certified PPM Schedules by MHUs	Monthly	MHUs to adopt the PPM schedule
Activity 1.3 To provide General Equipment PPM Services	number of MHUs served with General Equipment on PPM	120 facilities served by end of 2022	Certified PPM Schedules by MHUs	Monthly	MHUs to adopt the PPM schedule
Output 2.0: Adhoc Repairs and Maintenance services	Number of MHUs with Emergency breakdowns attended to both at the workshop and on site.	680 facilities served by the end of 2022	Correspondence, LPOs and LSOs	Annually	NHCTS is the First Choice Maintenance shop for MHU's and Beyond.
Activity 2.1 To Carry out Repair and maintenance services on anesthesia and medical gases systems	Number of MHUs served with Anesthesia and medical gases systems repair and maintenance services.	180 facilities served by end of 2022	job cards/Invoices	Quarterly	NHCTS is the First Choice Maintenance shop for MHU's and Beyond.
Activity 2.2: To Carry out Repair and maintenance on Radiology and imaging equipment	Number of MHUs served with repairs and maintenance of Radiology and imaging equipment.	200 facilities served by end of 2022	job cards/Invoices	Quarterly	NHCTS is the First Choice Maintenance shop for MHU's and

Activities 2.3: To Carry out Repair and maintenance on General hospital Equipment.	Number of MHUs served with repairs and maintenance of General hospital Equipment	300 facilities served by end of 2022	job cards/Invoices	Quarterly	NHCTS is the First Choice Maintenance shop for MHU's and Beyond.
Output 3. Training of users and hospital technicians in MHUs on first line maintenance	Number of Technicians and users confident in handling new specialized equipment	70 MHUs trained by the end of 2022	certificates of participation	Annually	NHCTS has the capacity
Activity 3.1: To Plan and schedule the trainings	Number of planning meetings for the preparatory work for trainings	20 meetings by the end of 2022	*Time tables, invitation letters and Curricula*	Biannual	MHUs management to embrace scale up grading
Activity 3.2 To carry Out trainings for Technicians from MHUs	Number of MHUs whose Technicians are Trained	120 Technicians trained by 2022	Records/List of participants	Annually	MHUs embracing learning attitude
Activity 3.3 To carry out training for users in MHUs	Number of MHUs whose Users have been trained	240 users and managers trained by 2022	Records/List of participants	Annually	Availability of funds
Activity 3.4 To sensitize MHUs management on good equipment management	Number of MHUs sensitized on good equipment management	60 MHUs Managers sensitized by 2022	Records/List of participants	Annually	Availability of funds
Outcome 2:0 Standards and Specifications for Medical Equipment &Consumables in the Health sector in Kenya	Number of Standards approved for implementation in equipment and consumables in the Health Sector in Kenya	12 Standards adopted for implementation by the end of 2022	Records of standards	Annually	KEBs invitations
Output 1.0 Draft Standards & Specifications reviewed and approved by the KEBS	Number of draft standards submitted, reviewed and approved by KEBS board	12 draft Standards by the end of 2022	Draft documents	Biannual	Invitation by the technical committee secretary
Activities 1.1: To Participate in Technical Committee Forums & Research meetings	Number of meetings to propose and/or review initial drafts to be developed towards standards	72 meetings to held by end of 2022	Minutes	Monthly	KEBs Board to convene the meetings
Activities 1.2: To submit TC initial draft to KEBs standards committee	Number of drafts submitted by TC to the standards committee for review	36 drafts submitted	Minutes	Quarterly	Hospital equipments TC Board to convene the meetings
Activity 1.3: To review the TC draft and present the final draft for adoption by KEBS Board	Number of Standards approved by the KEBS Boards and adopted through balloting.	12 Standards by the end of 2022	Number or standards	Annually	Invitation by the KEBs board

Activities 2.1: To Participate in the launching of the approved standard for implementation.	Number of Standard approved and launched for implementation	12 drafts presented by end of 2022	Draft Kenya Standards	Annually	KEBs Secretariat to convene the meetings.
Outcome 3: Safety, Quality assurance and Compliance with set standards in the use of Medical Equipment in MHUs	Number of MHUs that achieve safety and quality assurance /Compliance with regulatory bodies in the health sector (Radiation Protection Board of Kenya, Nursing Council. KMLTTB, WHO and Pharmacy & Poisons Board.)	270 MHUs certified to operate	Certificate/Annual License issued	Annually	HMUsComitment to quality Safe Medical equipments
Output 1.0: MHUs have easy access to radiation and anesthesia safety assessments and calibration services	Number of MHUs assessed and reports forwarded for License Issuance by RPB	540 MHUs served by end of 2022	Records	Six monthly	affordable and quality Service
Activities 1.1: To provide Radiation safety assessment and calibration services	Number of MHUs with radiology premises assessed and equipment calibrations done.	180 MHUs served by the end of 2022	Reports forwarded to RPB	Annually	MHUs to adhere to QA/QC regulations
Activities 1.2: To provide Anesthesia and Generating plant assessments and calibration services	Number of MHUS with Anesthesia Machines, generating plant and Calibrations assessed.	180 MHUs served by the end of 2022	Job cards/checklist	Annually	MHUs to adhere to QA/QC regulations
Activities 1.3: To provide services towards general Medical Equipment in accordance with manufacturers requirements	Number of MHUs operating safe equipment on electrical, pressure and vacuum(general) served in accordance with the manufacturers guidelines	180 MHUs served by the end of 2022	Job cards/checklist	Annually	MHUs to adhere to QA/QC regulations
Outcome 4: New Appropriate Equipment Procured and Installed	Number of MHUs installed with new equipment procured with benefit of technical advice	36 MHUs to be supported by the end of 2022	Mou and Contracts	Annually	Positive engagement with manufacturers
Output 1.0: Dealership and Agency acquired with hospital equipment manufacturers	Number of partners approached for support towards user training	5 Manufactures agreed with by the end of 2022	Correspondence/Minutes	Annually	Availability of capital
Activity 1.1 To engage manufacturers on suitability of NHCTS as their local agents for selected equipment	Number of manufacturers and partners/firms engaged for dealership/partnership	12 Firms/Partners	Records	Quarterly	Large Catchment/Customers

Activities 1.2: To sensitize the MHUs on NHCTS recommended line of equipment in different sections.	Number of MHUs sensitized	72 MHUs sensitized by the end of 2022	Correspondence /Minutes	Annually	MHUS to consult for technical advice
Activities 1.3: To supply, install and commission supplied equipment.	Number of MHUs supported	36 MHUs supported by the end of 2022	Delivery notes /Records	Annually	Affordable and quality equipments
Output 2. MHUs receive Equipment and training for users, and technicians	Number of MHUs benefitting from user training support	60 MHUs by the end of 2022	Correspondence /Minutes	Annually	Availability of appropriate donors and partners.
Activities 2.1: To Identify potential partners/donors interested in supporting the training	Number of potential partners approached to support user training	24 partners by the end of 2022	MoU and Certificate of Agency	Annually	Policies favoring Fruitful discussions with partners and manufacturers.
Activities 2.2: To Train National Health Care Technicians skills up grading in line with new technology	Number of specialized trainings attended by NHCTS personnel in ICU/HDU/CT Scan, dialysis and MRI machines.	12 trainings by the end of 2022	list of participants	Annually	Availability and policies of donor/partner funding
Activities 2.3: To Train MHUs technicians	Number of MHUs whose technicians are trained	120 technicians trained by the end of 2022	Certificate of participation	Annually	Availability of policies of donor/partner funding
Activities 2.4: To Train MHUs equipment end users	Number of MHUs whose end users are trained	120 end users trained by the end of 2022	Certificate of participation	Annually	Availability of policies of donor/partner funding

2. 3 :Human Resources For Health					
Outcome 1.0 Effective and efficient HRM practices in CHAK	**The practice of HRM in CHAK is effective and efficient and in accordance with Best practices in the Health Sector**	**Functional HRM departments/ Units in place in both CHAK secretariat and MHUs Provide technical support to 30 MHUs in the development and review of HRM policies**	**Policy documents**	**annual report**	
Output 1: HR Management Policy Framework	To strengthen CHAK MHUs develop and implement HRM policies	30 MHUs supported to develop/ Review policy manuals by 2022 Review HRM policy documents by the secretariat by 2018	Policy documents	annually	Willingness by the MHUs
Activity 1.1 HR management policies formalized, documented and approved by the Board/ designated	Policies should be signed off for usage	All developed/ reviewed policies	Records	annually	
Activity 1.2 HR management policies comply with employment, workplace health and safety and other legislations	Technical support to MHUs in developing generic policy areas	No. of policy areas developed and disseminated for the MHUs	*Policies developed*	annually	
Activity 1.3 HR management policies are reviewed on a regular basis and revised if necessary.	Technical support Periodic reviews of the Generic HRM policies to ensure compliance to changing labor environments or new developments in HR management practices	New revised Generic policy guideline by 2022	Policies reviewed	annually	availability of funds
Activity 1.4 HR management policies are made accessible to employees.	For fairness and relevance they must be communicated and accessible to employees	Dissemination plans planned training/ Evaluations/ Documentations	Employee records	monthly	
Output 2. Right people attracted and retained	To recruit, select and orient the most suitable individuals to the organization.				
Activity 1.1: Ensure complete and approved job descriptions for all open positions	Job descriptions document the tasks and activities required of the position	Job descriptions developed and evaluated for all staff periodically	Records	monthly	

