CHRISTIAN HEALTH ASSOCIATION OF KENYA

ANNUAL REPORT

2024

Quality health care for all
to the glory of God

Christian Health Association of Kenya

Quality health care for all to the glory of God

Contacts:
Musa Gitau Road, off Waiyaki Way
P.O. Box 30690 00100, GPO, Nairobi, **KENYA**

Tel: +254 722 203 617 | +254 733 334 419

Email: secretariat@chak.or.ke | gs@chak.or.ke

Website: www.chak.or.ke

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Abbreviations

ACSP	Africa Clear Sight Partnership Project
AGYW	Adolescents Girls and Young Women
AMR	Antimicrobial resistance
ANC	Ante Natal Care
ART	Anti Retroviral Therapy
AYP	Adolescents and Young People
CASIC	County Antimicrobial Stewardship Committee
CCIH	Christian Connections for International Health
CHA	Community Health Assistant
CHMIS	CHAK Hospital Management Information System
CHP	Community Health Promoter
CME	Continuous Medical Education
CMD	Cardiometabolic Diseases
COG	Council of Governors
CSS	Community Systems Strengthening
DRF	Drug Revolving Fund
ECDE	Early Childhood Development and Education
EID	Early Infant Diagnosis
EMR	Electronic Medical Records
eMTCT	Elimination of Mother to Child Transmission of HIV
ERP	Enterprise Resource Programme
EXCO	Executive Committee
FANC	Focused Antenatal Care
FBO	Faith Based Organisation
GBV	Gender Based Violence
HCTS	Health Care Technical Services
HCW	Health Care Worker
HEI	HIV Exposed Infants
HES	Household Economic Strengthening
HIV RTK	HIV Rapid Test Kit
HIVST	HIV Self Test Kits
HRH	Human Resources for Health
HRIO	Health Records Information Officer
HTS	HIV Testing Services
HTS _POS	HIV Testing Services Positives
IEC	Information, Education and Communication
IPC	Infection Prevention and Control
KCCB	Kenya Conference of Catholic Bishops
KENRA	Kenya Nuclear Regulatory Authority
KFBHSC	Kenya Faith Based Health Services Consortium
KHIS2	Kenya Health Information Systems 2
KP	Key population
LARC	Long-Acting Reversible Contraceptive
MAKL	Medical Administrators Kenya Limited
MMR	Maternal Mortality Rate
MNCH	Maternal Neonatal & Child Health
MEDS	Mission for Essential Drugs and Supplies
MERL	Monitoring, Evaluation, Research and Learning
MHU	Member Health Unit
MOH	Ministry of Health
MTC	Medical Training College
NCD	Non Communicable Diseases
NGO	Non Governmental Organisation
NHIF	National Health Insurance Fund
NNR	Neonatal Mortality Rate
NTD	Neglected Tropical Diseases
OJT	On Job Training
OPD	Out Patient Department
OVC	Orphans and Vulnerable Children
PBFW	Pregnant and Breastfeeding Women
PCN	Primary Care Network
PHC	Primary Health Care
PLHIV	People Living With HIV
PNS	Partner Notification Services
POS	Point of Sale
PPH	Postpartum Hemorrhage
PP	Positive Prevention
PrEP	Pre-exposure Prophylaxis
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
PT	Proficiency Testing
QA/QC	Quality Assurance & Quality Control
RCC	Regional Coordinating Committee
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
SCHMT	Sub County Health Management Team
SHA	Social Health Authority
SNS	Social Network Services
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SUPKEM	Supreme Council of Kenya Muslims
TA	Technical Assistance
TIMS	Tax Invoice Management System
TNA	Training Needs Assessment
TWG	Technical Working Group
UHC	Universal Health Coverage
UON	University of Nairobi
VL	Viral Load
WASH	Water, Sanitation and Hygiene
WAAW	World Antimicrobial Awareness Week

Introduction

CHRISTIAN HEALTH ASSOCIATION OF KENYA

Promoting universal access to quality health care in Kenya delivered through resilient health systems

Strategic Plan 2023 – 2028

www.chak.or.ke

Learn, engage, Collaborate

CHAK identity

CHAK is a national faith-based organisation of the Protestant Churches, health institutions and programs from all counties of Kenya providing quality health care since 1946 through building of health systems, partnerships, and community empowerment.

CHAK is founded upon Revelation 22:2 which states "on each side of the river there was the tree of life, bearing twelve crops of fruit, yielding its fruit every month: and the leaves of the tree are for the healing of the nations."

CHAK's mandate

CHAK's mandate is to promote universal access to quality healthcare by building capacity of health workers and supporting health facilities to deliver accessible, comprehensive quality health services to the people of Kenya and beyond in accordance with Christian values, professional ethics and national health sector policies.

CHAK also engages communities to empower them to seek and access quality health care.

Our vision

Quality Healthcare for all to the glory of God

Our mission

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

Strategy conceptual framework

Strategic priority areas

To maximize efficiency in the utilization of the available scarce resources, CHAK has adopted a strategy of integration, innovation and partnerships.

The CHAK Strategic Plan 2023-2028 priority areas have been clustered into six strategic thematic areas, namely:

i. Health service delivery
ii. Health systems strengthening
iii. Advocacy, partnerships and networking
iv. Sustainable financing and resource management
v. Strategic information management
vi. Branding, marketing and communication

Core values

CHAK structure

CHAK has an elaborate governance structure which includes the Annual General Meeting (AGM), a Board of Trustees comprising senior religious leaders, Executive Committee (EXCO), which is the Board, and Board sub-committees (Finance, Programmes and HR, Audit and Risk, Tender Committee).

Member health units are clustered into four regions each having a Regional Coordinating Committee (RCC). The secretariat and programmes are managed by the management team, while internal audit oversees compliance.

Structure of CHAK

Performance monitoring, evaluation, research and learning framework

The CHAK MERL strategy is organised into four tenets which are: strategy control, results monitoring, evaluation and adaptive learning.

Each of the four tenets plays a pivotal role in CHAK's ability to monitor and assess progress, learn from successes, best practices and challenges both at the organisational and health facility level.

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:

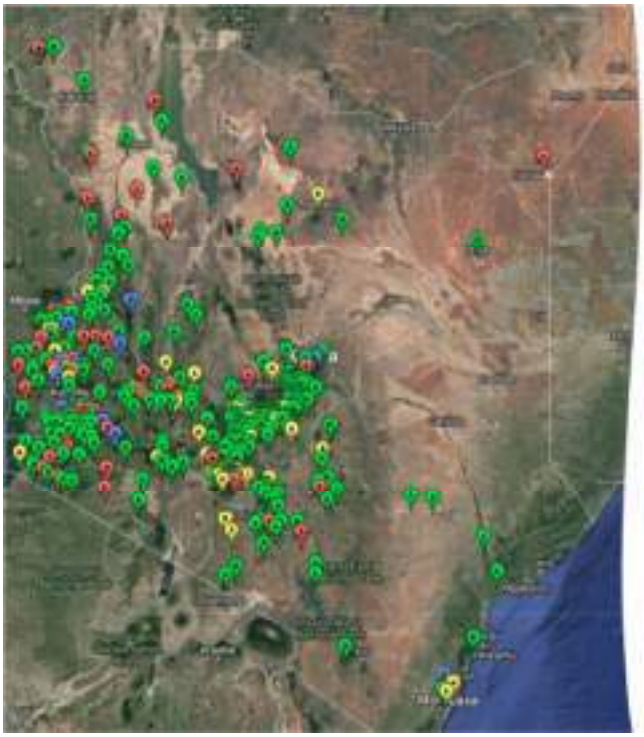
- HIV&AIDS prevention, treatment, OVC support, and stigma mitigation; CHAP Stawisha Project (CDC) and USAID Jamii Tekelezi Program are the major PEPFAR funded projects leading this effort
- Tuberculosis (TB) diagnosis and treatment, defaulter and contact tracing and TB/HIV co-infection management
- Evaluation of integration of HIV and NCDs services towards enhancing sustainability
- Maternal, Neonatal, Child and Adolescent Health services
- Reproductive Health and Family Planning
- NCDs awareness, education and screening at community and facility levels and appropriate referral linkages for treatment and follow up. This includes participating in access programs for NCD commodities.
- Visual impairment screening and corrective management. Screening for presbyopia and dispensing of reading glasses
- Advocacy, Partnerships and Networking at county, national and regional levels
- National and County Governments' partnership engagement
- Sustainable health care financing for UHC through engagement with Social Health Authority (SHA), MOH and private sector

- Business development and grants management
- Medical Education, training and research. We are partners in the Partnership for Education of Health Professionals (PEP) program funded by the Novo Nordisk Foundation.
- Health systems strengthening
  a) Medical equipment program supporting sourcing, installation, maintenance and quality assurance for church health facilities
  b) Medical Equipment Dosimetry Lab for radiation monitoring and calibration for anaesthesia machines and patients monitors
  c) Human resources for health capacity development and systems strengthening
  d) Governance, leadership and management support for member health facilities
  e) ICT innovations and systems strengthening including Hospital Management Software
  f) Strategic Information (M&E) and Electronic Medical Records System (EMR) including CHAK DHIS2 Data Reporting Platform

CHAK Business Services Limited (CBSL)

Towards building capacity for sustainability, CHAK has established CBSL to drive investments for domestic resourse mobilization. The company is providing products in hospitality business, medical equipment services, hospital management system and consultancy.

Distribution of CHAK member health facilities in Kenya



- 35 Hospitals
- 127 Health Centres
- 322 Dispensaries
- 68 Churches/Church Organisations
- 29 CBHC Programmes
- 20 Medical Training Colleges
  MTCs - 14
  Universities - 6

www.chak.or.ke

Contacts:

The General Secretary
Christian Health Association of Kenya (CHAK)
Musa Gitau Road off Waiyaki Way

P.O.Box 30690, 00100
Nairobi, Kenya

Tel: +254-733-334419, +254-722-203617

Email: secretariat@chak.or.ke
gs@chak.or.ke

Website: www.chak.or.ke

CHAIRMAN'S REPORT

Introduction

CHAK Strategic Plan 2023-2028 which was in its second year of implementation guided our programmes, facilitated by a new organizational structure and support from members and partners.

Ongoing HIV/TB, non-communicable diseases, maternal and child health and health systems strengthening programmes were scaled up in collaboration with partners and the Ministry of Health.

Through the efforts of CHAK Secretariat technical teams coordinated by the Business Development Unit which is steered by business development lead Peter McOdida, CHAK acquired new projects funded by Ecumenical Pharmaceutical Network (EPN), Africa Christian Health Associations Platform (ACHAP) and Gates Foundation.

These new projects are supporting capacity building for MHUs in maternal and child health, medical education towards improving quality of care for cardiometabolic diseases, working through Medical Training Colleges, and eye care services by providing screening and reading glasses.

The Secretariat also received project approval by Gates Foundation for an evaluation of integration of HIV and NCD services in collaboration with MOH, CDC, UON and counties.

The partnership with ACHAP and Restoring Vision has provided two containers of reading glasses which are being distributed through member health facilities selected from all the four CHAK regions.

The membership also received support through the MHUs Development Assistance Fund which was established by EXCO in 2023. Several health facilities from all four CHAK regions were supported following recommendations by the RCCs and approval by EXCO. This support ranged from infrastructure improvement to supply of essential medicines through MEDS.

CHAK Business Services Ltd (CBSL) has been operationalized to drive domestic resource mobilization initiatives through strategic investments with the aim of raising unrestricted funds that will be employed to support organizational growth and sustainability and facilitate equitable support for MHUs. The company branding, communication and marketing policies were developed and approved by EXCO. Medical equipment, dosimetry and Hospital Management System (CHMIS) products and services are now marketed and offered to members and clients through CBSL.

CHAK Secretariat completed implementation of Microsoft NAV 365 ERP including the HR module. The ERP has enabled integration of all organisational operations and enhanced efficiency. All financial management, procurement, projects management and human resources management processes are done on the ERP.

CHAK is grateful to Donor Partners for support to the organization and projects. We are grateful to the Board of Trustees, Executive Committee (EXCO), Management Team, Secretariat, guest house and project staff for their commitment and support to the organisation's programmes throughout the year.

We thank the Government of Kenya at National level through the MOH, County Governments and

Eva Klitzch from BfW Germany speaking with pregnant mothers during a visit to AIC Olasiti Dispensary, Narok County. She is with CHAK RMNCAH Coordinator Jane Kishoyian.

Council of Governors (COG) for recognition and support to CHAK and member health facilities.

We appreciate our Development Partners for their faith in CHAK, generous funding and technical support. We also acknowledge and appreciate all MHUs for their commitment and contribution to the healing ministry despite the major health care financing crisis occasioned by the accumulated unpaid claims by NHIF/SHA.

Our partnership with Bread for the World, Germany has continued to thrive and enable CHAK to continue supporting MHUs in capacity building and health systems strengthening with focus on women's and children's health.

Eva Klitzch from BfW Germany visited AIC Olasiti Dispensary, a programme implementation site in Narok County, and experienced first-hand the impact of CHAK work in rural communities.

