



## CHRISTIAN HEALTH ASSOCIATION OF KENYA

**2018**  
ANUAL REPORT





# Christian Health Association of Kenya

## Annual Report 2018

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# CHRISTIAN HEALTH ASSOCIATION OF KENYA



Over 70 Years of Providing Quality Health Care: 1946-2019

## Identity, Membership, Purpose, Programs and Partnerships

### Identity

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

### Strategic Directions

The CHAK Strategic Plan 2017-2022 has its core objectives clustered into five strategic directions which include:

1. Health service delivery
2. Health systems strengthening
3. Capacity building and research
4. Advocacy and partnerships
5. Sustainable financing and resource management

### Programs

CHAK runs a wide range of health service delivery and systems strengthening programs with the goal of promoting universal access to quality health care.

These include:

- HIV&AIDS prevention, treatment, support and stigma mitigation
- Tuberculosis (TB) treatment, defaulter and contact tracing and TB/HIV co-infection management
- Malaria prevention and management
- Maternal, Neonatal and Child Health services
- Reproductive Health and Family Planning
- Diabetes awareness, screening and management
- Hypertension education and screening at community level and referral linkages for treatment
- Advocacy, research and communication
- Hospital quality improvement program
- Partnerships and county governments engagement
- Sustainable health care financing and grant management
- Health systems strengthening
  - a) Medical equipment program supporting needs assessment, sourcing, installation and maintenance for Church Health Facilities
  - b) Human resources for health capacity development and systems strengthening
  - c) Governance, leadership and management support for member health facilities
  - d) ICT systems strengthening including Hospital Management Software
  - e) Strategic Information (M&E) and EMR (Electronic Medical Records System)

### Partnerships

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



## Donor Partners

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

## CHAK Membership

CHAK membership includes hospitals, health centres, dispensaries, church health programmes, community based health care programmes and medical training colleges from all over Kenya. As at the close of 2018, CHAK had a total membership of 588 member health units affiliated to 43 Protestant churches' denominations located in 45 counties.

CHAK membership is grouped into four regions covering the whole country.

These are:

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

The membership analysed per category is as below:

Hospitals - 26

• Health Centers - 58

• Dispensaries - 393

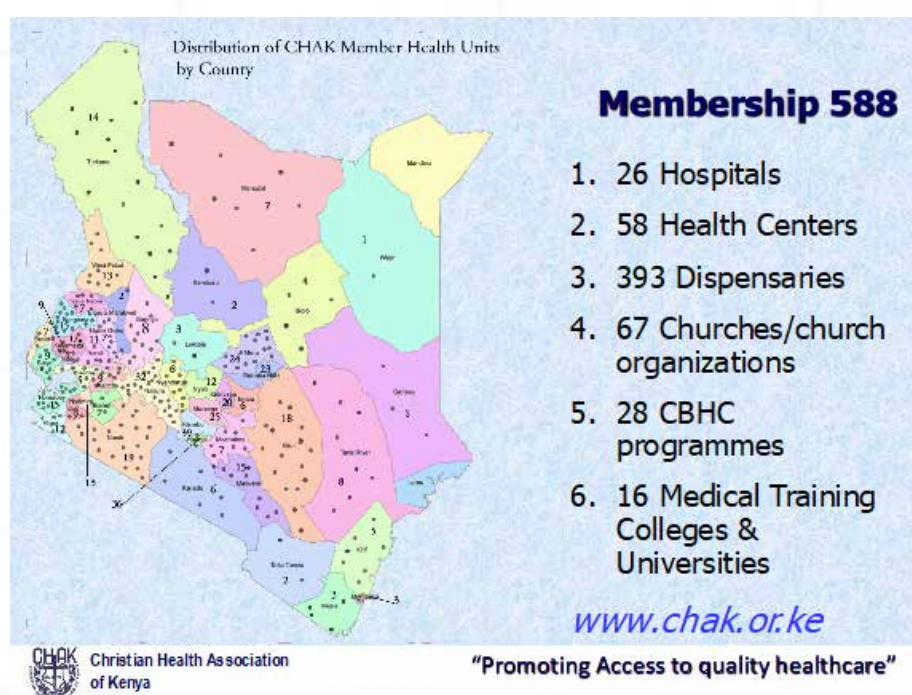
• Community Based Health Care Programs - 28

• Churches and Church Organizations - 67

• Medical Training Colleges & Universities - 16

**Total - 588**

**Church denomination affiliations - 43**



## Acknowledgement

CHAK is grateful to the Government of Kenya Ministry of Health, county governments' health departments, development partners and other health sector partners for collaboration in health initiatives in Kenya. We also value our regional partnership in the Africa Christian Health Associations Platform (ACHAP) and international partnerships through CCIH, WCC and other global agencies.

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

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ACHAP.....	Africa Christian Health Associations Platform
DHIS 2 .....	District Health Information Systems 2
UHC.....	Universal Health Coverage
COG .....	Council of Governors
CS-MOH. ....	Cabinet Secretary - Ministry of Health
KCCB .....	Kenya Conference of Catholic Bishops
SUPKEM.....	Supreme Council of Kenya Muslims
CQI .....	Clinical Quality Improvement
CDC.....	Centres for Disease Control
CHAP.....	CHAK HIV/AIDS Programme
CHAN. ....	Christian Health Association of Nigeria
CCIH.....	Christian Connections for International Health
FBHS.....	Faith Based Health Services
KFBHSC. ....	Kenya Faith Based Health Services Consortium
CBHC.....	Community Based Health Centre
CDC.....	Centre for Disease Control
CD4 .....	Cluster of Differentiation
CHAP.....	CHAK HIV/AIDS Project
CHEWS.....	Community Health Extension Workers
NCDs .....	Non Communicable Diseases
CME .....	Continuous Medical Education
CPD .....	Continuous Professional Development
UPMB .....	Uganda Protestant Medical Bureau
CQI .....	Continuous Quality Improvement
UCMB.....	Uganda Catholic Medical Bureau
JMS.....	Joint Medical Stores
DBS.....	Dry Blood Sample
VL.....	Viral Load
OVC.....	Orphans and Vulnerable Children
AYP.....	Adolescents and Young People
EID .....	Early Infant Diagnosis
SDG .....	Sustainable Development Goal
EMR .....	Electronic Medical Records
EMTCT .....	Elimination of Mother To Child Transmission of HIV/AIDS
PHC .....	Primary Health Care
EXCO .....	Executive Committee
WHO .....	World Health Organisation
HEI.....	HIV Exposed Infants
HIV .....	Human Immunodeficiency Virus
HTC .....	HIV Testing and Counselling
HSS .....	Health System Strengthening
HRH.....	Human Resources for Health
PLHIV.....	People Living with HIV
HCW.....	Health Care Worker
ICF .....	Intensified Case Finding
MTC.....	Medical Training College
MDT.....	Multi Disiplinary Team
DRTB .....	Drug Resistant TB
RMNCH/FP .....	Maternal Neo Natal Child Health And Family Planning
MEDS.....	Mission for Essential Drugs & Supplies
MHU.....	Member Health Unit
MoH.....	Ministry of Health
NHIF. ....	National Hospital Insurance Fund
OJT.....	On Job Training
PSSG .....	Psycho Social Support Groups
PEP.....	Post Exposure Prophylaxis
PEPFAR .....	US President's Emergency Plan for AIDS Relief
PLWHAs.....	People Living With HIV/AIDS
eMCT .....	Elimination of Mother to Child Transmission of HIV
PHMT.....	Provincial Health Management Team
PCEA.....	Presbyterian Church of East Africa

aPNS .....	Assisted Partner Notification Service
PEP .....	Post- Exposure Prophylaxis
QIT .....	Quality Improvement Team
RH .....	Reproductive Health
RCC .....	Regional Coordinating Committee
SI .....	Strategic Information
SOPs. ....	Standard Operating Procedures
WIT .....	Work Improvement Teams
FBAHF .....	Faith Based and Affiliated Health Facilities
USG .....	United States Government
NHCTS .....	National Health Care Technical Services
IQ care .....	International Quality Care Patient Management and Monitoring System

## CHAK Member Health Units (MHUs) performance in key health service delivery areas in 2018

During the reporting period, CHAK MHUs individually offered health services in key intervention service delivery areas including HIV&AIDS, malaria, maternal neonatal child health and family planning.

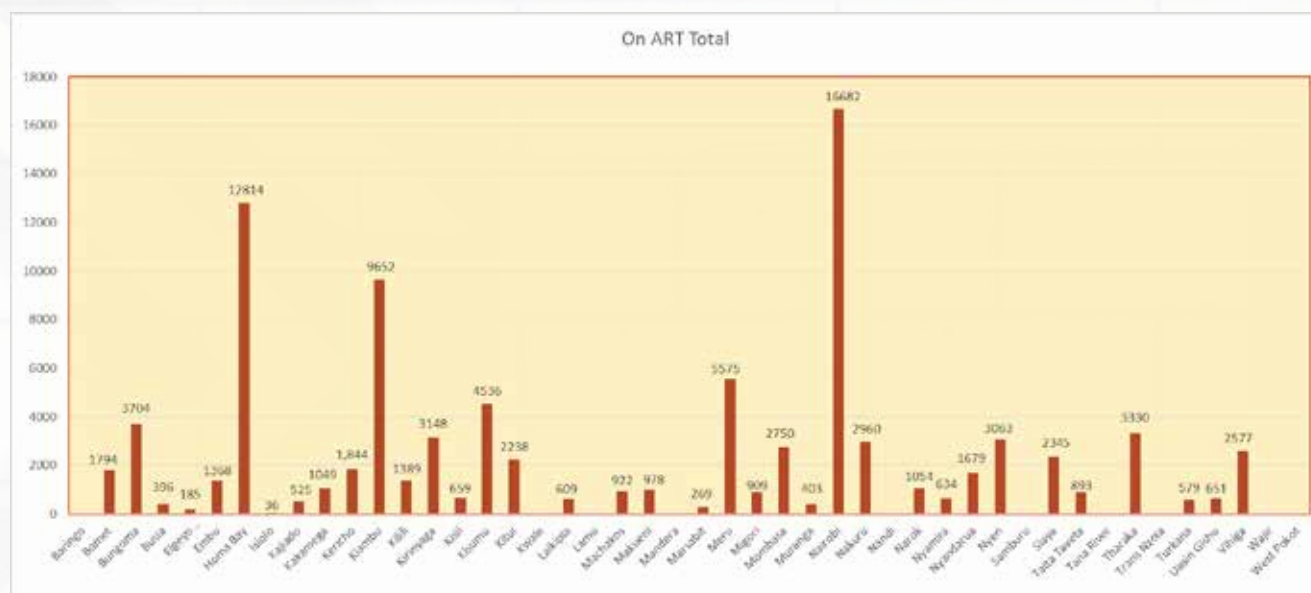
## HIV&AIDS

In 2018, CHAK MHUs tested a total of 198,067 clients for HIV out of who 2,603 were found to be infected with HIV (prevalence rate of 1.31 per cent). In total, the MHUs supported a total of 55, 825 clients on ART.

(Note: The data reported in the HIV&AIDS projects section under the CHAP Uzima and AFYA Jijini projects are project specific. Included in these project sections are data from health facilities that are owned by the Government and other FBOs in addition to CHAK MHUs in the specific areas covered by the projects.)

The table below shows the burden of HIV in CHAK MHUs by county. Nairobi, Homa Bay, Kiambu, Tharaka Nithi and Bungoma are some of the counties in which CHAK plays a leading role in HIV&AIDS care and treatment.

### No. of HIV clients in MHUs by county



## Tuberculosis

In 2018, all CHAK member health facilities were TB treatment sites. All CHAK hospitals and health centers were diagnostic sites recognized by the National TB, Leprosy and Lung Disease (NTLD) programme and county health management teams. During the year, the MHUs diagnosed and put on treatment a total of 1,990 new TB cases. The burden of TB for CHAK MHUs by county is indicated in the graph on the following page.

## Non Communicable Diseases (NCDs)

In 2018, CHAK MHUs diagnosed and linked 29,151 hypertension clients in Kenya and reported the cases to the MOH through DHIS2. In the same year, the MHUs also diagnosed and put on treatment 7,423 diabetes clients.

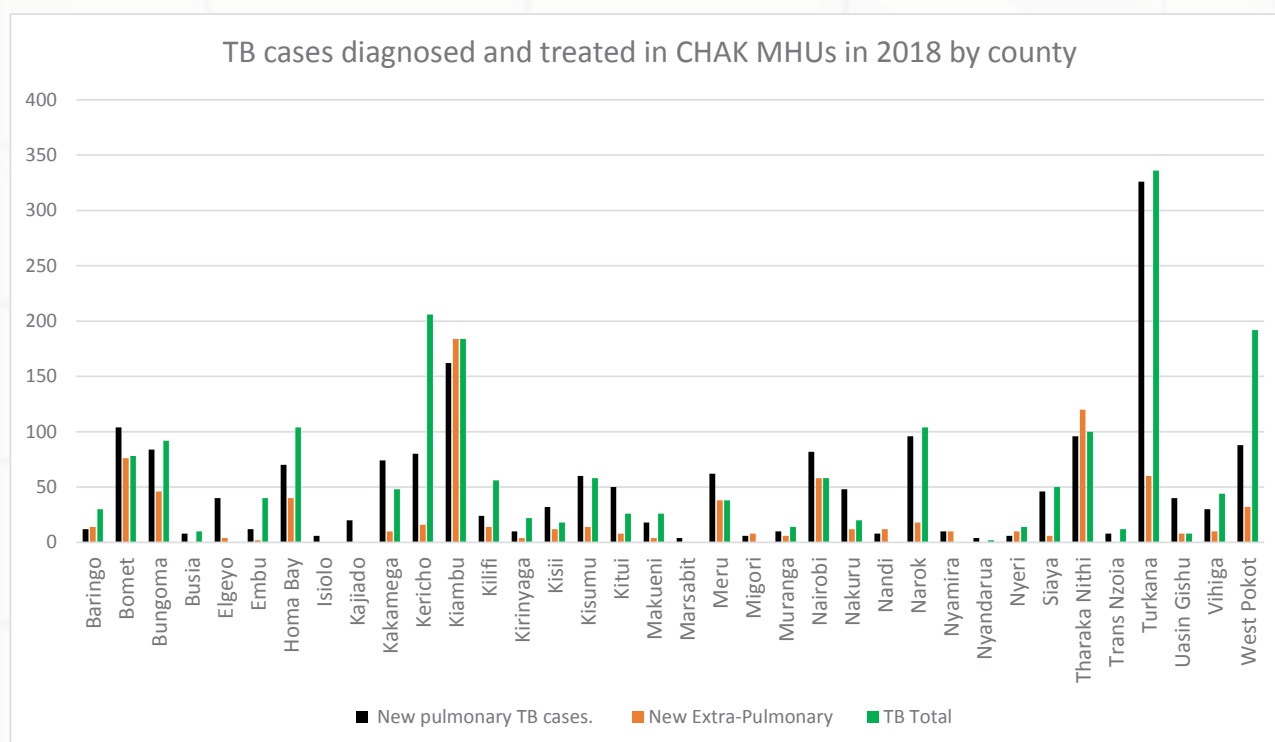
## Family Planning services

All CHAK member units are family planning service providers, offering the full range of family planning methods to their clients in accordance with individual reproductive health needs. In 2018, CHAK MHUs offered injectable contraceptives to a total of 25,531 clients, while 3,200, 6,120 and 15,826 were offered IUCDs, Implants and condoms respectively.

## ANC and skilled birth attendance

In 2018, a total of 12,576 pregnant mothers completed four ANC visits in CHAK health facilities out of the 18,025 that were enrolled during the year, a completion rate of 87.4 per cent. The CHAK facilities recorded a total of 14,904 deliveries of which 11,457 were normal SVDs. A total of 1,438 pregnant women were diagnosed with malaria in pregnancy and were treated appropriately.





### Immunization of children

The MHUs recorded a total of 15,825 fully immunized children at one year in 2018 in their post-natal clinics.

### Malaria prevention and treatment

CHAK MHUs continued to provide malaria prevention and treatment services in the malaria endemic Nyanza, Western and Coast regions. During the year, a total of 95,366 malaria cases were diagnosed through RDTs and microscopy and were treated. There were 59,259 suspected but unconfirmed cases of malaria in CHAK MHUs during the year.

CHAK Secretariat continued to support the MHUs through supportive supervision, mentorship, CMEs and offsite training to ensure improved quality of care at facility and community level.



# Chairman's Report

## Introduction

2018 marked the second year of implementation of the Strategic Plan 2017 - 2022.

Membership continued to grow with the total membership reaching 588 all affiliated to 50 church denominations. This membership includes 26 Hospitals, 58 Health Centres, 393 Dispensaries, 16 Medical Training Colleges and Universities offering medical programmes, 28 CBHC programmes and 67 Church organizations.

During the year, CHAK successfully implemented several projects through partnerships. The CHAP Uzima project coverage expanded in geographical scope to 79 health facilities distributed across 19 counties in Kenya. In addition, the project supports four OVC local implementing partners in the four counties of Nairobi, Machakos, Kajiado and Narok. The scope was also expanded to include GBV.

During the year, the project tested 398,044 clients, provided ART to 48,046 clients and provided PMCT to 26,248 clients and provided support to 5,434 OVCs. County government engagement has been scaled up with a strategy that involves meeting County Health Management Teams.

The Healthy Heart Africa Hypertension project funded by AstraZeneca performed well during the year and expanded its coverage to include close collaboration with the County Governments of Kisii, Kericho, Nyeri and Meru. The project surpassed the annual targets and was recognized for this good performance.

Church health facilities continued to demonstrate their unique identity, resilience and commitment to compassionate quality health care by withstanding various challenges to sustain health services with limited resources.

CHAK continued to provide a dependable platform for networking, capacity building, advocacy and partnership. CHAK coordinated FBOs' partnership dialogue with MOH and the Council of Governors (COG) towards strengthening partnership and collaboration. A draft partnership framework was developed through CHAK leadership of the Kenya Faith Based Health Services Consortium (KFBHSC). The document has received input from MOH and the COG and was awaiting feedback from the County Governments for finalization.

## Governance of CHAK

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

The AGM held on April 26, 2018, conducted transparent and democratic elections for the position of vice-chair and chairmen for Western/North Rift region and Eastern/North Eastern region.

Dr Mary Muchendu was re-elected vice-chair for a third term. Mrs Mary Gitari was re-elected chair of Eastern/North Eastern region for a third term and Dr Oliver Mamati was elected chair of the Western/North Rift region for a second term.

At the AGM in 2019, elections will be held for the positions of chairman, treasurer, vice-treasurer and chairs for Central/Nairobi/South East/Coast and Nyanza/South regions.

We are grateful for the opportunity to serve you and are available to continue serving should you decide to give us another opportunity. We wish to acknowledge and appreciate Mr Samuel Maati who will retire after the AGM having served the maximum allowable three terms.

The EXCO members who served in 2018 are as follows:

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

EXCO held four meetings during the year and had the opportunity to meet with all CHAK staff during their Christmas and end of year luncheon. Through these meetings, they engaged in the formulation of policies, review of projects and approval of budgets.

EXCO also had opportunity to receive and review programmatic and financial reports. The Association's annual audit report and project specific audit reports were also reviewed and approved.

During the year, EXCO discussed the challenges of sustainability of CHAK programmes and developed a proposal to register a Special Purpose Vehicle for engaging in business ventures for income generation. This has received the approval and blessing of the Trustees and will proceed in 2019.

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

in the Finance Committee were:

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

## CHAK Trustees

CHAK assets are held in trust by a team of Trustees made up of senior church leaders of integrity and national stature. The Trustees who served during the year are:

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

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

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

CHAK Trustees were available and active during the year, supporting high level advocacy activities and securing the Association's assets. They held their annual meeting in which they received reports on annual programmatic performance, asset status, donor partnerships, CHAK guest house business performance and updates on statutory compliance and legal matters.

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

## CHAK Guest House and Conference Centre

CHAK Guest House was well maintained throughout the year and provided good quality hospitality services that were competitive among similar hospitality facilities in Nairobi.

The Guest House provides convenient conferencing and meeting facilities to CHAK projects and

programmes and assists CHAK in financing the administrative costs of security, water, electricity and grounds maintenance.

In 2018, the Guest House business operations recorded recovery and growth by 32 per cent. The net gross revenue increased from Ksh32.5 million in 2017 to Ksh42.9 million at the close of 2018. The net performance was a surplus of Ksh5.2 million from a loss of Ksh 1.9m the previous year.

The new business strategy has adopted several measures which have led to the turnaround.

The Guest House Management Committee (GHMC) assisted EXCO in steering the conference centre operations. The members of the GHMC who served in 2018 include:

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

## Regional Coordinating Committees (RCCs)

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

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

Each region is coordinated by a Regional Coordinating Committee which meets at least three times a year. The Chairpersons of the RCCs are members of EXCO.

The RCCs held their scheduled meetings in 2018. CHAK Secretariat provided administrative support to the RCC meetings and was represented in all of them.

The RCCs have provided rich forums for networking of MHUs at regional level and an avenue for dissemination of information from the Secretariat. They provide feedback from the members on priority advocacy issues that require collective action or CHAK Secretariat support.

Training activities and facility visits provided feedback on health systems capacity building needs.



The RCCs were actively involved in engagements between CHAK members and County Health Departments.

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

## CHAK engagement in Universal Health Coverage

The Government of Kenya is committed to implementing Universal Health Coverage (UHC) as one of the Big Four Agenda. The target is to ensure that all individuals and communities in Kenya have access to quality essential health services that they need without suffering financial hardship.

To guide the implementation of Universal Health Coverage, the UHC Roadmap has been developed through the stewardship of the UHC coordination department of the MOH.

CHAK has been engaged in development of the UHC Roadmap through technical working groups and the UHC Inter-agency Steering Committee.

It is our expectation that that UHC will create impetus for service providers to improve and promote utilization of health services. CHAK has been advocating for FBO health facilities to be an integral part of UHC in order to contribute to the country's aspirations while improving service delivery and ensuring sustainability.

The exclusion of the FBOs in first phase of UHC (pilot being implemented in Kisumu, Isiolo, Nyeri and Machakos counties) has been a set-back, since we are not anticipating that it will deliver any lessons on FBO health facilities engagement. We however appreciate that the free services approach in the pilot would have caused severe disruptions to the faith based health system.

It is in consideration of the rapidly changing dynamics in the global and Kenya health sector context that CHAK Annual Health Conference 2019 has chosen to focus on the theme of Universal Health Coverage to share the emerging context and discuss the role and contribution of faith-based health services.

We shall have an opportunity for dissemination of the UHC Roadmap by the MOH which will enable us to gain better understanding on the direction the country is taking with UHC so as to determine the strategic positioning of Faith Based Health Facilities.