Activity 1.2 consistent and objective Recruitment process in place.	Fair and objective so that candidates, whether internal or external, are being assessed using the same criteria.	Recruitment Policy/ plan Recruitment/ deployment plans developed and disseminated for CHAK MHUs	Records	monthly	
Activity 1.3 Criteria used to select the appropriate candidates established and documented	Different methods of testing candidates should be well documented.	Recruitment documentation done on a need basis	Records	monthly	
Activity 1.4 All new employees offered a position sign a letter of employment that outlines the working relationship between employer and employee	An official contract of employment	Contract checklist done signed / witnessed for documentation	Records	monthly	
Activity 1.5 Provide technical assistance to develop and rollout retention schemes targeting different cadres and locations	Technical support to MHUs in retention strategies	quarterly training forums for 30 MHU staff No of schemes developed	Records	monthly	
Output 3.0. Well managed workplaces	Support MHUs work environment that encourages individual excellence and satisfaction	No of Customer/ employee satisfaction surveys in place in MHUs and secretariat	Reports	quarterly	
Activity 1.1 All new employees oriented to the position/ institution	Process rather than activity to help new staff appreciate the new workplace/ job	Induction / orientation Plan New employee Pack in place	Records	annually	
Activity 1.2 Managers and supervisors with the responsibility for managing the efforts of others provided with appropriate learning opportunities to develop their supervisory skills.	100 % of managers and supervisors capacity build to manage employee transitions	competency model/ Matrix developed and disseminated Training plan/ Budget n place	Records	annually	
Activity 1.3 Work plans and performance objectives in place to identify the tasks/activities and expected results for future performance.	Work plan or performance objectives should be in place at the beginning of the performance year.	Standardized work plan / performance objectives/ Performance plan (tools) in place	Records	annually	
Activity 1.4 The performance of each employee is fairly assessed, at least annually, at the end of the work plan or performance period.	Ensure The performance cycle is agreed upon to facilitate a review period	Performance Management cycle defined	Records	annually	

Activity 1.5 Methods to address employee performance issues or concerns.	Clear expectation, appropriate supervision and feedback on a day-to-day basis to avoid employee performance issues or concerns	policy Guideline for implementation of rewards and sanctions; Training plan on industrial relations	Records	annually	
Activity 1.6The organization provides competitive compensation to employees	Facilitation of a job evaluation and benchmarking to determine compensation.	Compensation strategy initiated and developed for the secretariat and MHUs by 2022	Reports	annual report	Adequate budget available
Output 4.0 Employee Relations, Wellbeing & Safe Working Environment	Wellness promotion in the workplace	No of staff wellness and welfare schemes developed and disseminated	Reports	annual report	
Activity 1.1 To provide a safe work environment	Commitment to a safe and healthy workplace, by preventing injuries and accidents, and promoting a culture of safety.	OSH policies and Guidelines developed and implemented and disseminated by 2022	Reports	annually	
Activity 1.2 supportive employee work / life balance.	A process is in place to address work/life balance on the organization's operations.	Workloads are reviewed regularly to recommend flexible work arrangements Enhanced communication with staff for feedback	Records	annually	
Activity1.3 Ensures a work environment free of harassment.	reasonable measures in place to ensure that no employee is subject to harassment from any source within the organization's governing, managing, employee, membership	A process is in place to investigate complaints of harassment of any form Developed conflict resolution policy/ whistle blowing policy	Records	annually	
Activity 1.4 To promote an inclusive workplace	regularly examines current practices to ensure that inclusivity and diversity are supported its processes	Availability of segregated social amenities, Gender sensitive policies in place	Records	annually	
Output 5.0 Training, Learning & Development	Aim is to improve organizational performance and to engage employees in their career development.	Learning and development strategy developed	Records	annually	

Activity 1.1 Every employee's training and development needs are reviewed at least annually and plans established to address any gaps	Individual employee knowledge and skills are assessed against the standard for the position.	Individual development plans in place annually Training budget in place Procedure guidelines / review recommendations	Records	Annually	
Activity 1.2 During the development of the annual budget consideration is given to including appropriate resources to fund employee training and development.	Budgeting for staff training and development	Annual training budgets in place Management commitment to supporting staff learning and development	Records	annually	Availability of funds for capacity building
Output 6.0 HR Planning and management	systematic process of reviewing and anticipating human resource requirements to ensure that there are sufficient employees with the required skills available when needed	change management strategy	Records	annually	
Activity 1.1 The organization has a process for regularly reviewing staffing needs.	CHAK is proactive in planning for current and future staffing needs	Developed centralized health workers database (HRIS) at the Secretariat to monitor workforce inflows and outflows	System developed and implemented	annually	**Availability of funds / support from ICT**
Activity 1.2 Backup plans are documented to address any key employee leaves of absence	Short term and long term plans are in place to address potential gaps	Policy guideline/ statement on backups well documented	Annual budget trategic plan Funding proposals	annually	**Buy in**
Activity 1.3 Critical positions in the organization identified and succession plans are established	processes are in place to address succession in the event that individuals in identified positions leave or move into other positions in CHAK	Succession plan developed potential positions for transition identified	Records	annualy	**Buy in**
7.0 Adequate financial resources to support investments in HRH					
Activity 1.2 Develop an HRH investment and technical assistance plan for MHU.	Use the plan to mobilize resources from the private sector and development partners in HRH	Reviewed investment options report developed by 2019	Reports	annually	Time constraints/ capacity
Activity 1.3 Strengthen the HRH practice at the Secretariat to lead resource mobilization initiatives	build HRH capacity of the secretariat	Development / HR Business process reengineering proposal developed by 2019	Proposal	annually	capacity constraints

2.4: HEALTH QUALITY MANAGEMENT SYSTEMS					
Outcome 1/Objective: Improvement of Quality of Health Care at MHUs	**Implementation of Structures to increase Quality of Health Care at MHUs**	**10% of Health Facilities (MHUs) are certified or have Quality Structures implemented.**	**Certification of Health Facilities, Center of Excellences, Quality Documentation etc.**	**Yearly**	**The Health Facility is interested in Quality Management Structures. Qualified personnel is assigned and available.**
Output 1: Quality Management System developed	Health Facilities setting up a Quality Management System and/or assign Qualified Quality Personnel	40% of trained Health Facilities develop Quality Documentation	Documentation (e.g. Quality Policy, Quality Manual, SOPs, Patient Questionnaire); Quality Personnel assigned (Job Description)	Yearly	Qualified Personnel is available; related Standards are reviewed
Output 2: Quality Structures are implemented	Quality Structures are organized and executed, monitored, evaluated and followed up on	40% of trained Health Facilities develop, implement, monitor and evaluate Quality Structures and qualified Personnel	e.g. Quality Officer, Quality Improvement Team, regular 5S meetings	Yearly	Qualified Personnel is available; related Standards are reviewed
Output 3 : Quality Improvement Teams are formed	To increase Quality of Health Care, Health Facilities set up Quality Improvement Teams	40% of trained Health Facilities form Improvement Teams on Quality, Infection Prevention Control, 5S, Occupational Health and Safety or Waste Management or related topics	e.g. Meeting minutes, Plans, Reports	Yearly	Qualified Personnel is available; related Standards are reviewed
Output 4 : Patient and Staff Satisfaction Questionnaires in Health Facilities are implemented	Patient and Staff Satisfaction Questionnaires to identify gaps in the health facilities	40% of trained Health Facilities have implemented on Patient and Staff Satisfaction Questionnaires	Patient/Staff Questionnaires	Yearly	Qualified Personnel is available; related Standards are reviewed
Activity 1.1: Training/Workshop of HCW on Health Quality Management System for interested Health Facilities	Health Facilities are trained on general Quality Management System	5 Health Facilities are trained on Quality Management per year	List of Participants, Program, Report	Yearly	The health facility is interested in Quality Management Structures; Qualified Personnel is assigned.

Activity 1.2: In-House Health Quality Management Systems support for interested Health Facilities	Health Facilities are assisted to develop their own Quality Management Systems	1 Health facility is supported per year in four 1 week in house trainings and workshops	Reports etc.	Yearly	The health facility is interested in Quality Management Structures; Qualified Personnel is assigned.
Activity 1.3 : Advisory Visits to interested Health Facilities on Health Quality Issues	Health Facilities are advised on Quality Management System topics	4 Health Facilities advisory visits per year	Reports etc.	Yearly	The health facility is interested in Quality Management Structures; Qualified Personnel is assigned.
Outcome 2/Objective: Implementation of Quality Structures at CHAK	**Increase of Quality through Implementation of Quality Structures**	**5 Quality Documents are developed and implemented by 2022**	**Reports, Documents**	**Yearly**	**Qualified personnel is assigned and available.**
Output 1 : Quality Documents are implemented	These are Documents used to bench mark Quality Improvement in CHAK	Control of Documents and Document Master List is developed and implemented; CHAK Staff is trained on Control of Documents	Report	Yearly	Qualified Personnel is available
Output 2 : MHUs Satisfaction is improved	Through Questionnaires needs of MHUS are determined and improvement possibilities of CHAK are defined.	10% of MHUs have increased satisfaction by 2022	Questionnaires, Report etc.	Yearly	Qualified Personnel is available
Output 3: Staff Satisfaction is improved.	Through Questionnaires needs of CHAK Staff are determined and improvement possibilities of HCAK are defined.	50% of CHAK Staff have increased satisfaction by 2022.	Questionnaires, Report etc.	Yearly	Qualified Personnel is available
Activity 1.1. Development of Quality Documentation	Developing of Quality Documentation such as a Control of Documents Manual and trains CHAK Staff on the Documents.	Control of Documents and Document Master List is developed and implemented; CHAK Staff is trained on Control of Documents (end of 2018)	Control of Document, Training Sheet	Yearly	Qualified Personnel is available