The Partnership for Education of Health Professionals (PEP) project funded by Novo Nordisk Foundation through AMREF has engaged CHAK-affiliated Medical Training Colleges towards enhancing capacity for delivery of quality education towards improving services for cardiometabolic diseases.

During the AGM of 2024, CHAK held a colorful launch of the new Africa Clear Sight Partnership Project which is being implemented in partnership with Restoring Vision of USA and ACHAP.

Restoring Vision has donated to CHAK 250,000 pairs of reading glasses for men and women. The project is supporting screening for presbyopia and provision of reading glasses to patients to improve their vision.

Improving Pharmaceutical Access through Continuous Training (IMPACT) project is implemented in partnership with Action Medeor and EPN, and is supporting capacity strengthening of rural lower level health facilities to improve pharmaceutical services for rural populations.

The USAID Jamii Tekelezi Project and CDC CHAP Stawisha Project have continued to expand CHAK work in the HIV and TB prevention, care and treatment services and support for orphans and vulnerable children (OVC) across several counties.

CHAK Secretariat has done well in coordinating critical advocacy engagements with National Government and, MOH, NHIF and Social Health Authority (SHA), through a joint approach with other faith-based health service providers from KCCB, SUPKEM and MEDS under the framework of the Kenya Faith Based Health Services Consortium (KFBHSC).

CHAK facilitated several high-level advocacy engagements for religious leaders with H.E The President, the CS-MOH, chairman and CEO of NHIF Board and Parliamentary Health Committee.

Senior religious leaders from CHAK, KCCB, MEDS, NCCK and EAK participated in a successful partnership engagement with H.E The President, Dr William Samoei Ruto, on March 25, 2025, at State House Nairobi. The meeting addressed the financing crisis facing faith-based health facilities due to accumulated unpaid claims held by NHIF, SHA and MAKL. The President made a commitment for SHA to make timely payment of all cleared claims and for eventual payment of old NHIF claims upon verification by a special vetting committee appointed by CS-MOH and allocation of budget by Parliament.

Governance of CHAK

CHAK Annual Health Conference and AGM 2024

CHAK Annual Health Conference and AGM was held on April 23-25, 2024, at the Kenya School of Government, Lower Kabete, Nairobi. The Conference theme was "Transformational health sector reforms for Universal Health Coverage; role of faith-based health facilities".

The conference objectives were as follows:

1. Sensitization on the new health sector legal framework and their implication for the health sector; Social Health Insurance Act 2023, Primary Health Care Act 2023, Digital Health Act, and Facility Improvement Financing Act 2023
2. To review the Primary Care Networks (PCN) new model for delivering Primary Health Care in Kenya.
3. To discuss health care financing reforms; transition from NHIF to Social Health Authority (SHA); opportunities and potential challenges
4. To share costing models to inform service packages pricing and evidence-based advocacy

EXCO members with incoming General Secretary Dr Chrisostim Wekesa Barasa and outgoing General Secretary Dr Samuel Mwenda, at CHAK Secretariat.

Delegates were well engaged on these critical legal and policy reforms that have the potential to markedly transform the health sector in the journey towards UHC.

Guest speakers came from MOH and NHIF and candid discussions were held on the challenges facing faith based health facilities due to delays in payment of claims by NHIF and MAKL. The delegates made recommendations for strategic advocacy to address these health care financing challenges.

During the AGM of 2024, elections were held for the position of RCC Chair for Western/North Rift and Mrs Ruth Nabie elected to serve a second term.

The EXCO members who served in 2024 were:

- Rt. Rev. Charles Asilutwa - Chairman
- Mr James Maina - Vice Chairman
- Ms Christine Kimotho - Treasurer
- Mr George Opundo - Vice-Treasurer
- Joel Jamhuri - RCC Chairman, Central/Nairobi/ South East/Coast Region
- Mrs Ruth Nabie - RCC Chair, Western/North Rift Region
- Rev. Samson Musyimi - RCC Chairman, Eastern/ North Eastern Region
- Mr. Eric Lang'at - RCC Chairman, Nyanza/South Rift Region

EXCO held two governance retreats during which they worked on major review and/or development of several policies. The policies completed include HR Management Policy, Financial Management Policy, PSEAH Policy, Child Safeguarding policy, Data Protection Policy and Disability Inclusion Policy.

The statutory EXCO business meetings were held quarterly to review programmatic performance and financial reports and provide oversight.

In the last quarter of the year three special meetings were held to process the management succession roadmap for the General Secretary.

EXCO was supported to undertake it's mandate by the following sub-committees;

1. Finance Committee
2. Programmes and HR Committee
3. Audit and Risk Committee
4. Tender Committee
5. Guest House Management Committee

CHAK Trustees

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

CHAK Trustees with incoming General Secretary Dr Chrisostim Wekesa Barasa and outgoing General Secretary Dr Samuel Mwenda, at CHAK Secretariat.

The Trustees who served during the year were:

- Rt. Rev. Charles Asilutwa - Anglican Church of Kenya (ACK) - Chairman
- Rev. Dr. Robert Lang'at – Africa Gospel Church (AGC)
- Rt. Rev. Joseph Wasonga – Anglican Church of Kenya (ACK)
- Rev. Prof. Zablon Nthamburi – Methodist Church in Kenya (MCK)
- Very Rev. Dr. Julius Mwamba – Presbyterian Church of East Africa (PCEA)
- Pst. Dr. Samuel Makori – Executive Director, Seventh Day Adventist (SDA), East Kenya Conference
- Rev. Paul Manyara – Bishop AIC, Kijabe Region

The Trustees held two meetings during the year in which they reviewed the status of CHAK assets, partnerships and legal matters.

The Trustees are also supporting the process of registration of Christian Health Association of Kenya Trust which is at an advanced stage. The Trust will be the custodian of CHAK shares in CHAK Business Services Ltd (CBSL).

The Trustees were instrumental in leading high-level advocacy to address NHIF/SHA transition challenges and the huge accumulated unpaid bills. The Trustees and heads of churches supported engagement with H.E. The President on the financing crisis facing faith based health facilities due to unpaid bills by NHIF and MAKL and slow payment of claims submitted to SHA.

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

- Rt. Rev. Charles Asilutwa
- Rt. Rev. Joseph Wasonga
- Rev. Dr. Robert Lang'at

CHAK Guest House and Conference Centre

CHAK Guest House has continued to provide quality services to CHAK events and external guests including international mission teams from USA and Europe.

The guest house achieved business volume totaling Ksh42.9M in 2024 compared to Ksh37.4M in 2023. Due to high cost of goods and depreciation of the old equipment and plant, the overall performance was a surplus of Ksh715,634. This was an improvement from a deficit of Ksh1.9 million recorded in 2023.

The legal process of transitioning CHAK Guest House to operate as a business entity under the CHAK Business Services Company Ltd was underway in 2024. CHAK completed installation of a solar power system for the Guest House and

Secretariat offices towards saving on power bills and bridging power outages.

Regional Coordinating Committees (RCCs)

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

i. Eastern/North Eastern chaired by Rev. Samson Musyimi from Tei wa Yesu Hospital, Mwingi, Kitui County
ii. Central, Nairobi, South East & Coast chaired by Mr Joel Jamhuri from PCEA Kikuyu Hospital, Kiambu County
iii. Western/North Rift chaired by Mrs Ruth Nabie from ICFEM Dreamland Hospital, Bungoma County
iv. Nyanza/South Rift chaired by Mr Erick Lang'at from AIC Litein Hospital, Kericho 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.

A joint meeting was held at CHAK Guest House for all RCCs chairs, Vice Chairman of CHAK and Secretariat which reviewed progress towards enhancing collaboration for support to MHUs through RCCs. Support allocated in the MHUs Development Support Kitty was discussed and recommendations made to EXCO.

The RCCs provide strategic fora for networking of MHUs at regional level and an avenue for dissemination of information from the Secretariat. They also provide feedback from the members on priority advocacy issues that require collective action within the region and those to be taken up by CHAK Secretariat for national level advocacy.

The most critical advocacy issues were reconciliation of claims owed by NHIF before transition to the Social Health Authority and advocacy for payment of unpaid bills by NHIF.

Management succession of the General Secretary

Over the past two years, EXCO has managed succession of two senior Heads of Department; Mr Patrick Kundu and Dr Cyprian Kamau who headed Institutional and Organizational Development and Health Programmes Departments respectively.

CHAK Trustees, EXCO members and Senior Management Team with new General Secretary Dr Chrisostim Barasa and out going General Secretary Dr Samuel Mwenda, after induction prayers led by the Trustees on March 21, 2024.

In the last quarter of 2024, EXCO developed and implemented a roadmap for succession of the General Secretary who is due to retire on June 30, 2025.

The position was advertised in October, shortlisting done in November and interviews conducted on January 10, 2025.

Through this competitive recruitment process and after due diligence by EXCO and Trustees, Dr Chrisostim Wekesa Barasa was recruited and reported to start serving CHAK on March 17, 2025.

Out going General Secretary Dr Samuel Mwenda welcoming new General Secretary Dr Chrisostim Barasa to the GS office as CHAK Trustees look on.

Induction prayers were conducted by the Trustees accompanied by EXCO and Senior Management Team on March 21, 2025.

Dr Barasa is a committed professional Christian leader from the Anglican Church of Kenya who brings to CHAK a wealth of expertise and experience in clinical (obstetrics and gynaecology), public health, projects management and health systems governance. He has worked in the public sector, NGOs, UON and faith-based organizations.

We welcome Dr Chris Barasa to the CHAK family and assure him of our prayers and support as he drives CHAK to greater heights of influence and prosperity.

At the AGM of 2025, CHAK will bid farewell to long-serving General Secretary, Dr Samuel Mwenda, who has steered the organisation to great heights with passion and deep commitment over the past 24 years.

The CHAK family and stakeholders in the faith-based sector are grateful to Dr Mwenda for his services and stewardship of CHAK, which recorded tremendous growth in membership, assets, projects, donor partners, influence and recognition in the health sector, including securing an MoU with the Ministry of Health and Council of Governors.

We pray for God's blessings upon him and his family as he transitions to the next phase of service to humanity.

Health financing reforms and challenges in transition from NHIF to Social Health Authority

A major transition of health care financing from NHIF to SHA took effect on October 1, 2024. The transition involved sudden withdrawal of the familiar NHIF IT system and introduction of a new system by SHA. Registration of beneficiaries, accreditation of health facilities and authorization for provision of services all experienced technical hitches.

Withdrawal of outpatient services from hospitals had a huge direct impact on NHIF contributors who would previously access OPD services under capitation with cash payment.

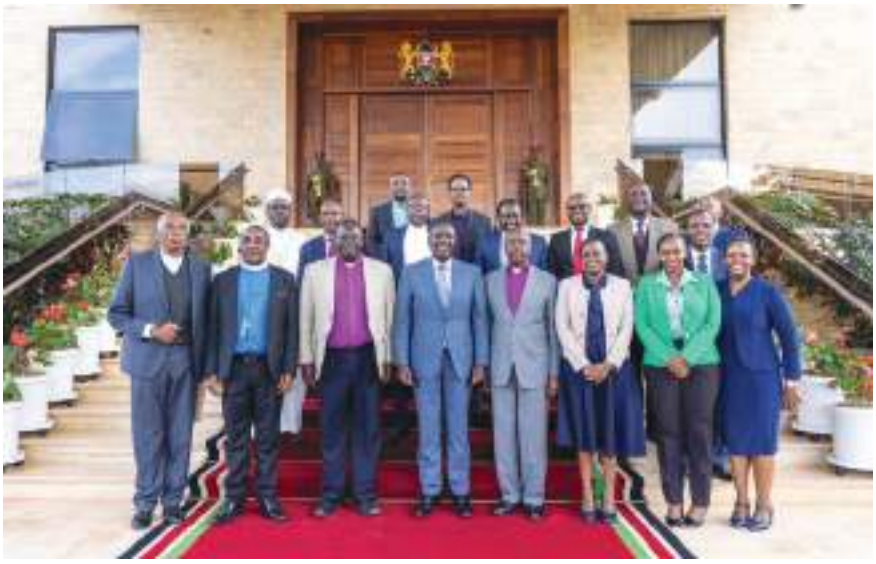
Hospitals lost a large population of clients that they had been serving daily, leading to sustainability concerns.

CHAK stepped forward to organize strategic advocacy engagements through the Kenya Faith Based Health Services Consortium (KFBHSC). In consultation with KCCB and MEDS, CHAK held several advocacy engagements with NHIF/SHA and MOH.

A Religious Leaders Advocacy Forum was convened at Ufungamano House on October 14, 2024, to deliberate on the dire challenges that came with the transition from NHIF to SHA and the looming threat of collapse of faith-based health facilities.

The grim reality of the technical challenges of the SHA system were presented to the PS-MOH Harry Kimutai, who committed to work directly with CHAK and KCCB secretariats and member health facilities to progressively address the issues and ensure timely payment of all claims appropriately submitted to SHA.

CHAK Vice-Chairman James Maina was appointed to join a multisectoral team led by the PS-MOH to support review and ensure fair allocation of payments to service providers.