Following successful advocacy meetings with CS-MOH, COG Secretariat and CEO and COG governors' meeting, CHAK's request to jointly develop a

partnership MoU was accepted. CHAK was guided by the 2009 MoU that was signed between CHAK-KCCB-SUPKEM and MOH to develop a draft MoU between Government of Kenya – MOH, COG and county governments on one hand and Faith Based Health Services represented by CHAK, KCCB and SUPKEM.

The draft was embraced by the other FBO partners and the Kenya Faith Based Health Services Consortium (KFBHSC) formally presented it to the MOH and COG.

The draft was reviewed and feedback provided and discussed by the Joint Technical Working Group with membership from MOH, COG and FBOs. The improved draft from this process has been sent to the County Governments for their review and input following which it will be finalized for approval and signing by COG, CS-MOH, County Governments and CHAK, KCCB and SUPKEM.

## Health Systems Strengthening

### SolarChill project

CHAK received 36 solar refrigeration units for vaccines cold storage from the SolarChill Consortium. Each unit cost Ksh750,000.

The units were distributed to 36 lower level health facilities affiliated to CHAK and SUPKEM and some public health facilities. The health facilities were spread across 13 counties including Narok, Kajiado, West Pokot, Turkana, Samburu, Isiolo, Tharaka Nithi, Tana River and Kilifi.

Installation and commissioning was done by CHAK National Health Care Technical Services workshop technicians.

Distribution of the solar refrigeration units was launched on August 9, 2018, at AIC Olasiti Dispensary in Narok County. The chief guest was H.E. Hon. Samuel Kuntai Ole Tunai who was represented by CEC Health Hon. Vivian Sereti.

The event was well attended by elected leaders with over 15 MCAs from Narok County Assembly, two CECs and several directors.

The community was mobilised and responded well, receiving free medical services including hypertension and diabetes screening provided by CHAK. The County Health Team provided immunization services.

CHAK chairman and vice chair led the organisation's delegation to the event which was a great opportunity to engage with the communities who are the direct beneficiaries of the improved services.



*(Left) Julius Nkandika, CHAK NHCTS team leader explains the workings of the SolarChill Solar Refrigeration Unit to dignitaries during the distribution launch at AIC Olasiti Dispensary.*



*(Right) Rebekka Oelze explains the temperature monitoring system on the SolarChill Refrigeration Unit installed at AIC Olasiti Dispensary.*

The SolarChill Refrigeration System at Olasiti Dispensary was commissioned and other units to be distributed to health facilities in Narok County flagged off.

The event was jointly hosted by CHAK, AIC Church/Health Ministries and Narok County Government. CHAK was well recognized and appreciated for its good work in supporting Olasiti Dispensary and other health facilities in the county with this equipment.

### **Medical Equipment Enhancement Project (CHAK HSS-MEEP)**

CHAK has received approval for a medical equipment enhancement project funded by the Government of the Federal Republic of Germany through BfDw.

CHAK is grateful to BfDw for this opportunity that will assist improve equipment in some MHUs.

The medical equipment is in three categories:

- i. Hospital diagnostics and specialized equipment
- ii. Health centres and dispensaries general medical equipment and diagnostic kits
- iii. NHCTS programme diagnostic and quality assurance maintenance equipment and tools

WEM from Germany is supporting international procurement and shipment. CHAK will process the customs clearance, delivery, installation and commissioning. The benefiting MHUs will be required to meet the cost of installation, training and commissioning.

The total project budget is Euro500,000. The project is expected to support at least 120 MHUs with good quality medical equipment which will be installed and maintained by the CHAK NHCTS Programme.

### **Partnership with NHIF**

The NHIF is key towards delivering universal health coverage for all Kenyans. CHAK has nurtured partnership with NHIF through regular consultation and feedback.

All CHAK hospitals and health centres are accredited to NHIF for the provision of a range of medical benefit packages. CHAK is an active member of the NHIF-FBO/Private Sector Forum. CHAK is represented in these meetings by a team that includes the Secretariat and MHUs.

The meetings were fruitful in engaging on new benefits packages such as the EduAfya for covering secondary school students, review of claims processing procedures and provision of feedback.

CHAK hosted a meeting of MHUs with NHIF which discussed proposed new contracts and the proposed new fixed rates for a variety of general and specialized surgical procedures. A technical team comprising managers, accountants and surgeons was created to develop a counter proposal and pursue negotiations with NHIF.

We wish to appreciate James Maina, RCC Chair for Central/Nairobi/Coast, and Christine Kimotho, Vice Treasurer, for leading our advocacy efforts and regular engagement with NHIF especially with regard to accreditation and claims processing.

CHAK MHUs experienced long delays in claims processing and payment towards the end of the year.



*CS-MOH, Sicily Kariuki, meeting with Religious Leaders from CHAK led by Chairman and GS at her Office in Afya House*

This prompted CHAK and KCCB to collaborate in developing a paper and strategy for Senior Church Leaders to engage the Presidency.

The same paper included a request for FBOs to be include in UHC initiatives. We appreciate improvements made in the claims payments but also observe the need for enhanced and consistent advocacy.

### **CHAK religious leaders' meeting with Sicily Kariuki, CS-MOH**

Religious leaders from CHAK held a meeting with CS-MOH Sicily Kariuki on October 19, 2018, at the invitation of the CS.

This was a follow up meeting to review progress since the last forum held in March. The religious leaders presented the progress in partnership strengthening towards concluding the MoU between MOH, COG, County Governments and Faith Based Health Services (CHAK, KCCB, SUPKEM).

The CS updated the religious leaders on the Government's progress towards piloting UHC in preparation for the national roll out.

The Chairman of CHAK presented three requests to the CS:

1. Her support in fast tracking the finalization of the MoU
2. To ensure FBO health facilities are included in all the UHC programmes by the Government
3. Invitation to the CS to grace CHAK National Health Conference 2019 which will focus on Universal Health Coverage.

The CS accepted all the requests and committed to ensure that the MoU is finalized and signed before

close of the year.

The CS challenged FBOs to have a structure for engaging MOH through which appointment of FBO representatives to the various policy and governance structures of the health sector could be coordinated.

### **Visit by OGAC/PEPFAR team from Washington DC**

CHAK hosted a high-level team from USG-Office of the Global AIDS Coordinator/PEPFAR from Washington DC from December 3-7, 2018. CHAK also facilitated the team's meetings with religious leaders and FBOs, working in close collaboration with the USG PEPFAR Kenya Office.

CHAK also facilitated two meetings between FBOs and the USG-PEPFAR Team. A meeting of the team and religious leaders took place on December 6, 2018, at CHAK Guest House. Over 100 participants consisting of church leaders and representatives of faith based organizations met the team at the AACC Desmond Tutu Conference Centre.

The meetings discussed potential of the Church, religious leaders and FBOs in scaling up HIV responses towards attainment of 90-90-90 targets.

United States President Trump's administration has announced funding of USD100m for scaling up FBOs engagement in HIV responses globally and Kenya has been allocated USD16m.

PEPFAR Kenya appreciated CHAK for its role in making the meetings successful. We shall continue to engage with PEPFAR Kenya on the mechanisms for accessing the new funding opportunities for the CHAK member network and other FBOs in Kenya.



## Mission For Essential Drugs And Supplies (MEDS)

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

MEDS has grown to become a leading supply chain organization in the region with a reputation for quality, efficient and affordable services. It serves Faith Based Health Facilities, charitable NGOs, county health facilities and charitable organizations in neighbouring countries. CHAK Chairman is also serving as the Chairman of MEDS.

MEDS Strategic Plan 2018 – 2022 is guiding strategic expansion and growth of products, business penetration and the delivery model. It has three strategic priorities: Performance improvement and growth, diversification and partnerships.

The plan has redefined three core functions for MEDS that include:

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

MEDS is driven by quality and has acquired several national and international quality accreditations (ISO 9001:2015, USAID/OFDA, ECHO, WHO prequalification for the quality control lab). The accreditations are for the supply chain system and medicines quality analysis laboratory.

To further enhance efficiency of its operations, MEDS completed installation of an electronic bar code system that has automated inventory management and control of all stock items in its warehouse. This has substantially enhanced efficiency in customer orders processing and stock inventory management.

MEDS business volume/turnover increased to Ksh4.27 billion from Ksh3.04 billion the previous year. Net assets increased to Ksh1.67 billion up from 1.59 billion the previous year, an increase of 5.3 per cent while the Revolving Drug Fund has grown to Ksh451.3m.

There was commendable growth in volumes pulled by the faith-based health sector although there is growing concern that CHAK MHUs are not growing the volumes they pull as would be expected.

MEDS Board of Directors has allocated Ksh19.5 million from the 2018 surplus to provide Health Systems Strengthening support to Church Health Units which have consistently utilized its services during the year.

CHAK strongly urges all its MHUs to ensure that they utilize MEDS services which guarantee quality and affordable medicines and other pharmaceutical supplies.

## CHAK Pension Scheme

CHAK Pension Scheme was started in July 2014 following registration with RBA. It is a contributory scheme to which both the employer and employee contributes monthly and has attained a membership of 119.

The annual external audit was conducted by Mazars Auditors for the period ended December 31, 2018, and the returns filed as per RBA regulations.

The scheme has attained a total fund value of Ksh144m having recorded an investment income of Ksh11.4m in 2018. The pension trustees that served during the year were Jacob Onyango (Chairman), James Maina, Dr Samuel Mwenda, Mildred Murunga, Grace Koki and Gideon Ochiel. The scheme service providers are:

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

The Trustees held quarterly meetings as required by RBA regulations to monitor regulatory compliance and fund performance. The fund has attained stability and has taken over payment of its operational expenses.

The scheme is currently providing retirement benefit services for CHAK Secretariat staff but eventually will expand to receive membership from interested MHUs, provided they commit to abide by the scheme Trust Deed.

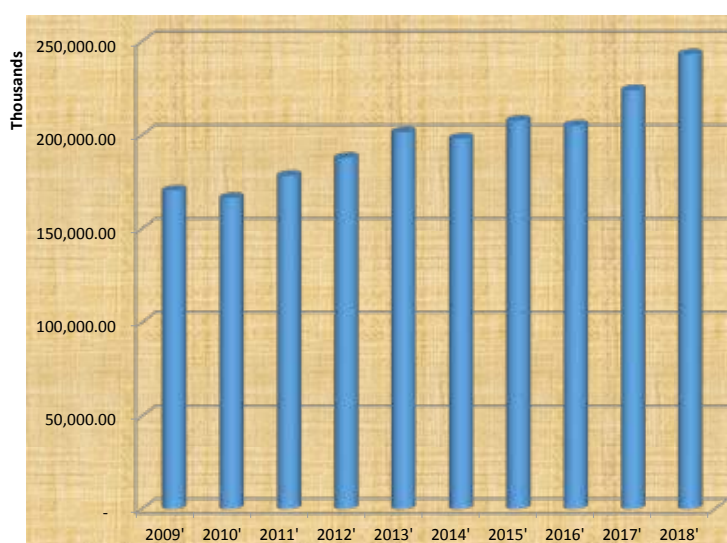
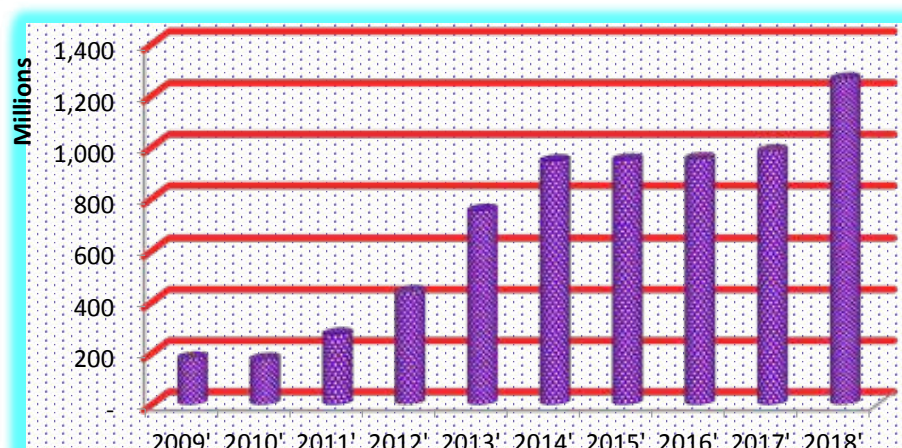
CHAK's vision for this fund is to provide dependable retirement security as part of its staff welfare and retention strategy.

## HCTS Medical Equipment Programme

CHAK Medical Equipment Programme provides critical services in medical equipment installation, repair and maintenance.

The highly experienced technical team has developed a niche in anaesthesia and x-ray equipment maintenance. The unit also specialises in radiation monitoring following accreditation by the Radiation Protection Board. They also maintain and repair



**NET WORTH IN KSHS****CHAK net worth growth 2009-2018****CHAK revenue generation 2009-2018****Donor funds (Ksh)**

general medical equipment and plants.

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

This essential support service is available to CHAK members and other faith-based health facilities as a priority before extension to government facilities and the private sector.

The NHCTS services must be self-sustaining, hence a fee for service which we believe is competitive and good value for money is charged. We wish to appreciate CHAK members who regularly utilize NHCTS services.

We further appeal that all MHUs should utilize the services and make prompt payment as per invoices for work done in order to support and sustain the services as well as grow the programme. We also

appeal to health facilities that have incurred debts after receiving services from the workshop to settle their invoices as soon as possible.

**CHAK assets and financial status in 2018****Net assets growth**

The Association's net asset book value recorded an increase of 8.6 per cent to Ksh243.1 million in 2018 from Ksh223.9 million in 2017. The increase was as a result of purchase of two motor vehicles. After factoring in depreciation, we recorded a surplus of Ksh10.6 million which has significantly contributed to the net asset growth.

**Total revenue**

The Association's gross revenue increased from Ksh984.1 million in 2017 to close at Ksh1.222 billion in 2018, representing a 24.2 per cent increase.

The good performance was as a result of the increased funding by CDC for the CHAK HIV&AIDS Project (CHAP Uzima), which contributed 936.8m (76.6 per cent) of the total funding. Bread for the World contributed 4.5 per cent, guest house three per cent, Healthy Heart Africa and NCDs projects six per cent, USAID funded projects four per cent and other projects four per cent.

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

## Development Partners

### Bread for the World-Church Development Services (BfdW)

CHAK grateful to Bread for the World-Church Development Services (BfdW) for long-term partnership and generous support.

Indeed, BfdW has been a dependable development partner that has committed to support CHAK's core budget through a three-year programme in implementing the CHAK Strategic Plan 2017-2019.

The support provides CHAK with the necessary organizational structure, capacity and systems to engage in strategic plan implementation, advocacy and capacity building.

Towards the end of 2018, BfdW awarded CHAK another project, Health Systems Strengthening – Medical Equipment Enhancement Project that is providing funding for medical equipment to MHUs.

### USG PEPFAR

#### ● CDC

CHAK is most grateful to PEPFAR and CDC for the funding of the CHAP Uzima project in which CHAK is the prime partner.

The five-year CHAP Uzima project started on April 1, 2017, with a first year budget of USD7.7m. The project scope has been expanded to include HIV prevention, treatment, GBV and OVC support in 79 faith-based health facilities and four local implementing partners in 19 counties.

In 2018 the project tested 398,044 clients and 4,564 new HIV positive clients were identified and linked to treatment. Services in PMTCT were provided to 26,248 mothers and the 1,185 found positive were linked to treatment. At the close of the year a total of 48,046 clients were current on ART and of these 2,915 were children below the age of 15 years. The project also supported 5,434 OVCs.

#### ● USAID - Afya Jijini project

This project is implemented by the IMA WorldHealth-led consortium in which CHAK is a member. In 2018 the project was in its third year of implementation. The CHAK team in the project supports HIV prevention, care and treatment services, maternal and child health services

### Novo Nordisk and DANIDA - Base of the Pyramid Diabetes Management Project

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

### AstraZeneca - Healthy Heart Africa Hypertension project

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

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

CHAK has a unique implementation model that involves Health facility–Church–Community linkages.

CHAK's NCD work has expanded substantially due to this partnership which included working with four counties.

### Gates Foundation through CCIH - Family Planning Advocacy project funded

CHAK is a member of Christian Connections for International Health (CCIH) of USA and has been partnering with CCIH in advocacy for increased support for maternal and child health programmes.

CHAK is an implementing partner for a family planning advocacy project which is funded by the Bill & Melinda Gates Foundation through CCIH.

### Nutrition International - Micronutrient Initiative project

This two-year nutrition project was funded by Nutritional International (NI) from Canada. The project involves capacity building on good nutrition, antenatal and postnatal care.

The project has trained and engaged health workers, religious leaders and CHVs on good maternal care and nutrition.

## World Diabetes Foundation - AFORD Kenya Project

This is a two-year project that targets community education, mobilization and screening for diabetes prevention and control which is funded by the World Diabetes Foundation.

The project was implemented through MHUs in Nyamira, Kisii and Kericho Counties

## Norvatis - Norvatis Access project

This is a two-year project funded by Norvatis which involves capacity building of health workers and community health workers and ensuring access to high quality medicines for diabetes, hypertension, asthma and breast cancer patients at a highly subsidized price. The medicines are provided through MEDS.

## Global Environment Facility (GEF) - Solarchill refrigeration project

The Solarchill project is supported by the Global Environment Facility (GEF) to promote affordable, autonomous and battery free solar cooling equipment for both medical and commercial applications.

The project is coordinated by the SolarChill Consortium which includes SKAT Foundation, UNEP, UNICEF, GIZ, GmbH, Greenpeace International, DTI (Danish Technological Institute), HEAT GmbH and PATH.

CHAK collaborated with the SolarChill Consortium in the project's implementation and supported distribution, installation and maintenance of the solar refrigeration units in selected faith based and public health facilities in Kenya.

## Conclusion

We thank all our partners for holding hands with us in 2018 as we embarked on our journey of implementing the Strategic Plan 2018-2022. We wish to appeal for their continued partnership and support as we continue implementing this strategic plan.


We thank God Almighty for His faithfulness in providing for the healing ministry at CHAK. The people God has provided to work with us are our greatest strength. We thank all health workers in Faith Based Health Facilities for their compassion, dedication and resilience even during times of crisis. Serving in Church health facilities is a noble calling to a compassionate ministry.

CHAK is grateful for the generous funding received from various development partners which has enabled us to expand our programmes and services.

I wish to thank the trustees, EXCO, management, staff, partners and members for their prayers, commitment, hard work and dedication to the mission of CHAK. Our achievements in 2018 have been due to our collective effort. Let us keep up the good work in Christ's healing ministry.

*1 Corinthians 15:58 "Therefore my dear brothers, stand firm. Let nothing move you. Always give yourselves fully to the work of the Lord, because you know that your labor in the Lord is not in vain."*  
*Ruth2:12 "May the Lord repay you for what you have done. May you be richly rewarded by the Lord..."*

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



# General Secretary's Report



## Strengthening faith based partnership framework in Kenya

The key players in Kenya's health system include Government (MOH and county), Faith Based Health Services, private sector and NGOs.

Faith Based Health Services are a diverse network of community based health programmes, health facilities from level 2 to 6, Medical Training Colleges and supply chain organization, MEDS. These are affiliated to different faiths and Christian denominations or ecumenical partnerships.

Faith Based Health Services (FBHS) are aligned to the Kenya Health Policy Framework and the National Health Sector Strategic Plan, follow MOH policy guidelines and regularly submit their service data to the MOH through DHIS2.

Faith Based Health Services in Kenya are coordinated through three major networks - Christian Health Association of Kenya (CHAK), Kenya Conference of Catholic Bishops – Catholic Health Commission of Kenya (KCCB) and Supreme Council of Kenya Muslims (SUPKEM). MEDS is a leading faith-based supply chain organization in Africa which serves the wider health sector in Kenya and the region.

The FBHS are thus major players in the health sector in Kenya contributing to service delivery, health systems strengthening, community systems strengthening, medical education and research and health commodities supply chain.

Their long history of compassionate service, wide reach, resilience and foundation in faith have enabled them to keep growing through partnerships and business systems re-engineering.

The Faith Based Health Services have launched the Kenya Faith Based Health Services Consortium (KFBHSC) whose membership includes CHAK, KCCB, MEDS and SUPKEM. The Secretariat is hosted by MEDS and the current chair is the CHAK General Secretary. The vice chair is the KCCB-Health Commission Executive Secretary while the leadership team is drawn from the four member organizations.

The KFBHSC provides a platform for joint planning, strategy development and advocacy in the health sector in Kenya. Through building a database, documenting best practices and coordinating the voice of FBOs in the health sector, the contribution and positioning of FBOs will be enhanced.

In 2018, the KFBHSC was involved in the development of a draft Partnership Framework /MoU between MOH, COG and County Governments and the Faith Based Health Services. Several meetings were held to discuss the draft and build consensus.

The KFBHSC was also involved in coordinating faith based constituency engagement with the Global Fund, UHC governance structures and PEPFAR. We envision the KFBHSC being a strategic vehicle for advocacy, partnership building and resource mobilization.

## Draft MoU between MOH-COG-County Governments and FBOs

Following successful advocacy meetings with CS-MOH, COG Secretariat and CEO and county governors, FBOs' request to jointly develop a partnership MoU was accepted. CHAK was guided by the 2009 MoU signed between CHAK-KCCB-SUPKEM and MOH to develop a draft MoU between Government of Kenya – MOH, COG and county governments on one hand and Faith Based Health Services represented by CHAK, KCCB and SUPKEM on the other hand.

The draft was embraced by the other FBO partners in the Kenya Faith Based Health Services Consortium (KFBHSC) following which it was formally presented to the MOH and COG with a request for the constitution of a Joint Technical Working Group to steer consensus building and finalization of the MOU. The progress achieved is as follows:

- The draft MoU was acknowledged and reviewed by MOH and COG who gave their input.
- The DMS constituted a senior technical team which held a meeting with KFBHSC for presentation of the draft MoU.
- The FBHS were invited to the Health CECs meeting where they presented an overview of the draft MOU and provided copies for further review.
- A meeting was held with the COG Secretariat where the draft MOU was presented and fruitful discussions held.
- CHAK religious leaders meeting with the CS-Health in October 2018 discussed the progress of the MOU development process and obtained commitment for support.
- A Joint meeting was convened by DMS-MOH with the participation of MOH, COG and KFBHSC. This meeting discussed all the comments and input received from the various stakeholders which were then integrated into the draft. Consensus was achieved for the first draft of the MOU.
- The next steps were identified which included circulation to all County Governments for their review, legal review by the Attorney General's office and the final approval by MOH and COG for signing and launch.

CHAK will be keenly following progress to ensure finalization, launch and dissemination for implementation.