Activity 1.2: Quality Improvement Questionnaires are developed.	Developing of Quality Improvement Questionnaires for Staff and MHUs to identify gaps.	Yearly Questionnaire send out to MHU or CHAK Staff	Questionnaires, Report	Yearly	Qualified Personnel is available
Activity 1.3 5S (Set, Sort, Shine, Standardize and Sustain) Training and Audits	Quality Audits to organize work environment.	Quarterly 5S Audits done per year.	Report, Pictures	Quarterly	Qualified Personnel is available
Activity 1.4. Qualified Personnel is assigned for Improvement of Quality at CHAK	to ensure Sustainability Qualified Personnel is assigned to improve Quality Structures at CHAK	Qualified Personnel is employed by the end of 2019.	HR Documentation	End of Strategic Planning	Qualified Personnel is available
Outcome 3/Objective: Communication/Networking/Knowledge Transfer at all Health Care levels	**Improvement of Communication structures at all Health Care Levels to enhance visibility of CHAK at the National and International Level**	**Number of Communications Reports, Articles etc.; Number of Participation in Technical Working Groups**	**CHAK Communication Platforms**	**Yearly**	**Qualified Personnel is available**
Output 1: Updates on new guidelines and their implications are provided	Updates on new guidelines/standards are communicated and information distributed	Number of updates on new guidelines provided by 2022.	CHAK Communication Platforms	Yearly	Guidelines are updated
Output 2: Awareness of new technologies or fields of interest for CHAK and MHUs	New technologies or fields of interest are communicated and information distributed.	Number of Personnel/MHUs informed on new technologies.	CHAK Communication Platforms	Yearly	New technologies are made available.
Activity 1.1 Quality Officer Meetings from various Health Facilities	trained Quality Officers of Health Facilities continue training on interested topics and assess each other	Quality Officer Meeting twice per year at various Health Facilities	Invitation Letters, Report, Program, Participation Lists etc.	Yearly	Assigned staff is interested in Quality officer meetings
Activity 1.2. Annual Health Conference - Session on Quality of Health Care - Best Practices of MHUs	Selected MHUs present best practices and improvement of Quality of Health Care	at least 2 Health Facility presents Quality of Health Care Improvements at the CHAK Annual Health Conference	Program, Presentations etc.	Yearly	Assigned representative of Health Facility

Activity 1.2: Quality Improvement Questionnaires are developed.	Developing of Quality Improvement Questionnaires for Staff and MHUs to identify gaps.	Yearly Questionnaire send out to MHU or CHAK Staff	Questionnaires, Report	Yearly	Qualified Personnel is available
Activity 1.3 5S (Set, Sort, Shine, Standardize and Sustain) Training and Audits	Quality Audits to organize work environment.	Quarterly 5S Audits done per year.	Report, Pictures	Quarterly	Qualified Personnel is available
Activity 1.4. Qualified Personnel is assigned for Improvement of Quality at CHAK	to ensure Sustainability Qualified Personnel is assigned to improve Quality Structures at CHAK	Qualified Personnel is employed by the end of 2019.	HR Documentation	End of Strategic Planning	Qualified Personnel is available
Outcome 3/Objective: Communication/Networking/Knowledge Transfer at all Health Care levels	**Improvement of Communication structures at all Health Care Levels to enhance visibility of CHAK at the National and International Level**	**Number of Communications Reports, Articles etc.; Number of Participation in Technical Working Groups**	**CHAK Communication Platforms**	**Yearly**	**Qualified Personnel is available**
Output 1: Updates on new guidelines and their implications are provided	Updates on new guidelines/standards are communicated and information distributed	Number of updates on new guidelines provided by 2022.	CHAK Communication Platforms	Yearly	Guidelines are updated
Output 2: Awareness of new technologies or fields of interest for CHAK and MHUs	New technologies or fields of interest are communicated and information distributed.	Number of Personnel/MHUs informed on new technologies.	CHAK Communication Platforms	Yearly	New technologies are made available.
Activity 1.1 Quality Officer Meetings from various Health Facilities	trained Quality Officers of Health Facilities continue training on interested topics and assess each other	Quality Officer Meeting twice per year at various Health Facilities	Invitation Letters, Report, Program, Participation Lists etc.	Yearly	Assigned staff is interested in Quality officer meetings
Activity 1.2. Annual Health Conference - Session on Quality of Health Care - Best Practices of MHUs	Selected MHUs present best practices and improvement of Quality of Health Care	at least 2 Health Facility presents Quality of Health Care Improvements at the CHAK Annual Health Conference	Program, Presentations etc.	Yearly	Assigned representative of Health Facility
Activity 1. 3. Networking with Government and Private Organizations	Participation in various Technical Working Groups (e.g. Waste Management, Infection Prevention Control, Kenyan Quality Model for Health)	4 Networking Meetings with the technical working groups or private sector per year	Invitation Letters, Program, Meeting Minutes	Yearly	Regular meetings of Technical Working Groups

2.5 : COMMUNICATION AND DOCUMENTATION					
Outcome 1: CHAK work and its impact documented and disseminated to relevant audiences	Internal and external communication of the work done by CHAK	50 per cent increase in the number of audience segments reached by documentation about CHAK by 2022	Reports	Monthly	Frequent activities and support by CHAK and departments
Output 1: CHAK Communication Strategy	CHAK Communication Strategy developed and implemented	One Communication Strategy developed by June 2017	CHAK Communication Strategy	2017 June	
Activity 1.1 Development of the CHAK Communication Strategy	CHAK Communication Strategy developed	One CHAK Communication Strategy developed by June 2017	CHAK Communication Strategy	Jun-17	
1.2: Dissemination of the CHAK Communication Strategy	CHAK Communication Strategy disseminated and implemented	One CHAK Communication Strategy disseminated by December 2017	Dissemination database	Dec-17	Resources are available
Output 2: Internal communication database	Internal communication database for contacts, information and graphics developed	One communication database developed by January 2017 and frequently updated with information from CHAK departments	Communication database	Monthly	Frequent activities and support by CHAK and departments
Activity 2.1: Development of communication database	Database containing contact information of all CHAK audiences developed	One communication database developed by April 2017	Database	2017 April	
Activity 2.2: Maintenance of communication data base	Communication database constantly updated	One communication data base updated	Updated database	Annually	
Output 3: Well informed CHAK network and partners	CHAK network and partners access up-to-date information on the organization's work and its impact	50 per cent increase in the number of responsive communication platforms accessed by CHAK network and partners by 2022	Publications, reports, recordings and on-line pages	Monthly	Resources from projects and CHAK available
Activity 3.1: Compilation, publishing and dissemination of CHAK Annual Report	CHAK Annual Report compiled, published and disseminated once a year	Six annual reports produced by 2022	Annual report	Annually	

Activity 3.2: Compilation, publishing and dissemination of three issues of CHAK Times annually	CHAK Times newsletter used as an avenue for communication within the CHAK network and with partners	18 issues of the CHAK Times newsletter compiled, published and disseminated by 2022.	CHAK Times newsletter	Annually	
Activity 3.3: Compiling and dissemination of the reports of CHAK activities and events	Soft copies of reports compiled and disseminated to various stakeholders	24 on-line reports of CHAK activities and events compiled and disseminated by 222	6 Annual Health Conference Reports 18 online newsletters	Annually	
Activity 3.4: Redesign and maintenance of CHAK on-line platforms	Redesign and maintenance of CHAK Website, social media pages	CHAK Website, Facebook, YouTube, Twitter and Instagram pages constantly updated	On-line pages	Annually	Support from departments and projects
Activity 3.5: Mass media engagement	Mass media used to achieve visibility of CHAK	Six mass media engagements done by 2022	Recordings	Annually	Resources from projects and CHAK available
Activity 3.6: Contributions to partner's communication platforms	CHAK to leverage on partner publications for visibility while at the same time strengthening collaboration	18 contributions to partner communication platforms by 2022	Articles	Annually	Invitations to contribute to partner publications will be made
Outcome 2: Visibility of CHAK brand improved	Increase prominence of CHAK brand country-wide	10,000 IEC materials produced and disseminated by 2022	IEC materials	Annually	Requisite investment from projects and CHAK available
Output 1: CHAK branding strategy	Development and dissemination of a branding strategy for CHAK	One branding strategy developed and disseminated by December 2018	Branding strategy	2018 December	
Activity 1.1: Development of CHAK branding strategy	CHAK branding strategy developed to facilitate implementation	One branding strategy developed by December 2018	Branding strategy	2018 December	
Activity 1.2: Dissemination of the CHAK branding strategy	CHAK branding strategy disseminated	One CHAK branding strategy disseminated by December 2018	Dissemination atabase	2018 December	Resources are available
Output 2: Branding of CHAK	Improve visibility of CHAK among members, partners and health sector stakeholders	2,000 IEC materials produced by 2022	IEC materials	Annually	