Delegation of religious leaders from CHAK, KCCB, MEDS and SUPKEM who held an engagement meeting with the President at State House, Nairobi, on March 25, 2025, to discuss the health financing crisis facing faith-based health facilities and the challenge of unpaid bills by SHA and the now defunct NHIF.

Advocacy engagements were intensified at both technical and leadership levels. Despite frequent changes in Health Cabinet Secretaries, CHAK will not relent in driving intense advocacy for member health facilities and towards improving health service delivery for the people of Kenya.

Despite promises by Government leaders that SHA would make payments of all claims promptly, faith based health facilities have cumulatively received only 50 per cent of total claims submitted to SHA as at the end of February 2025.

CHAK General Secretary and Chair of the Kenya Faith Based Health Services Consortium engaged the Parliamentary Health Committee together with private sector representatives to address the challenges health service providers were experiencing with SHA. The engagement also included discussions on improving primary health care and social health insurance under SHA.

CHAK General Secretary and Chair of the Kenya Faith Based Health Services Consortium joined private sector representatives to engage the Parliamentary Health Committee on SHA challenges.

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, that provides high quality services in health commodities supply chain, health advisory services and medicines quality assurance.

MEDS is driven by quality and has attained several national and international quality accreditations (ISO 9001:2015; USAID/OFDA; DG-ECHO; WHO prequalification of the quality control laboratory).

MEDS has grown to become a leading supply chain organization in the region with a reputation for quality, efficiency and affordable services. It serves faith based health facilities, charitable NGOs, county government health facilities and charitable organizations in neighbouring countries.

From 2021, MEDS was awarded Dawa Za Ubora Project which is providing supply chain services for the USAID-funded essential medicines and other health commodities for HIV, TB, malaria and maternal and child health. The USAID Dawa Za Ubora Project has given MEDS responsibility for supply of HIV, malaria and TB commodities to over

3,000 health facilities in Kenya and has consistently recorded performance above targets set by MOH and the donor.

By December 2024, MEDS Trustees purchased a five-acre piece of Land in Kusumu County valued at Ksh69M for development of MEDS Kisumu Branch warehouses, a manufacturing plant and other amenities. Construction work is planned and budgeted to start in 2025.

To strengthen brand visibility and marketing, MEDS Board approved purchase of 11 branded pickup trucks to be used across all counties in Kenya.

MEDS Business volume/turnover recorded growth to Ksh5.89 billion in 2024 compared with Ksh5.74 billion in 2023. The Revolving Drug Fund has grown to Ksh992.9M. Net Assets were at Ksh6.24B up from Ksh 5.67B the previous year.

Debts continue to present a major challenge for MEDS due to huge amounts of money held by health facilities. During the year, the debt burden by faith based health facilities increased due to the cashflow crisis caused by accumulated NHIF Debts. Total creditors increased to Ksh1.82B from Ksh1.56B in 2023.

CHAK strongly urges all MHUs to utilize MEDS pharmaceutical services which guarantee reliable access to quality and affordable medicines and other essential health commodities.

MEDS Chairman Bishop Charles Asilutwa and Board Member from KCCB Bishop Cleopus Oseso flag off a fleet of 9 Isuzu D Max Double Cab Pickups for MEDS field marketing in all 47 counties.

CHAK Pension Scheme

CHAK Pension Scheme was established in July 2014 to provide dependable retirement security for staff as part of their welfare and retention strategy.

It is a contributory scheme regulated by RBA, which receives contributions from both the employer and employees monthly. It is aligned to the NSSF Act and is authorized to manage tier 2 retirement contributions.

The scheme has attained a total membership of 211 (135 active members and 76 deferred members). The annual external audit was conducted by KKCO LLP Auditors for the period ended December 31, 2024 and the returns filed as per RBA Regulations.

The scheme managed to attain a total fund value of Ksh450.5M having recorded a net investment income of Ksh61.2M in 2024.

There was commendable improvement in the value of the assets due to a positive revaluation gain of Ksh48.3M, compared to a revaluation loss of Ksh 42.4M the previous year.

The CHAK Pension Trustees chair is Mr George Opundo. Other Trustees who served during the year were Rev. Samson Musyimi, Jack Odhiambo, Edith Gitobu, Grace Kiiru and Nicholas Karanja.

The scheme service providers are:

- Enwealth Financial Services Ltd – Fund Administrator
- CFC Stanbic Bank – Fund Custodian
- Co-op Trust Investment Services Ltd – Fund Manager
- KKCO Auditors LLP - Auditors

The Trustees held quarterly meetings through which they conducted governance oversight including regular monitoring of the fund performance and statutory compliance as per RBA regulations.

The fund has attained self-sustainability and was able to pay for its operational expenses during the year totaling Ksh7.5M.

HCTS medical equipment programme

CHAK Medical Equipment Services does medical equipment installation, repair, maintenance and quality assurance. Our highly experienced technical team has cut a niche in calibration and maintenance of anaesthesia equipment and radiology (x-ray and ultrasound) units and radiation monitoring through accreditation by the Kenya Nuclear Regulatory Authority (KENRA).

CHAK has a well-established dosimetry lab based at the Secretariat and licensed by the Kenya Nuclear Regulatory Authority (KENRA) to provide radiation exposure monitoring services for hospitals and other institutions.

The HCTS services were restructured and renamed CBSL-Medical Equipment Services (CBSL-MES). These services will be provided through a network of bio-medical engineers who have been contracted by CBSL. The business model will focus on growth and sustainability.

We appeal to CHAK members to utilize CBSL-Medical Equipment Services and ensure they make payments within reasonable credit period.

CHAK assets and financial status in 2024

Net assets growth

The Association's Net Asset value recorded an increase of Kshs 31.4million from Kshs 509.4 million in 2023 to Kshs 540.9 million at the close of 2024. After accounting for depreciation, we recorded a surplus of Kshs 31.4 million.

The main contributor to this increase was growth in fixed deposits, cash and bank balances.

After accounting for depreciation, we recorded a surplus of Kshs31.4 million.

Total revenue

The Association's gross revenue increased from Ksh1.32 billion in 2023 to close at Ksh1.68 billion in 2024, representing 27.2 per cent increase. The increase was as a result of two new projects funded by the Gates Foundation, ongoing USAID Jamii Tekelezi Programme (USAID- JTP) and CDC funded CHAP Stawisha Project. CHAK Guest House revenue also increased.

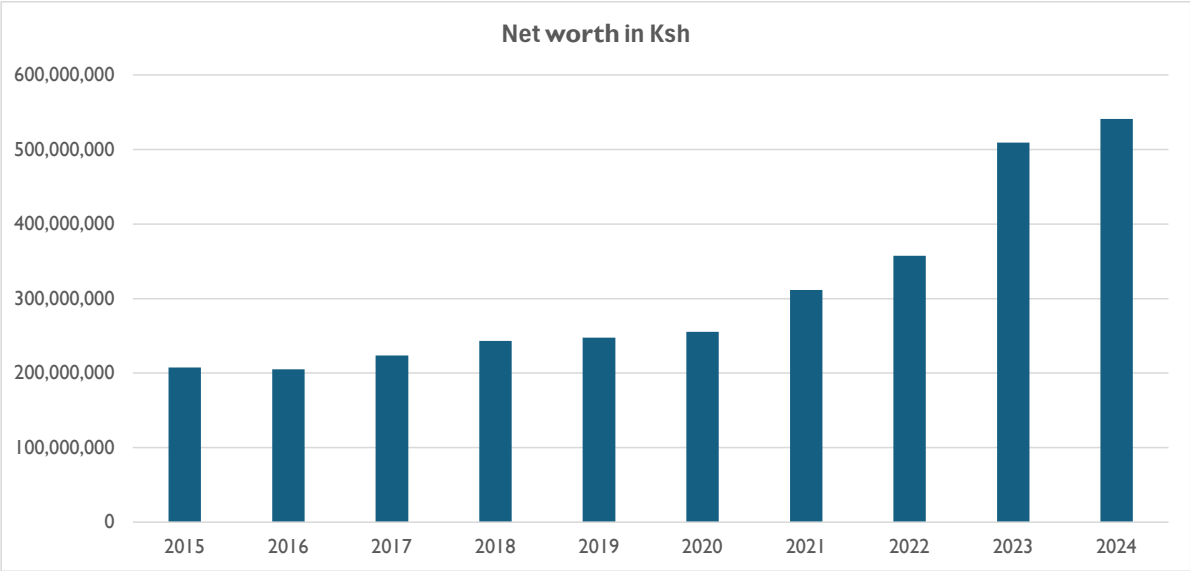
The other key funding sources were Bread for the World, Novo Nordisk Foundation, ACHAP, EPN/ Action Medeor, and MEDS.

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

Development partners

Bread for the World - Church Development Services (BftW)

CHAK is grateful to Bread for the World - Church Development Service (BftW) for the long-term partnership and funding support. We are implementing a new three-year program focusing on



women and children's health for the period 2023 to 2025.

United States Government Funding

USAID Jamii Tekelezi Program

CHAK is implementing a five-year project funded by USAID for HIV prevention, care and treatment and OVC support named USAID Jamii Tekelezi Program, in the four counties of Meru, Embu, Nyandarua, and Tharaka Nithi. The project is in its fourth year of implementation.

CDC – CHAP Stawisha Project

This project was awarded to CHAK by CDC for implementation over the period September 30, 2022, to September 29, 2026. The second year of the project implementation started on October 1, 2023, to September 30, 2024. The project scope was expanded to 15 counties and the budget increased to $4.9M. .

Gates Foundation

CHAK is pleased to have two new funding opportunities from the Gates Foundation.

We have received direct funding to support evaluation of HIV and NCDs services in collaboration with MOH, UON and CDC. The two-year project started in November 2024 to October 2026.

Through partnership with EPN, CHAK has been funded to implement a project that seeks to build capacity, strengthen systems and ensure access to modern technologies for prevention of Post Partum Hemorrhage (PPH).

Novo Nordisk Foundation
Partnership for Education of Health Professionals (PEP)

The Partnership for Education of Health Professionals (PEP) project is funded by the Novo Nordisk Foundation of Denmark through Amref Health Africa. The purpose of this two-year project is to strengthen capacity of Medical Training Colleges and their faculty to provide quality education on cardiometabolic diseases in Kenya. Discussions have been initiated to expand the scope to include CHAK affiliated universities with increase in funding and extension of project period.

ACHAP/Restoring Vision
Africa Clear Sight Partnership Program

The project, implemented in partnership with Restoring Vision of USA and ACHAP, aims to increase awareness on presbyopia, screen 400,000 people for vision and provide reading glasses to 200,000 people, improving their eyesight and quality of life.

CHAK has received a donation of 250,000 reading glasses from Restoring Vision. The glasses were cleared with support from Kenya Society for the Blind (KSB) and we are truly grateful.

EPN/Action Medeor
IMPACT project

CHAK is working in partnership with EPN and Action Medeor of Germany to implement initiatives to improve pharmaceutical access through continuous training. The training will focus on medicines supply chain management and rational drug use/dispensing. In Kenya the project is being implemented in Kakamega County.

Conclusion

We thank all our partners for their partnership and support in 2024 as we embarked on our journey of promoting access to quality health care for all guided by our Strategic Plan 2023 - 2028.

We are particularly grateful to the US Government for the projects funded through USAID and CDC.

We thank our new partner the Gates Foundation for funding our two new projects, MNCH and Evaluation of Integration of Health Services. We also thank Novo Nordisk Foundation for funding the PEP Project.

Bread for the World (BftW), EPN/Action Medeor and Restoring Vision/ACHAP are appreciated for the ongoing partnership and projects.
We thank God for His faithfulness in providing for the healing ministry at CHAK and MHUs. 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 the hard-economic times. Serving in Church health facilities is a noble calling to a compassionate ministry. It is our prayer that God will keep them and their families blessed, encouraged and in good health.

Finally, I wish to thank the Trustees, EXCO, management, staff, partners and members for their prayers, commitment and dedication to the mission of CHAK. The achievements accomplished in the

year 2024 were possible through our collective effort. Let us keep up our faith, commitment and good work in Christ's healing ministry as CHAK continues the journey of implementation of the Strategic Plan 2023 - 2028.