## ACHAP conference and benchmarking visits

The ACHAP 9th Biennial Conference was successfully held on February 25–28, 2019 in Yaounde, Cameroon with the theme; “Re-igniting primary health care; the role of ACHAP”. CHAK was well represented and made presentations in the various panels in the programme. Among the CHAK staff who made presentations in the conference were Dr Mwenda (PEPFAR & ACHAP Board), Dr Kamau (WASH) and Dr Gaitho (CHAP Uzima).

The GS participated in a key panel session with USAID, CDC and CRS on PEPFAR funding transition to local primes and the preparedness of FBOs, in which he shared CHAK experience in the transition from AIDSRelief to CHAP and CHAK’s growth in managing USG grants. Other countries which shared their experiences were Uganda (UPMB) and Zimbabwe (ZACH).

The conference received very good information from CDC and USAID on the new PEPFAR direction and opportunities available through the new PEPFAR



*CHAN President, Executive Director and Communications and Advocacy Director with CHAK GS, Management Team and ACHAP Coordinator at CHAK Secretariat.*

## KFBHSC team visit to Uganda

ACHAP offered CHAK an opportunity to support three leaders from FBOs in Kenya for a peer learning and experiences exchange with Uganda. CHAK mobilized the leadership team of the Kenya Faith Based Health Services Consortium (KFBHSC) that included Dr Samuel Mwenda (CHAK), Titus Munene (KCCB) and Dr Jonathan Kiliko (MEDS).



*The panelists on PEPFAR transition to local primes at the ACHAP Conference who included Dr Monique Chireau Wubbenhorst-USAID, Dr Tedd Ellerbrock - CDC, Dr Carl Stecker - CRS, Dr Samuel Mwenda - CHAK, Dr Tonny Tumwesigye - UPMB and Vuleywa Chitimire - ZACH*

The visit to Uganda was facilitated by UPMB and included experience sharing with UPMB, UCMB and JMS. The Kenya team visited JMS warehouses in Kampala and Mbarara and had very impactful visits to UPMB and UCMB member hospitals in western Uganda (Kisiizi Hospital of the Church of Uganda and Karoli Lwanga Nyakibale Hospital of UCMB).

## Faith Based and Communities Initiatives Funding.

The delegates made a commitment to pursue partnership opportunities to scale up PHC approaches in FBO health programmes and networks towards the attainment of UHC and SDGs.

## CHAN visit to Kenya

Through the support and networking promoted by ACHAP, CHAK hosted a delegation of three senior leaders from Christian Health Association of Nigeria (CHAN) on March 25-30, 2019 for a peer learning and benchmarking visit. The team included the President of the CHAN Board, CHAN Executive Director and Director of Communications.

Discussions were held, ideas, lessons and documents exchanged and CHAK facilitated field visits to MEDS and PCEA Kikuyu Hospital.

Lessons were shared on relationships between the Secretariats and members, government partnership, community based health financing initiatives and country experiences with PHC. The Kenya team obtained lessons on sustainability initiatives by UPMB and JMS and were inspired by Kisiizi Hospital staff retention strategies, alternative income generating initiatives to subsidize cost of services to poor patients, mental health programme, HMIS system (Stre@mline) and health insurance scheme.





## Global Health Conference on Primary Health Care

The General Secretary participated in the Global Health Conference on Primary Health Care towards Universal Health Coverage and SDGs. He was representing ACHAP with support from the Global Health Council of USA.

This monumental Global Health Conference was convened by WHO and UNICEF and hosted by the Ministry of Health and the Government of Kazakhstan in their new and modern capital city of Astana.

The Alma Atta PHC Declaration of 1978 was made in Almaty, Kazakhstan which was at the time part of Russia. Kazakhstan attained independence 27 years ago and had great joy in hosting the global meeting which not only affirmed the spirit of the Alma Atta Declaration and celebrated 40 years of great achievement but also renewed commitment to PHC through adoption of the “Astana Declaration on Primary Health Care; from Alma Atta towards Universal Health Coverage and Sustainable Development Goals”.

The event had 1700 participants from 130 countries including 60 Health ministers (Kenya delegation was led by CS Sicily Kariuki).

CHAK GS made presentations



*(Left) The KFBHSC Team with Dr Ian Spillman, Medical Superintendent of Kisiizi Hospital (Church of Uganda).*

*(Right) The KFBHSC Team with Dr Tonny Tumwesigye (UPMB) and Dr Ronald Kasyaba (UCMB) after meeting at UPMB Secretariat.*

at two side events, one on NCDs where he shared CHAK's experiences in promoting patient centred care for people living with NCDs and the other an FBOs meeting hosted by WCC in which FBOs strategic engagement in the renewed PHC movement was discussed.

Kenya has gone ahead to update the Universal Health Coverage Roadmap to include the new approaches recommended by the Astana Primary Health Care Declaration.

## World Diabetes Day commemoration

CHAK successfully marked the World Diabetes Day by holding a walk from PCEA Kikuyu Hospital to PCEA Nakuru West Health Centre and Medical Training College between November 10 and 13, 2018.

The walk took place in three sections: Kikuyu to Kimende, Kikopey to Nakuru and Nakuru County.



*CHAK staff during the diabetes walk 2018.*

It created a good opportunity for raising awareness on NCDs and providing screening services for hypertension and diabetes in Kikuyu, Kimende, Kikopey and Nakuru, among other towns.

The walk culminated in the World Diabetes Day commemoration event in Nakuru on November 14, 2018, hosted by CHAK in collaboration with PCEA Church, PCEA Nakuru West Health Centre and Medical Training College and the County Government of Nakuru. The Nakuru CEC Health was the chief guest. Various partners supported the walk.

The World Diabetes Day 2018 was commemorated by holding a walk from Nakuru Railway Grounds to PCEA Nakuru West where screening, entertainment and speeches to commemorate the day took place. We wish to appreciate and commend CHAK staff champions who walked for many miles for the sake of promoting awareness on NCDs. The partners, Nakuru County Government, media, security and communities are appreciated for their support of this important event.

## New vehicles to enhance transport logistics

CHAK acquired five new vehicles in the course of the year to support transport logistics. This was to address the challenge posed by the old fleet of vehicles which had become very unreliable and were incurring huge maintenance costs.

We are grateful to our projects and donor partners that have supported CHAK in acquiring these vehicles. The vehicles acquired include three Ford Everest 4WD Vehicles for the CHAP Uzima Project funded by CDC with registration numbers KCR 045T, KCR 046T and KCR 049T, Toyota Fortuner KCP 717W for NCDs programmes and Toyota Prado KCM funded by Bread for the World.

The CHAK Chairman Rev. Dr. Robert Lang'at led



*One of the vehicles commissioned to support CHAK health programmes.*

EXCO members and CHAK secretariat staff in commissioning and dedicating the vehicles. CHAK will ensure good maintenance and use of these vehicles to support key health programmes.

## CHAK member hospitals launch new health facilities – Praise be to God!

### AIC Cure Hospital out patient wing

The AIC Cure Kenya 20th anniversary celebrations and new OPD inauguration and dedication were held on July 27, 2018 at the hospital. The chief guest was Hon. Dr David Ole Sankok, Nominated MP, representing People with Disabilities in Parliament.

The Presiding Bishop of AIC, Rev. Dr. Silas Yego, led the dedication prayers. The new ultra-modern outpatient facilities and administration offices were developed with funding from Cure International and CBM. The Hospital also launched their new ISO 9001:2015 quality certification. AIC Cure is the first to acquire this certification among CHAK Members. AIC Cure's 20-year journey has recorded major



*(Top) Interior view of a section of the out-patient facilities.*

*(Bottom) The new outpatient and administration building for AIC Cure International Hospital which was inaugurated and dedicated in July 2018.*

milestones and impact with mobile clinics in 23 counties across Kenya, creating awareness on disability to millions, 245,000 out-patients, 40,000 corrective surgeries, 800,000 reached with the gospel, 10,000 mobility assistive devices and 12 orthopedic surgeons trained.

A celebratory dinner event was held at Kempiski Hotel and the Chief Guest was Deputy President HE William Ruto. During this event, the DP committed Government support for the services Cure Hospital was providing to disabled children towards universal health coverage. The hospital launched a mobile



based fundraising drive named Step-In Campaign which has an Mpesa Paybill number. The events were also attended by the Founder of Cure International Hospital Dr Scott and his wife Sally and the President and CEO of Cure International, Dr Roger Spoelman.

### ACK Mt Kenya Hospital new Archbishop Gitari building

Dedication of ACK Mt Kenya Hospital's Archbishop Gitari building was held on August 10, 2018. The new building was named in honour of the late former Archbishop of the Anglican Church of Kenya, Most Rev Dr David Gitari. The two-storey building which has been developed through local fundraising will provide improved facilities for in-patient services, administration offices, and space to establish a renal dialysis unit. The total hospital bed capacity increased to 200 beds following completion of the building.

### Tenwek Hospital Bomet Annex



*(Top) The rear view of the New Archbishop Gitari building at ACK Mt Kenya Hospital. The building was commissioned and dedicated by Rt. Rev. Mugambi, Chairman of ADS Mt Kenya and Bishop of the Diocese of Meru on August 10, 2018.*

*(Bottom) Front view of the new Archbishop Gitari Building.*

Tenwek Hospital's Bomet Annex was commissioned August 25, 2018, in a ceremony officiated by Bomet Governor HE. Dr. Joyce Laboso. The facility located in Bomet town has very good diagnostic facilities with seven consultation rooms, procedure room, well equipped laboratory, ultra sound, x-ray and ECG and pharmacy. Various payment modes including insurance, visa card, mpesa, corporates and cash are accepted. The facility is operating on a paperless HMIS system (cranium) which is linked to the main hospital database.

### New NCKK Jumuia Huruma Hospital

NCKK has opened the newly refurbished Jumuia



*(Top) The New Tenwek Hospital Bomet Annex officially commissioned on August 25, 2018, by HE Dr. Joyce Laboso, Governor, Bomet County*

*(Bottom) HE Dr. Joyce Laboso, Governor of Narok signing the visitors' book at the Tenwek Hospital Annex reception area with Chairman of CHAK Rev. Dr. Robert Lang'at, Tenwek CEO Geoffrey Lang'at and Bomet County Health CEC Dr. Mosonik.*

Huruma Hospital. The facility, formerly Huruma Health Centre, is now a 175-bed level 5 hospital. The new hospital is well equipped with modern medical equipment and other support facilities. A grand opening ceremony is planned for 2019.



*A well-equipped operating theatre with operating table, theatre light and C-Arm at the Jumuia Huruma Hospital.*



# Health Services Support

## The CHAK HIV&AIDS Programme

The CHAK HIV and AIDS programme is currently composed of two main donor supported projects, CHAP Uzima supported by CDC and the AFYA Jijini Project supported by USAID.

Jointly, the two projects tested and counselled a total of 679,644 people of whom 12,301 tested positive for HIV, a prevalence rate of 1.8 per cent. In the same period, the two projects supported a total of 84,157 clients on ART, out of who 3,972 were new on ART.

A significant intervention under the programme is PMTCT with the two projects having screened a total of 76,831 pregnant women in 2018, of whom 1,185 were positive for HIV (prevalence rate of 1.8 per cent). Of these, 244 were newly diagnosed while the others were known positives.

The CHAP PMTCT programme followed a total of 3,013 HIV Exposed Infants (HEI) out of who 76

were confirmed to be HIV positive and started on treatment. This translates to an MTCT rate of 2.52 per cent which is well below the national eMTCT average.

Through CHAP-Uzima, CHAK supported a total of 5434 Orphans and Vulnerable Children (2734 m: f 2699), mainly in Narok County.

HIV and AIDS service delivery was also undertaken in all CHAK MHUs either by their own initiative or with partner support. All CHAK MHUs from level 2 to level 6a undertake HIV testing and counselling as part of Ante Natal Care or primarily, to test for HIV.

All the 56 CHAK health centers and 25 hospitals offer HIV&AIDS services. Some bigger health facilities such as Maua Methodist Hospital, Kendu Adventist Hospital and PCEA Chogoria have the largest HIV comprehensive care centers in their counties.

## CHAK HIV AIDS Project - Uzima (CHAP-Uzima)

### Introduction

CHAP Uzima is a five-and-a-half-year project that begun on April 1, 2017, and is expected to run until September 29, 2022. The purpose of the project is to contribute to the national effort to halt and reverse HIV incidence and HIV-related morbidity and mortality by providing technical support to a network of targeted, high volume Faith-Based and Affiliated Health Facilities (FBAHFs). Through focused HIV interventions in general, key, and priority populations, our aim is to ensure expanded provision of sustainable, high quality, integrated HIV prevention, care, and treatment services.

### Project objectives

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

### Project coverage

The project supports HIV care and treatment interventions in 79 health facilities distributed across 19 counties in Kenya. In addition, the project supports four OVC local implementing partners in the four counties of Nairobi, Machakos, Kajiado and Narok. Project coverage is demonstrated in the map below.

### CHAP Uzima project coverage



### Project achievements

#### Pre-Exposure Prophylaxis (PrEP)

In 2018, 698 clients were actively on PrEP out of who 231 were newly initiated with a female to male ration of 54 per cent. Uptake within males was highest among the 40-44 year olds at 38 per cent and least among 20-24 years at 8 per cent.

A total of 110 users discontinued PrEP, primarily due



to risk behavioral profile leading to self-discontinuation. Discontinuation rates were highest among males 25-29 years at 36 per cent and females 15-19 years at 43 per cent.

The project sought to bring down the discontinuation rate of PrEP by use of targeted mentorship and technical support to health care givers. An electronic tool was piloted in 12 facilities in the lower eastern region to improve data capture, data quality and reporting for better management of the PrEP patient pathway to enable prompt intervention.

### **Elimination of Mother to Child Transmission of HIV (eMTCT)**

In the reporting period, 26,248 pregnant women were seen for the first ANC visit within the supported health facilities. Of these, 26,145 (99.6 per cent) had a documented HIV status out of who 941 (3.6 per cent) were known positives while 244 were new HIV positives. This gave a total of 1,185 (4.5 per cent) total positive.

Out of the total new positives, 239 (98 per cent) received timely ART initiation within two weeks of HIV diagnosis as per the Kenya Test and Start treatment guidelines. By the end of the year, with the assistance of intensive treatment preparation and counseling all (100 per cent) the HIV-positive pregnant women had been started on ART.

Viral load uptake among PMTCT clients as at December 2018 was 84 per cent with 97 per cent viral suppression. Viral load uptake among HIV-positive breastfeeding and pregnant women was 84 per cent and 87 per cent respectively whereas suppression was 89 per cent among pregnant women and 99 per cent in breast feeding mothers.

The unsuppressed clients were followed up by mentor mothers and PMTCT point-persons to ensure they achieve re-suppression. Of those followed up from the previous quarter, 44 of the 121 had repeat viral loads with 17 re-suppressing and 10 being switched to a second line regimen.

Twenty-eight mentor mothers underwent a five-day training using the Kenya Mentor Mother Program (KMMP) curriculum. The training was implemented through case scenarios, presentations, self-experience and role plays to improve their knowledge and skills base. In addition, they were taken through patient management appointment systems and use of data from reports to improve eMTCT outcomes.

#### *Early infant diagnosis of HIV*

A total of 1,892 HIV Exposed Infants (HEIs) received early infant diagnosis with a PCR test within 12 months of birth. Through continuous quality improvement, about 74 per cent of exposed infants had received a PCR test within the first two months of life in the last

quarter of the reporting period compared to 47 per cent in the first quarter of the reporting period. Of these, 52 (2.7 per cent) were confirmed as being HIV-positive, with an overall program mother to child transmission rate of 2.7 per cent. This is within the national eMTCT target of below five per cent. Of the 52 infants confirmed positive, 45 (86.5 per cent) were started on ART within two weeks of receipt of results with all having been started on ART by the end of the reporting period.

### **Sexual and Gender Based Violence (sGBV)**

With enhanced staff capacity, 2,653 survivors were identified during the reporting period representing a 295 per cent achievement of target. Out of these survivors, 87 experienced sexual violence and 55 were initiated on post-exposure prophylaxis (PEP). Those not initiated on PEP presented beyond 72 hours to the health facility.

### **Orphans and Vulnerable Children (OVC)**

CHAP Uzima implemented the OVC program through four local implementing partners (LIPs) - Apostles of Jesus Ministries, African Brotherhood Church Development Program, Anglican Church of Kenya Narok Integrated Development Program and Adventist Centre for Children Support.

During the reporting period, the project trained LIPs on OVC case management and carried out data quality audits and reconstruction. A caregiver-oriented intervention was introduced through training on Families Matter Program for LIP based facilitators.

These facilitators will train caregivers through provision of a comprehensive targeted high-impact intervention that is evidence-based, parent- focused and designed to promote positive parenting.

The intervention will promote effective parent-child communication about sexuality and sexual risk reduction, including risk of child sexual abuse and gender- based violence, for parents or caregivers of 9-12-year-old OVC.

The project had 5,434 (2,734F 2,699M) active OVC by the close of December 2018 of who 4,932 (2,247F 2,454M) OVC from 2,107 households were served.

A total of 4,317 OVC had known HIV status. Of these, 410 are HIV positive and in care. A total of 615 (12 per cent) OVC had unknown HIV status.



Viral load tracking and achieving suppression for those OVC living with HIV remains an integral part of our OVC program. The table below summarizes viral load tracking among the OVCs.

LIP	No. of HIV Positive OVCs	No. without a known VL result	No. with a known VL result	VL result >1000 copies /ml	VL result <1000 copies /ml	VL = LDL
AJAM	53	14	39	7	11	21
NIDP	66	31	35	12	6	17
ABC	209	39	170	28	31	111
ACCS	82	30	50	8	4	40
<b>Total</b>	<b>410</b>	<b>114</b>	<b>294</b>	<b>55</b>	<b>52</b>	<b>189</b>

Viral load tracking among OVCs

## HIV Testing Services

A total of 398,044 clients received HIV testing services in 79 health facilities. Of these, 4,564 were HIV positive representing a positivity yield of 1.1 per cent, with an overall linkage into care and treatment services of 90 per cent. Of all testing modalities, TB clinic had the highest yield (12 per cent positivity rate). Overall, index testing and partner notification services contributed to about 10 per cent of the total positives identified. Overall, the outpatient department contributed close to 50 per cent in absolute numbers of the total positives identified. The testing uptake and positivity yield was affected by perennial RTK stock-outs in some regions.

### Self testing

By the end of the reporting period, 22 supported health facilities were distributing self-test kits with 2,146 self-test kits distributed in the last quarter of the year. This was an improvement from five facilities at the beginning of the reporting period.

### Quality in testing

The results for round 19 proficiency testing were received during the last quarter of the year. The providers who did not attain satisfactory scores were taken through a corrective action process by the laboratory specialists in conjunction with the county. Counselors and other providers continue to undergo routine supervision. Ongoing mentorship and facilitative supervision were done for all the counselors in the 79 facilities through technical assistance visits. All the counselors underwent at least one mentor observed practice session.

## Care and Treatment

By the end of December 2018, a total of 48,046 clients (2,715<15yrs, 45,331>15yrs) were on antiretroviral therapy, translating to 80 per cent achievement of the current on treatment target.

Of the 48,046 clients active on care, 3,972 (8.3 per cent), were new on ART. To enhance the capacity of providers to provide quality evidence-based and responsive care, the CHAP Uzima program conducted 12 dissemination sessions for the recently released national HIV treatment guidelines.

A total of 159 clinicians, nurses and pharmacists were trained in collaboration with the national HIV program and county certified trainers.

### Optimization of first line ARV regimens

The new guidelines recommend optimization of first line ARV regimens to safer, more efficacious and easier to use regimens.

Nationally coordinated online CMEs were offered to all. In this regard, a total of 17,419 PLHIV were earmarked for transition to the TLD and TLE400 regimens with a successful transition of 7,099 (41 per cent) PLHIV by the end of the year.

Continuous eligibility assessment and patient preparation during routine clinical visits is in force to ensure 100 per cent successful transition by the end of the RRI period in March 2019.

## Retention in care

The 12-month program level retention was 94 per cent with pediatric 0-14yrs retention at 94 per cent, ALHIV 15-19yrs at 95 per cent, 100 per cent for female and male population respectively and 88 per cent for young persons 20-24 years.

The 24-month retention was 85 per cent. Factors associated with attrition were viremia of any level, male gender, age 20-24 years and a baseline WHO stage 2 or more.

The project supported implementing sites to improve defaulter tracing efforts through routine chart abstraction, prompt line listing of all missed appointments, and use of peer mentors who tracked defaulters back to care.

Various tools such as appointment diaries and defaulter registers were availed in all the 79 supported sites to facilitate appointment management and defaulter tracking documentation.

## VL uptake and suppression

In the reporting period, a total of 43,357 PLHIV on ART had an annual viral load done against a target of 43,408. Proportionate uptake across the pediatric <15yrs and adult >15yrs population was 94 per cent with a lower uptake among males 20-39 years at 91 per cent across five-year age bands.

The good overall uptake was attributable to improved access to the viral load website for immediate access to results, coupled by remote logging capabilities and monthly CQI review of viral load performance indicators.

The overall viral suppression was 94 per cent. Age disaggregated viral suppression was: 85 per cent (0-9yrs), 85 per cent (10-14yrs), 80 per cent (15-19yrs), 87 per cent (20-24yrs) and 95 per cent for adults 25+ years.

The disproportionately poor suppression among AYPs is being addressed through the strengthening of AYP psychosocial support systems, youth friendly clinics and meaningful involvement of AYP peer to peer mentors.

Of the 2618 PLHIV non-suppressed VLs reviewed, 86 per cent (1267) underwent intensified adherence support and assigned a repeat VL in three months. A total of 906 repeat viral loads were done with re-suppression rates of 38 per cent. A total of 95 PLHIV were switched to second-line therapy.

### *Differentiated Care Model (DCM)*

Differentiated service delivery is a client-centered approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with

## HIV (PLHIV) while reducing unnecessary burdens on the health system.

By the end of December 2018, a total of 11270 PLHIV were on a fast track model of differentiated care. Clinically stable children and adolescents have been targeted through the family centered model of differentiated care in order to benefit from access to clinically stable client differentiated antiretroviral therapy delivery.

The scale of differentiated care has been adversely affected and interrupted by the ongoing national first line ARV regimen optimization rapid results initiative with 1907 previously stable PLHIV exiting differentiated care service as a result.

### *Adolescents and Young Persons (AYP)*

During the reporting period, the AYP programs at Mater and Nazareth hospitals hosted CDC Atlanta and the first lady of Zimbabwe respectively who visited the facilities to learn on best practices that had seen good treatment outcomes among AYP.

In addition, the Nazareth AYP peer mentor and psychosocial counselor actively participated in revision of the Adolescent Package of Care Guidelines. Psychosocial support was provided to AYPs failing treatment in Mikindani and Mbungoni with an action plan developed for follow up and facility support. Mikindani and Mbungoni held a youth forum in which they discussed PreP, relationships, Sexual and Reproductive Health (SRH) and updates on ART. St. Luke's Kaloleni held an OTZ forum with the AYPs to take them through OTZ orientation and package of care.