Activity 2.1: Production and dissemination of IEC materials	IEC materials to improve visibility of CHAK among MHUs and partners	2,000 IEC materials produced by 2022	IEC materials	Annually	Demand by CHAK and projects
Output 3: Branding of CHAK in MHUs	Strengthen CHAK brand among MHUs	CHAK brand openly displayed in 25 MHUs by 2022	Branded banners	Annually	Adoption of CHAK brand by MHUs
Activity 3.1. Introduction and adoption of CHAK brand in MHUs	CHAK brand introduced and adopted by MHUs	25 CHAK banners developed and put up in MHUs by 2022	Branded CHAK banners	Annually	Adoption of CHAK brand by MHUs Availability of funding
Output 4: Marketing of CHAK	Raising the profile of CHAK and its services among the public and partners	1. Three corporate bodies have partnered with CHAK by 2022 2. 12 marketing activities targeting the general public are carried out by 2022	Funded proposals, public branding e.g. bill boards, mass media supplements, on-line advertising	Annually	Availability of funding
Activity 4.1: Identify potential partners	Raising the profile of CHAK and its services among the partners	Database of potential partners developed by 2017	Database	Annually	
Activity 4.2: Send out information on CHAK to potential partners	Raising the profile of CHAK and its services among partners	Send out information to 10 partners by 2022	Reports	Annually	
Activity 4.3: Proposal writing	Proposals put forward to potential partners for funding	Develop 6 proposals for funding by potential corporate partners by 2022	Proposals	Annually	
Activity 4.4: Stands in relevant conferences	Marketing of CHAK to potential partners	6 Appropriately branded stands in partner conferences by 2022	Photographs	Annually	
Activity 4.5: Identify and implement avenues for public branding	Raising the profile of CHAK in communities	Implement public branding through two avenues by 2022	Photographs	Annually	
Outcome 3: CHAK resource center	**CHAK resource center providing reference materials for secretariat and network**	**Resource center updated and maintained on Quarterly basis**	**Resource center**	**Annually**	**Reference materials regularly coming in from CHAK and partners**
Output 3.1: Well-maintained CHAK resource center	CHAK resource center providing reference materials for secretariat and network	Resource center updated and maintained on Quarterly basis	Resource center	Annually	
Activity 1. Maintaining the CHAK resource center	Well maintained CHAK resource center	1.Resource center receiving new materials quarterly 2. List of reference	1. List of reference materials 2. List of new materials received	December 2017 Annually	

Activity 2.1: Production and dissemination of IEC materials	IEC materials to improve visibility of CHAK among MHUs and partners	2,000 IEC materials produced by 2022	IEC materials	Annually	Demand by CHAK and projects
Output 3: Branding of CHAK in MHUs	Strengthen CHAK brand among MHUs	CHAK brand openly displayed in 25 MHUs by 2022	Branded banners	Annually	Adoption of CHAK brand by MHUs
Activity 3.1. Introduction and adoption of CHAK brand in MHUs	CHAK brand introduced and adopted by MHUs	25 CHAK banners developed and put up in MHUs by 2022	Branded CHAK banners	Annually	Adoption of CHAK brand by MHUs Availability of funding
Output 4: Marketing of CHAK	Raising the profile of CHAK and its services among the public and partners	1. Three corporate bodies have partnered with CHAK by 2022 2. 12 marketing activities targeting the general public are carried out by 2022	Funded proposals, public branding e.g. bill boards, mass media supplements on-line advertising	Annually	Availability of funding
Activity 4.1: Identify potential partners	Raising the profile of CHAK and its services among the partners	Database of potential partners developed by 2017	Database	Annually	
Activity 4.2: Send out information on CHAK to potential partners	Raising the profile of CHAK and its services among partners	Send out information to 10 partners by 2022	Reports	Annually	
Activity 4.3: Proposal writing	Proposals put forward to potential partners for funding	Develop 6 proposals for funding by potential corporate partners by 2022	Proposals	Annually	
Activity 4.4: Stands in relevant conferences	Marketing of CHAK to potential partners	6 Appropriately branded stands in partner conferences by 2022	Photographs	Annually	
Activity 4.5: Identify and implement avenues for public branding	Raising the profile of CHAK in communities	Implement public branding through two avenues by 2022	Photographs	Annually	
Outcome 3: CHAK resource center	**CHAK resource center providing reference materials for secretariat and network**	**Resource center updated and maintained on Quarterly basis**	**Resource center**	**Annually**	**Reference materials regularly coming in from CHAK and partners**
Output 3.1: Well-maintained CHAK resource center	CHAK resource center providing reference materials for secretariat and network	Resource center updated and maintained on Quarterly basis	Resource center	Annually	
Activity 1. Maintaining the CHAK resource center	Well maintained CHAK resource center	1.Resource center receiving new materials quarterly 2. List of reference materials in the resource center developed by December 2017	1. List of reference materials 2. List of new materials received	December 2017 Annually	

2.6 : MANAGEMENT INFORMATION SYSTEMS					
Effective and efficient management information systems both secretariat and MHUs by 2020					
Outcome 1: Financial and data management strengthened through computerized systems in MHUs	**CHMIS implemented and improved in MHUs**	**Manual system replaced with computerized systems (CHMIS)in 20 MHUs**	**Records**	**Annually**	**MHUS will request for the system**
Output 1.1 CHMIS set up and ready for use in MHUS	CHMIS implemented and improved in MHUs		*Records*	*Annually*	
Activities 1.1 Install CHMIS in MHUs	CHMIS installed in MHUs	*No. of facilities with CHMIS*	*Records*	*Annually*	
Output 2: Efficient operations realized from use of CHMIS	Reduced cost of papers used in the MHUs	Reduced waiting time for patients	Records	Mid term	MHUs adopt the system fully
		Increased Contact time for patients	Records	Mid term	MHUs adopt the system fully
Activities .2.1: To provide remote support of MHUs through internet	Assist system users by accessing their computers remotely	All MHUs assisted remotely	Activity log	Monthly	All MHUs has functional internet
Activities 2.2 To Provide onsite support to the users	Meeting held will all MHUs using CHMIS	No of Meetings held	Minutes	Annually	Resources are available
Activities 2.3: Hold two CHMIS stakeholder meetings annually.	Meeting held will all MHUs using CHMIS	No of Meetings held	Minutes	Annually	Resources are available
Activities 2.4 Create New modules in CHMIS	new modules integrated on the core CHMIS	New modules created on demand	Records	Annually	
Outcome2 : Efficient operations at Secretariat and Guesthouse through use of modern IT facilities	**Systems at secretariat and Guesthouse operating optimally**	**Efficient systems at both secretariat and guesthouse**	**records**	**Annually**	**Funds are available**
Output 1 :Secretariat and Guesthouse systems strengthened through Information Technology	Information technology support which includes both hardware and software		Activity log	Quarterly	
Activity 1.1.Maintain e-mail/Internet and LAN services	Provide all necessary assistance to have functional system at the secretariat	Reduced network down times	Activity log		
Activity 1.2 Provide user support for staff at the Secretariat	Support users and sorting IT issues	Reduced user complaints	Activity log	Quarterly	

Activity 1.3 Provide technical assistance to management when procuring ICT equipment/accessories and software	Provide technical specifications during purchasing of IT Equipment	No. of instances assistance is offered	Reports	Annually	
Activity 1.4 Continuously upgrade the computer equipment at the Secretariat in line with technology changes	Provide the requirements of the IT equipments that need upgrading and replacement.	New equipment purchased No. equipment repaired	Activity log	Annually	
Activity 1.5 Provide assistance in telephony communication at both secretariat and Guesthouse	Support users and sorting telephony issues	No. of times maintenance service is done	Maintenance contracts	Annually	
Outcome3: Efficient electronic documentation and filing system for secretariat projects	**Electronic document management system installed**	**Alfresco in place**	**Activity log**	**Annually**	**Funds are available**
Output 1 Secretariat strengthened with electronic document system.	Implementing an electronic system of choice in CHAK	Electronic documentation and filling system installed in CHAK secretariat by 2019	Activity log	Annually	
Activity 1.1 Implement Document management system	Alfresco document management system will be implemented.	Install Alfresco documentation system at Secretariat	Activity Report	Annually	
Activity 1.2 Train user on use of Alfresco document system	Trained users	No. of staff trained	records	Quarterly	
Activity 1.3 Provide technical assistance to users at secretariat on the use Alfresco document system.	Staff at secretariat adopt Alfresco as the main document resource	*Alfresco in use at secretariat*	*Activity log*	*Quarterly*	
Activity 1.4 Provide continuous check of quality of data being fed on the system	Perform data quality checks	*good documents stored in servers*	*Activity log*	*Quarterly*	
Outcome 4:Real time CHAK Membership Directory	**Member address book in use at the secretariat**	**Improved membership directory**	**Membership directory**	**Annually**	
output 4 : Updated membership address book for CHAK	Update membership directory	Updated membership directory	Records	Annually	
Activity 1.1 Review membership directory	Update the directory	Updated membership directory	Records	Quarterly	
Activity 1.2 Align the membership address book with Kenya Health Master facility list	update the directory with master facility codes	No. of MHUs with MFL Codes on the directory	Records	monthly	
Activity 1.3 Categorize facility according to level and affiliations	Identify MHUs in each level	Updated membership directory	Records	Annually	
Activity 1.4 Segregate facilities that has been taken over by county government or other partners	identify MHUs taken by various partners	Updated membership directory	Records	Annually	