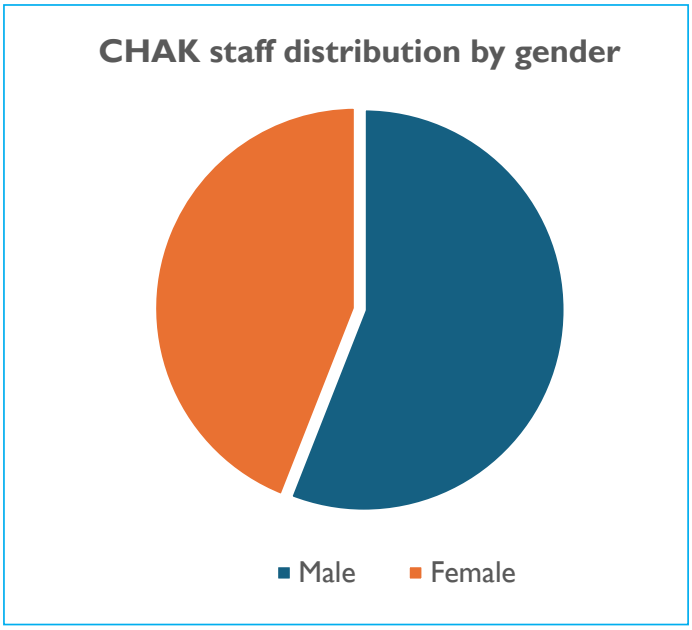
Jeremiah 29:1 1 "For I know the plans I have for you, plans to prosper you and not to harm you, plans to give you hope and a future"

May God bless you all.
Rt. Rev. Charles Asilutwa, CHAIRMAN

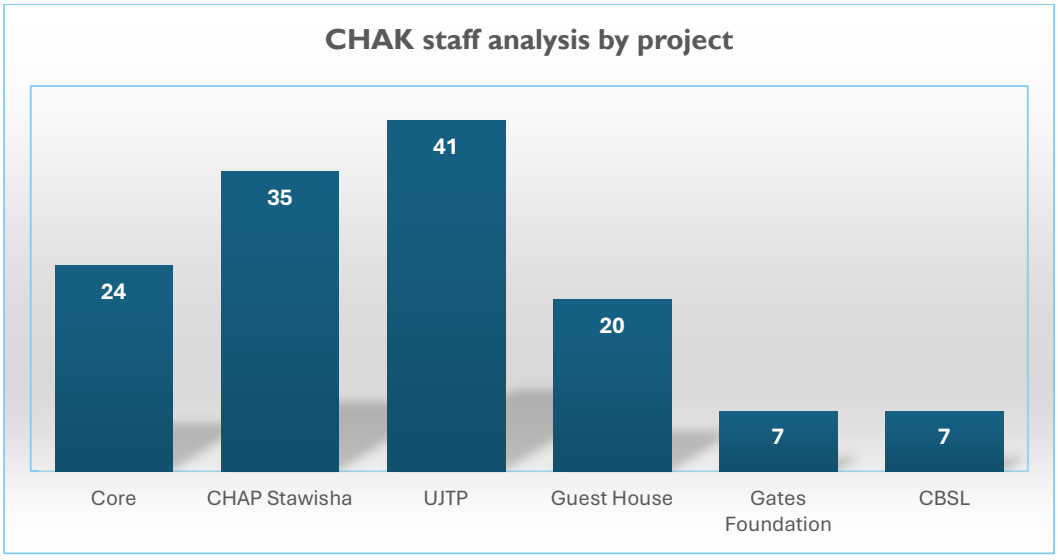
GENERAL SECRETARY'S REPORT

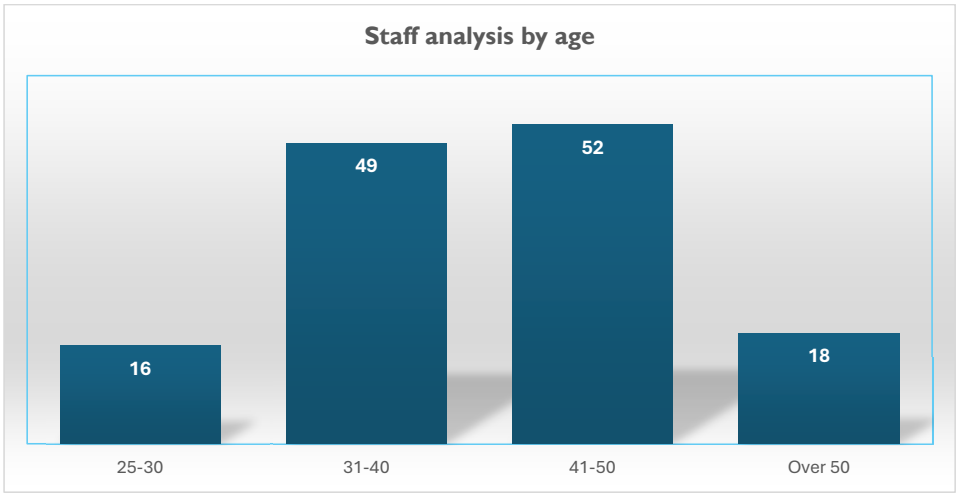
Human capital

CHAK's total staffing complement was 134 as at the end of 2024. This included 75 males and 60 females. Franciscar Saina joined CHAK as the Human Resources manager after the resignation of Mercy Muema.



The PEPFAR (USAID and CDC) funded HIV/TB prevention, care and treatment projects had the majority of the staff followed by the CHAK Core Programme and Guest House.





Majority of the CHAK work force is aged between 31 and 50 years.

CHAK Human Resources Management Policy was reviewed to align it with current labour laws and best practice.

A HR module was implemented as part of the organization-wide Enterprise Resource Planning (ERP). The module will support recruitment, onboarding, leave management, performance management, disciplinary and exit processes.

The CHAK Annual Staff Performance Review which included Team building activities was held in Mombasa on January 13–16, 2025. All CHAK core programme staff and representatives from projects participated in the event.

Dissemination of the recently reviewed CHAK Finance Policy and Procedures Manual and the HR Policy was done.

With support from expert facilitators, CHAK staff had enriching sessions on wellness and team building for effective performance. The team travelled together on SGR.

Celebrating long service

In 2024, two long-serving staff retired from CHAK. Staff held a luncheon to celebrate this milestone with Ellah Okoti who served as administrative assistant in the Health Services Department and Institution & Organization Department and Julius Nkandika who served as a Biomedical Engineer in the National HCTS Workshop.

Julius Nkandika and Ellah Okoti cut a cake to celebrate their long service to CHAK (Ellah – 32 years; Julius – 25 years. They are assisted by Jane Kishoyian.

Cutting a cake together at the African themed dinner to celebrate the CHAK family.

Partnership with Novo Nordisk Foundation to support medical education in cardiometabolic diseases

CHAK is in a strategic partnership with the Novo Nordisk Foundation to build capacity and improve the cardiometabolic diseases training curriculum for health proffesionals.

The Project named Partnership for the Education of Health Professionals (PEP) is implemented in faith based Medical Training Colleges and Universities and public MTCs.

CHAK facilitated a special visit by the Global Director of Programmes, Novo Nordisk Foundation, to AIC Kijabe College of Health Sciences, which is one of the CHAK MTCs implementing the PEP project, and AIC Kijabe Hospital.

The visiting team was taken on a tour of the AIC Kijabe high fidelity laboratory, college of health sciences and hospital by the management led by CEO Dr Chege Macharia, and Principal Dr Peris Kiarie.

The Hospital has an automated simulation lab used for training health workers. Additionally, AIC Kijabe has established an eHealth platform that is delivering training sessions with CPD points recognized by regulators in Kenya.

The Novo Nordisk Foundation team commended the hospital for its commitment and investment in training health care workers and focus on partnerships.

Demonstration on use of a computerized simulation manikin at AIC Kijabe High Fidelity Simulation Lab to CHAK and Novo Nordisk Foundation staff. The simulation lab is the first one in faith based medical colleges in Kenya, hence providing training facilities for Kenya and the region.

Visit from Bread for the World, Germany, to review programme impact

CHAK has had a fruitful strategic partnership with Bread for the World for many years, delivering impactful programmes in communities across Kenya through MHUs. CHAK hosted Eva Klitzsch from BftW, in November 2024. During the visit, health sector reforms in Kenya and their implication for the maternal and child health programme funded by BftW were discussed.

Eva accompanied the project team for field visits in Narok County where she held discussions with the CHMT and visited community activities at the AIC Olasiti Dispensary. The BftW project is working to improve maternal and child health in the remote ccounties of Turkana, West Pokot, Marsabit, Isiolo and Narok through the primary health care strategy.

Eva Klistch from BftW, with GS Dr Mwenda and the CHAK team supporting implementation of the CHAK-BftW RMNCAH Project.

Impact of UHC reforms on faith based health facilities

Kenya has rolled out extensive health sector reforms towards accelerating attainment of UHC. The legal, policy, financing and programmatic reforms are a priority development agenda for President Dr William Ruto and the Kenya Kwanza Government.

Four new UHC Laws were enacted on October 19, 2023: Primary Health Care Act 2023, National Social Health Insurance Act 2023, Digital Health Act 2023 and Facility Financing Act 2023.

Implementation of these legal and structural reforms took effect in 2024 following enactment of guiding regulations.

The PHC Act 2023 was the first to be rolled out with the appointment, training and equipping of 100,000 Community Health Promoters (CHPs) across all counties. This was followed by roll out of the community health information system, used by CHPs for collecting and submitting data from

the community level. Health services from the community to level 4 hospitals have been organized around Primary Care Networks (PCN) that utilise a hub and spoke model for primary care service delivery and referral.

CHAK has had to re-align it's community level health promotion, screening and referral linkages to the new CHP and PCN strategy. This requires capacity building, partnership building with the county health system and deliberate planning and resource mobilization.

The MOH has been working on a new financing model for PHC that is envisioned to be funded through the PHC Fund, financed by National Treasury through taxes appropriated by Parliament. The PHC Fund will be administered through the Social Health Authority (SHA). A massive registration drive has been rolled out by the Government to register all citizens to the PHC scheme.

The Social Health Insurance Fund has replaced the National Health Insurance Fund (NHIF) and is managed by the Social Health Authority (SHA).

People registering for PHC are encouraged to make regular contributions to the Social Health Insurance Fund (SHIF) to access additional benefits such as diagnostics and treatment, including surgical procedures.

The transition from NHIF to SHA was effected on October 1, 2024, and included switching to a new system which had not been piloted. The switch from the all familiar NHIF HICS system to the new SHA system came with numerous technical and operational challenges.

All out-patient services were restricted to PHC level 2-3 health facilities. Thousands of people that were capitated to receive out-patient services in hospitals moved to lower level health facilities. This presented a sudden loss of out-patient and in-patient clients in level 4, 5 and 6 hospitals.

CHAK member hospitals were faced with the difficult choice of down scaling services or closure. Discussions were initiated on services and staffing re-alignment.

Despite CHAK having been deeply engaged in proactive advocacy on SHA benefits and tariffs with MOH and NHIF, and advocacy for claims' reconciliation with the committee that managed the transition from NHIF to SHA, the impact experienced of the new policy had not been anticipated.

CHAK facilitated discussions and experience sharing engagements with member health units and across the faith-based sector. Hospitals had to reconsider their positioning in the PCN models to benefit from service referrals.

In addition, hospitals located in remote areas considered establishment of level 2 PHC health facilities for referrals from more physically accessible locations.

Re-organization of specialized diagnostic and referral services, considering the catchment population and availability of alternative health financing sources, has also been looked into. Hospitals have been forced to provide out-patient services through fees for service model where clients are required to pay for consultation, lab diagnostics and medication.

CHAK engaged in intense advocacy through a two pronged approach:

i) Technical level engagement to get the SHA IT system to work in faith based health facilities to enable patient admissions, pre-authorization of diagnostics such as CT Scans, MRI and surgical procedures, deliveries, renal dialysis and oncology services
ii) High level advocacy for payment of huge accumulated NHIF claims that should have been taken over by SHA; and for efficient processing and timely payment of new claims submitted to SHA.

The Kenya Faith Based Health Services Consortium facilitated hosting of an interfaith religious leaders' meeting on October 14, 2024, that discussed the challenges of the transition from NHIF to SHA and communicated the urgency for action to the PS-MOH and the media.

A technical working group was established for FBOs and MOH/SHA. The TWG has facilitated capacity building on use of the SHA system and provided an avenue for direct feedback on technical hitches for immediate attention and action.

Progress has been made at technical/operational level and beneficiaries of SHIF have been able to

access services provided by the benefits package in faith based hospitals and health centres accredited by SHA.

However, the old NHIF claims remained unpaid up to the first quarter of 2025 and the rate of payment of claims submitted to SHA remained at only 50 per cent. This has created a financing crisis in faith based and private hospitals which depend on fee for service to finance their work force and commodities.

CHAK is collaborating with KCCB, MEDS and SUPKEM within the umbrella of the Kenya Faith Based Health Services Consortium (KFBHSC) to undertake impactful high level advocacy with His Excellency The President, CS-MOH, SHA Board and CEO towards improving payments to health facilities. Proactive advocacy will have to be sustained.

Changes in donor policies and impact of the USG stop work order

The election of President Donald Trump in the USA has brought about unprecedented changes in foreign aid. The change in policy to focus on value to the donor country has created a major threat to social programmes that support lifesaving interventions and livelihoods.

The Trump administration's executive order on pause of foreign aid and re-valuation within 90 days was effected through a stop work order for all USAID and CDC funded programmes. The order affected the HIV/AIDS and TB prevention, treatment and care programmes.

The stop work order was received on January 27 and was effective from January 24, 2025. The order paused all activities and suspended expenditure related to project work.

The order caused operational, service delivery and HR crisis with serious legal consequences due to ongoing contractual and legal obligations under the labour laws.

CHAK is grateful that PEPFAR moved with speed to obtain and provide guidance on partial waivers that allowed life-saving HIV/TB services to continue under strict guidance. The two CHAK projects; CDC-funded CHAP Stawisha Project and USAID Jamii Tekelezi Project were able to resume services after a period of much distress and anxiety for health workers and clients.