*Left: First Lady of Zimbabwe visits Nazareth Hospital. Right: Nazareth youth with representatives from PEPFAR Washington D.C.*

## TB/HIV Co-Infection

HIV testing in the TB clinic was done for over 98 per cent of TB patients and 100 per cent of those identified as being TB/HIV co-infected had been initiated on ART by the end of the reporting period.

In the reporting period, a total of 6,909 presumptive TB cases were identified. Of these, 78 per cent (5,384) received a GeneXpert diagnostic test with 2603 (48 per cent) diagnosed with TB.

All the diagnosed TB cases were initiated on TB treatment. A total of 2740 PLHIV were newly initiated on IPT with 40996 patients cumulatively on IPT giving an IPT uptake of above 85 per cent, an improvement from 70 per cent IPT uptake in the previous reporting period. Active case finding of TB in the supported health facilities was also scaled up in the general outpatient.

## Laboratory services

During the reporting period, the following activities were conducted to support laboratory services:

- Participated in a patient safety workshop organized by the Safety and Standards Department of MOH
- Participated in CDC SIMS laboratory assessment
- Carried out proficiency testing corrective action for unsatisfactory PT round 18 results
- Participation in RTK allocation meetings

## Monitoring and Evaluation

The project SI team continued with routine support to the program including annual performance data processing, upload and dissemination, continuous support to implementing health facilities in data management and system use and Data Quality Assessments.

### Migration to IQ Care

The IQ care EMR to KeHMIS EMR transition meeting between CHAP Uzima and Palladium Group was held at the beginning of the last quarter of the year.

During the meeting, a 60-day transition plan was discussed. This included close out reports, guidance documents, data dictionaries and data handover. The first step towards migration was to have a pilot rollout at Makadara to test how the system would work in a facility setting that enters EMR data retrospectively.

Boardroom testing of the Makadara migration was done before the actual pilot at the facility.



*Palladium presenting an appreciation token to CHAP Uzima Leadership for partnership during the transition meeting*

Several issues were identified during the pilot and had to be fixed before the system could go live. At the end of the reporting period most of the identified issues had been fixed and it was proposed that live implementation of the KeHMIS IQCare be done in January 2019.

### EMR roll-out in paper-based facilities: Progress of data reconstruction

No.	Facility	Cumulative on ART	Clients in IQCare	Registration Progress
1	Assisi	32	19	59%
2	Bishop	547	472	86%
3	Domboni	317	198	62%
4	Ikutha	16	0	0%
5	Kalamba	247	244	99%
6	Kambu	550	544	99%
7	Kasasule	72	15	21%
8	Katakani	64	28	44%
9	Kavisuni	104	50	48%
10	Kikoko	912	912	100%
11	Makueni	32	0	0%
12	Matuu	465	465	100%
13	Mbitini	202	0	0%
14	Mulango	342	342	100%
15	Murutu	167	147	88%
16	Mutito	15	10	67%
17	St. Mark	32	19	59%
18	Zombe	506	389	77%
19	St Elizabeth	173	40	23%
20	Enterit	72	40	56%
21	Aitong	282	80	28%
22	Talek	212	212	100%
23	Mararainta	97	67	69%
24	Olkoroi	75	60	80%

*Status of data reconstruction per facility as of December 31, 2018*

Data reconstruction continued for 18, 6 and 1 health facility in Lower Eastern, Narok and Upper Eastern respectively. The health facilities had all adopted the IQCare V1.0.0.6.

## Health Systems Strengthening (HSS)

### *County engagement*

During the reporting period, the project held successful county engagement meetings with the counties of Kirinyaga, Tharaka Nithi, Nairobi, Kiambu, Narok, Machakos, Kirinyaga and Kitui.

The meetings discussed project performance and implementation, areas of better cooperation and collaboration and ways to address challenges facing project implementation. CHAP-Uzima also participated in stakeholder meetings for Kirinyaga and Tharaka Nithi counties.

A Memorandum of Understanding was finalized and signed with the County Government of Kitui in a ceremony that was led by Her Excellency the Governor Mrs. Charity Ngilu. The MoU stipulates the responsibilities of both parties and how to work together cordially in support of project implementation and programming.



*Her Excellency Mrs. Charity Ngilu, the Kitui Governor and Dr. Catherine Njigua, CHAP-Uzima Project Director, renewing the MoU with the County Government.*

### *Participation in World AIDS Day commemoration*

The project supported eight Counties (Embu, Kiambu, Tharaka Nithi, Meru, Taita Taveta, Kitui, Embu, Kirinyaga) in planning and commemoration of World AIDS Day on December 1, 2018.

### *Faith sector and religious leaders' engagement in HIV response*

CHAP-Uzima participated at NACC level in several faith sector working group meetings that focused on HIV response by the FBO sector and religious leaders' involvement.

During the reporting period, the Faith-Sector Working Group (FSWG) scaled up the HIV Key Messages booklet for religious leaders successfully to five counties (Machakos, Garissa, Uasin Gishu, Homa Bay and Kakamega).

The project also participated in a high-level engagement meeting between FBOs and the PEPFAR team to discuss FBO and religious leaders' engagement in HIV response mainly in reaching the unreached that are utilizing FBO facilities such as the churches, hospitals and schools.

## Conclusion

In the 2019 implementation period, the project will employ strategies to identify more people living with HIV, link them to care, optimize retention and aim at viral suppression of above 95 per cent for all ages.



## AFYA Jijini

### Introduction

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

The project aims to improve access to and uptake of quality health services in Nairobi County for the most pressing health issues, i.e. HIV/AIDS, Tuberculosis, Wash, Nutrition and maternal and neonatal health, with a focus on informal settlements.

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

AFYA Jijini is implemented by a consortium of four partners:

- IMA- World Health as the lead and also implementing HIV/AIDS/TB/PMTCT care and treatment
- Christian Health Association of Kenya (CHAK) implementing HIV/AIDS/TB/PMTCT treatment and care
- National Organization of Peer educators (NOPE) which leads in community programming in the informal sector
- Mission for Essential Drugs Supplies (MEDS) which supports health products and technologies

### Coverage

During the 2018 project year, AFYA Jijini supported 42 HIV/AIDS/PMTCT care and treatment facilities, 47 HTS sites and 237 maternal and neonatal health sites spread across 10 sub counties of Nairobi, namely: Starehe, Makadara, Embakasi West, Embakasi East, Kasarani, Ruaraka, Dagoretti, Westlands, Makadara and Kamukunji.

To support these sites, CHAK supported the program by providing seven staff members as follows: two RMNCH/FP Program Officers, one HTS/Social Services and Linkages Program Officer, one HIV/TB Clinical Specialist/Team Lead, one Monitoring and Evaluation Officer, one HIV/TB Technical Officer and one TB/HIV Advisor.

### Afya Jijini objectives

Afya Jijini is designed to strengthen Nairobi County's institutional and management capacity to deliver quality healthcare services and specifically, to improve access to and uptake of quality HIV/TB/RMNCH services. The project seeks to achieve these objectives through the following sub-purposes:

- 1) Increase access to and use of quality HIV/TB services

- 2) Improve access to and uptake of Maternal, Neonatal and Child Health (MNCH), family planning (FP) and reproductive health (RH), water, sanitation and hygiene (WASH) and nutrition services
- 3) Strengthen county and sub-county health system

### Increasing access to and use of quality HIV services

#### eMTCT services

In 2018, the CHAK Afya Jijini project supported 40 health facilities to provide PMTCT services. Afya Jijini's eMTCT approach utilizes the global four-pronged approach to Prevention of Mother-to-Child Transmission (PMTCT) across the cascade. Afya Jijini's focus in this reporting period was to:

Strengthen the continuum of care across the PMTCT cascade

Strengthen viral load monitoring, timely EID testing and follow up of the mother-baby pair through peer mentorship and psychosocial support

Improving documentation through on-the-job training, mentorship and work improvement teams

Afya Jijini continued to work with 36 facilities to ensure that integration of eMTCT and MCH services was maintained. A total of 20 program-supported PMTCT nurses who have been trained on eMTCT service delivery continued to support service integration in high volume facilities throughout this program year.

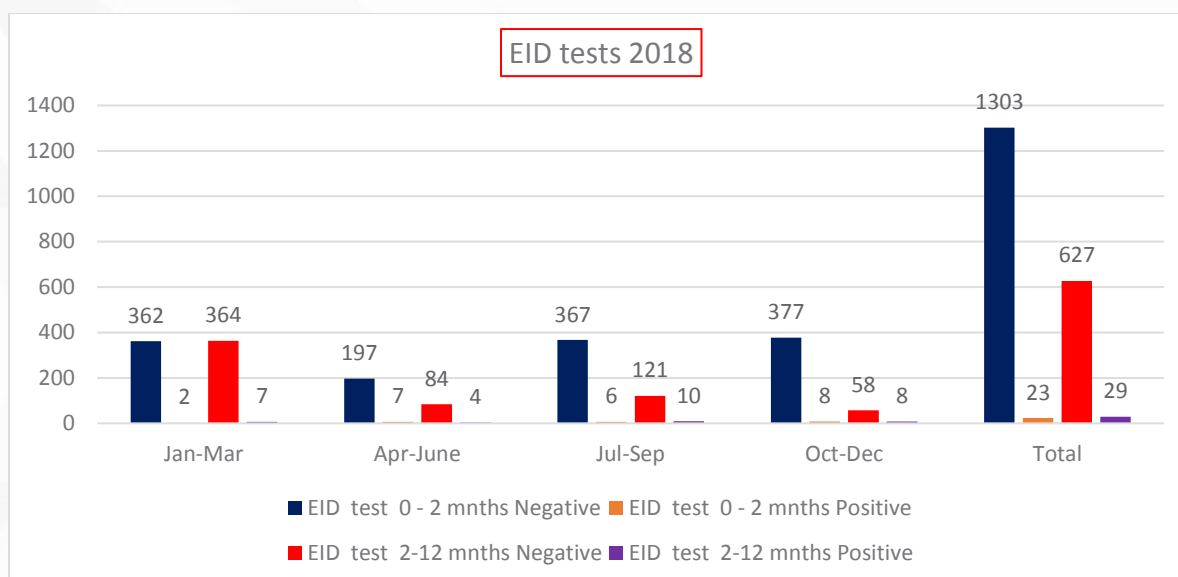
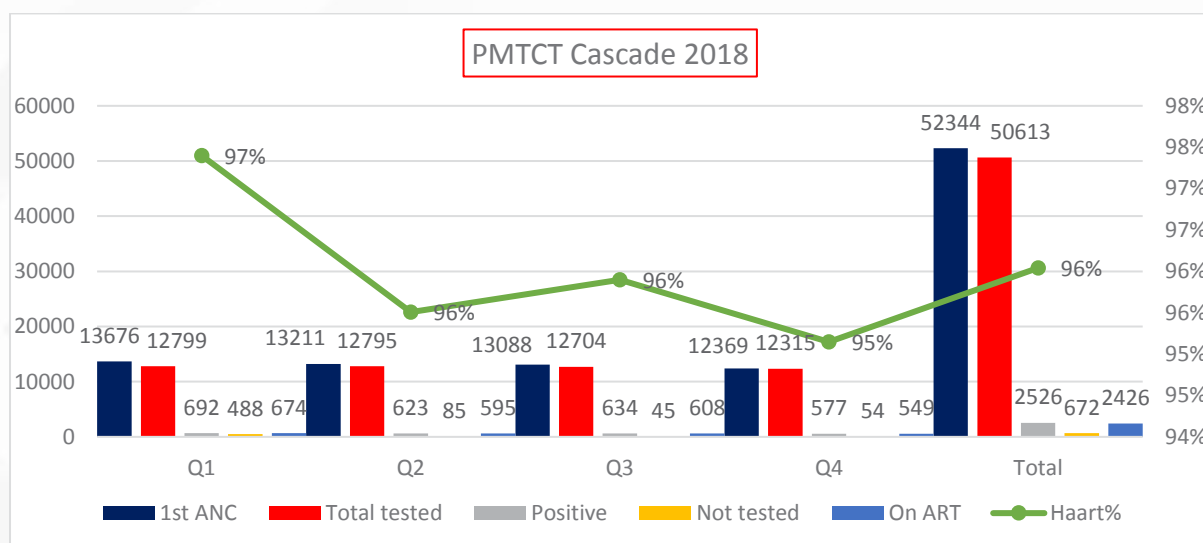
Afya Jijini targeted new ANC clients at their first visit and offered HIV counselling and testing services to 50,613 of the 52344 (97 per cent) first new antenatal care (ANC) clients, with an average positivity of 2.3 per cent in project-supported facilities as shown in the graph on the following page.

Afya Jijini also trained 136 health care workers on the use of the dual HIV/syphilis test kits aimed at increasing access to syphilis testing for pregnant women to improve diagnosis and treatment of syphilis as part of the elimination of HIV and syphilis. A total of 11,069 pregnant women were tested for syphilis, out of whom 333 tested positive and received treatment.

From the maternal cohort analysis, 322 eMTCT clients were eligible for a viral load, with 296 samples taken for viral load testing (uptake of 91.9 per cent), 361 (92.2 per cent) virally suppressed, and 86 per cent of clients retained in care 12 months after enrolment.

The program collected and networked 1,121 dried blood spots for PCR testing at the Kenya Medical Research Institute (KEMRI), with 26 reported as HIV-

positive. Of the samples taken, 451 were initial PCR tests, 385 infants under the age of two months (85 per cent of the total) and 66 (15 per cent) infants older than two months.



Afya Jijini continued to support facility based CMEs and on job mentorship to build the capacity of nurses and clinical officers to monitor viral suppression and retention of mothers in the programme.

The UHAI team worked with facilities to initiate enhanced adherence counselling sessions facilitated by treatment preparation and adherence counsellors for clients who were not virally suppressed.

Afya Jijini continued to support HCWs to conduct HEI cohort analysis throughout the year. In quarter 1, two HCA trainings were held where a total of 60 HCWs were trained.

A total of 499 HIV exposed infants born during the reporting months of the 12-months cohort were enrolled for follow-up while 627 HIV exposed infants of the 24-months cohort reporting months were enrolled into follow up. In the first review (12-months cohort), 14 (2.8 per cent) infants were reported as HIV-positive and 13 (93 per cent) of them

were linked to care. A total of 21 (3.3 per cent) infants from the 24-months cohort were identified as HIV-positive, with 19 (95 per cent) linked to ART.

Mentor mothers in collaboration with HCWs coordinated a total of 123 psychosocial support groups (PSSGs), with 1,679 clients attending sessions. Mothers were educated on safe motherhood, infant feeding (with an emphasis on exclusive breastfeeding [EBF]), adherence, family planning (FP), family testing, and disclosure.

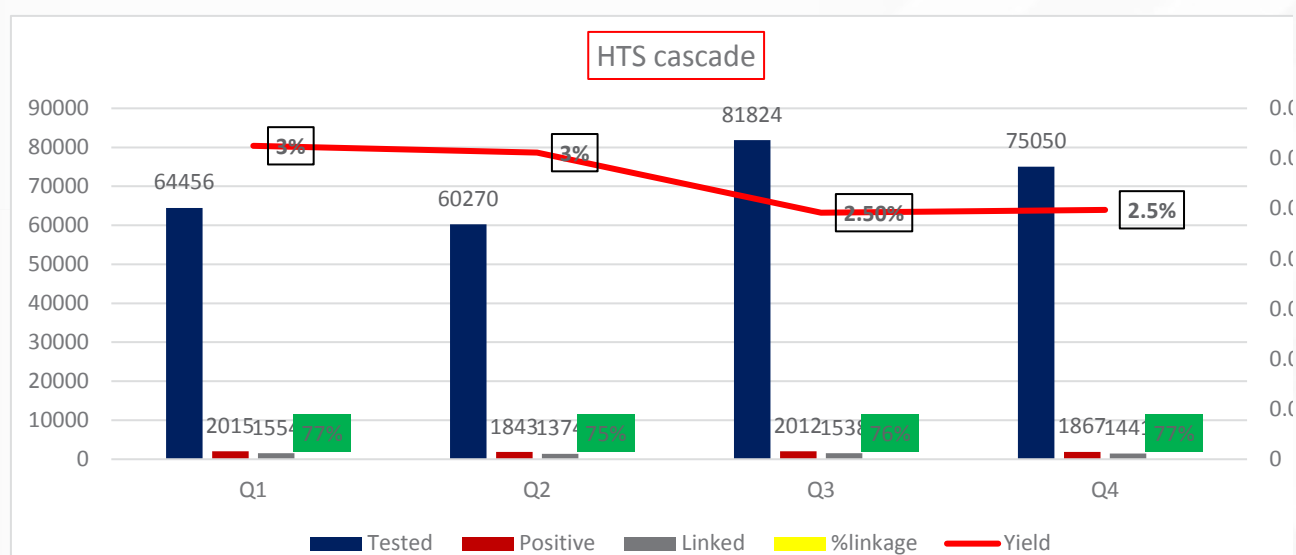
The UHAI team continued to support collaborative activities with the sub county teams. Joint supportive supervision exercises were conducted to assess provision of PMTCT services along the eMTCT cascade of care.

In addition, Afya Jijini supported eMTCT data review meetings at sub county level aimed at ensuring accurate reporting into the revised MOH registers and the revised MOH 731.

	Jan - March	Apr-Jun	Jul-Sep	Oct-Dec
<b>12 MONTH COHORT</b>				
Enrolled to cohort	452	418	499	497
%Active in follow-up	312	308	364	363
%Transferred out within 0-12m	32	30	30	30
%Died within 12m	5	4	5	5
%Positive within 0-12m	9	7	14	11
%missing 12 month	95	69	80	44
Unknown outcome	8	7	20	99
Linked to ART	9	7	13	11
<b>24 MONTH COHORT</b>				
Enrolled to cohort	455	459	627	497
%identified as positive within 0-18m	24	24	21	12
%Active in follow-up	305	265	364	320
% lost to follow 0-18m	73	86	138	84
%active at 18m no AB done	14	42	19	9
%Transferred out within 0-18m	27	42	88	54
Unknown outcome	45	66	31	31
%Died within 0-18m	5	0	6	8
Linked to ART	21	24	19	10

## HIV Testing (HTS) and linkage services

The Afya Jijini programme supported 47 health facilities to provide targeted HTS services at facility level in partnership with HFG, a sub-grantee mandated with supporting 10 of the program supported facilities. In the reporting period, 281,600 clients accessed HTS services out of whom 7,737 tested positive for HIV (2.7 per cent positivity rate).



The HTS providers received mentorship and OJT to ensure optimization of the high yielding testing strategies. The program scaled up aPNS at facility and community level as a high-yield testing strategy. A total of 74 HTS providers and 24 HCWs were trained on aPNS during the reporting period. Mobile phones were provided in the facilities for follow up of contacts identified.

Another 74 HTS providers were trained on HIV self-testing and supported implementation in seven health facilities mainly in the MCH as a way of reaching out to male sexual partners of clients attending the MCH, and also in the OPD, CCC and PMTCT clinics.

The program worked with Kenyatta University and United States International University (USIU) to

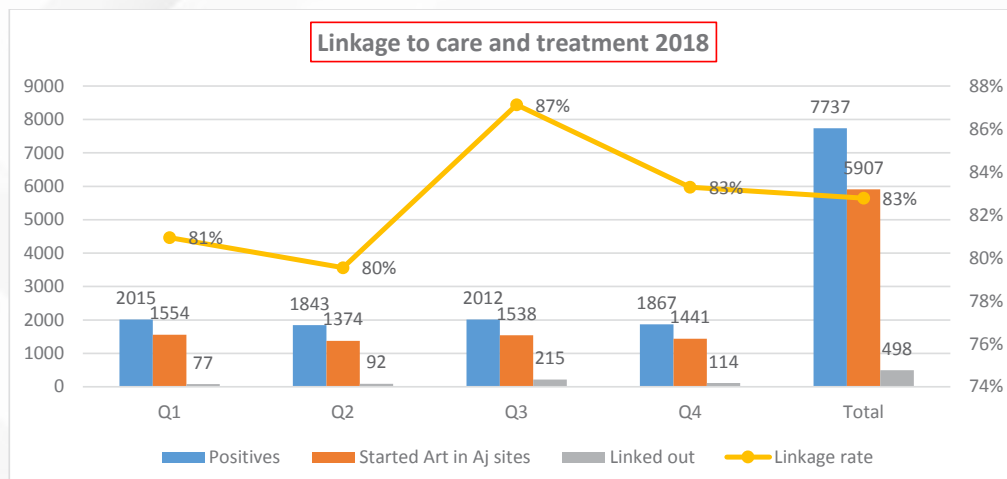
conduct an integrated outreach targeting students during the pre-World AIDS Day activities. A total of 1220 clients (607 female and 613 male) were reached. Among the tested, 816 which translates to 67 per cent, were first time testers. Out of the total number tested, three tested HIV positive and were successfully linked to care. A total of 8400 condoms were distributed during the activity.

The program partnered with HFG to conduct outreach activities in identified hotspots within Westlands, Starehe, Embakasi West and Kasarani Sub-counties. This was done as a way of increasing access to men. A total of 350 clients (25 females, 325 males) were tested. Four HIV positive clients were identified from the exercise and subsequently enrolled into care.

On quality assurance, 74 HTS providers were enrolled for round 18 and 19 of proficiency testing during the reporting period. The program had a 92 per cent satisfactory rate and those with unsatisfactory results were taken through the corrective and preventive measures. One-on-one observed sessions were done for all the 74 HTS providers, and mentorship carried out in the areas of weakness identified. The program ensured health facilities had the minimum package of HTS by providing tents, timers, HTS guidelines and SOPs.

## Linkage to care and treatment

Out of the 7,737 positives identified in the reporting period, 5907 were enrolled to care within the program supported facilities while 498 were enrolled to care in other health facilities. A total of 1,332 clients were not linked due to incorrect contacts, some declined, deaths, and loss to follow up. The overall linkage in the reporting period was 83 per cent.



Mentorship was done to HTS providers with emphasis on proper follow-up of the positive identified clients and correct documentation on the linkage registers.