2.7 : MONITORING AND EVALUATION					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Health Management Information System	**This is a data collection system specifically designed to support planning, management, and decision making in CHAK MHUs.**	**ALL CHAK MHUs have functional HMIS by 2022**	**Facility reports**	**Yearly**	**All MHUs accept to use the national HMIS system**
Output 1 : DHIS use by CHAK MHUs	The DHIS 2 is a tool for collection, validation, analysis, and presentation of aggregate statistical data, tailored to integrated health information management activities.	All CHAK MHUs using DHIS BY 2018.	DHIS report	Monthly	DHIS2 will still be in use.
Activities 1.1:Training on DHIS use	HCW are trained on DHIS use to ensure they understand the	All CHAK MHUs trained on DHIS USE BY 2018.(300 people to be trained , 5 days)	Training reports	Bi-annually	The national HIS department will support DHIS training for CHAK MHUs
Activities 1.2 :DHIS Access by level 4 and 5 MHUs	Level 4 and 5 health facilities with many patients are provided with DHIS2 access rights to be able to enter their facility data.	All level 4 and 5 MHUs have access to DHIS by 2017	DHIS Report	Monthly	National HIS give access code to all level 4 and 5 CHAK MHUs.
Output 2 : Strengthen routine and non-routine Health information systems	Health information systems are the manual and electronic data capture tools	All MHUs have a well-defined Health information system by end of 2017.	Facility reports	Monthly	
Activities 1.1:MOH Data Capture tools available in CHAK MHUs	These are the primary data capture tools used by all health facilities in Kenya.	All MHUs have access to all MOH registers and CHAK reporting tools by 2017 (1000 CHAK Reporting tools printing - 1000 copies printing @ 400 each)	Facility reports	Bi-annually	
Activities 1.2 :MOH Data capture and registers use training in MHUs	The training should be done to HCW who use the tools and registers in the MHUs	70% of HCW in CHAK MHUs trained on use of various MOH registers and data capture and reporting tools (300 HCW trained , 5 days)	Facility reports	Monthly	

Activities 1.3 :Support MHUS with HMIS and EMRS in incorporating MOH data capture tools and registers in these systems	This entails ensuring all variables captured in the manual data capture tools and registers are incorporated in the electronic systems used by health facilities	All MHUs with a HMIS /EMRs have incorporated MOH registers in the different systems by 2022.	Facility reports	Annually	
Outcome 2: Harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality data in CHAK secretariat and MHUs	**Well defined and functional M&E systems**	**By 2017 CHAK have a harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality data in CHAK secretariat and MHUs**	**Facility and programs reports**	**Quarterly**	
Output 1: Strengthen data management at CHAK and MHUs	Ensuring chak has quality and consistent data all the time.	CHAK has a well-defined data management system by 2018.	Facility and programs reports	Quarterly	
Activity 1.1:Conduct periodic data quality audits and verification	Routinely checking on data integrity once data have been collected and reported in the MHUs	Data Quality Audits conducted at least annually in CHAK MHUs	DQA reports	Annually	
Activity 1.2 : Comprehensive database in CHAK secretariat	This is establishing a data repository in CHAK.	A database established in CHAK secretariat by 2017	Operation report	Annually	Availability of functional server in CHAK for data repository
Activity 1.3 : Enhanced routine data collection in all MHUs	Gathering and measuring information on targeted variables in an established systematic way using those OH and CHAK data capture tools/registers.	All CHAK MHUs collecting routine data as required by MOH.	Facility reports	Monthly	Availability of resources to ensure routine data collection in all MHUs
Outcome 3 : Strengthening M&E capacity to effectively track performance in CHAK MHUs and Secretariat	**Ensuring M&E is able to track performance for MHUs and secretariat**	**Performance report for CHAK and MHUs disseminated every quarter**	**Facility reports**	**Monthly**	**MHUs and CHAK Program data shared with M&E team every quarter.**

Output 1 : Comprehensive M&E systems in CHAK	Establishment of a comprehensive M&E	Comprehensive M&E System established in CHAK by end of 2017	Chak operation report	Annually	
Activities 1.1: M&E standard operating procedures(SOPs) in place	The SOPs should guide in reporting procedures.	M&e SOPs developed by 2017	SOPs document	Annually	
Activities 1.2: M&E Plan	The M&E plan describes how CHAK M&E works.	CHAK M&E Plan developed by 2017	M&E plan document	Annually	
Activities 1.3: CHAK Operational Logic framework.	The operational logic framework will help in planning and implementation of the projects	CHAK M&E Logic framework developed by 2017	Log frame document	Annually	
Output 1.4: M&E support supervision	Should be done to support in data capture and reporting	Support supervision conducted at least once in 10 MHUs per quarter (3 pple , 5 days)	Field reports	Quarterly	Availability of resources to conduct support supervision.
Output 1.5: Support routine and non-routine reporting in CHAK and MHUs	Routine reports are the reports already set to be done in a specified period while the non-routine are the Adhoc reports that maybe required without prior plan.	100% Reporting rate by CHAK MHUs to CHAK and MOH by end of 2017	DHIS Reports, CHAK reports	Monthly	
Activities 1.6: Develop and maintain reporting systems at secretariat and MHUs.	Ensure a well-defined reporting system in the secretariat.	By 2017 a reporting system developed and implemented in CHAK secretariat and MHUs.	Chak operation report	Annually	
Activity 1.7 : M&E technical performance review meetings	Performance meetings to be held in CHAK secretariat	M&E technical performance review meetings held once per quarter.	Meeting reports , meeting minutes	Quarterly	Support to held meetings.
Activity 1.8 : Mid-Term and End term program evaluation	Evaluation done after 3 years to assess if the implementation of CHAK program is as expected and at the end of 6 years to evaluate if the anticipated performance has been achieved.	Mid-term evaluation conducted by 2019. End term evaluation conducted at the end of 2022.	Evaluation reports	Mid-term and End term	Availability of resources.

3.0 :ADVOCACY AND PARTNERSHIPS					
Goal:					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Effective partnerships contributing to positive health outcomes	**Partnership established with different stakeholders in health including county governments, national government, development partners and other organizations implementing health programs.**	**Increased partnerships established by 2022**	**Chak annual reports**	**Annually**	
output 1:Partnership MoU Framework with CoG and Counties developed	Having MoU framework guiding engagements of CHAK with county governments	MOU Framework developed and implemented by 2019	MOU framework. Activity report	Annually	
Activities 1.1:Engage consultancy to support MoU development process	Consultant experienced in MoU development and county engagement to help in developing the MoU.	Consultant hired and developed the MoU by 2019.	TOR for Consultancy. Meeting minutes .Consultant engagement contract.	Annually	
Activity 1.2:Hold 3 meetings of FBHSCC to identify issues for inclusion in the MoU	Fact finding meetings to ensure inclusivity of all needs when developing the MoU	3 Meetings held by 2018	Meting minutes and reports.	Annually	
Activity 1.4 :Engage Religious Leaders for their input and ownership of the framework	Engaging religious leaders when developing the MoU for their input and ownership of the MoU.	No of meetings held with religious leaders by 2019	Meting minutes and reports.	Annually	
Activity 1.5:Hold meetings with CECs for Health and CoG Secretariat to present and negotiate the MoU	These are MoU implementation meetings with CECs and CoG secretariat.	No of meetings held with CECs and CoG secretariat by 2019	Meting minutes and reports.	Annually	
Activity 1.6 :Disseminate the approved MoU to Counties, CHAK MHUs and other stakeholders	MoU implementation to all stakeholders.	Partnership MoU implemented to all counties ,CHAK MHUs and other stakeholders by 2022	CHAK report.	Annually	

Output 2:Strategic partnerships with MOH, NHIF and Regulatory Agencies of the Health Sector	Establishment of strategic partnership with MOH, NHIF and Health sector regulatory bodies done to ensure inclusivity of CHAK MHUs.	No of strategic partnerships established by 2022	CHAK report.	Annually	
Activity 1: Representation and active participation in MOH structures and fora	Ensuring active participation in MOH structures, TWGs and other for a	No of fora's and active representations by 2022	Activity reports and meetings minutes	Annually	
Output 3 : Strategic partnerships with DPHK, Private sector, FBOs, NGOs, UN Agencies, Ecumenical Partners (ACHAP, EPN, AACC, NCCK, WCC, CCIH)	Networking and establishing partnerships with development partners	No of Partnerships established by 2022	Activity reports and meetings minutes	Every 3 years	
Activity 3.1: Periodic engagement with DPHK	Engagement with DPHK to establish partnerships and collaboration opportunities	No of engagements with DPHK by 2022	Evaluation report	Every 3 years	
Activity 3.2: Maintain membership and participation in FBHSCC, HENNET, KHF, MSF, ACHAP, CCIH, WCC and CCIH	Maintaining membership and seeking new membership opportunities with other organizations to remain relevant in operations.	No of membership for a participated in by 2022	Evaluation report	Every 3 years	
Outcome 2 : Advocacy for CHAK member health units recognition, involvement in policy development, planning and resource allocation	**Ensuring CHAK is actively involved in various policy development engagements for recognition and resource allocation consideration.**	**No of Advocacy fora's done by 2022**	**Evaluation report**	**Every 3 years**	
Output 2. 1 : CHAK MHUs needs and concerns articulated to national and county governments and other relevant stakeholders	MHUs issues raised with national and county governments	No of engagement done with national and county government by 2022	Evaluation report	Every 3 years	
Activity 2.3 : Develop advocacy strategy	Develop advocacy strategy	45 forums attended by 2016	Activity report	Annually	

4.0 : FINANCIAL MANAGEMENT, RESOURCE MOBILISATION AND SUSTAINABILITY					
Goal: To strengthen CHAK and MHUs financial and Grant management systems to improve capacities in resource mobilization for sustainability by 2022.					
4.1 : RESOURCE MOBILISATION					
Outcome 1	**improved capacity for CHAK and MHUs to mobilize resources from both local and external sources**				
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Output 1	proposals developed and submitted by CHAK secretariat and external sources	number of proposals developed and submitted by CHAK secretariat	funded proposals	annually	MHUs positive response to call for proposals
Activity 1.1	120 MHUs staff trained in proposal writing and resource mobilization	number of MHU staff trained in proposal writing and resource mobilization	records and training reports	annually	resources available for training
Activity 1.2	Identify 2 key personnel from each of 60 MHUs trained to be the key lead in proposal development in their respective MHUs	Number of proposals developed.	training reports	annually	positive response of the identified staff
Activity 1.3	CHAK receive 60 proposals and submit to funding organizations	number of proposals developed and submitted to funding organizations	funded proposals	annually	funding opportunities are floated every year
Activity 1.4	Train 60 staff from MHUs on identifying Income Generating Activates (IGAs)	60 MHUs trained on Income Generating Activities	Reports	annually	MHUs willingness to implement IGAs.