As we await future directives on USG funding to the HIV and health programmes, Kenya and other developing countries must rethink and re-strategize on sustainability and self-reliance. Faith Based Health facilities are particularly vulnerable and need to explore alternative financing sources including the social health insurance, partnership and support by Government and integration model of providing HIV and TB services within the chronic care clinics in out-patient departments.

CHAK has been proactive in defining this approach and has received a grant from the Gates Foundation to undertake an evaluation of integration of health services in Kenya, in partnership with University of Nairobi, MOH and CDC. This is expected to generate valuable information on costed integration models that can be potentially scaled up.

CHAK is grateful to the USG through USAID, CDC and PEPFAR for the opportunity to provide quality HIV and TB prevention, treatment and care services to the people of Kenya. We are also grateful to the Gates Foundation for the new opportunity to collaboratively undertake an evaluation of integration of health services. Through these partnerships we have delivered quality services and positively impacted the lives of many needy people and their families in remote rural communities.

Acknowledging Member Health Units that have attained major milestones

Launch of ACK Maseno Hospital and ACK Maseno Medical College strategic plans

ACK Maseno Hospital and the ACK Maseno Medical College launched five-year strategic plans for the period 2025-2029 at a colouful event held at ACK Maseno Hospital grounds.

The event was led by Rt. Rev. Charles Asilutwa, Bishop, ACK Diocese of Maseno North and the hospital patron. The chief guest at the event was the PS, State Department for Medical Services-MOH, Mr Harry Kimutai.

CHAK was represented at the launch by Vice-Chair, James Maina and the General Secretary.

The strategy documents have articulated the vision and mission of these institutions and provided a roadmap to guide the hospital and medical college to greater heights of growth, sustainability and influence.

AIC Litein Hospital Annual Mental Health Conference

Participants at the CHAK and AIC Litein Hospital 2nd Mental Health Conference held at AIC Litein Medical Training College on October 1-3, 2024, with Hospital CEO Dr Elijah Terer and CHAK GS Dr Mwenda.

CHAK partnered with AIC Litein Hospital to host the second National Conference on Mental Health on September 30 to October 3, 2024, at AIC Litein Hospital Medical Training College.

The hospital has provided leadership in catalysing and inspiring establishment of mental health programmes in Faith Based Health Facilities in Kenya. The General Secretary joined the last day of the conference and closing ceremony.

PCEA Kikuyu Hospital will host a similar mental health conference in May 2025 while AIC Litein Hospital will hold its annual conference in October. CHAK further patnered with CCIH to host a Regional Conference of Mental Health at the Brackenhurst Conference Centre in Limuru, Kenya on May 21-23, 2024.

The conference provided an opportunity to learn and share on opportunities, lessons and achievements of faith based community initiatives for promoting mental health and wholeness from a christian perspective.

CHAK has been appreciated for the partnerships which are inspiring and catalysing establishment and growth of mental health services in faith based hospitals in Kenya and the region.

Official opening and dedication of AGC Tenwek Hospital Cardiothoracic Centre

H.E. The President with Cabinet Secretaries, MPs, Governor of Bomet, donor representative, Bishop Lang'at, Tenwek Hospital Trustees and Board members during the Official opening of the AGC Tenwek Cardiothoracic Centre on October 24, 2024.

The official opening and dedication ceremony of the AGC Tenwek Hospital Cardiothoracic Centre was held on October 24, 2024. The colourful event presided over by H.E Dr. William Ruto, President of the Republic of Kenya and Commander in Chief of the Kenya Defense Forces.

Handing over of the Tenwek Cardiothoracic Centre key from the Project Manager to Samaritan Purse, then to Rev. Dr. Robert Lang'at, Bishop of AGC and Chairman of Hospital Board to the Assistant Bishop and finally to CEO Mr Ben Siele.

The event was attended by dignitaries including donors from Samaritan Purse, Cabinet Secretaries, Governor of Bomet and elected leaders.
CHAK was represented by the Chairman, Vice-Chairman, Treasurer, Vice-Treasurer and RCC Chairman for Nyanza and South Rift Region.

The Cardiothoracic Centre is a fully equipped ultramordern hospital. Following completion of the centre, Tenwek Hospital has been rebranded with three entities:

- AGC Tenwek Hospital Cardiothoracic Centre,
- AGC Tenwek Eye and Dental Hospital
- AGC Tenwek Main Hospital.

The new facility will make Tenwek Hospital the leading regional centre for Cardiothoracic services with its catchment extending from Kenya to neighbouring countries.

The hospital has been performing 50 per cent of heart surgeries in Kenya and this number is expected to substantially increase with the new morden and expanded facilities.

May God bless you all.
Dr Samuel Mwenda, OUTGOING GENERAL SECRETARY

Advocacy, partnerships and networking

CCIH regional meeting

CHAK co-hosted the CCIH Regional Conference themed "Mental health matters: speaking up for mental health in Christian communities". The rallying scripture was from Galatians 6:2: "Carry each other's burdens, and in this way you will fulfill the law of Christ."

CHAK EXCO chair shared the opening devotion and remarks during the conference. The event which drew participants from all over Africa highlighted the need to support mental health programmes in the work place and community, with special focus on pregnant mothers and health service providers.

CCIH advocacy taskforce

The CCIH advocacy task force develops strategies to champion resource mobilization, localization agenda and health systems strengthening for the CCIH member network. CHAK proactively participates in the task force meetings.

Engagement with Ministry of Health (MoH) and directorates

The Ministry of Health has shown commitment for the realization of Universal Health Coverage (UHC) for all Kenyans.

New legal framework for health

CHAK was actively involved in consultations on the new legal framework for health, from development to validation. The new framework consists of the Primary Health Care Act, 2023, the Digital Health Act, 2023, the Facility Improvement Financing Act, 2023 and the Social Health Insurance Act, 2023.

These new laws provide the necessary legal and institutional framework for successful roll out of Universal Health Coverage and the shift from curative to preventive and promotive health care which will be actualised through Primary Care Networks (PCNs).

Social Health Authority

CHAK spearheaded advocacy meetings between MHUs and SHA/NHIF to fast-track processing of unpaid claims. Media engagement through the Kenya Faith Based Health Services Consortium was also utilised to advocate for payment of the pending claims.

CHAK also supported sensitization meetings to enhance MHUs' understanding of the SHA online system.

Participation in national level TWGs

CHAK is represented in various TWG at county and national levels as follows:

1. Ministerial Stakeholders Forum chaired by the Cabinet Secretary for Health, bringing together development partners and stakeholders in the health sector
2. At the National Disease Syndemic Disease Control Program, CHAK is represented in the Faith Sector Working Group TWG and HIV ICC (Health Sector Working Group).
3. At MOH, CHAK is represented at the Kenya National Blood Transfusion and Transplant Services TWG, Community Systems Strengthening TWG and Health Financing – Social Contracting TWG.
4. CHAK is represented at PCN TWG which reviewed the Primary Health Care Strategy 2009-2024, Advocacy, Communication and Community Engagement for PCN 2021-2024 and PCN guidelines.

National policy documents

The Secretariat participated in development and validation of various policy documents as follows:

1. External validation of the Patient and Health Worker Safety and Quality of Care Policy and Action Plan
2. Community Led Monitoring National Framework
3. Community Systems Strengthening Framework and Action Plan
4. Revision of Faith Sector Action Plan for HIV Response

Community response

The Association is represented in the Resilience System Strengthening of Health Services which oversights community-led community system strengthening, community-led monitoring (CLM), community-led advocacy and research (CLAR), organizational development for systems strengthening (ODSS), advocacy for health financing, domestic resource mobilization and social contracting.

CHAK together with MOH chair the Community Systems Strengthening TWG. CHAK participated in development of CLM and CSS frameworks and

TOR for the TWG, which have been validated.

CHAK was represented in the Community Systems Strengthening Second Dissemination Forum which advocated for more resource allocation for non state actors in health for immunization, pandemic preparedness and UHC roll out. The conference also discussed strategies for tapping into the work of non state actors in health service provision.

Faith leaders under the umbrella of the Kenya Faith Based Health Services Consortium during a press conference to advocate for payment of pending SHA and NHIF claims.

Global Fund country coordinating mechanism

The FBO representatives in Global Fund Kenya Coordinating Mechanism participated in the country proposal writing and application for the period July 1, 2024 - June 30, 2026, as well as in grants making processes.

They also participated in routine oversight visits to four counties where some FBO health facilities are recipients of Global Fund grants.

The FBO constituency members were supported to hold feedback meetings to share experiences, challenges and advocate for Global Fund support for faith based health facilities.

As a result of this advocacy effort, installation of oxygen piping and manifold in 19 CHAK MHUs is ongoing with support from Global Fund through AMREF Health Africa.

Other meetings and conferences

- CHAK is a member of the Health NGOs Network and actively participated in communication meetings and webinars. Hennet members advocated for increased funding for vaccines and more efficient implementation of SHA/SHIF.

- CHAK participated in the UN TB High Level Meeting which disseminated TB targets and National Strategic Plan.

  The meeting identified TB in children as a major area of concern, requiring increased attention for diagnosis and treatment.

  Other focus areas identified were community rights, gender barriers towards access of TB treatment, mapping of vulnerable populations and improving referral mechanisms.

CHAK Business Services Limited (CBSL)

Introduction

CHAK Business Services Limited (CBSL) was incorporated in 2022 as a Special Purpose Vehicle (SPV) to generate sustainable income streams to support CHAK's vision of delivering quality healthcare for all to the glory of God.

In 2024, CHAK onboarded the CBSL Strategy and Marketing Manager to spearhead strategic planning, business development, and marketing initiatives.

During the year, CBSL focused on expanding service coverage, optimizing client experiences, and developing sustainable revenue models through three main business lines:

1. CHAK Health Management Information System (CHMIS)
2. CBSL Medical Equipment Services (CBSL-MES)
3. CHAK Guest House and Conference Centre

CBSL 2024 Objectives

- Expand CHMIS adoption, offering scalable and

sustainable health management information systems for FBO health facilities.
- Enhance CBSL-MES service delivery, providing affordable and reliable medical equipment consultancy and maintenance services
- Reposition CHAK Guest House and Conference Centre to improve occupancy, revenue, and client experience.
- Establish a foundation for real estate business, focusing on affordable property solutions and commercial property management for potential homeowners and investors.
- Strengthen CBSL visibility and stakeholder engagement, positioning CBSL as a leader in health sector support service provision.

Key 2024 achievements by business line

CHAK Health Management Information System (CHMIS)

The CHMIS innovation positioned CBSL as a leader in digital health solutions for FBOs. The system's customizable, modular design and affordable pricing gave it an edge in healthcare institutions seeking cost-effective, yet impactful digital transformation.
Key achievements were:

- Product enhancement: Key modules including finance and billing, Laboratory Information Management System (LIMS), automated Ministry of Health (MOH) reporting tools, and patient queue management features were added to CHMIS.
- User training: Over 60 health care workers were trained on CHMIS utilization and data analytics for smooth system adoption and optimal use.

CBSL Medical Equipment Services (CBSL-MES)

Services offered by CBSL-MES to health facilities ensure regulatory compliance, patient safety, and equipment longevity.

The Medical Equipment Services business line accounted for 35 per cent of CBSL's total revenue in 2024.

- The CBSL-MES delivered scheduled maintenance and calibration services to 17 faith based health facilities.
- The business line completed the AMREF funded installation of medical oxygen piping and manifold systems in eight FBO health facilities.
- User training: A total of 75 health care workers were trained on equipment use and maintenance, reducing equipment downtime and enhancing operational efficiency.
- CBSL-MES conducted equipment audits in eight health facilities, supporting better asset management and budgeting processes.

CHAK Guest House and Conference Centre

- Revenue growth: The guest house generated Ksh54 million in gross revenue by December 2024, representing a 14 per cent increase from 2023.
- Increased occupancy: A 40 per cent occupancy rate was achieved, driven by targeted marketing and improved customer experiences.
- Digital transformation: CBSL launched an online booking system, increasing direct bookings and reducing dependency on third-party platforms.

Real estate development and property management

In 2024, CBSL made strategic steps toward diversifying into real estate business:

- A real estate concept note and roadmap was developed and approved by the CBSL Board.
- The CBSL Investment Policy was formulated to guide future investments.

Plans are underway for acquisition of CBSL's first property by the second quarter of 2025. The real estate property is intended for subdivision and sale.

Strategy and marketing

- *CBSL Business Plan:* A comprehensive three-year business strategy was developed and approved to guide CBSL's growth.
- *Marketing plan and communication strategy:* CBSL formulated and adopted a marketing plan and communication strategy to promote its services and build visibility.
- *Digital marketing:* CBSL developed and launched a social media marketing strategy and AI marketing strategy to drive digital engagement and reach. CBSL's social media platforms (Facebook, LinkedIn, X, YouTube, TikTok) and website (www.cbslkenya.co.ke) were launched.
- *Branding:* CBSL successfully finalized its brand guideline policy, launched a new logo and corporate identity, and developed marketing collateral to support its business development efforts, ensuring consistent brand identity across all platforms and materials.
- *Policies:* CBSL's operational frameworks and policies were developed to enhance governance and operational efficiency.