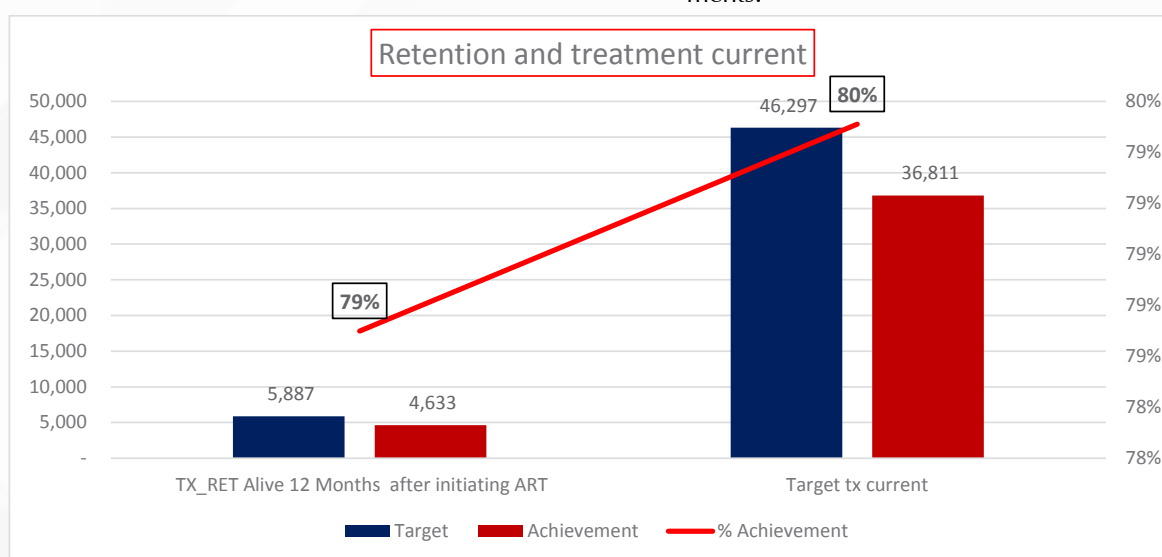
## HIV Care and Treatment

During the year under review, AFYA Jijini project supported 36,811 clients in care and treatment out of the targeted 46,297 an 80 per cent performance. The project's 12 month retention rate was at 79 per cent.

This was achieved through introduction of Treatment Adherence Counselors who conducted treatment literacy classes, intensified adherence counselling,

PSSGs, establishment and support of defaulter tracking mechanisms through peer educators, engaging clinicians and nurses in high volume facilities.

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



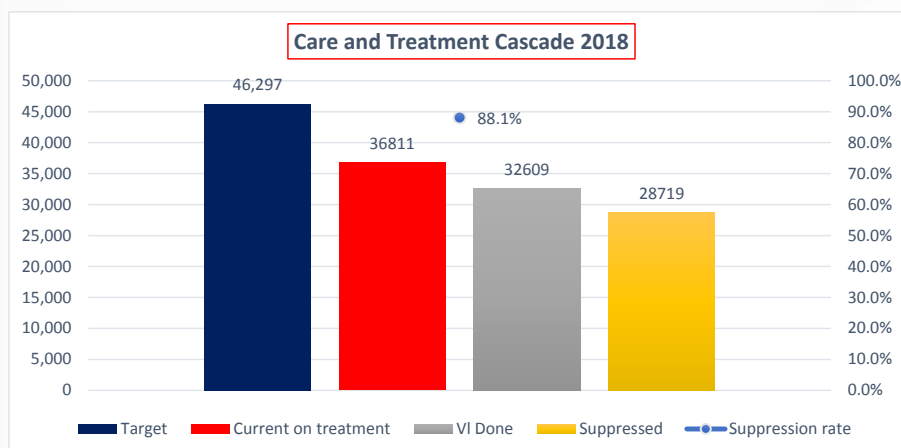


Afya Jijini supported 1,235 children (0-14yrs) and 2,831 adolescents (15-24 years) to access treatment services. The project supported adolescent and youth days/PSSGs during school holidays, mainly targeting youth with non-suppressed VLs, reaching 841 youth and adolescents.

In partnership with NEPHAK, the program continued implementing Operation Triple Zero (OTZ) in 14 high-volume facilities and supported 281 adolescents living with HIV (ALHIV) to act as advocates and ambassadors to their peers. By the end of quarter one, a total of 281 adolescents had been reached out to, 14 PSSGs formed and 14 meetings held especially during the holidays.

## Viral load uptake and suppression

In 2018, a total of 32,609 clients had a valid viral load report out of the 36,811 eligible clients. Viral load suppression was at 28,719 representing 88 per cent. The chart below shows current on treatment against the target and the viral load uptake and suppression for 2018.



The project also adopted CQI interventions such as the use of multidisciplinary meetings and case management of patients with failing regimens to ensure better viral load suppression rates. In line with the 2018 ART guidelines, closer monitoring of patients with viral loads of more than 1000 and those with persistently low viral loads was done through high viremia clinics and use of high viremia registers. Patients with

high viral loads were called for enrollment into Enhanced Adherence Counselling. A total of 13 facilities took part in the exercise, contributing to the improved viral load suppression recorded above.

## Roll out of early morning clinics targeting male clients

During the year, the program team held a CME on the implementation of male only clinics to reach out especially to working-class men who preferred attending clinics early in the morning.

This initiative was rolled out at Mbagathi and Gertrude's hospitals. During the period, a total of 320 men attended the early morning clinics and through the support of clinicians, formed PSSGs that were held monthly.

In addition, screening for hypertension and diabetes was done, reaching 50 clients. This initiative will further be intensified in 2019 with scale up to six more sites.

## TB/HIV services

In 2018 Afya Jijini supported 42 sites with TB/HIV services with a focus on improving IPT uptake among people living with HIV accessing care at supported health facilities.

The UHAI team together with the sub county teams conducted a sensitization on IPT for 30 HCWs. A total of 1,746 CCC clients were initiated on INH while 1,725 were reported to have completed the recom-

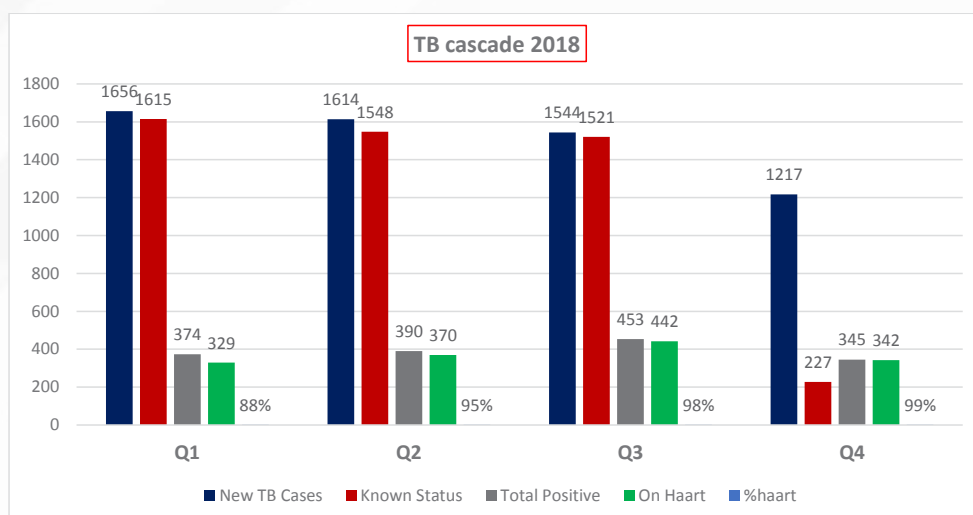
mended course. The UHAI team supported and mentored 31 cough monitors to conduct contact tracing at support facilities.

The project through QITs and WITs monitored IPT uptake in the facilities and chart abstractions done indicated an improvement in both indicators among adults and paediatrics, reporting 90 per cent and 60 per cent uptake respectively.

Afya Jijini conducted a training on IPC for 30 HCWs focusing mainly on administrative, personal and environmental prevention of TB.

A further 30 HCWs benefitted from a training on drug resistant TB (DRTB) that saw a total of 32 patients diagnosed with DRTB monitored and treated as recommended. In addition, the project supported the sub county teams to conduct monthly DRTB clinical review meetings.

The project continued to support (technically and financially) county and sub county TB data review meetings, stakeholder forums and supportive supervision to Afya Jijini sites.



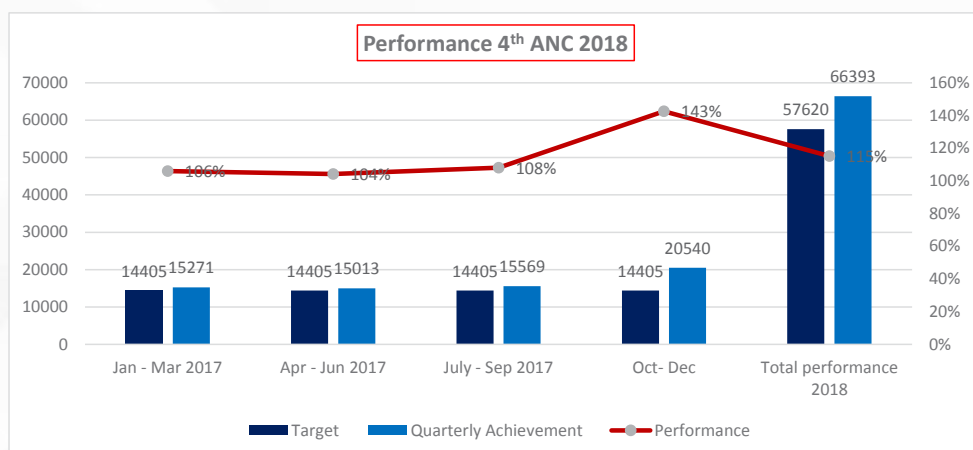
## Increasing uptake of RMNCH Services

### Coverage of RMNCH/FP services

In 2018, Afya Jijini project supported MNCH services in 237 health facilities in Nairobi, covering all the ten sub counties of the city.

### Antenatal clinic services

During the reporting period, the 237 supported health facilities continued to offer ANC services. A total of 55049 clients registered for their first ANC visit while 66393 came for their fourth ANC visit against a target of 57620 resulting in a 115 per cent attendance.



Health care workers in the ten sub counties were trained to mentor CHVs attached to their facilities to mobilize expectant mothers in the community to seek ANC services. A total of 32570 mothers were reached with health messages and 3752 of them referred to the health facilities for ANC care. These women were mainly from the informal settlements.

Fig 2: Skilled Birth Attendance

### Skilled birth attendance

The 66 health facilities with maternities recorded at total of 60,956 hospital deliveries in the hands on skilled birth attendants against a target of 116,284 (a 52.4 per cent achievement).

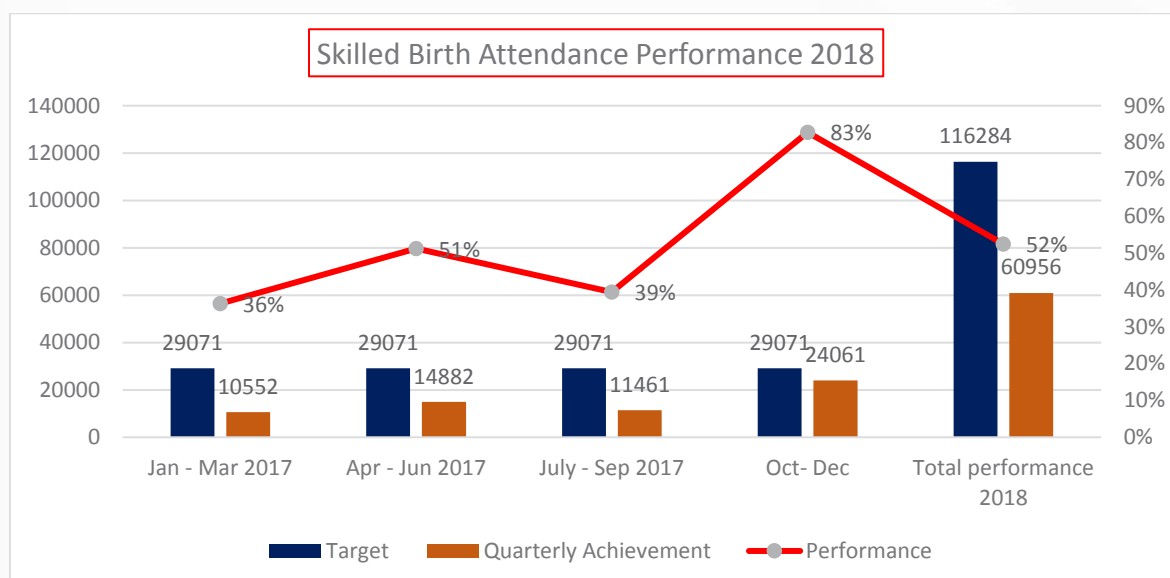
Nairobi County still remains one of the top six counties with poor maternal and neonatal outcomes and the project undertook key interventions to reduce that burden.

The project supported the training of staff on maternal and perinatal death surveillance and response (MPDSR) in order to improve maternal and new-born outcomes in the supported facilities. All the health facilities formed an MPDSR committee to notify and conduct reviews of every maternal or perinatal death and near death events to identify the root causes, skills gaps, make

recommendations and follow up on implementation of recommendations.

To improve on quality, the referring facilities, both private and public, were invited for CMEs to address the gaps identified during death reviews. The project supported the training of health care workers in skills such as respective maternity care and MPDSR.

In order to improve on documentation and quality of care, the project provided maternity files. Mentorship on ANC registers, use of the partograph and mother baby booklet were done to improve maternal and neonatal outcomes.



## Equipment

The project conducted an MNCH equipment needs assessment in the 66 maternities. Gaps identified were shared with the USAID who then financed the procurement and supply of equipment such as caesarean sets, assisted vaginal delivery kits, foetal doppler, kidney dishes, BP machines and gallipots. Psycho-social Support Groups (PSSG) for adolescent girls and young women (AGYWs)

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

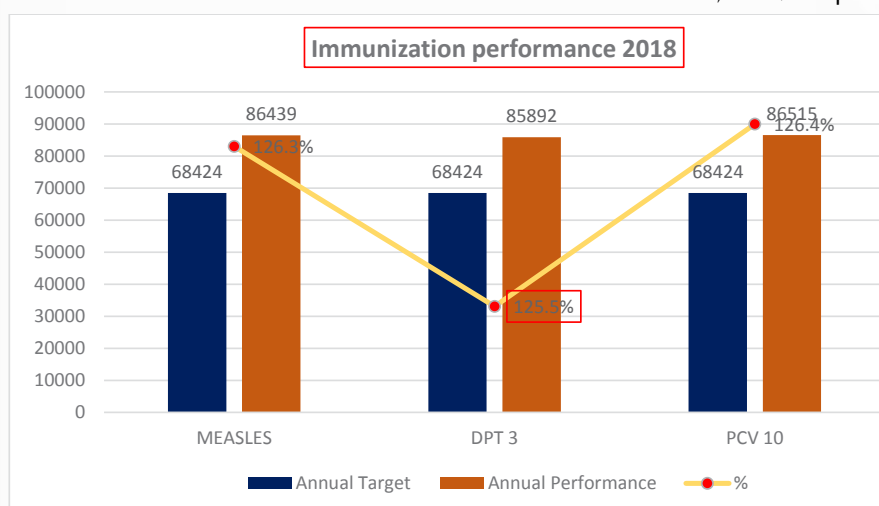
## Postnatal care

The project intensified its support for postnatal care especially during the first 48 hours of delivery to identify and address any maternal or neonatal complications.

## Immunization of children

The project supported the sub counties to scale up child immunization to reduce the mortality and morbidity associated with preventable childhood diseases. Polio campaigns were supported by the project.

During the year, a total of 86,439 children received the measles vaccine by 12 months against a target of 68,424 (126 per cent) while 85,892 received DPT3

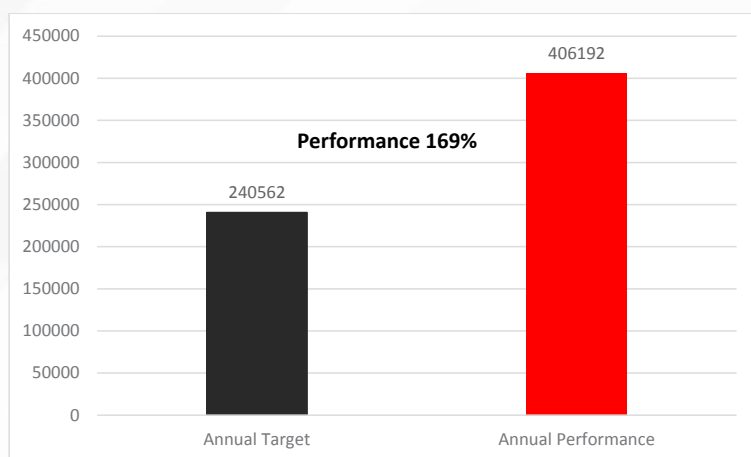


against a target of 68,424 (125.5 per cent). A further 85,515 received pneumococcal vaccine against the target of 68,424 (126 per cent).

Additionally, the project trained a total of 785 community health workers (CHWs) in maternal and new-born health and nutrition care while health care workers were trained on maternal infant and young children's nutrition

(MIYCN) and high impact nutritional interventions (HINI) to ensure all mothers and care givers received the appropriate advice on exclusive breast feeding and food supplementation.





Vitamin A uptake

## Family planning

Family planning services were offered in all the supported health facilities throughout the year. It was noted that health care workers had a challenge offering long term FP methods. LARC training was supported for all the sub counties.

However, clients were able to access the full method mix by way of referral to the hospitals for permanent methods. During the year, the number of clients who accessed family planning services in the supported sites were 2034 against a target of 1061 (192 per cent)

## Health Systems Strengthening

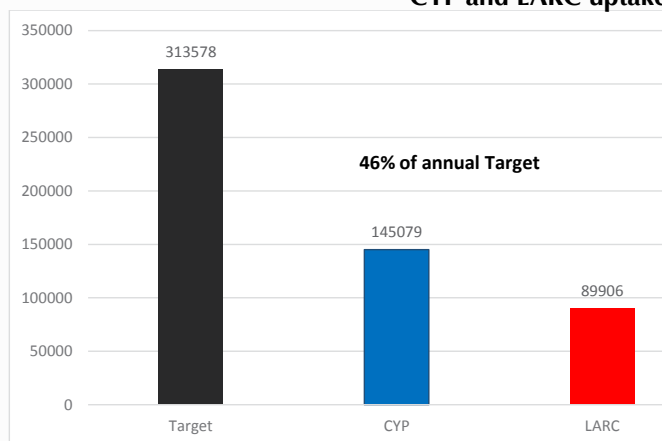
### Capacity building strategies Support to sub county and health facilities

The project supported all 46 health facilities with airtime for tracing patients who defaulted on care. Volunteers working in the RMNCH project were also supported to improve reporting rates and timeliness in the DHIS2. This, undertaken together with onsite mentorship has progressively strengthened the knowledge and skills of health care workers. This is demonstrated in the improved quality of care observed in the facilities. The training programmes undertaken to improve MNCH/FP services are outlined below.

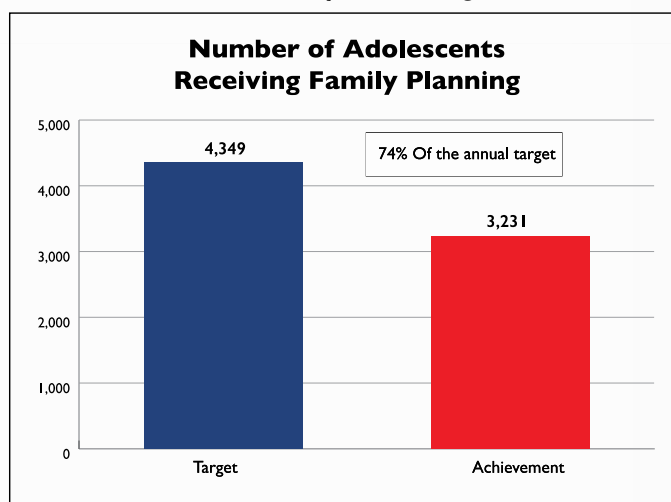
### Supportive supervision and data review forums for sub-counties and facilities on service delivery data

The program provided technical support to facility staff to conduct a data sharing and review meeting using a predesigned dashboard that displays key indicator performance. The tool helps in visualizing performance, missed opportunities, and any other gap and interventions/actions taken promptly. Targets for the FY19 reporting calendar were shared with the facilities. The team focused on the indicators included on MOH 731 and MOH 711.

CYP and LARC uptake



Oct-Dec 2018 FP uptake among adolescents



## Support routine M&E activities

During the reporting period, a three-day M&E meeting was held to discuss the revised indicators following the revision of the indicator manual, a review of sub purpose two indicators and the revised data collection template.

There continues to be an acute shortage of HTS registers, Daily Activity Registers, ICF cards, Green cards and HEI cards across the supported facilities. Distribution of patient files, Green cards, HTS and Daily Activity registers, ICF and HEI cards and manila papers in an effort to plug the gap of shortage of tools is ongoing.

### **Quarterly sub-county data quality assurance (DQA) and RDQA at health facilities**

During the reporting period, NASCOP, together with PEPFAR, conducted a national DQA including a review at Mbagathi District Hospital and St. Mary's Mission Hospital. Overall performance for Mbagathi was 96 per cent while St. Mary's scored 81 per cent. Action points for the DQA will be implemented in the subsequent quarters.

### **Strategic EMR scale-up to 29 program-supported C&T sites to full EMR functionality**

The program has continued to support HIV care and treatment facilities to implement IQCare for patient clinical management and reporting by revamping

already broken down infra-structure – cables, LAN, computer hard drives, general maintenance, and troubleshooting any system related issues. By the end of this reporting period, a total of 29 (70 per cent) facilities were using the system at different levels.

The program managed to scale up two more facilities to point of care reporting (POC) in addition to the three already on POC. These are Mathare North Health Center and Mukuru Health Center.

### **EMR implementation**

During the reporting period, the project rolled out functional EMR in 10 care and treatment sites, using the point of care. The challenges experienced are being addressed. A total of 28 sites are currently implementing EMR, reaching out to 81 per cent of the patients.

## Non-Communicable Diseases (NCDs) Programme

### Introduction

Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 71 per cent of all deaths globally. Cardiovascular diseases account for most deaths due to NCDs, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9million), and diabetes (1.6 million).

These four groups of diseases account for over 80 per cent of all premature NCD deaths (WHO Factsheet 2018). The major NCDs in Kenya are cardiovascular diseases, cancers, diabetes, and chronic obstructive pulmonary diseases with their sequelae and their shared risk factors (Kenya STEPwise Survey for NCDs Risk Factors, 2015 Report) and together they account for more than 50 per cent of total hospital admissions and over 55 per cent of hospital deaths.

Tobacco use, physical inactivity, alcohol consumption and unhealthy diets increase the risk of dying from NCDs. Early detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.