4.2: HEALTHCARE FINANCING FOR SUSTAINABILITY OF CHAK MHUs					
Outcome 2	**Sustainable healthcare financing for CHAK MHUs**				
Output 1	CHAK MHUs providing comprehensive essential health care package financed by NHIF	Number of MHUs registered with NHIF	NHIF list	annually	all MHUs meet the NHIF accreditation criteria
Activity : 1.1	To disseminate information on NHIF recruitment, accreditation and enrollment	400 MHUs receive NHIF accreditation package	Mailing list	annually	all MHUs meet the NHIF accreditation criteria
Activity 1.2	Participate in assessments of MHUs for reaccreditation for NHIF	30 MHUs accredited with NHIF	NHIF list	annually	all MHUs meet the NHIF accreditation criteria
Activity 1.3	Participation in NHIF forums for advocacy	Number of NHIF forums which MHUs participated	Reports	annually	all MHUs meet the NHIF accreditation criteria
Output 2	Create awareness among MHUs on UHC	Number of MHUS providing UHC	Mailing list	annually	
Activity : 2.1	disseminate UHC information package	400 MHUs receive UHC awareness package	Reports	annually	
Output 3	CHAK MHUs linked with county governments for resource mobilization	400 MHUs linked with respective county governments	Reports	annually	county governments will support CHAK MHUs
Activity : 3.1	CHJAK MHUs participating in county operational plans	number of MHUs participating in the county operational plans	Reports	annually	County governments will engage the FBOs
Activity : 3.2	Lobby for resource allocation at the county level: HR support, medical and commodities supplies.	Number of MHUs receiving support from the county government.	Reports	annually	County government goodwill to support FBOs.
Output 4	Strengthen partnership and network for MHUs for resource mobilization	6 partnership established for support of MHUs.	MOUs and Contracts	annually	Partners goodwill to support FBOs
Activity : 4.1	To engage in strategic partnership with likeminded organizations for technical support for	6 partnership established for support of MHUs and CHAK secretariat.	MOUs and Contracts	annually	Partners goodwill to support FBOs

4.3 : HEALTHCARE FINANCING FOR CHAK SECRETARIATE					
Outcome 3:	**Efficient, Reliable and accurate financial management systems at CHAK secretariat and MHUs**				
Output 1	CHAK secretariat operating with efficient financial support services	*Timely and accurate financial reports prepared*	*financial reports*	*annually*	resources available for upgrades
Activity : 3.1	Preparation of master budget for the Strategic plan 2017-2022	*An approved master budget by 2017*	*financial reports*	*once*	
Activity : 3.2	To prepare budget specific to projects as per funding agreements	*10 approved project budgets annualy*	*budget reports*	*s per agreements*	
Activity : 3.3	Prepare timely management accounts reports	*quarterly management reports submitted to governance structures*	*management accounts*	*quarterly*	
Activity : 3.4	Prepare cash flow forecasts	*quarterly cash flow statements submitted for funding*	*cash flow reports*	*quarterly*	funding continuation
Output 2	Review and upgrade finance and procurement procedure manual.	*Updated Finance and procurement procedure manual*	*Policy Manual*	*Once in every 3 years*	
Activity : 3.1	Revise the finance and procurement procedure manual to conform to best practices and changes in IFRS	*Revised and approved Finance and procurement procedure manual*	*Policy Manual*	*Once*	
Activity : 3.2	Conduct biannual staff briefings on revised finance and procurement policy manual	*Number of meetings held*	*Minutes*	*Biannually*	
Output 3	Upgraded financial operating systems	*Number of software upgraded/ procured*	*Reports*	*annually*	Funds availability
Activity : 3.1	Upgrade payroll and pastel software	*software renewal licenses*	*Valid licenses*	*annually*	
Activity : 3.2	Procure biometric and Bulk payment modules for increased processing of payments and identification of beneficiaries	*Number projects utilizing B2C*	*Reports*	*monthly*	

Output 4	Support MHUs improve their capacity in financial management and Grant Management systems	*Number of MHUs supported to improve financial management and Grant Management systems*	*Activity report*	*Annualy*	Positive response from MHUs
Activity : 3.1	To conduct capacity assessment of the financial management systems of 10 MHUs every year	10 MHU's assessed annually	*Report*	Annually	
Activity : 3.2	Review and support financial and procurement procedure manual for 10 MHUs	10 MHUs Financial and procurement policies reviewed and operationalized.	*Report*	Annually	
Activity : 3.3	To make supervisory and mentorship visits to 6 MHUs for Technical support in the implementation of the Financial Management Manual	6 supervisory visits annually	*Report*	semi Annually	
Activity : 3.3	CHAK Internal audit unit to Support MHUs to review the internal operational systems and procedures	6 MHU's supported annually	*Report*	Annually	
Output 5	To strengthen 6 CHAK MHUs to effectively manage grants	*Efficient , reliable and accurate grant management system*	*Report*	*Annually*	
Activity : 3.2	CHAK -MHUs Grant management training	20 MHUs staff trained on grant management system	*Report and list of participants trained*	*Annually*	
Activity : 3.3	Review and support Grant Management policy.	10 MHUs Grant policies reviewed and operationalized.	*Policies, procedures and SOPs*	*Annually*	

4.4 : AUDIT					
Outcome 4 :	**Timely Audit reports generated in accordance with funding agreements**				
Output 1	Audited reports generated on a timely basis	*number of audits supported*	*audit reports*	*periodical*	
Activity : 4.1	Coordinate external financial audit for CHAK, Guest House and projects	*at least 3 external audit reports*	*audit reports*	*periodic/annual*	
Output 5	Support internal audit for CHAK, Guest House and projects	*quarterly internal audit reports*	*audit reports*	*quarterly*	

4.5 : ASSET MANAGEMENT					
Outcome: 5	**Physical Asset Management Improvement**				
Output: 1	Well maintained and reliable asset base supporting CHAK secretariat operations	*10% cost of repairs and maintenance reduced.*	*Assets maintained reports*	*annually*	Availability of funds
Activity: 5.1	Maintain asset register	*Updated asset register*	*asset register*	*annually*	
Activity : 5.2	Physical asset verification	*Itemized list of assets verified*	*Assets listing*	*annually*	
Activity : 5.2	Insurance of the assets	*List and value of assets insured*	*Insurance certificates*	*annually*	
Activity : 5.3	Identfication of assets that are uneconomical or unrepairable	*List of uneconomical assets prepared*	*list*	*annually*	
Activity : 5.4	Seek approval for disposal or donate of identified assets for replacement	*List of assets recommended for disposal/replacement*	*Minutes*	*annually*	
Activity : 5.5	Budget for replacement of assets	*Approved capital expenditure budget*	*budget reports*	*annually*	
Activity : 5.6	Analyze buy or lease of motor vehicle and recommend best option for action	*Approved cause of action*	*Minutes*	*annually*	
Activity : 5.7	Review and recommend mileage rates for lease of vehicles.	*Approved mileage rates*	*Minutes*	*annually*	
Output 2	Expansion of CHAK offices	*Increased office square footage*	*Office premises*	*Once*	
Activity : 5.1	Feasibility study for expansion of current CHAK offices, lease or development of new premises.	*Approved plan*	*Study report*	*Once*	
Activity : 5.2	Development of proposals to fund the recommended options in (5.1 above)	*Funded proposal*	*funded proposal*	*once*	

4.6 : GUESTHOUSE MANAGEMENT					
Outcome: 6	**Support CHAK Guest House as an Income Generating Unit**				
Output: 1	Consistent return on investment from Guest operations	*% of funds received from Guest house supporting CHAK core operations*	*Income and Expenditure reports*	*annually*	The business remain profitable
Activity: 6.1	Support governance meetings quarterly	*Number of governance meetings*	*Minutes*	*quarterly*	
Activity : 6.2	Support of business operations: Budgets, Payments and management accounts.	*efficient and effective operating systems established*	*Policies, procedures and SOPs*	*annually*	
Activity : 6.3	Coordinate internal and external financial audit for the Guest House.	*Annual audit completed on time*	*audit reports*	*annually*	
Outcome: 7	**Well Established Functional Business Unit**				
Output: 1	Functioning Business Unit	*Business Unit*	*Business Unit*	*Annualy*	Management Support
Activity: 7.1	Approval to establish a business development unit at CHAK secretariat	*Functional Business Unit established*	*Business Unit*		
Activity : 7.2	Staff identification and or Recruitment for the newly established business development Unit	*Number of staff assigned to the units*	*Staff Contracts, Job descriptions*	*Annualy*	
Activity : 7.3	Establish strategic networks and partnerships for proposal development and funding opportunities			*Annualy*	
Activity : 7.4	Proactively identify, respond and lobby for funding opportunities.	*% Increase of developed and funded proposals*	*Funded Proposals*	*Annualy*	
Activity : 7.5	Establish strategic networks and partnerships for proposal development and funding opportunities	*12 MHUs supported*	*Funded Proposals*	*Annualy*	
Outcome 8	**Functional and accountable governance and management structures**				
Output 1	Strengthened governance at CHAK secretariat	Functional and accountable governance structure	Minutes	quarterly	There is a calendar of meetings , Board members appointed