In 2025, CBSL is committed to building on the momentum of 2024, with plans to:

- Scale up CHMIS deployment to an additional 15 health facilities.
- Expand CBSL-MES coverage to new regions
- Launch phase one of the affordable real estate project.
- Increase guest house occupancy by six per cent through digital marketing and loyalty programs.
- Explore strategic partnerships to support its growing service portfolio and sustainability goals.

CBSL remains committed to delivering value-driven services that support CHAK's mission and enhance the sustainability of FBO health care services.

CBSL's continued success will depend on strong partnerships, stakeholder trust, and a shared vision for sustainable healthcare solutions.

We extend our deepest appreciation to CHAK, member health institutions, our partners, and clients for their unwavering support.

Business development

The objective of the Business Development Unit (BDU) is to secure programmatic resources to support CHAK's mission.

The BDU, which is built on programmatic priorities within CHAK, conducts market analysis, tracks opportunities and develops competitive proposals with emphasis on portfolio diversification and securing unrestricted funding.

The unit pro-actively identifies new funding opportunities, leads development of project concept notes, leads and supports capture and preparation efforts to secure new funding outside bilateral mechanisms, supports donor engagement and relationship management and supports data and evidence generation to identify catalytic opportunities in existing projects.

The business development unit leveraged CHAK's history of presence, trust, influence, access, reach and social capital to mobilize new and grow existing resource bases.

As a result of the efforts of the BDU, in 2024, CHAK enjoyed an expanded program portfolio, organic growth and improvement in the balance scorecard.

The organisation secured new a portfolio of programs and projects in eye health, education and development of health professionals, maternal neonatal health (MNH) innovations and integration of NCDs in HIV and primary health services.

The total value of the new awards was USD4.98 million (Ksh637,000,000).

HEALTH PROGRAMMES

CHAP Stawisha Project

Introduction

CHAP Stawisha is a four-year project whose purpose is to continue acceleration of sustainable, high-quality, and comprehensive HIV prevention, care and treatment services, that achieve the 95-95-95 targets and HIV epidemic control, and transition to a sustainable service delivery model for faith based health facilities in Meru, Nyeri, Kirinyaga, Muranga, Laikipia, Tharaka Nithi, Embu, Machakos, Kitui, Makueni, Nakuru, Kiambu, Nyandarua, Kajiado and Narok counties.

The project life span is September 30, 2022, to September 29, 2026.

Project results are measured on four intermediate and long-term outcomes:

1) Reduced HIV incidence in the target counties
2) Virtual eMTCT of HIV
3) Reduced HIV and TB related morbidity and mortality across all populations
4) Increased investment and accountability of FBOs and county government in HIV/TB program

By 2024, the project was supporting HIV care, treatment and support services to 42,308 People Living with HIV (PLHIV) in 64 faith based and affiliated sites spread across the 15 counties; as well as 2,417 Orphaned and Vulnerable Children (OVC) through the African Brotherhood Church Development Program in Machakos County and the Apostles of Jesus Aid Ministries in Kajiado County.

Project strategies and outcomes in 2024

Strategy 1: Implement innovative, efficient, effective, and patient-centered case finding approaches and linkage to treatment of PLHIV

The CHAP Stawisha Project reached 98,792 clients with HIV testing services, of whom 1,848 tested HIV positive, and 1,769 (96 per cent) were linked to care and treatment. A total of 4,879 HIV self test kits were distributed with 51 new positives identified. The success in achieving the targets is attributable to successful implementation of index testing, social networking strategy and optimization of HTS services at the different facility entry points, with emphasis on machine learning utilization.

To encourage men to test for HIV, the project implemented a community strategy dubbed the 'red carpet strategy'. The approach involves rolling out the red carpet to receive and welcome men seeking health services, simulating a VIP approach to HIV testing and prevention.

> The 'red carpet strategy' has been effective, reaching a total of 14,048 men with assorted prevention services, with a further 4,207 men started on PrEP, an eight-fold increase in PrEP uptake among men in comparison to 2023.

Overall, men expressed satisfaction and demonstrated high acceptance rates of the community level VIP services.

A total of 125 HTS providers were trained and sensitized on the 2024 Kenya HIV Prevention and Treatment Guidelines, and provided with updated job aids and algorithms.

Virtual and physical monthly performance review meetings focusing on HTS optimization, Partner Notification Services, Social Network Services, HIV self-testing and linkage were conducted with all the project facilities.

Strategy 2: Provide quality, patient-centered, optimal ART, and prevention and treatment of co-morbidities, including TB

ART Initiation, viral suppression and retention

In 2024, 78 children below15 years old were newly initiated on ART with a cumulative total of 1,077 children in care. The viral suppression at below 200 copies/ml was 89 per cent.

To help improve this performance, the project has initiated the 'Tunza Toto' initiative focused on family centred case management.

Among adolescent and young person populations aged 15-24 years, the project achieved a total of 3,266 AYPs on care, and viral suppression rate of 90 per cent.

Adolescents with detectable viral load or adherence concerns were targeted with intensified case management including timely enhanced adherence counselling, daily witnessed ingestion, multi-disciplinary review meetings, peer support through Operation Triple Zero (zero missed appointments, zero missed pills, zero detectable viral load) and viraemic support groups.

A total of 92 health care workers were trained on sexual and reproductive health integration targeting adolescents with approximately 33 per cent of AYPs accepting a modern family planning method. The most preferred family planning method was the implant at 34 per cent followed by injectables at 31 per cent.

Among the 37,965 adults aged 25yrs and above, overall viral suppression was 98 per cent. CHAP Stawisha implemented an ambitious retention initiative dubbed HIFADHI which aimed at reducing the Interruption In Treatment (IIT) rate to below one per cent across all the sub populations in the supported facilities.

Among the strategies implemented are prior patient reminders through Ushauri and phone calls, machine learning risk stratification, expanding community ART models, peer to peer linkage for follow up of treatment interrupters and strengthening welcome back package strategies among those returning to care to minimize cycle of interruptions among individual clients.

The program achieved a sustained Interruption In Treatment rate of below one per cent across all the populations.

Advanced HIV disease

Advanced HIV disease screening, diagnosis, management and follow-up was provided to all PLHIV at risk. By WHO staging, 863 PLHIV had a WHO stage III or IV opportunistic infection and 314 had CD4 below 200cells/ml.

The program continued to push for adequate commodities by participating in county commodity allocation meetings and leveraging the integrated county "hub and spoke" models to improve access to CD4 testing.

Routine cervical cancer screening was provided to 10,341 women of reproductive age using visual methods. A total of 113 clients screened positive while 32 were suspected of cancer.

Of the positive lesions identified, 67 per cent were treated on site using thermocoagulation devices through the "See and Treat" strategy.

Clients with suspicious cancer and huge lesions that could not be managed within the supported facilities were referred for specialized care through linkage to county referral facilities and social protection mechanisms to enable access to interventions.

Non Communicable Diseases

Integration of NCD screening, diagnosis, management and follow up was supported, with an overall burden of hypertension of 4,087 (10 per cent), diabetes at 820 (two per cent) of the PLHIV on care.

Depression screening using the PHQ-9 questionnaire was offered to 34,973 (84 per cent) of the PLHIV 10 years and above, with 198 clients having major depression requiring psychiatric management and support.

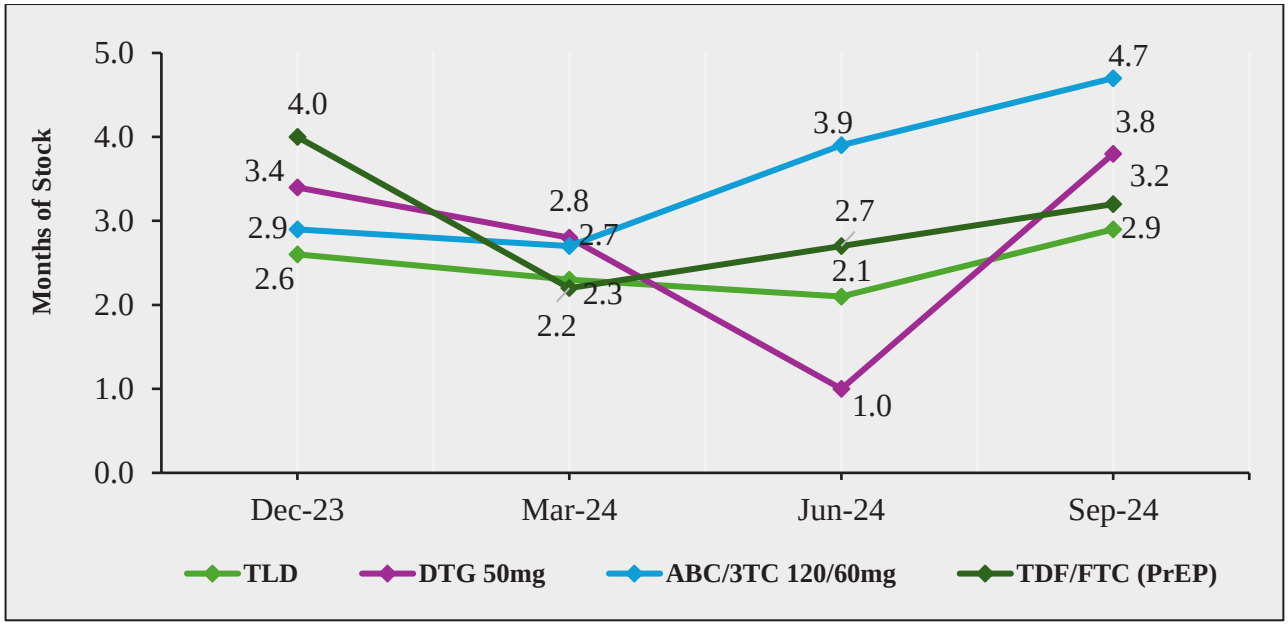
First line support for patients with mental health disorders was supported through onsite training and follow on mentorship to increase provider capacity across all the supported facilities.

TB/HIV services

TB screening services were provided to 39,970 PLHIV on care (38,947 adults, 1,023 paediatrics), with a total of 681 new TB cases notified, posting a 29 per cent TB/HIV coinfection rate. In the outpatient and inpatient departments, active case finding was offered to 192,983 clients of whom 1,703 were diagnosed with active TB disease. TB Preventive Therapy was provided to 40,568 (96 per cent) of the PLHIV on care, with a treatment completion rate of 97 per cent.

Commodity management

A consistent supply of health commodities is critical for the success of any public health program. Commodity security for ARV drugs and drugs for prevention and management of opportunistic infections was sustained through robust technical assistance to health care workers on foresting and quantification data quality, and ensuring timely submission of monthly commodity reports and accurate order placement through Kenya Health Information System.



Months of Stock Trends for Key ARV Commodities in 2024.

Strategy 3: Implement comprehensive PMTCT interventions for Pregnant and Breastfeeding Women (PBFW) and HIV-Exposed Infants (HEI)

In 2024, a total of 14,402 pregnant women sought ANC services in supported facilities, with 99.4 per cent of the women having their status established on first contact. The missed HIV testing opportunities were due to test kit stock-outs and client decline, with mop up done in subsequent visits.

Gender Based Violence screening was provided to all Pregnant and Breastfeeding Women, with 650 cases identified offered first line support and appropriate linkages and referrals for further management.

Screening for HIV Exposed Infants was intensified with 891 infants accessing their Early Infant Diagnosis test, whereby nine (9) infants were identified as HIV positive, and all linked to ART, contributing to a Mother to Child Transmission Rate of 1.0 per cent.

Late identification and women who had treatment interruption contributed to infants being diagnosed as HIV positive. This information is used to strengthen services within the supported facilities and shared at the county led taskforces to improve outcomes.

CHAP Stawisha supported eMTCT county taskforce meetings held in its 15 counties of operation. Gaps identified were missed opportunities for testing for HIV, Syphilis and Hepatitis B; infant prophylaxis, family testing for children of women of reproductive age; suboptimal audits for HIV infected infants; documentation errors both in reports and Kenya EMR and missed opportunities and delayed opportunities for adolescent pregnant and breastfeeding women.

Some of the strategies employed to close the gaps included supervision and audits to ensure correct reporting for both commodities and reports, family testing uptake tracking, optimization for testing with line listing of the missed opportunities for follow up with status updates discussed in subsequent meetings.

HEI Graduation in North Kinangop Hospital.

HEI Graduation in Bishop Kioko Hospital.

Strategy 4: Provide comprehensive HIV prevention and treatment Services to target populations (KP, PP, AGYW, OVC, high-risk men, sero-discordant couples, and PBFW)

Pre-Exposure Prophylaxis

In 2024, 4,864 clients were initiated on Pre-Exposure Prophylaxis. Of these, 1,283 were men at risk initiated on event-driven PrEP.