### CHAK NCDs program coverage and objectives

In 2018, the CHAK NCD program was implemented in 125 member health units and 37 county government hospitals in 30 counties of Kenya through the support four projects, namely:

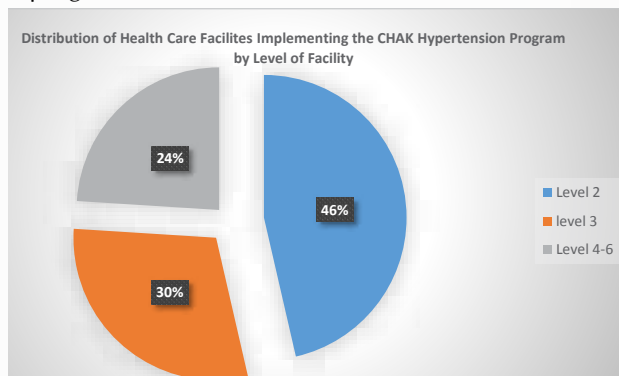
1. Base of the Pyramid (BOP) project funded by Novo Nordisk
2. Healthy Heart Africa (HHA) project funded by AstraZeneca
3. Novartis Access Program (NAP) funded by Novartis
4. Action for Diabetes in Kenya (AFORD) project funded by World Diabetes Foundation

The objectives of the CHAK NCD program are:

- Create awareness on selected NCDs and the associated risk factors in the community
- Promote screening for selected NCDs in the community, improve screening at health facilities and create effective linkages for those with abnormal results
- Capacity building of the health system (community, health care providers, physical infrastructure - equipment) in order to improve quality of care and treatment of NCDs
- Access to timely, uninterrupted supply of high quality affordable NCD medication
- Improved county and national health systems including NCD health management information system (MIS) for monitoring and evaluation at facility and community levels

### Hypertension program

CHAK's hypertension program is implemented in collaboration with AstraZeneca, the funders of the Healthy Heart Africa project and Novartis who fund the Novartis Access Program. A total of 125 health facilities (114 CHAK MHUs and 11 county government facilities) were implementing the program.



*Parasol umbrella and table for hypertension community screening and aprons donated to AIC Mulango Health Centre. CHAK was represented by Maureen Wanjiku (2nd left) and Susan Muriuki (extreme right).*

New sites enrolled in 2018 were in the following counties:

- Turkana - 9
- West Pokot - 4
- Busia - 1
- Vihiga - 2
- Nyeri - 2
- Meru - 3
- Migori - 1

The distribution as per level of health care is as follows:

Level 2 (Dispensaries) - 58  
 Level 3 (Health Centers) – 37  
 Level 4 - 6 (Hospitals) – 30

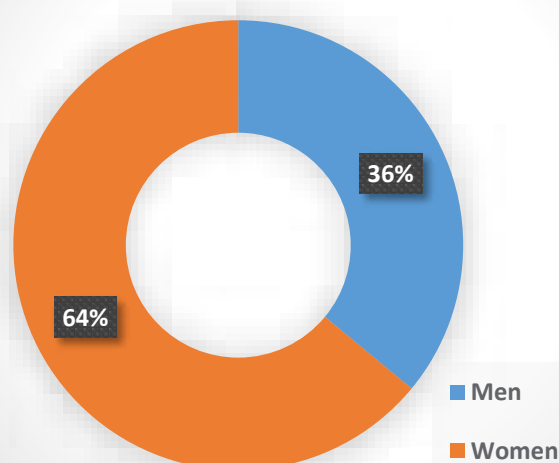
Through 527 community education and screening outreaches, information on hypertension, its risk factors and prevention measures reached 2, 893,114 persons who included the general public, health facility administrators, county health administrators and church health committee members.

CHAK collaborated with Vihiga County government to raise awareness on cardiovascular diseases (CVDs). Several Vihiga residents walked from Vihiga to Nairobi, a distance of 400KM in an event dubbed '400 KM in 40 days JJ Heart Run'.

CHAK printed and distributed 87,259 hypertension information, education and communication (IEC) materials such as banners, patient information booklets, posters, brochures, general merchandise (T-shirts, African khangas, aprons, tote bags and umbrellas).

In contributing to creating awareness and encourage hypertension screening during the May Measurement Month (MMM), CHAK gave a live radio interview on IQRA FM, an Islamic radio station reaching Muslim faithful as part of the PIMA pressure campaign created by the Ministry of Health, Kenya Cardiac Society and other stakeholders.

**Distribution of men and women screened for Hypertension in 2018**



CHAK donated to its MHUs 249 digital elbow BP machines, 54 sphygmomanometers for BP screening, weighing scales and 67 height scale tapes for obesity screening. A total of 702,679 adults were screened for hypertension in health facilities, churches, markets and other community avenues.

The screening was conducted by community health volunteers (CHVs) equipped with blood pressure (BP) machines in the community and health care providers (HCPs) in health facilities. In order to provide comprehensive hypertension care, a total of 1,084 health care workers were trained (50 per cent centrally; 50 per cent on-the-job).

A total of 48,480 (58 per cent females; 42 per cent males) patients were diagnosed with hypertension and enrolled into care in CHAK MHUs.

CHAK participated in the development of the Kenya National Guidelines for Cardiovascular Diseases Management which were launched on May 31, 2018.

CHAK printed 5,000 copies of this guideline for distribution to MHUs and has been disseminating the guidelines through Continuous Medical Education (CME) in health facilities.



The Ministry of Health (MoH) launched an NCDs inter-sectoral coordinating committee (NCD-ICC) on July 21, 2018, with a view of bringing together key stakeholders to address the NCDs epidemic.

Several Technical Working Groups (TWGs) were formed including the cardiovascular disease (CVD) control TWG. CHAK has been identified as a key member of this TWG.

CHAK hosted three AstraZeneca global staff as part of the HHA Ambassador program. These ambassadors visited various CHAK sites and appreciated the work being done on hypertension in CHAK MHUs. They also provided insights on how to better the current program.





*Dr. Samuel Mwenda and other CHAK NCD staff together with the 2018 HHA Ambassadors during the commemoration of the fourth anniversary of the HHA project.*

CHAK participated in and contributed to the roundtable on Accelerating Solutions to Hypertension Management in Kenya on March 21, 2018. The roundtable organised by World Heart Federation and Kenya Cardiac Society was an excellent opportunity to advance cardiovascular health in Kenya by bringing diverse perspectives to address hypertension and other non-communicable diseases (NCDs), learning from one another and identifying initiatives for further collaboration.

The monitoring and evaluation (M&E) systems for hypertension data collection, validation and reporting have improved with the release of Ministry of Health tools, namely, Patient Diabetes & Hypertension File, MOH 222, MOH 270 and MOH 740).

This has ensured standardization of data presentation and reporting at the national level through the national reporting system DHIS-2.

In 2018, CHAK invested in the creation of a mobile health (m-Health) platform for collecting diabetes and hypertension screening data from both the community and health facilities.

The system will allow HCPs to track clients referred to their health facilities with elevated BP or blood sugar after being screened in the community. The m-Health platform dubbed CHAK Mpower is set for piloting in 2019.

## Diabetes program

In 2018, the CHAK diabetes program was implemented in 155 health facilities (125 - CHAK MHUs and 30 county government health facilities) across 30 counties in Kenya. The program activities were conducted through three projects:

- Base of the Pyramid (BOP) project funded by Novo Nordisk,
- Action for Diabetes in Kenya (AFROD) project funded by World Diabetes Foundation
- Novartis Access Program (NAP) funded by Novartis

To reach more people with messages on diabetes in the community and health facilities, CHAK trained 330 diabetes peer educators (DPEs) whose role was to educate diabetes patients through patient support groups. A total of 258 CHVs were trained to conduct community mobilization and health education especially during community screening camps.



*Religious leaders undergoing training on diabetes screening.*

About 105 church health committee members were sensitized on conducting diabetes health education in churches while 224 hospital and county health administrators were sensitized on diabetes programs and urged to support their implementation as the key drivers in the health facilities and counties. Overall, 641,709 people were reached with messages on diabetes, its risk factors and prevention measures.

**#PimwaSukariLeo** was a campaign created by CHAK around the commemoration of World Diabetes Day to inform the public on the need for early screening for diabetes. CHAK participated in the global diabetes walk by organizing a first of its kind; The CHAK Diabetes Walk.



*CHAK staff walking on the Nairobi-Nakuru highway during the CHAK Diabetes Walk*



*Dr. Cyprian Kamau, head of health programs at CHAK, (left) overseeing first aid being administered to a CHAK staff during the CHAK Diabetes Walk in November 2018*

CHAK and CHAK Guest House and Conference Centre staff walked an accumulated distance of 71 KM in two phases (Kikuyu to Kimende Town and Kikopey to Nakuru Town).

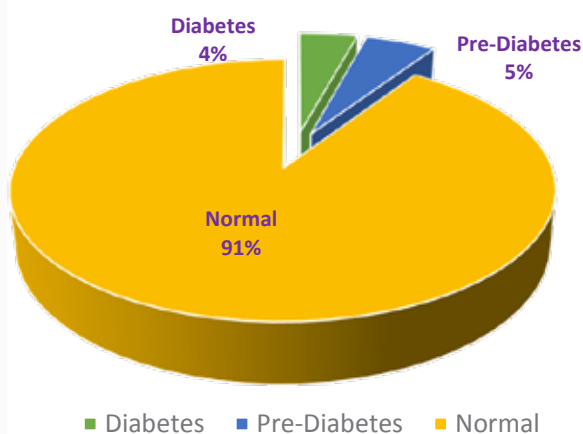
On World Diabetes Day (November 14), CHAK partnered with Nakuru County and other stakeholders to commemorate the day at PCEA Nakuru West Medical College where free screening for Diabetes, Hypertension and obesity was done. More information on the walk is available on the CHAK website, CHAK TIMES Magazine (Issue 56 titled Diabetes: Partnerships for quality health services) and CHAK social media pages.

Publicity for the #PimwaSukariLeo campaign was done through TV shows (Hope TV and K24 TV), a radio show (Hope FM), social media blog titled City in Grand March for Diabetes Care ([riftvalleyhealth.blogspot.com](http://riftvalleyhealth.blogspot.com)), street banners, electronic board messages in Nakuru town and general merchandise.

CHAK looks forward to holding this event annually.

CHAK donated 161 glucose test meters (glucometers) to the community and health facilities to conduct screening and diagnosis respectively.

**Proportion of clients with diabetes and pre-diabetes**



*Shiko Kaitany (left) presenter on Alfajiri show on K24 TV, Mary Ndungu (right) of Roche with Dr. Stella Njagi (center) of CHAK talking about Diabetes prevention during the show.*



A total of 168,065 Kenyans across 30 counties were screened for diabetes in 2018 through the CHAK program. The screening was conducted in communities through 273 screening outreaches and in health facilities. Out of these, 7,071 persons were found to have diabetes (4.2 per cent prevalence, which is 2.2 times higher than the reported national prevalence of 1.9 per cent).

Additionally, 8,557 persons were found to have pre-diabetes (5.1 per cent prevalence, which is 1.6 times higher than the reported national prevalence of 3.1 per cent). A total of 354 HCPs were trained to offer diabetes comprehensive care and management in the health facilities.

To ensure continuous education for patients living with diabetes, CHAK supported patients from various health facilities to form 36 diabetes support groups. These groups offer patients a forum for social interaction, peer-to-peer education, microfinance ventures such as table banking and many more activities.

The National Diabetes Program housed in the NCD Unit at the Ministry of Health released new data collection and reporting tools for diabetes and hypertension. These tools have been printed and disseminated across 125 CHAK MHUs and dissemination will continue in 2019. This move will see standardization in data collection and reporting in the CHAK NCD program and to the national health data reporting system – DHIS2.

CHAK participated in the revision of the first edition of the Kenya national clinical guidelines for the management of diabetes mellitus. The second edition was released in late 2018. CHAK will be doing a roll-out of these guidelines to its member health units in 2019.

### Asthma and breast cancer program

Breast cancer screening and documentation was intensified in 2018. During the year, CHAK MHUs screened 21,763 women for breast disease. Screening was conducted in health facilities (ante-natal clinics and post-natal clinics) and during community outreaches. Women were educated on how to conduct self-breast examination and those with any breast disease were referred for further evaluation and management.

Several CHAK MHUs now stock Tamoxifen (breast cancer medication) and dispense it at no more than Ksh200 (USD 2) for a month's dose. This has enabled patients managed for breast cancer from CHAK MHUs and county government hospitals to access this drug at an affordable price hence ensuring continuity of treatment.

More cases of Asthma are being reported and in 2018, 7,564 patients were diagnosed with Asthma. These patients are now able to access Asthma medication in CHAK MHUs at affordable price of no more than Ksh200 (USD 2) for a month's dose.

### Challenges

- Diminishing funding for programs is a reality despite the huge burden of NCDs. NCDs are costly diseases to manage and require long term care. Health facilities must rethink strategies to sustain NCDs work in the health facilities.
- Despite an improvement in monthly reporting on morbidity and mortality on the national reporting system (DHIS-2), some CHAK MHUs lack consistency in reporting on NCDs. Unfortunately, this situation denies CHAK MHUs the opportunity to demonstrate the work done in addressing the burden of NCDs.
- Diabetes screening has been an expensive venture due to the cost of glucose test strips that are required for each patient. Despite partnering with companies such as Roche who offer CHAK MHUs glucose meters, the cost of buying the strips is still high.
- Retention to care for patients with NCDs is not well understood. Although the Ministry of Health released new data collection tools, these do not enable documentation of longitudinal follow-up of patients. The risk of defaulting is very high especially where there lacks a mechanism of recalling the patients.

### Way forward

- Governance and leadership are critical in addressing NCDs in a space that is not heavily funded. Hospital administrators need to adopt strategies that will ensure patients are attracted to their health facilities for continuous follow up by rationalizing mark ups in the cost of consultation, medicines and the more critical the costs of monitoring tests and radiological examination.
- CHAK MHUs need to demonstrate the work load experienced in their health facilities by ensuring correct and consistent reporting to DHIS-2. This demonstration of work load will help sub-county administrators to include CHAK MHUs in their human resources for health and infrastructure planning and budgeting.
- Sustainable health care financing for NCDs will partly be addressed by health facilities offering such services. Health facility administrators need to ensure their sites are NHIF accredited so that they are an attractive option to the community. The NHIF is the key driver to universal health care (UHC) in Kenya.
- Our call to action is to diagnostic companies to invest in addressing the burden of NCDs by looking at options that will help patients access quality diagnostic and monitoring tests at an affordable cost.

## Christian Advocacy for FP in Africa (CAFPA) Project

### Background

The Christian Advocacy for Family Planning in Africa (CAFPA) project aims to improve family planning access through faith-based organizations in support of FP2020 strategies and goals.

The project is funded by Gates Foundation through CCIH. The project seeks to demonstrate that Christian health networks and other FBOs can be effective family planning advocates at local, national and regional levels.

Kenya's FP commitment includes full integration of FP under the NHIF Linda Mama programme by the end of 2018 and all 47 counties having a committed FP budget line by 2020. Additionally, the country aims to increase health facilities offering youth-friendly services from 10 per cent to 30 per cent by 2020 and 50 per cent by 2025.

This impact of this investment will be increased modern contraceptive prevalence (mCPR) from 61 per cent to 66 per cent by the year 2030, increased CPR for any contraceptive method among adolescent girls (15-19 years) from 40 per cent to 50 per cent by 2020 and to 55 per cent by 2025 and reduced teenage pregnancy among adolescent women 15-19 years from 18 per cent to 12 per cent by 2020 and 10 per cent by 2025.

### Coverage

The CAFPA project is implemented in three counties, namely, Meru, Muranga and Kiambu.

### Project Goal

To improve the policy and funding environment for FP in Kenya by engaging and training faith-based organizations as advocates, and creating a replicable model for faith-based advocacy for FP.

### Project objectives

- i. To increase capacity of local faith-based health facilities to advocate for improved family planning policies and resources by improving MOH/other organizational commitment to work with FBOs on FP and contraceptive commodities.
- ii. To establish and disseminate a faith-based advocacy model for policy change and resource mobilization to be used by other CHAs and FBOs to advance the goals of FP2020.

### Project achievements in 2018

#### i) Country level progress

The project is associated with national level advocacy. The following observations can be made at the national level.

- Kenya National FP Costed Implementation Plan (CIP) 2017-2020 was launched in March 2018.
- A total of 18 counties have developed and launched their CIPs, namely, Busia, Bungoma, Homabay, Kakamega, Kilifi, Kwale, Machakos, Makueni, Mandera, Meru, Migori, Uasin Gishu, Mombasa, Nakuru, Nandi, Nyeri, Siaya, and Tharaka Nithi
- In the 2017/2018 fiscal year, USD5M was allocated for FP commodities at the national level. These funds were from the Global Finance Facility (GFF).
- A total of 13 counties had a budget line for FP for the 2018/2019 fiscal year. These are Bungoma, Kakamega, Kilifi, Kwale, Machakos, Makueni, Migori, Mombasa, Siaya, Tharaka Nithi, Nairobi, Uasin Gishu and West Pokot.
- The Ministry of Health continued to engage stakeholders in a study on Siyana press, a new FP method that is being rolled out in Kenya through the community health volunteers.
- The Government of Kenya has adopted Universal Health Coverage (UHC) which is currently being piloted in the four counties of Kisumu, Machakos, Nyeri and Isiolo.

#### Training for religious leaders on FP

Social media has emerged as a key communication and advocacy tool around the world. Religious leaders in the CAFPA project have used their social media platforms to advocate for family planning. An advocacy training was held for the religious leaders during which the CHAK communications unit helped them to strengthen their social media skills.

#### FP commitment note at the CHAK Annual Health Conference

During the CHAK Annual Health Conference and AGM held in April 2018, religious leaders in the CAFPA project presented their advocacy activities and best practices. They also presented an FP commitment note supported by other religious leaders and churches. The note was shared on the CCIH and CHAK websites as well as social media pages.

#### County level advocacy

Religious leaders from Muranga, Kiambu and Meru counties developed their 2018 work plans from which they derived annual plans.





*Rev. Muchemi from Maua Methodist Church, Meru.*

The Religious Leaders were engaged in stakeholder meetings which discussed family planning commodity security and health service delivery. The county health management teams appreciated faith based health facilities for their dedication in serving the public.

The religious leaders attended county advocacy meetings with County Health Management Teams in their respective zones.

Gates Foundation representative Kia Guarino and Mona Bormet from CCIH visited Muranga and Meru counties where they met with the respective CHMTs and religious leaders. In Murang'a County, they were able to meet with the CEC-Health with discussions centering on the county FP profile and teenage pregnancies. The county requested Gates through CCIH to support development of the county CIP.



*Religious leaders meet county health management teams at CHAK Guest House.*

## CCIH Conference

At the CCIH Conference in the USA, Rev. Musa Kariuki from P.C.E.A Maua in Meru County shared insights on the role of religious leaders in promoting family planning during a panel discussion.

The CHAK team at the conference led by General Secretary Dr Samuel Mwenda visited Capitol Hill where they met with several US government officials and thanked them for continued support to Africa, especially in health and family planning in particular.

They noted that this support had contributed greatly to saving the lives of mothers and children in the continent.

## International Conference for Family Planning (ICFP)

During the International Conference for Family Planning (ICFP) held in Rwanda in November 2018, religious leaders made their declaration in support of family planning at the closing ceremony which was attended by the Rwanda President and president of ICFP, His Excellency Paul Kagame. The theme of the conference was "Investing for a lifetime of returns".



*Family planning messages by FBOs at the Kigali ICP meeting.*

## Commitment statement of the faith community

"We, the faith community recognize that life is a gift from God and is sacred. It ought not to be taken away by preventable causes resulting from lack of information, support and care.

We are mindful of those who have lost their lives while giving life and the challenges along the path of providing family planning to our communities.

We are thankful for health services that reach people in need and increase availability of low cost services offered by faith facilities; we cherish religious leaders who openly support access to sexual and reproductive

health services; for increasing collaboration between governments and faith communities in providing quality and accessible services.

We acknowledge that increased uptake in family planning has reduced maternal mortality and child mortality; we commend the youth that are in school and those that are contributing to vibrant economies in their countries.”

The faith community learned three main lessons from ICFP 2018:

- The power and success of faith-based organizations and religious leaders in contributing to the achievement of the Sustainable Development Goals (SDGs) in collaboration with other stakeholders is real.
- Opportunities exist for achieving greater access to family planning. There are several ways the faith community can continue to shape the family planning agenda, until and after 2020.
- The faith communities have acquired skills and knowledge that will help accelerate their actions at national, regional, and community levels.

The faith community provides enormous opportunities for progress in family planning and we make the following three commitments.

We commit to continuing to provide and support quality family planning education, service delivery, and referrals to all communities.

“We, the religious leaders commit to advocate, sensitize, mobilize and partner with governments, traditional and other religious leaders, and stakeholders to enact policies that address lack of access to services due to distances, cost, lack of trained personnel, and insecurity and to advocate for religious leaders to address the unique issues that affect our youth in family planning. We have been encouraged again that we can gather many faiths together and agree on a common agenda while maintaining the integrity of our faith in serving others.

We ask other delegates to commit to engaging with us and we commit to engaging with you. Thank you for this opportunity to share our commitments with you, as we all work to ensure all our communities survive and thrive.”



# Health Systems Strengthening

## Introduction

Health Systems Strengthening efforts by CHAK were in the following areas: human resources management and development, hospital management information systems and software, financial management, drugs and pharmaceutical supplies and commodities, monitoring and evaluation, standards and quality assurance, medical equipment procurement, repairs and maintenance and development of building infrastructure. The highlights of the various support efforts to MHUs are shared in the sections that follow.

## Achievements in 2018

### Capacity building in project formulation and proposal writing

In response to MHUs' requests for capacity building in health projects formulation and proposal writing, CHAK organized and conducted a national workshop on project formulation and proposal writing. The workshop was held in June 2018 at Milele Guest House, Nakuru. Attendance at the workshop was 32 participants from 32 MHUs.



*Proposal writing workshop at Milele Guest House, Nakuru.*

### Support towards strategic planning

- Lugulu Friends Hospital was supported to commence strategic planning. At the close of the reporting period they had completed the environmental analysis.
- PCEA Tumutumu College of Health Sciences was supported right through to a first draft of their strategic Plan.
- COG Bushiangala Health Centre was supported in developing a strategy for the facility in the short term, medium term and long term.

### NHIF sensitization for level 2 and 3 facilities

CHAK organized and facilitated a forum for 32 MHUs to be sensitized on the benefits of acquiring NHIF accreditation. Participants were also taken through the basics of completing the application documentation by the NHIF area manager for Nakuru assisted by Mr James Maina, who is the CHAK-NHIF ambassador.



*NHIF sensitization event for level 2 and 3 health facilities.*

### Capacity building in management and governance Training workshops

The need for capacity building in management and governance was addressed through four separate regional workshops that covered a total of 82 MHUs. The workshops focused on imparting knowledge, skills and information through power point presentations, plenary discussions and experience sharing.

For MHUs in Western and North Rift region, the workshop was held in July 2018 at Jamindas Motel in Kakamega while Nairobi, Central, Central Rift Valley and Coast region facilities met for a similar workshop in September 2018 at CHAK Guest House.