Activity 1.1	Hold structured meetings of CHAK, Finance, EXCO, Tender, Trustees	#of meetings held	Minutes	quarterly	There is a calendar of meetings , Board members appointed
Activity 1.2	Hold CHAK Annual General meetings every year	AGM meetings	Minutes	Yearly	
Activity 1.3	CHAK Secretariat staff meetings, Management, Staff devotions, Annul planning, Procurement, welfare	# of meetings held	Minutes	monthly	
Activity 1.4	Represent CHAK in MEDS meetings, CHAK Guesthouse and other sister organizations structured meetings	# of meetings held	Minutes	monthly	CHAK Management remain appointed representatives in those boards
Activity 1.5	Represent CHAK in Member Health Units Boards and articulate CHAK stand on health issues	# of MHU board meetings attended	Minutes/Reports	quarterly	CHAK Management remain appointed representatives in those boards

5.0 :MONITORING AND EVALUATION, CAPACITYBUILDING AND RESEARCH					
1 :MONITORING AND EVALUATION					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Outcome 1: Health Management Information System	**This is a data collection system specifically designed to support planning, management, and decision making in CHAK MHUs.**	**ALL CHAK MHUs have functional HMIS by 2022**	**Facility reports**	**Yearly**	**All MHUs accept to use the national HMIS system**
Output 1 : DHIS use by CHAK MHUs	The DHIS 2 is a tool for collection, validation, analysis, and presentation of aggregate statistical data, tailored to integrated health information management activities.	All CHAK MHUs using DHIS BY 2018.	DHIS report	Monthly	DHIS2 will still be in use.
Activities 1.1:Training on DHIS use	HCW are trained on DHIS use to ensure they understand the	All CHAK MHUs trained on DHIS USE BY 2018.(300 people to be trained , 5 days)	Training reports	Bi-annually	The national HIS department will support DHIS training for CHAK MHUs
Activities 1.2 :DHIS Access by level 4 and 5 MHUs	Level 4 and 5 health facilities with many patients are provided with DHIS2 access rights to be able to enter their facility data.	All level 4 and 5 MHUs have access to DHIS by 2017	DHIS Report	Monthly	National HIS give access code to all level 4 and 5 CHAK MHUs.
Output 2 : Strengthen routine and non-routine Health information systems	Health information systems are the manual and electronic data capture tools	All MHUs have a well-defined Health information system by end of 2017.	Facility reports	Monthly	
Activities 1.1:MOH Data Capture tools available in CHAK MHUs	These are the primary data capture tools used by all health facilities in Kenya.	All MHUs have access to all MOH registers and CHAK reporting tools by 2017 (1000 CHAK Reporting tools printing - 1000 copies printing @ 400 each)	Facility reports	Bi-annually	
Activities 1.2 :MOH Data capture and registers use training in MHUs	The training should be done to HCW who use the tools and registers in the	70% of HCW in CHAK MHUs trained on use of various MOH	Facility reports	Monthly	
Activities 1.2 :MOH Data capture and registers use training in MHUs	The training should be done to HCW who use the tools and registers in the MHUs	70% of HCW in CHAK MHUs trained on use of various MOH registers and data capture and reporting tools (300 HCW trained , 5 days)	Facility reports	Monthly	

Activities 1.3 :Support MHUS with HMIS and EMRS in incorporating MOH data capture tools and registers in these systems	This entails ensuring all variables captured in the manual data capture tools and registers are incorporated in the electronic systems used by health facilities	All MHUs with a HMIS /EMRs have incorporated MOH registers in the different systems by 2022.	Facility reports	Annually	
Outcome 2: Harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality data in CHAK secretariat and MHUs	**Well defined and functional M&E systems**	**By 2017 CHAK have a harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality data in CHAK secretariat and MHUs**	**Facility and programs reports**	**Quarterly**	
Output 1: Strengthen data management at CHAK and MHUs	Ensuring chak has quality and consistent data all the time.	CHAK has a well-defined data management system by 2018.	Facility and programs reports	Quarterly	
Activity 1.1:Conduct periodic data quality audits and verification	Routinely checking on data integrity once data have been collected and reported in the MHUs	Data Quality Audits conducted at least annually in CHAK MHUs	DQA reports	Annually	
Activity 1.2 : Comprehensive database in CHAK secretariat	This is establishing a data repository in CHAK.	A database established in CHAK secretariat by 2017	Operation report	Annually	Availability of functional server in CHAK for data repository
Activity 1.3 : Enhanced routine data collection in all MHUs	Gathering and measuring information on targeted variables in an established systematic way using those OH and CHAK data capture tools/registers.	All CHAK MHUs collecting routine data as required by MOH.	Facility reports	Monthly	Availability of resources to ensure routine data collection in all MHUs
Outcome 3 : Strengthening M&E capacity to effectively track performance in CHAK MHUs and Secretariat	**Ensuring M&E is able to track performance for MHUs and secretariat**	**Performance report for CHAK and MHUs disseminated every quarter**	**Facility reports**	**Monthly**	**MHUs and CHAK Program data shared with M&E team every quarter.**

Output 1 : Comprehensive M&E systems in CHAK	Establishment of a comprehensive M&E	Comprehensive M&E System established in CHAK by end of 2017	Chak operation repo	Annually	
Activities 1.1: M&E standard operating procedures(SOPs) in place	The SOPs should guide in reporting procedures.	M&e SOPs developed by 2017	SOPs document	Annually	
Activities 1.2: M&E Plan	The M&E plan describes how CHAK M&E works.	CHAK M&E Plan developed by 2017	M&E plan documen	Annually	
Activities 1.3: CHAK Operational Logic framework.	The operational logic framework will help in planning and implementation of the projects	CHAK M&E Logic framework developed by 2017	Log frame documen	Annually	
Output 1.4: M&E support supervision	Should be done to support in data capture and reporting	Support supervision conducted at least once in 10 MHUs per quarter (3 pple , 5 days)	Field reports	Quarterly	Availability of resources to conduct support supervision.
Output 1.5: Support routine and non-routine reporting in CHAK and MHUs	Routine reports are the reports already set to be done in a specified period while the non-routine are the Adhoc reports that maybe required without prior plan.	100% Reporting rate by CHAK MHUs to CHAK and MOH by end of 2017	DHIS Reports, CHA reports	Monthly	
Activities 1.6: Develop and maintain reporting systems at secretariat and MHUs.	Ensure a well-defined reporting system in the secretariat.	By 2017 a reporting system developed and implemented in CHAK secretariat and MHUs.	Chak operation repo	Annually	
Activity 1.7 : M&E technical performance review meetings	Performance meetings to be held in CHAK secretariat	M&E technical performance review meetings held once per quarter.	Meeting reports , meeting minutes	Quarterly	Support to held meetings.
Activity 1.8 : Mid-Term and End term program evaluation	Evaluation done after 3 years to assess if the implementation of CHAK program is as expected and at the end of 6 years to evaluate if the anticipated performance has been achieved.	Mid-term evaluation conducted by 2019. End term evaluation conducted at the end of 2022.	Evaluation reports	Mid-term and End term	Availability of resources.

5.2: CAPACITY BUILDING					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal: To build knowledge, attitude and skills of CHAK secretariat and MHU staff in their areas of expertise for performance improvement.	Measures the technical capacity of CHAK secretariat and MHU staff to effectively and efficiently deliver in their program areas	Proportion of CHAK secretariat and MHU staff that are technically competent in their respective program areas	HRCI database	Annual	
Outcome 1: Increased identification of capacity building needs of CHAK secretariat and MHU staff by 80% of baseline by 2022	**Describes the ability in identification of the capacity building needs of Secretariat and MHU staff by using the Human Resource Capacity Improvement database**	**Number of secretariat and MHU staff with identified capacity building needs**	**HRCI database**	**Bi-annual**	
Output 1: Human Resource Capacity Improvement (HRCI) database developed	Development of a Human Resource Capacity Building database that contains a record of MHU and Secretariat capacity built in relevant areas, as well as those identified in need of various capacity improvement needs	Existence of a HRCI database by 2017	HRM report	Annual	
Activity 1.1: Development of a Human Resource Capacity Improvement database	Liaise with HMIS in development of a Human Resource Capacity Improvement database	Existence of an operational Human Resource Capacity Improvement database by 2017	HRM report	Annual	
Activity 1.2: Conduct needs assessment	Needs assessment to be conducted to identify capacity building needs of CHAK secretariat and MHU staff	Proportion of MHUs with capacity building assessment need for their staff conducted annualy	Needs assessment report	Annual	
		Proportion of CHAK secretariat technical staff with documented assessment of their capacity building needsannualy	Needs assessment report	Annual	