To scale up PrEP uptake among Adolescent Girls and Young Women (AGYW), the project implemented the sPPParkle Initiative (The three Ps in sPPParkle signify: PrEP enhances Power; PrEP protects you and your loved ones; PrEP prepares you to live in the moment) in 17 high volume facilities across eight counties, namely, Kiambu, Meru, Kitui, Laikipia, Nyeri, Machakos, Nakuru, and Nyandarua.

Key lessons from the sPPParkle events, were that reaching young people requires increased awareness and person-centered education, community-based approaches and flexible hours.

Gender Based Violence

As of April 2024, the project had identified and supported 16,485 cases of GBV; of whom 1,728 were survivors of sexual violence whereas 14,757 were physical/emotional violence survivors.

Children and adolescent girls and boys aged below 18 years comprised 75 per cent of all sexual violence survivors.

The survivors received a comprehensive package of clinical services including post exposure prophylaxis, trauma counseling, psychosocial support, STI screening, emergency contraception, and linkage to other services such as medico-legal, referral to the Department of Children Services, shelter and rescue and economic support.

sPPParkle Event in PCEA Tumutumu Hospital.

sPPParkle meeting held in OLL Mwea Hospital.

Orphans and Vulnerable Children (OVC)

A total of 2,417 OVC were served in the four domains of healthy, schooled, stable, and safe. In the same period, 522 OVC graduated after attaining the benchmarks. Additionally, 266 OVC completed the Healthy Choices for a Better Future evidenced-based intervention.

The OVC enrolments at various schooling levels were as follows: 176 in ECDE, 1,248 in primary school, 747 in secondary school, and 37 in tertiary levels.

Based on the Case Plan Readiness Assessment vulnerability status, eligible households were selected for the Biashara Boost initiative. A total of 122 households were supported with start-up kits and seed capital for various microenterprises.

Strategy 5: Optimize HIV and TB laboratory diagnostics and networks and sustain quality systems and biosafety standards

The project supported diagnostic network optimization, integrating into county led sample networking platforms, with a total of 43,948 Viral Load and 2,494 Early Infant Diagnosis samples collected.

A total of 3,655 samples were tested for TB using GeneXpert, with a further 378 samples shipped

Some of the OVC who received business start-up kits after completing the business boost training.

to the TB reference laboratory for culture and sensitivity testing.
To improve biosafety practices in the supported laboratories, a five-day Biosafety/Biosecurity Training was conducted for 108 laboratory officers. A total of 101 laboratory staff who had been trained earlier undertook the MoH-certified online refresher training course.

A total of 44 biosafety cabinets were certified in collaboration with the Division of National Laboratory Services, National Public Health Laboratories (NPHL) Equipment Calibration Center.

Fifty eight testing sites in 10 counties were supported for HIV rapid testing continuous quality improvement, with 38 of them attaining over 90 per cent score, thus qualifying for national assessment and certification.

Strategy 6: Strengthen collection, analysis, reporting and utilization of HIV data for program management

The project enhanced utilization of health information systems products such as electronic HTS, PMTCT, PrEP, and Lab Manifest KenyaEMR modules, as well as Ushauri mHealth applications. Lab Manifest utilization has reached 100 per cent across all supported health facilities.

Facility-wide KenyaEMR 3.X, an all-encompassing version for HIV care, other outpatient and inpatient services, including billing and commodity management, was rolled out in supported health facilities.

Focus was placed on utilizing machine learning for HIV Testing Services (HTS) and Interruption of Treatment (IIT) management. This approach aids in making data-driven decisions regarding categorization of clients' HIV risk, which is essential for identifying those who should receive HTS and pinpointing patients most at risk of missing their IIT appointments.

Strategy 7: Strengthen health systems and enhance collaboration of faith based health facilities with county governments to ensure transition and sustainable high quality HIV service delivery

Integrated support supervision, mentorship and performance review were conducted in the 15 project counties.

The project supported World AIDS Day celebrations in supported counties, with a call to "Promoting the Health and Well-Being of Men and Boys". The LAKATI regional TWG (Kirinyaga, Nyeri, Muranga, Kiambu and Nyandarua counties) was also supported to conduct its inaugural best practices session, where the facilities showcased four best practice poster presentations in HIV prevention, treatment and support.

In collaboration with county and subcounty TB and leprosy coordinators, the project provided virtual and onsite CMEs on active case finding, TB infection prevention and control, and new pediatric TB regimens to 306 facility providers.

The project collaborated with the National Reference Laboratory to conduct Cycle 1, 2023 proficiency testing to 406 testers.

The project also successfully supported an integrated VL transport network for the counties of Meru, Tharaka Nithi and Embu in conjunction with the USAID Jamii Tekelezi Program, and in Lower Eastern counties of Kitui, Makueni and Machakos in collaboration with CIHEB.

An FBO leadership consultative meeting involving facility CEOs and administrators featuring in-depth discussions on integration and sustainability planning, was held.

FBO leadership meeting on HIV service integration held in July 2024.

USAID Jamii Tekelezi Program

Transforming HIV care: Innovative approaches and sustainable solutions

Introduction

The USAID Jamii Tekelezi Program (UJTP) has been instrumental in delivering person-centred HIV and tuberculosis (TB) prevention, care, and treatment services across four counties in Kenya: Meru, Embu, Tharaka-Nithi, and Nyandarua.

The UJTP is a five-year (2021-2026) health program funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, as part of its Kenya Health Partnerships for Quality Services (KHPQS) initiative.

Tharaka Nithi County Department of Health leaders with the USAID Jamii Tekelezi Program team after a successful co-creation ceremony of the COP 23YR2 workplan.

The UJTP is implemented by a consortium spearheaded by the Christian Health Association of Kenya (CHAK) and incorporating the Mission for Essential Drugs and Supplies (MEDS).

In 2024, UJTP achieved key milestones in strengthening health systems, improving patient retention, and reducing treatment interruptions through an integrated approach addressing both HIV and non-communicable diseases (NCDs).

The program leveraged data-driven decision-making, patient education and innovative care models to enhance treatment retention and provide tailored healthcare services.

UJTP's overarching strategy for achieving these goals was the County Mentorship and Transition (CMaT) model, which focused on building local health systems' capacity.

This initiative was instrumental in enhancing the management of HIV services at the county level by ensuring health workers were equipped with requisite skills and knowledge.

The project ensured comprehensive care for clients from HIV testing, treatment and prevention. Clients who tested positive were linked to treatment to achieve viral load suppression, while those testing negative received ongoing prevention support i.e. condoms, Pre-Exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP).

The project therefore continued to contribute to achievement of the national and PEPFAR 95:95:95 targets.

The project maximised allocated donor resources to deliver quality testing services and care and treatment for HIV/TB with 39,203 clients on ART across the four supported counties.

Of the clients supported by the project, 38,657 of them were eligible for viral load. A total of 29,168 had their viral load taken with 28,152 suppressed. This is equivalent to a 97 per cent suppression rate, a key milestone in controlling the HIV epidemic.

USAID Jamii Tekelezi Program care and treatment outcomes per county

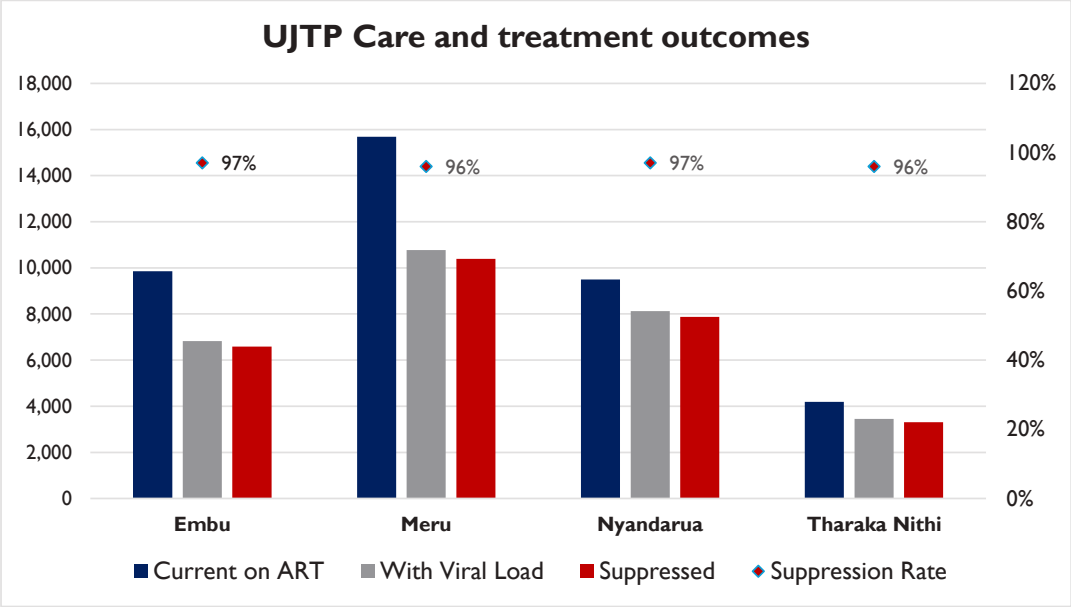
HIV Prevention

The program supported HIV testing services (HTS) across 200 health facilities in the the four implementation counties.

In 2024, 211,337 people were tested, representing 130 per cent of the annual target of 162,890.

The program focused on optimizing HIV testing services (HTS) by screening individuals in both inpatient and outpatient settings, targeting high-risk populations such as sexual contacts of known HIV-positive individuals, biological children of index clients, and adolescents and young women and men (AGYW and ABYM).

USAID Jamii Tekelezi Program care and treatment outcomes per county



UJTP also implemented targeted testing for key populations, including men, who are often underrepresented in HIV testing services. The program deployed strategies such as the use of social network strategies (SNS), working with male clients in maternity and child health (MCH) settings, and engaging tertiary institutions and flower farms to reach more men with HTS services.
The program expanded PrEP services across 164 health facilities in the four counties, reaching 4,787 individuals, 182 per cent of the annual target.

Strategies employed to achieve this include incorporating routine HIV risk screening, integrating PrEP into outpatient and MCH clinics, and providing services at tertiary institutions. Special focus was placed on at-risk men and key populations in Meru County, as well as offering PrEP services in the community.

Key for the program were PrEP continuation services, with 1,595 individuals receiving refills and ongoing support for adherence, 127 per cent of the annual target. The program also streamlined client management by using the PrEP module in KenyaEMR to track appointments, ensure medication adherence, and facilitate follow-up.

HIV care and treatment

Out of the 211,315 people tested for HIV, 2,696 tested positive of who 2,657 clients were started on ART.

The project achieved a 98 per cent linkage rate to Antiretroviral Therapy (ART) by implementing strategies such as same-day escorted linkage (clients diagnosed with HIV were immediately linked to care), peer-to-peer support (provided emotional and social support for newly diagnosed individuals), and introduction of flexible clinic schedules to accommodate clients.

Special case management approaches were also used for newly diagnosed patients within the first six months of treatment to ensure they received comprehensive support and faced fewer barriers to treatment initiation.

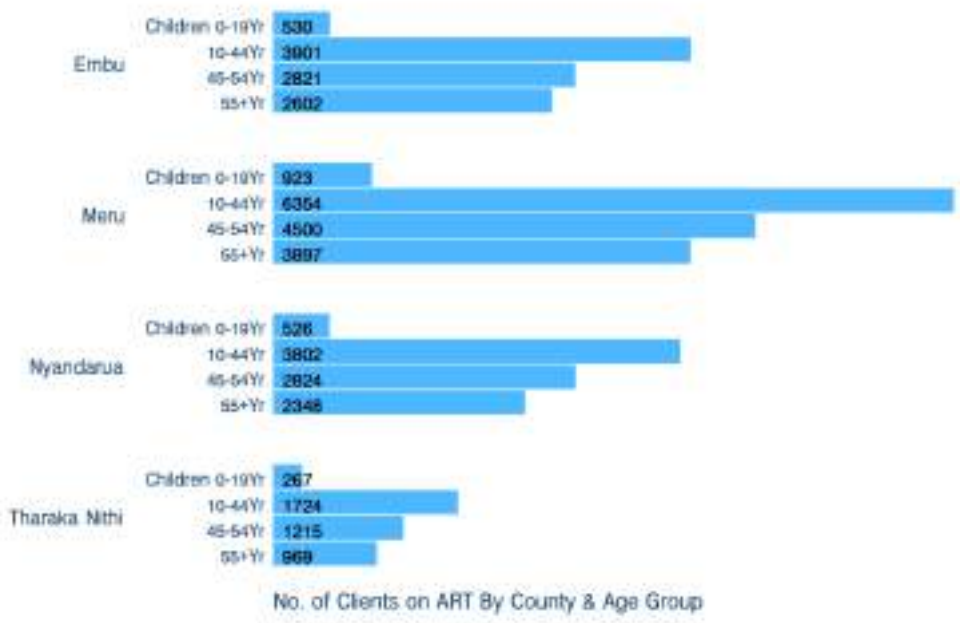
By the end of December 2024, UJTP had 39,203 patients on life-saving antiretroviral treatment (ART). Children and adolescents comprised 2,246 (5.7 per cent) while elderly clients aged 55 years and above were 9,816 (25 per cent).