For MHUs in Eastern and North Eastern region, the workshop was held in August 2018 at Mountain Breeze hotel in Embu and for Nyanza & South Rift region the workshop was held in June 2018 at Tausi in Homa Bay.

### Experience sharing exchange visits

Experience sharing/learning exchange visits between facilities have been accepted to be an effective way of transferring knowledge and best practices from one facility to another. In this period the following benchmarking exchange visits were done:





*Management workshop at Jamindas, Kakamega.*

- The Tenwek hospital team was supported to visit Kijabe and Mater hospitals.
- The Tumutumu hospital team visited Tenwek hospital.
- The Kikuyu hospital team visited Tenwek hospital.
- The Kendu hospital team visited Aga Khan, Avenue hospital in Kisumu and Jaramogi Oginga Odinga Teaching and Referral Hospital.



*Management workshop for Nyanza and South Rift region held in Homa Bay.*

### Experience sharing forum for hospitals

The forum brought the leadership of CHAK hospitals together to share and learn from one another in strategic areas of common interest. A total of 14 hospitals participated in the forum held in December 2018. A wide range of matters of strategic importance to the Mission hospitals were covered with notable results. These included healthcare financing through NHIF.

This forum was the culmination of efforts to facilitate networking among the mission hospitals. In the last six years, CHAK has supported hospitals to visit others for learning and experience sharing exchange visits.

Feedback from the visits has been encouraging, and the demand for this support has increased.



*Experience sharing forum for hospitals held at CHAK.*

## Support to governance of MHUs

### Board meetings

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



*Hospital Board induction and capacity building for Friends Lugulu Hospital.*

### Board induction and capacity building

In response to requests by Friends Lugulu Hospital for support in Board induction and capacity building, CHAK organized and held a workshop at the hospital from October 30-31 2018.

The induction meeting was attended by a total of 10 people from both the Board and Management teams. The focus of the workshop was induction on roles of the Board alongside the relationships of key stakeholders and capacity building in relevant management and governance aspects.

## Regional Coordinating Committee (RCC) activities

### Performance Review and Planning meetings

In March/April 2018, the RCCs held meetings to review activity implementation in 2017 and plan for 2018. The activities in all regions reached out to 82 MHUs. The planning meetings referred to above were held on diverse dates in the month of March in the venues shown below:

- Nyanza & South Rift – Kericho AGC Church
- Western & North Rift – Kakamega
- Eastern & North Eastern –Embu
- Nairobi/Central/Central Rift Valley & Coast – CHAK Offices

### Implementation of RCC activities

The RCCs set out to do the following:

- Hold management workshops for small facilities
- Hold a proposal writing workshop for all facilities
- RCC members were tasked with making supervision visits to MHUs in their respective counties and engaging with MoH at the county level.

All the planned activities were achieved exhaustively although the county engagement was pushed to 2019. The RCC members carried out supervision visits for 146 MHUs and also gathered essential data. The proposal writing training and the management workshops were all successfully held as reported elsewhere in this report.



*Financial management training for RCCs.*





*DHIS2 training for RCCs.*

## County engagement

The CHAK member network uses four approaches in its county engagement efforts. These are engaging the Council of Governors, MHUs and churches directly engaging the counties, partnering with the counties in project implementation and direct appointments between CHAK RCCs and County MOHs.

In this period, all the approaches were used with various results and benefits to the CHAK membership. Contact was made with a total of 29 counties namely; Kiambu, Kilifi, Mombasa, Kitui, Makueni, Machakos, Nairobi, Narok, Nakuru, Muranga, Kirinyaga, Nyeri, Embu, Tharaka Nithi, Meru, Kericho, Kisii, Nyamira, Vihiga, Homabay, Uasin Gishu, Busia, Turkana, West Pokot, Isiolo, Elgeyo Marakwet, Bungoma, Siaya, Marsabit.

Some of the tangible results were:

### Uasin Gishu County

Partnership MoU between RCEA Plateau Hospital and MTRH is being implemented.

### Meru County

The county seconded a nurse and dentist to MCK Kiamiriru Dispensary and two nurses to MCK Mariene dispensary. All FBO facilities in the county received support supervision and were invited to county trainings and CMEs.

### Turkana County

AIC Lokichoggio Health Sector was supported with one ophthalmic nurse. Namuruputh Health Centre, on the other hand, received three nurses, a laboratory technologist, Community Health Extension worker (CHEW), nutritionist and Clinical Officer. Lokori Health Centre was supported with two nurses, a Clinical Officer, CHEW and nutritionist. Facilities in the county also continued receiving HSSF and KEMSA drugs.

### West Pokot County

Alale, Marich, Nasolot, Sekerr, Chesta and Chepnyal health facilities all received one nurse each. The CHAK MHUs in the county received funds ranging from Kshs600,000 to Ksh700,000 for facility improvement.

### Isiolo County

The CHAK MHUs in the region continued receiving vaccines and the KEMSA drugs kit. They were supervised and invited to county trainings and other forums.

### Kisii County

Nyanchwa Adventist Hospital received 1a medical officer (MO) and a Clinical Officer (CO). The hospital was also supplied with drugs and invited to county trainings and seminars.

### Homa Bay County

Kendu Adventist Hospital was supported with a dentist. The hospital received family planning commodities and acted as the sub-county referral hospital under Linda Mama program. Smaller MHUs in the county received the KEMSA drugs kit quarterly and regular support supervision was available to the FBO facilities.

### Kericho County

Litein hospital received three doctors and one physiotherapist. The hospital also received drugs from the county.

### Kitui County

One doctor was seconded to Tei Wa Yesu Health Centre. The hospital also received two patient monitors. Zombe dispensary was given a Clinical Officer while Mulango and Katakani dispensaries received a nurse each. The MHUs in the county received regular supervision and the KEMSA Drugs kit.

## Architectural support

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

## AGC Tenwek Hospital

### Eye and Dental Unit

CHAK continued supervision of construction works for the Eye and Dental Unit up to completion. The Project was officially opened by the president in April 2018.

### Bomet Satellite Hospital

CHAK continued supervision of construction works for the Bomet Satellite Hospital, a project of Tenwek Hospital. The project was completed and handed over in August 2018.



*Bomet Satellite Hospital laboratory.*

## PCEA Tumutumu Hospital

- Analysis was carried out for a designated site and a new master plan proposal for a future hospital produced.
- We produced layouts for passages in the hospital to be refurbished with terrazzo floor finish. The tender process was supported and CHAK continued to provide supervision support for the works.
- Architectural designs were developed for converting an existing building into a CT Scan and Ultra Sound Unit. CHAK supported the tender process and continued to provide supervision support for the works.



*CHAK architect Patrick Kundu (left) and another guest during the official opening of the Tenwek Eye & Dental Unit.*

## Tenwek School of Health sciences

The architectural and engineering designs were completed in the previous reporting period. In 2018 CHAK supported the hospital to prepare tender documentation for the male hostels project. The works commenced in 2019.

## Diagnostic and treatment centre

Architectural and engineering designs for the project were started and completed. The tender process is expected to kick off in 2019.

## RCEA Plateau Hospital

An analysis was carried out for the designated project site a master plan proposal for a storied, level IV Hospital produced.

## PCEA Kikuyu Hospital

- Architectural and engineering proposals were developed as well as corresponding cost estimates for a modern ablution block for patients.
- The tender process for the proposed Paediatric Eye Surgical Unit was supported. CHAK continued providing support supervision and contract administration.
- Layouts and engineering specifications for parking and access roads network in the hospital were developed.
- CHAK supported the tender process for the proposed paving of roadworks and parking bays with Cabro paving blocks. We continued providing support supervision and contract administration for the roadworks project.





*The contractor hands over the completed PCEA Kikuyu Hospital road works and parking bay project to the hospital chairperson.*

## Medical equipment maintenance and repairs

### Introduction

The National Health Care Technical Services (NHCTS) is a medical equipment supplies and maintenance unit based at CHAK headquarters.

The workshop started off as a project in June 1999 with the intention to fulfil the need by mission hospitals in Kenya for repair and maintenance of medical equipment. Today the workshop offers a wide range of services to KCCB, CHAK, county and private health facilities around the country.

The workshop offers the following services:

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

### Achievements in 2018

Key achievements are summarised as follows:

#### Acquisition of agency

- The workshop has been testing theatre and ICU equipment from Eternity Electronics Co. There are discussions with the manufacturer to grant agency status to the NHCTS workshop. An anaesthesia

### PCEA Chogoria Hospital

- The hospital was supported with revised architectural drawings for the school of nursing tuition block.
- The hospital was also supported with preliminary design proposals for making adjustments on the existing casualty unit.

### Oasis Medical Centre Project

The medical centre was assisted with architectural design and production of drawings for a surgical unit.

### Naikarra Health Centre Project

- CHAK supported the health centre with architectural design and production of drawings for a six-bed maternity unit.
- Bills of quantities were also produced for the maternity project.



*The NHCTS technical team (in red overalls).*

machine by Eternity Electronics has been working trouble free for the last three years in one of the CHAK hospitals.

- The workshop secured an agreement with Nairobi X-rays Ltd for support with radiology equipment. The workshop has supplied an x-ray machine from the company complete with a digital reader to PCEA Chogoria. The equipment was installed and commissioned and is working well.
- The NHCTS offered its services to the national manufacturing sector by working with Proto Energy, an LPG gas cylinder manufacturing and refilling plant in Thika. The workshop advised the staff on quality control in radiology and non-destructive tests machines for testing the cylinders after they are pressed and welded. The company was able to secure a licence to operate.
- Currently, NHCTS is holding a few pieces of equipment from various manufactures who want to partner with the workshop. These equipment include a theatre table, patient monitors, ICU ventilators, infusion pumps and syringe pumps. The equipment is available for sale to willing CHAK MHUs.
- CHAK was privileged to play a major role in the

Solar Chill Project in 2018. The NHCTS installed and commissioned 37 Solar Direct Drive (SDD) refrigerators to be used for vaccine storage. The fridges are unique because they do not use batteries to store energy. Instead, they use direct solar energy.

## Solar Chill Project

The NHCTS installed solar direct drive (SDD) refrigerators for vaccine storage in the health facilities shown in the table below.

	Facility	Solar fridge type	County	Affiliation
1.	AIC Zombe Health Centre	Vest Frost	Kitui	CHAK
2.	AIC Mulango Health Centre	Vest Frost	Kitui	CHAK
3.	AIC Katakani Health Centre	Vest Frost	Kitui	CHAK
4.	Kathangachini Health Centre	Zero Appliances 30DC	Tharaka Nithi	MOH
5.	Gacheuni Dispensary Tharaka Nithi	Zero Appliances 30DC	Tharaka Nithi	MOH
6.	Malanga Dispensary	Zero Appliances 30DC	Kilifi	CHAK
7.	Semikaro Dispensary	Vest Frost 024	Tana River	SUPKEM
8.	ODA Medical Centre	Vest Frost 024	Tana River	SUPKEM
9.	Al-Sadr Dispensary	Zero Appliances 30DC	Tana River	SUPKEM
10.	Kalokol Health Centre	Zero appliance 30DC	Turkana	CHAK
11.	Eliye Springs Health Centre	Vest Frost 024	Turkana	CHAK
12.	Kokwoto Health Centre	Vest Frost 024	Baringo	CHAK
13.	Namuruputh Health Centre	Vest Frost 024	Turkana	CHAK
14.	Alale Health Centre	Zero Appliance 30 DC	Pokot	CHAK
15.	Chepnayal Dispensary	Zero Appliance 30 DC	Kapenguria	CHAK
16.	Naikarra Health Centre	Zero appliances 30 DC	Narok	CHAK
17.	Oledakesi Health Centre	Zero appliances 30DC	Narok	CHAK
18.	Mararianta health Centre	Vest Frost	Naroko	CHAK
19.	Orinie Health Centre	Zero appliances DC 30	Kajiando	CHAK
20.	Kijebi Health centre	Zero Appliances DC 30	Homabay	MOH
21.	Enooceiya Health Centre	Zero Appliances	Narok	MOH
22.	Logologo Health Centre	Vest frost	Marsabit	CHAK
23.	Illaut Health centre	Zero Appliances	Samburu	CHAK
24.	Arsim Health Centre	Vest Frost 024	Samburu	CHAK
25.	Gatab Health Centre	Zero Appliance	Samburu	CHAK
26.	Olendiem Health Centre	Vest Frost 024	Narok	CHAK
27.	Syaipai Dispensary	Zero appliances		CHAK
28.	Olasiti Dispensary	Zero appliances	Narok	CHAK
29.	Magondo Dispensary	Zero Appliances	Narok	MOH
30.	Nyamakoroto Dispensary	Zero Appliances	Nyamira	CHAK
31.	Kamasengere Health Centre	Vest Frost 024	Homabay	CHAK
32.	Mukende Health Centre	Zero Appliances	Homabay	MOH
33.	Jamia Medical Centre	Vest frost 024	Kakamega	SUPKEM
34.	Ngoroni Health Centre	Vest Frost	Pokot	CHAK
35.	Watamu SDA Health Centre	Zero appliances 30DC	Kilifi	CHAK
36.	Lokichogio Health Centre	Zero Appliance 30 DC	Turkana	CHAK
37.	Namarei Dispensary	Vest Frost	Samburu	CHAK

### List of facilities benefiting from SolarChill fridges



### Supply and installation of equipment

The workshop supplied and installed medical equipment in 2018 as follows:

- An x-ray machine complete with a digital x-ray reader was supplied to PCEA Chogoria Hospital.
- A dental chair was installed at Nyanchwa Adventist Hospital.
- Supply and installation of a delivery couch to Tenwek Hospital
- Refurbishing of an anaesthesia Machine at PCEA Tumutumu Hospital
- Supplied and installed one surgical diathermy each at PCEA Tumutumu and ACK Mt. Kenya hospital
- Supplied and installed central oxygen probes at Maua Methodist Hospital
- Supplied and installed an x-ray viewer at ACK Mt Kenya Hospital
- Installation of height meters in various regions under the HHA project as follows: Nairobi Region - 8, Central Region - 14, South Rift Region - 12, Eastern Region- 3
- Supply and installation of a patient monitor at St. Claire Hospital, Kaplong



*Servicing of an anaesthesia machine at AIC Kapsowar Hospital.*

### Equipment donations and user training

- The NHCTS Workshop conducted a training on best refrigeration practices for 25 technicians. The workshop was sponsored by GIZ in collaboration with the Ministry of Environment and Natural resources.
- Over 37 MHUs benefited from new height meters donated by the HHA project. The NHCTS conducted a countrywide installation and trained 45 users.



*Installation of solar panel for Solarchill fridge.*

### Medical equipment maintenance and repair

#### Radiation safety services

The NHCTS workshop is accredited to carry out Radiation Safety Assessment. The workshop issues assessment certificates which are required before one can be licensed to operate radiology equipment.

The Radiation Protection Board (RPB) of Kenya has the mandate to issue licenses for radiology equipment in the country. Besides radiation safety assessment services, the workshop is also accredited by the RPB and licenced to offer installation of lead sheet and approval of new x-ray rooms.

The table on the following page shows the 18 health facilities supported with radiation safety services in 2018.



*Annual servicing of anaesthesia equipment at PCEA Tumutumu Hospital.*

## List of facilities benefiting from radiation safety services

Facility	Type of service	County	Affiliation
Dream Land hospital	Radiation assessment	Uasi-Ngishu	Private
Proto Energy (Industrial)	Radiation assessment	Kiambu	Manufacturing
AIC Cure International Children's Hospital	Radiation assessment	Kiambu	CHAK
PCEA Chogoria Hospital main	Radiation assessment	Tharaka- nithi	CHAK
PCEA Chogoria Hospital Chuka Satellite	Radiation assessment	Tharaka- nithi	CHAK
North Kinangop Catholic Hospital	Radiation assessment	Nyandarua	KCCB
Moi Teaching and Referral Hospital	Radiation assessment	Uasi-Ngishu	MOH
St. Marys Mumias Mission Hospital	Radiation assessment	Kakamega	KCCB
MCK Maua Hospital	Radiation assessment	Meru	CHAK
Friends Lugulu Hospital	Radiation assessment	Bungoma	CHAK
ICIPE Mbita Clinic	Radiation assessment	Homabay	NGO
Nanyuki Cottage Hospital	Radiation assessment	laikipia	COMMUNITY
ACK Mt. Kenya Hospital	Radiation assessment	Kirinyaga	CHAK
PCEA Tumutumu Hospital	Radiation assessment	Nyeri	CHAK
PCEA Kikuyu Hospital	Radiation assessment	Kiambu	CHAK
Ralph Bunche Dental Clinic	Radiation assessment	Nairobi	PRIVATE
AIC Githumu Hospital	Radiation assessment	Muranga	CHAK
St Elizabeth Mukumu	Radiation assessment	Kakamega	KCCB

## Maintenance and repair of medical equipment in CHAK MHUs

Services offered to CHAK MHUs are as follows:

- Supported 12 MHUs in basic equipment repair and maintenance
- Supported 20 MHUs in x-ray machine maintenance services
- Supported 10 MHUs in anaesthesia machine maintenance services
- Supported 35 MHUs with technical advice on medical equipment procurement and maintenance

## Standards for medical equipment and devices

The Kenya Bureau of Standards (KEBS) is a government agency responsible for governing and maintaining the standards and practices of metrology in Kenya.

The NHCTS technicians represent the CHAK network in the KEBS technical committee on hospital equipment and devices (TC 136). The TC 136 works in line with KEBS key roles namely:

1. Provision of infrastructure for facilitation of trade
2. Support for Kenyan industries
3. Sustainability of the production system

In 2018, NHCTS participated in the KEBS annual planning for 2018-2019 in which new work items and projects were discussed. These included hospital bed sheets, cellular blankets, draw sheets and waterproof mackintosh.

During the year, the items below were approved.

- Revised ISO 11608-4:2006 - Pen-injectors for medical use, part 4: the requirements and test methods for electronic and electromechanical pen injectors
- ISO/CD11608-6" – needle-based injection systems for medical use: requirements and test methods - part 6 on-body deliveries devices.
- KS ISO 22609 - Clothing protection against infectious agents
- KS ISO 1885-2007 - Respiratory tract humidifiers for medical use
- ISO 13485-2016 - Quality systems
- ISO 9001 ISO 29969-2009 - High pressure connections for use with medical gas systems

The NHCTS technicians participated in World Standards Day 2018 celebrations held on October 16, 2018, at Panari Hotel.



KEBS training on Dosimetry.



## Summary of services offered by the NHCTS workshop in 2018

Category of Service	No. of facilities served	No. of jobs done
X - Ray	20	30
Anesthesia	10	32
General	12	24
Technical advice	35	6

## Challenges and constraints

In the systems strengthening efforts at CHAK, the following challenges were noted:

- Most of our hospital are going ISO yet the NHCTS workshop lacks traceability. The workshop needs to be accredited to offer services better and cushion MHUs from higher fees charged by private vendors who are accredited.
- Financial limitations to meeting requirements for Agency with manufacturers of medical equipment.
- Stiff competition from other service providers
- Debtors
- Technological changes
- Vast geographical distribution of clients

## Health Management Information Systems

### HMIS software

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

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

The system provides a paperless environment for patient service records, medicines inventory, revenue collection and financial accounting. It is able to generate financial reports and clinical data. A payroll which supports HR management is integrated.

The following are the facilities using the software distributed by CHAK regions:

#### Nyanza & South Rift Region

- Hope Compassionate Health Services Homa Bay County
- AIC Litein Hospital Kericho County
- Adventist Nyanchwa hospital Kisii County
- SDA Riokido Health Centre Kisii County
- Kendu Adventist Hospital Homa Bay County

#### Western & North Rift Region

- RCEA Plateau Hospital Uasin Gishu County
- Friends Lugulu Hospital Bungoma County
- PCEA Njoro Health Centre Nakuru County
- FGCK Molo Health Centre Nakuru County
- Mercy Medical Centre Bungoma County

#### Nairobi, Central, South East & Coast Region

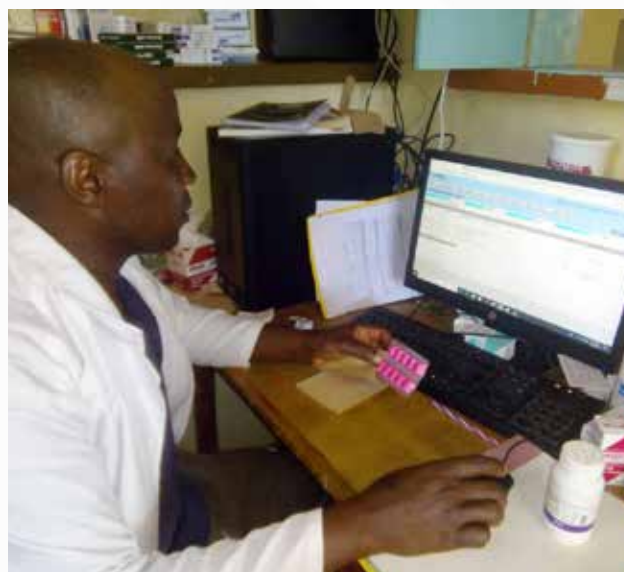
- Mombasa CBHC, Mombasa County
- ACK St Lukes Hospital, Kaloleni Kilifi County
- St. Joseph Shelter of Hope Voi, Taita Taveta County
- AIC Githumu Hospital, Murang'a County
- ACK Mt. Kenya Hospital, Kirinyaga County
- Soweto Kayole, Nairobi County
- ACK Mt. Kenya Hospital Mwea, Kirinyaga County
- ACK Mt. Kenya Hospital Annex, Kirinyaga County

#### Eastern and North Eastern Region

- Kenya Methodist University Health Centre, Meru County

The system has following benefits among others.

- Improved patient turnaround time
- Increased revenue collection due to proper monetary accountability



*A health worker using the CHAK HMIS software.*

- Easily accessible patient history
- Better inventory management
- Comprehensive accounting that follows international accounting standards
- Adherence to international health standards such as ICD-10 coding
- Seamless paperless workflow
- Easy compilation of accurate medical reports for the Ministry of Health such as morbidity and mortality reports
- Accurate and efficient payroll preparation
- Real time reports to support administrative functions and management in decision making
- Accurate and reliable debt management

### CHAK Document Management System

The system has enhanced financial reporting, review and feedback in grant management as follows:

- Easy and fast access to information at the click of a button
- Secure storage of information through multiple backup systems
- Documents and files are easily shared between health facilities and CHAK Secretariat without the burden involved in sharing manual documents.
- Reduces the cost of managing records and documents as no physical copies are printed
- Simple method of storing documents

All CHAP-Uzima sites have been supported to transmit reports through Alfresco online CHAK system. During the year, 22 new implementing sites were added to system.