Outcome 2: Increased Performance improvement of all CHAK secretariat staff by 90% of the baseline in their areas of expertise by 2022	**Measures the performance improvement of CHAK secretariat staff in their technical areas**	**Proportion of secretariat staff with documented improvement in performance in their areas of technical expertise annualy**	**HRCI database**	**Annual**	
Output 1: Increased utilization of staff performance appraisal tool to 100%	Annual performance appraisal of all secretariat staff by their supervisors	Proportion of secretariat staff that have received annual performance appraisal reports from their supervisors annualy	Performance appraisal reports	Annual	
Activity 1.1. Implement use of staff performance appraisal report as a contract renewal requirements	Enforce the use of staff performance appraisal report as a contract renewal requirements	Proportion of staff with documented performance appraisal reports and improvement plans	Performance appraisal reports and improvement plans	Annual	
Output 2: Increased enrolment to relevant courses	Initiative by secretariat staff to enroll in relevant courses in their areas of expertise	Number of secretariat staff that have enrolled in relevant courses annualy	Performance appraisal reports	Annual	
Activity 1.1. Enrolment by secretariat staff for relevant courses	Provide support to secretariat staff to enroll for relevant courses	Percentage of staff that have been supported to enroll in relevant courses annualy	HRCI database	Annual	
Output 3: Increased adherence of secretariat staff to renewal of certification and licensure requirements by their relevant professional bodies	Measures the adherence of secretariat technical staffs to their relevant professional certification and licensure requirement	proportion of secretariat staff that have renewed their certification with the relevant professional bodies	HRCI database	Annual	
Activity 1.1: Incorporate certification requirement in HR policy	Incorporate in HR policy, certification requirement of secretariat staff by relevant professional bodies	Certification and licensure requirement incorporated into the HR policy document by 2017	HR policy document	Annual	
Activity 1.2: Allocation of technical responsibility to certified technical staff only	Ensure that only certified technical staff are assigned technical responsibility in relevant program areas	Proportion of technical staff that are assigned to work in technical program areas that are technically qualified for the relevant program areas annualy	HR documentation	Annual	

Outcome 2: Increased Performance improvement of all CHAK secretariat staff by 90% of the baseline in their areas of expertise by 2022	**Measures the performance improvement of CHAK secretariat staff in their technical areas**	**Proportion of secretariat staff with documented improvement in performance in their areas of technical expertise annualy**	**HRCI database**	**Annual**	
Output 1: Increased utilization of staff performance appraisal tool to 100%	Annual performance appraisal of all secretariat staff by their supervisors	Proportion of secretariat staff that have received annual performance appraisal reports from their supervisors annualy	Performance appraisal reports	Annual	
Activity 1.1. Implement use of staff performance appraisal report as a contract renewal requirements	Enforce the use of staff performance appraisal report as a contract renewal requirements	Proportion of staff with documented performance appraisal reports and improvement plans	Performance appraisal reports and improvement plans	Annual	
Output 2: Increased enrolment to relevant courses	Initiative by secretariat staff to enroll in relevant courses in their areas of expertise	Number of secretariat staff that have enrolled in relevant courses annualy	Performance appraisal reports	Annual	
Activity 1.1. Enrolment by secretariat staff for relevant courses	Provide support to secretariat staff to enroll for relevant courses	Percentage of staff that have been supported to enroll in relevant courses annualy	HRCI database	Annual	
Output 3: Increased adherence of secretariat staff to renewal of certification and licensure requirements by their relevant professional bodies	Measures the adherence of secretariat technical staffs to their relevant professional certification and licensure requirement	proportion of secretariat staff that have renewed their certification with the relevant professional bodies	HRCI database	Annual	
Activity 1.1: Incorporate certification requirement in HR policy	Incorporate in HR policy, certification requirement of secretariat staff by relevant professional bodies	Certification and licensure requirement incorporated into the HR policy document by 2017	HR policy document	Annual	
Activity 1.2: Allocation of technical responsibility to certified technical staff only	Ensure that only certified technical staff are assigned technical responsibility in relevant program areas	Proportion of technical staff that are assigned to work in technical program areas that are technically qualified for the relevant program areas annualy	HR documentation	Annual	

Output 4: Accreditation of CHAK secretariat as a center for Continuous Professional Development	Accreditation of CHAK secretariat by the relevant professional bodies as a center for Continuous Professional Development by the relevant bodies	CHAK secretariat accredited as a center for continuous professional development	Accreditation certificates	Annual	
Activity 1.1 Engage certification bodies for CHAK secretariat accreditation	Lobby and Engage with relevant certification bodies for CHAK secretariat accreditation	Number of sessions held with accreditation bodies	Accreditation certificates	Annual	
Output 2.4: E-learning platforms developed	E-platforms with learning modules on all areas of health systems strengthening developed	Existence of an E-learning Platform by 2017	E-learning platform	Annual	
Activity 1.1: Develop modules for e-learning	Development of learning modules in all technical areas of health service delivery by each program area	Number of Modules developed annualy	Project specific e-learning modules	Annual	
Activity 1.2:Development and/or procurement of an e-learning platform	Collaborate and liaise with HMIS in development and/or procurement of an e-learning platform	E-learning software operational by 2017	HMIS Activity log	Annual	
Output 2.5: M-Health Platform developed	M-Health platform with learning modules on all areas of health service delivery	Existence of an M-Health platform by 2017	M-Health Platform	Annual	
Activity 1.1. Develop content for M-Health messaging	Development of learning modules in all technical areas of health service delivery by each program area	Number of modules developed annualy	Project specific M-Health messages	Annual	
Activity 1.2. Establish an M-Health Platform	Collaborate and liaise with Mobile subscribing Company for development of an M-Health Platform	M-health platform operational by 2017	HMIS Activity log	Annual	
Outcome 3: Increased Performance improvement of technical staff in all MHUs by 90% of baseline by 2022	**Performance improvement by all technical staff in all MHUs in their areas of expertise**	**Proportion of MHU staff with documented improvement in performance in their areas of technical expertise annualy**	**Performance appraisal reports**	**Annual**	

Output 3.1: HCWs in MHUs capacity built	HCWs in all MHUs capacity built in their various program areas of health service delivery	Number of MHU staff that have been documented as having received capacity building activities annualy	Project Reports	Annual	
Activity 1.1: Capacity building of HCWs from MHUs	HCWs in MHUs capacity built on various technical components of health service delivery	Proportion of MHUs with HCWs capacity built on various technical areas of health service delivery annualy	Project Reports, CHAK database	Quarterly	
Activity 1. 2: Linkage of HCWs from MHUs to E-Health and M-Health Platforms	HCWs in MHUs linked to CHAK secretariat E-Health and M-Health Platforms	Proportion of MHUs reporting ability to access E-health and M-Health educational content annualy	MHU reports	Quarterly	
Output 3.2: Renewal of certification and licensure requirements	Increased adherence of MHU staff to renewal of certification and licensure requirements by their relevant professional bodies	Proportion of MHU staff with timely renewal of certification and licensure requirements annualy	MHU HR reports	Annualy	
Activity 1.1: Capacity build MHU Human Roman Managers and hospital administrators	MHU Human Roman Managers and hospital administrators capacity building on incorporation of certification requirement of their staff by the relevant professional bodies	Proportion of HR managers and Hospital administrators capacity built on certification requirements of their technical personnel annualy	Training reports	Annualy	
Output 3.3: Strengthened partnerships and collaborations	Strengthening of partnerships and collaborations between MHUs and Training Institutions for specialized trainings and learning of best-practices	Proportion of MHUs with strengthened partnerships with Institutions of higher learning for specialized trainings and best practices annualy	CHAK database	Annualy	
Activity 1.1: Establish networks with institutions of higher learning	Support MHUs to establish networks with institutions of higher learning	Proportion of MHUs networked to institutions of higher learning annualy	CHAK database	Annualy	

5.3: RESEARCH					
OBJECTIVES	**NARRATIVE /DEFINITION**	**INDICATORS**	**MEANS OF VERIFICATION**	**REPORTING FREQUENCY**	**ASSUMPTIONS**
Goal: To disseminate successes of the health systems strengthening programs within the CHAK secretariat and MHUs through abstract and manuscript presentations and publications	**Measures the development of abstracts, manuscripts and publications to disseminate the success, best-practices and innovations of health systems strengthening programs supported by CHAK secretariat and MHUs**	**Number of success stories, best-practices, abstracts, manuscripts and publications disseminatedannualy**	**Project reports**	**Annualy**	
Outcome 1: Increased dissemination practices by 90% of baseline by 2022	**Increased dissemination of success, innovations and best-practices of MHU and CHAK secretariat health systems strengthening programs by 90% of baseline by 2022**	**Number of publications, abstracts and manuscripts developed by CHAK secretariat and MHU staff presented in local and international conferences annualy**	**Project Reports**	**Annualy**	
Output 1.1: Abstracts and manuscripts presented at local and international conferences	**Abstracts and manuscripts from CHAK secretariat and MHUs accepted for presentation at local and international conferences**	**Proportion of MHUs and CHAK secretariat Projects that have produced abstracts/manuscripts that have been accepted for presentation annualy**	**Project Reports**	**Annualy**	
Activity 1.1: Establish a research committee	Research committee to be established within the CHAK secretariat constituted by technical representatives from each program areas	Existence of an active research committee within the CHAK secretariat by 2017	Research Committe meeting minutes and reports	Quarterly	
Activity 1.2: Build the capacity of secretariat and MHU staff	Build the capacity of secretariat and MHU staff on abstract and manuscript development	Number of technical staff within the secretariat and MHUs that have been capacity built	Research Committee reports	Annualy	

Activity 1.2: Build the capacity of secretariat and MHU staff	Build the capacity of secretariat and MHU staff on abstract and manuscript development	Number of technical staff within the secretariat and MHUs that have been capacity built on abstract and manuscript development annualy	Research Committee reports	Annualy	
Activity 1.3: Development of abstracts and manuscripts	All program areas to develop abstracts and manuscripts in their respective technical areas	Number of abstracts/manuscripts developed by each Program area within the CHAK secretariat annualy	Project Reports, Research Committee reports	Annualy	

Quality Health Care

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