## Health Quality Management Systems

The CHAK Health Quality Management Systems programme's objective is to improve the quality of health care in CHAK MHUs by increasing efficiency and effectiveness of service delivery through improvement of health systems and quality of care.

The project continued to train MHUs on the use of the 5Ss to improve the working environment and improve safety, general organization and time management.

During the year, the programme had three key performance areas namely: improved quality management, infection prevention and control and occupational health and safety and waste management.

To achieve this the project did a one-week quality management training for 20 people drawn from Maua Methodist Hospital, PCEA Kikuyu Hospital, Oasis Medical Centre and Olenkasorai, Nturuemeti, Talek, Naikara and Orderkesi health centers in Narok County. The Narok county facilities participated in the training after a thorough quality assessment and recommendation process.

### Improved partnership with Ministry of Health, regulators and partners for quality compliance and related issues

Partnership between CHAK, MOH and regulators was improved further by continued inclusion of CHAK in the national TWG on quality of care. During the year, CHAK and MOH representatives attended the international conference on Anti-Microbial Resistance (AMR) where CHAK was included in the national TWG on AMR.

### Improved Knowledge sharing and networking between health facilities

Member health facilities were supported with onsite mentorship and coaching on quality management. Quality officers from PCEA Chogoria, Maua Methodist Hospital, Cure International, PCEA Kikuyu Hospital and Githumu Hospital met to compare notes and learn from each other. A second meeting was also held at Oasis Medical Centre and attended by quality officers from Oasis, PCEA Chogoria, Maua Methodist Hospital, Tenwek Mission Hospital, PCEA Kikuyu Hospital, Cure International and a representative of the Narok facilities.

## Human Resources For Health Management

CHAK Strategic Plan has prioritized strengthening human resources management capacity and systems for efficient utilization of human capital and consistent delivery of quality health services.

### Regulatory and policy frameworks

CHAK has continued to advocate for good HRH regulatory and policy frameworks to enhance performance and compliance. Key highlights in 2018 include:

- Strengthening of the human resources departments by recruiting well qualified professionals and or competent staff to manage the function.

CHAK provided both on site and offsite induction and mentorship to Friends Lugulu Hospital, Dreamland Hospital, AIC Cure International Hospital, Mission of Mercy, Oasis Medical Centre, Jumuia Kaimosi Hospital, ACK Maseno, and Sabatia hospitals

- Enhanced compliance to Enforcement of the HRM Professionals Act No. 52 of 2012 by sensitizing all practitioners on the new developments. CHAK also identified and disseminated e-learning opportunities for ease of access to continuous professional development at the work place.
- CHAK Generic HRM Policy Manual dissemination and sensitization to enhance adoption and utilization in the facilities. The table on the following page shows the MHUs reached.
- Troubleshooting on regulatory challenges

occasioned by both The Pharmacy and Poisons Board and KMLTTB on registration and certification. Information and guidelines were provided as were opportunities for cross learning by through peer exchange on best practices.

- Recruitment support for key personnel by participating in interviews, providing technical support in development of assessment tools and linkage to recruitment agencies dealing with the health workforce for easier, cheaper and faster turnaround.
- Follow up on compliance with the Industrial Training Act 237 that establishes levy contribution to support capacity improvement of staff. Over 161 staff were trained with training reimbursements from Litein, AIC Cure and CHAK secretariat

### Industrial relations

The employment and labour landscape in the health sector in Kenya has drastically changed in the past few years following the adoption of Kenya constitution 2010 and the Labour Laws 2007.

The Labour Relations Act (2007), Section 4, gives employees the right to participate in trade unions. The establishment of vibrant labour unions for nurses and doctors has resulted in frequent labour agitation that has disrupted services and taken up time in collective bargaining agreements.

The CHAK network has experienced the impact of industrial unrest either directly or indirectly when it affected the public sector.

Under the leadership of FKE, CHAK which is a member of the federation, has over the years taken an active role in the negotiation of two-year Collective Bargaining Agreements with KUDHEIHA (The Kenya Union for Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers). In 2018, the following issues were addressed:

- Dissemination of the signed and registered CBA to the CHAK membership for adoption and compliance
- Sensitization of member health units on the

existence of the CBA. The member units were sensitised on the need to align themselves and participate in the CBA process by giving input to union proposals as a basis for management counter proposals.

- Technical support on engaging union officials following demands that individual hospitals sign recognition agreements.
- Initiated the negotiation of the 2018/2019 CBA which is in the final stages of completion
- Adopting an all-inclusive approach in managing employee relations that is proactive, dynamic, consensus-oriented and sustainable as well as anchored in the Constitution.

## Medical education

CHAK remains a key stakeholder in the development of medical education in Kenya. Within the CHAK membership are medical training colleges, universities and hospitals offering training programmes at diploma, degree, masters and post graduate residence programmes.

Training within CHAK network is diverse and includes:

### 1. Specialist training

- General Surgery at Tenwek and Kijabe hospitals through a fellowship programme delivered in collaboration with PAACS and COSESCA
- Orthopedic Surgery fellowship by Tenwek and Cure international hospitals
- Pediatric Neurosurgery course for surgeons by Bethany Kids at Kijabe
- Bachelor of Science in Comprehensive Ophthalmology and Cataract Surgery at Sabatia Eye Hospital. The hospital is offering the course in collaboration with Jomo Kenyatta University of Agriculture and Technology and the Clinical Officers Council of Kenya. Four students graduated in 2018.
- Training Ophthalmology registrars from the University of Nairobi for electives
- AIC Kijabe is an Anaesthesiology Rotation Site (Addis Ababa University)
- Ophthalmic Skills Upgrading Course offered by Sabatia Eye Hospital
- CHAK/Gertrudes Children's hospital training of pediatric critical care nurses. The programme will train 10 Nurses annually.

### 2. Medical Training Colleges and Universities

There are a total of 13 Medical Training Colleges affiliated to CHAK member health units. Over the years, CHAK affiliated MTCs have been known for offering diploma in Registered Community Health Nursing.

CHAK has consistently represented its member network in the Board of the Nursing Council of Kenya.

However, Medical Training Colleges (MTCs) are now transitioning from traditional Nursing Schools to Colleges of Health Sciences.

Among the MTCs that have made this transition are Kijabe, Kendu Adventist, Litein, Tenwek, Maua and Tumutumu. The medical colleges have diversified their courses to include Diploma in Clinical Medicine and Surgery, Diploma in Medical Laboratory, Post Graduate Diploma in Anesthesia and Emergency Medicine among other prospective courses.

Four CHAK Hospitals are partnering with Kabarak University Medical School in the Family Medicine Masters programme. These are Tenwek, Kijabe, Chogoria and Litein. Plans are underway to scale up the programme to Maua, Tumutumu and Kapsowar hospitals. The programme currently has 15 registrars enrolled.

CHAK has continued to foster and strengthen collaboration with regulatory bodies and professional associations. These bodies include the Medical Practitioners and Dentists Board, Clinical Officers Council, Radiation Protection Board, The Nursing Council of Kenya, Medical Laboratory Technicians and Technologists Board and TVETA for registration as tertiary training colleges.

Key observations for 2018 are as follows:

- Tumutumu college is offering Diploma programmes in IT and Business Management in an effort to contribute to health systems strengthening.
- ACK Maseno School of Nursing has started training on Health Records with IT at both certificate and diploma levels
- Maua Methodist College of Health Sciences has started training in counseling at diploma and



certificate levels.

PCEA Kikuyu Hospital is in the process of registering its new School of Nursing.

PCEA Chogoria Hospital is developing a programme on higher national diploma in Nephrology and the curriculum has already been approved by the Nursing Council.

The trend of expansion to new programmes is expected to continue in the coming years as well as partnerships

No	Name of Training institution	Total No. of students	No. Graduated in 2018
1	Tumutumu Hospital Training College	149	60
2	Maua Methodist School of Nursing	121	45
3	ACK Maseno School of Nursing	112	34
4	PCEA Chogoria School of Nursing	228	59
5	Tenwek Hospital College of Health Sciences	107	35
6	Kijabe Hospital College of Health Sciences	277	91
7	Litein Medical Training College	300	93
8	AIC Kapsowar School of Nursing	177	61
9	PCEA Nakuru West School of Nursing	146	22
10	Kendu Adventist College of Medical Sciences	280	80
	Total	<b>1897</b>	<b>580</b>

**CHAK MTCs  
capacities and  
number of  
graduates in 2018**

with universities for clinical placement of various cadres.

### 3. Medical and Clinical Officer internship program

CHAK continues to partner with the Ministry of Health, university medical schools and accredited member teaching hospitals in this programme.

The demand for training within CHAK accredited hospitals has been increasing. In 2018 three universities entered the programme. These were Maseno University, Uzima University and Kenya Methodist University.

During the year, CHAK facilitated selection and recruitment of 68 Medical Officer Interns and submitted a request to the Ministry of Health / KMPDB for their placement.

Student interviews with the participating hospitals took place at University of Nairobi, Moi University, Egerton University, Kenyatta University, Maseno University, Kenya Methodist University and Uzima University

CHAK also partners with both the Clinical Officers Council of Kenya and the Nursing Council in the

training of Clinical Officers and BSN Nurses.

### Afya Elimu Fund

The Afya Elimu Fund (AEF) is a public-private partnership (PPP) initiative aimed at increasing access to both pre-service and in-service training funding for needy middle level college students.

The Fund offers affordable loans to needy students pursuing medical training at pre-service level for diploma and certificate courses only.

The ultimate aim of the initiative is to create a self-sustaining revolving fund from which students will continue to access financial assistance to enroll into health sector related courses. The fund is meant to respond to existing gaps in capacity development and unmet needs for certain cadres of the health workforce.

CHAK has continued to advocate for FBO Medical Training Colleges' students to access financial assistance from the Afya Elimu Fund. Many students from FBO MTCs have benefited from this partnership reducing dropout due to lack of school fees.

A total of Ksh53,374,195 was paid out for 825 students undertaking diploma courses in CHAK affiliated MTCs for the period 2013 – 2018.

Out of these, 222 have already graduated and are seeking employment opportunities to enable them start repaying back their loans.

CHAK participated in both Afya Elimu Fund Steering Committee meetings and events in the year 2018.

## Medical Officer and Clinical Officer internship training in CHAK hospitals

No	Hospital	Medical Officer interns	Clinical Officer interns
1	PCEA Kikuyu	11	8
2	AIC Kijabe	12	9
3	AIC Litein	8	14
4	PCEA Chogoria	8	8
5	PCEA Tumutumu	7	7
6	AGC Tenwek	10	10
7	Maua Methodist	9	12
8	Kendu Adventist	3	3
9	Sabatia Eye		3 (CO ophthalmologists)
		68	74

## CHAK MTCs benefitting from the Afya Elimu Fund categorized into cadres

Name of Institution	No. of Beneficiaries by Gender		No. of beneficiaries by Cadre							Total No. of beneficiaries	Total amounts used in Ksh
	Female	Male	Nursing	Clinical Medicine	Laboratory	Nutrition	Public Health	Community Health	Health Records		
AIC Kapsowar School of Nursing	46	24	67							70	4,188,500
AIC Kijabe College of Health Sciences	21	12	28	5						33	1,596,500
AIC Litein College of Health Sciences	123	59	166	2	11					182	10,160,500
Great Lakes University	14	21	3	26		2		3	1	35	1,351,000
Kendu Adventist Medical College	27	28	38	17						55	3,298,000
Kenya Methodist University	2	5		6			1			7	337,000
ACK Maseno School of Nursing	50		50							50	3,486,000
Maua Methodist School of Nursing	46	34	80							80	6,214,925
PCEA Chogoria School of Nursing	42	15	57							57	3,029,200
PCEA Nakuru West School of Nursing	57	31	88							88	7,313,500
PCEA Tumutumu College	52	20	72							72	5,070,570
Presbyterian University of EA	23	13	22	13					1	36	2,750,500
Tenwek Hospital College of Health Sciences	28	32	60							60	4,578,000
<b>Totals</b>	<b>531</b>	<b>294</b>	<b>731</b>							<b>825</b>	<b>53,374,195</b>

Total No. Graduated	222
Total No. Employed	128
Total No. Unemployed	94

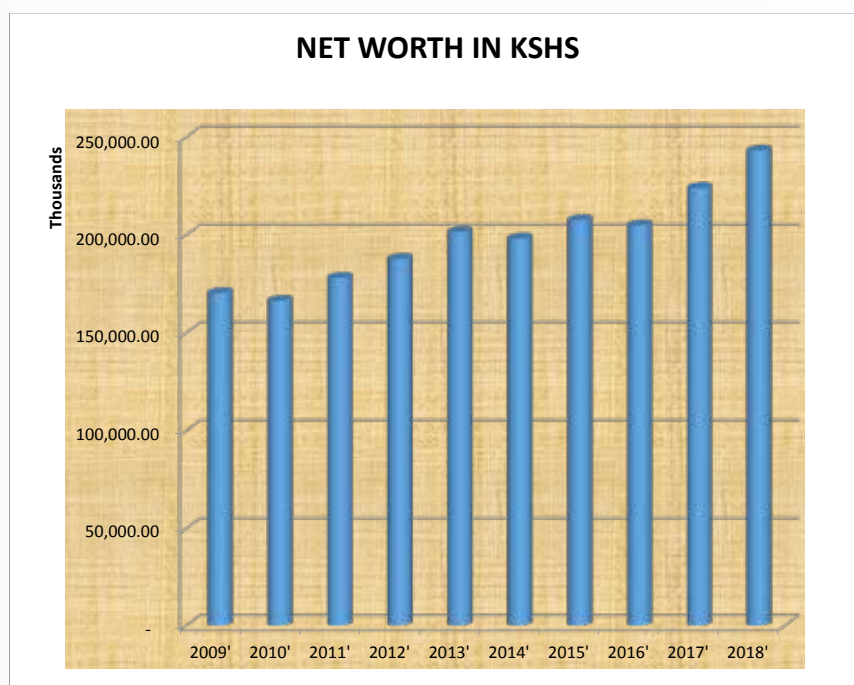


# **Financial Report 2018**

## Net assets growth

The Association's net asset book value recorded an increase of 8.6 per cent from Ksh223.9 million in 2017 to close at Ksh243.1 million in 2018. The increase was as a result of purchase of one motor vehicles and CHAK Guest House assets replacements.

After depreciation, the Association recorded a surplus of Ksh15.8 million which significantly contributed to the net asset growth as shown in the table below.

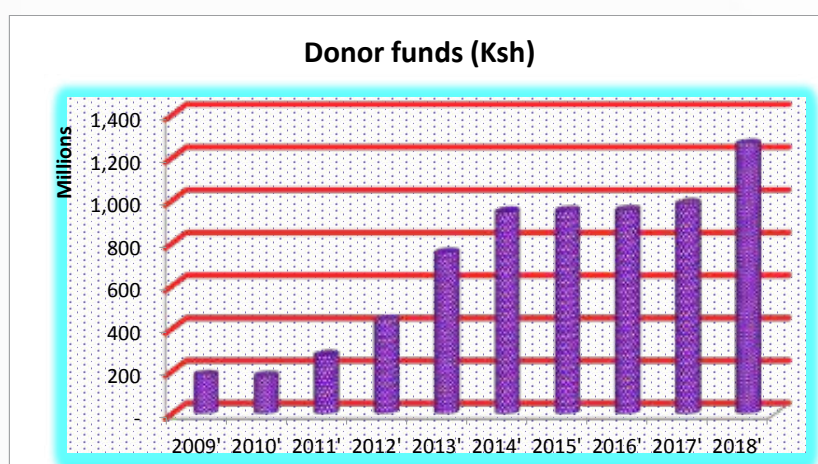


**CHAK net assets growth  
2009-2018**

## Total revenue

The Association's gross revenue increased from Ksh984 million in 2017 to close at Ksh1.264 billion in 2018 representing a 28.3 per cent increase. The good performance was as a result of increased and sustained funding to the CDC HIV project which contributed 74 per cent of the total revenue. Bread for the World contributed 10 per cent and CHAK Guesthouse and Conference Centre three per cent.

The Health Heart Africa project and NCDs contributed eight per cent, USAID-funded programs two per cent and others three per cent.

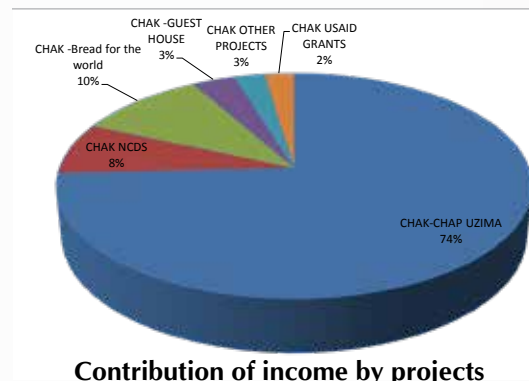


**CHAK Revenue  
Generation over the last  
10 years**



The table below shows contributions by funding category.

Sources of Funds in year 2018- Project by Donor	Kshs	USD=Kshs 100
CHAK Core programme supported by Bread for the World	55,306,736.00	553,067.36
CHAK National HCTS program	15,284,790.00	152,847.90
CHAK Health Heart Africa(HHA)	73,987,684.00	739,876.84
CHAK BOP Diabetes Management - Danida and Novo Nordisk	4,530,203.00	45,302.03
CHAK Anzilisha project- Nutrition International	6,038,756.00	60,387.56
CHAK Medical Equipment project funded by Bread for the World	10,689,825.00	106,898.25
CHAK World Diabetic Fund Project	10,100,000.00	101,000.00
CHAK CCIH Advocacy Program	4,296,169.00	42,961.69
CHAK Guesthouse and Conference Centre	42,896,015.00	428,960.15
CHAK CORE Budget - Own Contribution	73,248,738.00	732,487.38
CHAK HIV&AIDS Project(UZIMA)funded by PEPFAR- CDC	936,968,800.00	9,369,688.00
CHAK Afya Jijini funded by USAID through IMA World Health	25,963,706.00	259,637.06
CHAK APHIA Plus Kamili Supported USAID Through JHPIEGO	3,807,136.00	38,071.36
<b>Total Funds Received During the Year</b>	<b>1,263,118,558.00</b>	<b>12,631,185.58</b>



## Total expenditure

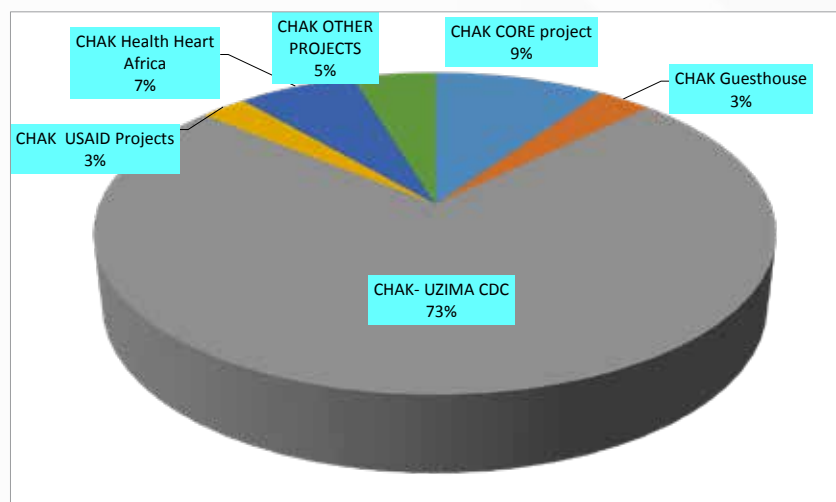
The association expended Ksh1.23 billion in implementing project activities. Overall, CHAK managed an expenditure over income at a rate of 97.3 per cent or burn rate of 97.3 per cent.

Thus, every money received was immediately put into use in accordance with budget and plan of implementation. All efforts were put in place to ensure expenditure was consistent to budget, agreement and in line with funding agreements and reported on time

Expenses by project in 2018	Ksh	USD=100
CHAK Core project	117,878,915.00	1,178,789.15
CHAK Guest House	37,675,815.000	376,758.15
CHAP-Uzima CDC	902,478,504.00	9,024,785.04
CHAK USAID projects	32,491,057.00	324,910.57
CHAK Healthy Heart Africa	81,455,066.00	814,550.66
CHAK other projects	57,576,150.00	575,761.50
<b>Total</b>	<b>1,229,555,507.00</b>	<b>12,295,555.07</b>

Expenditure by project category

**Percentage of expenditure by project category**



### Liquidity ratios

The association maintained a cash ratio of 2.5:1. Total current assets were Ksh217.2 million while current liabilities were Ksh86.8 million. This means that the liabilities can be paid twice without causing any cash flow problems.

The pie chart on the right shows liquidity proportions.

### CHAK Guesthouse And Conference Centre

The guest house gross revenue increased from Ksh32.4 million in 2017 to close at 42.8 million in 2018, representing an increase of 32 per cent.

Similarly, the expenses increased from Ksh34.3million in 2017 to close at Ksh37.7 million in 2018.

The guest house hence recorded a profit of Ksh5.22 million compared to a loss of Ksh1.9 million in 2017.

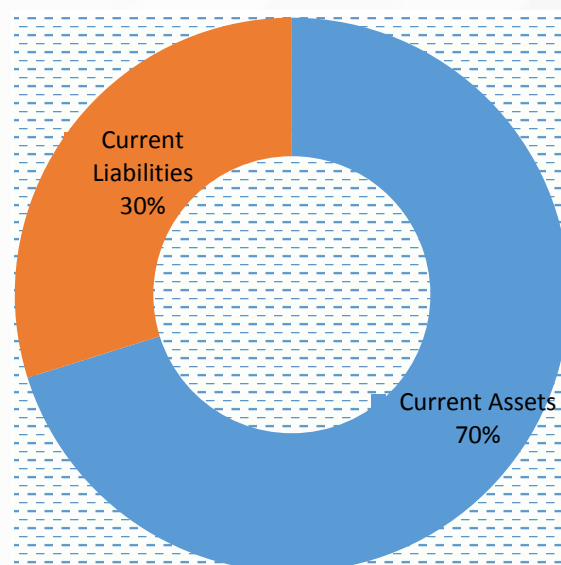
The good results realized are attributable to enhanced efforts in marketing, provision of outside catering services and use of the guesthouse vehicle to provide taxi services to its customers.

### External audits and reviews

During the year 2018, CHAK was externally audited and received unqualified audit reports. Several audits and assessments were conducted as follows:

1. CHAK CORE, guesthouse and conference centre, Bread for the World project and Action for Diabetics (Aford) audits were conducted by Mazars CPAK.
2. The CHAP-Uzima CDC project was audited by RSM CPA

CHAK received management letter points for improvement and these have been taken into account for improvement. CHAK also has routine audit checks and controls overseen by the internal auditor.



**Current assets at 70 per cent compared to current liabilities at 30 per cent**



## CHRISTIAN HEALTH ASSOCIATION OF KENYA

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