A growing number of elderly people with HIV demonstrates a potential niche for CHAK to provide specialised care aligned to its strategic plan which identifies geriatric medicine as a new frontier.

When antiretroviral treatment is optimised and clients adhere to the treatment plan, the ultimate goal of viral suppression is achieved. It is an established fact that people with HIV who are virally suppressed cannot transmit HIV.

Out of the 36,687 clients tested for viral load, 35,504 (97 per cent) were virally suppressed. This high viral

UJTP: No of clients on ART by county and age group



suppression rate coupled with a high identification and linkage rate is indicative of CHAK's contribution to ending the HIV epidemic.

To improve HIV case detention among TB patients, facilities implement targeted quality improvement activities including HTS provider self-assessment, resolution of discrepant tests, proficiency testing, RTK commodity management and supportive supervision.

In 2024, 5,350 new and relapsed TB cases were identified, with 4,307 (81 per cent) having documented HIV testing results. Among those tested, 250 were newly diagnosed with HIV, and 520 were already HIV-positive before TB diagnosis, reflecting the success of targeted FB_ACF and CB_ACF strategies on timely co-infection diagnosis and treatment.

The program also implemented HIV testing among pregnant and breastfeeding women (PBFW), with 48,305 women attending their first ANC visit across the supported health facilities in 2024, a 94 per cent achievement of the annual target.

Despite this success, the program faced challenges related to a national healthcare worker industrial action, which significantly impacted ANC attendance, especially in Meru County during between May and September 2024.

Orphans and Vulnerable Children (OVC)

The Orphan and Vulnerable Children (OVC) component implemented in Meru County undertook the Household Economic Strengthening (HES) initiative to assist OVC and their beneficiaries achieve economic independence through financial empowerment.

In addition 83 OVC in secondary school and primary schools were supported with fees and levies. A total of 1,489 adolescent girls were provided with disposable sanitary towels along with education on menstrual hygiene management. This will go a long way in keeping them in school, contributing to improved academic performance.

Health Systems Strengthening

Through mentorship and supportive supervision, the program worked closely with county health management teams (CHMT) and sub-county health management teams (SCHMT) to improve healthcare delivery.

Additionally, the program worked with essential partners, including the Kenya Medical Supplies Authority (KEMSA), Mission for Essential Drus and Supplies (MEDS), and national laboratories, to guarantee the availability and accessibility of HIV commodities.

UJTP's collaboration with USAID Health Systems Strengthening (HSS) mechanisms like USAID HERO and the USAID UAT further supported strengthening of health systems, enabling facilities to better manage resources and implement sustainable strategies.

USAID Jamii Tekelezi Program empowers four counties with vital ICT equipment and medical supplies

In 2024, in a significant boost to healthcare and technical advancements, UJTP concluded a successful initiative to equip the four supported counties with essential ICT equipment and medical supplies.

The donation was aimed at strengthening healthcare systems and improving delivery of services. The donated items included computers, printers, and internet modems, designed to enhance data management, communication, and service delivery within healthcare facilities.

ICT Officer Winnie Arusei explains in detail the use of the tablets donated to Embu County by UJTP to Hon Cecily Mbarire, Governor of Embu County.

The program allocated ICT equipment and medical supplies valued at Ksh11.3 million to Meru County, Ksh5.7 million to Nyandarua County, Ksh5.3 million to Embu County and Ksh3.4 million to Tharaka Nithi County.

These donations are expected to enhance efficiency and effectiveness of health services in the respective counties.

Jane Kawira (not her real name) is one of the beneficiaries of the household strengthening initiative, who received a bale of premium baby clothes valued at Ksh20,000. Her business picked up well, generating a profit of Ksh25,000 monthly. With this steady income, Jane can now meet her family's basic needs and no longer relies on handouts or program support.

USAID suspension of work order, waiver and resumption of work

On January 26, 2025, CHAK was served with an unprecedented suspension of work order for the USAID Jamii Tekelezi award. This suspension of work was in compliance with the US president's executive order on freezing foreign assistance to allow for the new administration to assess the extent to which foreign assistance programs contributed to making America stronger, safer, and more prosperous.

All recipients of US foreign assistance were affected by the stop/suspension of work order.

Immediate risk following the suspension of work

a) Fate of the 466 Human Resources for Health employed through the award (job losses)
b) Interruption of critical life-saving services supported by the award including service to 39,230 persons on antiretroviral treatment, slightly over 3,000 orphans and vulnerable children and their households receiving life-support and economic strengthening interventions
c) Potential financial and legal risks to CHAK if the suspension led to termination of employment.
d) Loss of critical human resource employed through the Jamii Tekelezi award.

CHAK immediately complied, cascading the suspension of work order to county and community-level stakeholders, project staff and HRH through strategic communication.

In addition, CHAK signed and submitted a certificate reaffirming that the USAID Jamii Tekelezi Program scope did not include the diversity, equity, inclusion and accessibility (DEIA).

CHAK's UJTP was included in a list of activities covered by the limited PEPFAR waiver issued on

February 4, 2025, and upon further clarification, staff resumed work on Feb 12, 2025.

On March 5, 2025, Jamii Tekelezi received a cancellation of the suspension of work and was restored to full functionality in accordance with the terms of the award. However, the suspension-waiver-resumption cycle has had a significant impact on the project as follows:

i. Interruption in treatment (IIT) among clients on ART, occasioned by the absence of critical HRH in the clinics
ii. Incomplete documentation of service statistics whose impact would be felt on the supply chain as commodity supply and forecasting are based on clinic-level consumption reports
iii. Interruption in the financial system leading to delayed funding of activities and processing of salaries and stipends.
iv. Potential surge in infections, rise in HIV-associated morbidity and mortality if effects of IIT and people presenting with advanced HIV disease are not addressed.
v. Exposure of the organisation sustainability plan should donor funding significantly reduce within a short span.

Conclusion

In 2024, UJTP through the activities and achievements described in this report demonstrated its commitment to improving HIV care and treatment services in its four implementation counties. By focusing on patient retention, early detection of HIV-related complications, and robust data-driven decision-making, the program made significant strides in improving health outcomes for PLHIV.

Through innovative approaches, effective partnerships, and focus on quality care, UJTP not only achieved its targets but also laid the foundation for sustainable HIV service delivery in the future.

The program's achievements in HIV testing, treatment linkage, and PrEP services, along with its work in strengthening health systems, highlight the importance of comprehensive, patient-centred care in the ongoing fight against HIV&AIDS.

Reproductive, Maternal, Neo-Natal, Child and Adolescent Health (RMNCAH)

Introduction

Globally, a woman dies every two minutes from pregnancy or childbirth, according to a 2023 UN report.

Most of these deaths are preventable and (99 per cent) of these deaths occur in developing countries.

Severe bleeding, puerperal infections, preeclampsia and eclampsia, complications from delivery and unsafe abortion account for nearly 75 per cent of all maternal deaths.

Major causes of perinatal deaths are respiratory and cardiovascular diseases, birth asphyxia, prematurity, low birthweight and sepsis.

In 2022, the maternal mortality rate in Kenya was 367 deaths per 100,000 live births. This is an increase from the 2019 estimate of 355 deaths per 100,000 live births. Teenage pregnancy was 15 per cent, use of any modern method of family planning was 57 per cent and unmet need for family planning was 14 per cent.

Women aged 15-49 who had 4+ antenatal visits were 66 per cent. This poor indicators call for improvement of services offered to women and children to reduce maternal, neonatal and child mortality rates.

Skilled health care services during pregnancy, childbirth, and after delivery are important for the survival and wellbeing of both the mother and the newborn.

Bread for the World RMNCAH project

The three-year CHAK BFTW RMNCAH Project is funded by Bread for the World, Germany, with the aim of increasing access to and improving the quality of reproductive, maternal, neonatal, and child health services, including HIV, Diabetes and hypertension in pregnancy as defined in the FP/RMNCAH Investment Framework of 2015. The project is in its third year of implementation.

The CHAK – BftW RMNCAH Project has the following four objectives:

1. Improve access to sexual and reproductive health and maternal health services for women
2. Improve health outcomes for children up to the age of five years
3. Strengthen health systems for resilience and sustainability
4. Improve data reporting and information systems for planning and evidence-based decision making

In 2024, 60 health facilities in 16 counties were supported to offer quality RMNCAH services.

This was achieved through well-established community and facility interventions. Health systems were strengthened and services scaled up through primary health care strategies.

Project outcomes and achievements per objective in 2024

Objective 1: Improve sexual and reproductive health services for women

Several trainings targeted at Community Health Promoters (CHPs) and Health Care Workers (HCW) were supported during the year.

a) Community package of care for maternal and newborn health training

This training was aimed at providing CHPs with knowledge, skills and attitudes to provide community services to eliminate preventable maternal and newborn deaths, including conducting timely and appropriate referrals.

A total of 310 CHPs were trained on community package of care (30 classroom and 280 mentorship).

After the training, the CHPs conducted targeted home visits reaching 3,834 pregnant women and children under two years. They also conducted health education to families during home visits and community meetings.

The pregnant women and mothers with children under two years were provided with education on pregnancy, importance of skilled delivery, birth preparedness, newborn care, family planning (FP) and water sanitation and hygiene (WASH) among others.

A total of 1,694 pregnant women were identified for early ANC while 988 pregnant women were referred for skilled delivery.

CHAK is collaborating with MOH to support the CHPs with stipends, support supervision and mentorship and provision of reporting tools.

Quarterly review meetings were held with Community Health Assistants (CHAs) from MoH who directly supervise the CHPs. The CHPs were issued with job aids to assist them when engaging families and communities.

Working with Community Health Promoters (CHPs) contributed to the project's good performance as they reached the programme target populations with information, education and communication on RMNCAH.

b) Adolescent and youth friendly training

This training aimed at addressing barriers faced by youth in accessing high-quality sexual reproductive health (SRH) services in health facilities by improving provider knowledge and competencies and overcoming bias.

A total of 92 health care providers were mentored during support supervision visits.

As a result of the training:

- Young people have access to SRH services thus improving utilization of services.
- There is improved knowledge on SRH among young people empowering them to make informed choices.

Distribution of Family Planning commodities in Aitong Health Centre.

CHAK Bread For the World RMNCAH project staff with Narok County Health Management Team (CHMT) during a visit by Eva Klitzsch from Brot fur die Welt, Germany.

- The attitude of health care workers towards young people seeking SRH services has improved, creating a safe space for the youth. The training improved the health care workers' communication skills, equipping them to effectively reach the young people.
- The health facility enviroments are more welcoming and friendly to the youth.
- The health care workers provide confidentiality and privacy to the young people, making them feel safe and confident to seek SRH services.
- The HCWs cascaded the training to the CHPs who created demand through youth groups to ensure SRH services were accessible to more youth.

c) Focused Antenatal Care (FANC) training

The FANC training aims to promote the health of mothers and their babies through targeted assessment of pregnant women to facilitate identification and treatment of diseases and early detection of complications.

A total of 110 health care workers were trained through blended classroom method with practical sessions and mentorship (18 classroom; 92 mentorship). Key skills imparted to the health care workers during the training were:

- Early detection of pregnancy complications for prompt management and referral
- Timely intervention for risk factors
- Improved attendance of the scheduled eight contact ANC visits
- Enhanced patient education through health promotion talks
- Partner involvement to enhance support to the pregnant women thus psychological health.

d) Non-communicable Diseases (NCDs) training

The training equipped health care workers with knowledge and skills on gestational diabetes and hypertension in pregnancy to improve quality of care.

A total of 115 HCWs (23 in classroom training and 92 through mentorship) were trained on gestational diabetes and hypertension in pregnancy. During the training, emphasis was placed on integration of NCDs and maternal neonatal health (MNH).

Key results of the training were as follows:

- Improved skills in detecting and managing NCDs
- Community Health Promoters were equipped to take blood pressure at the community level and refer as necessary.
- Improved data collection on NCDs in pregnancy
- Improved screening, diagnosis and treatment of women in MCH departments
- The CHPs have extended screening for NCDs to the larger community.

Additionally, the project purchased 79 BP machines, 120 glucometers, 240 test stripes and 25 baby weighing machines to improve quality of care in the health facilities. A total of 200 NCDs treatment tools were printed and distributed to health facilities.

A community health provider giving information on family planning during a male dialogue meeting in Narok County.

Support supervision and onsite mentorship

Support supervision was carried out jointly by CHAK program staff and county/sub county health management teams in 30 health facilities.

The programme reached 92 health care workers and 280 community health providers with onsite mentorship.

During the supportive supervision visits, redistribution of FP commodities, vaccines and essential drugs was done to ensure the facilities were stocked and to avoid expiry of commodities.

In health facilities that offered routine immunization, no stock out of any antigen was reported and cold chain was maintained.

The support supervisions engaged county reproductive health coordinators for technical support and strengthening of reproductive health related commodity supplies, Health Records Information Officers (HRIOs) to strengthen reporting as well as the Community Health Strategy Focal Persons who strengthened the community facility linkage.

Community mobilization and engagement

A total of 28 health care workers from the hard-to-reach areas were trained on community mobilization and engagement, specifically focusing on men to improve uptake of RMNCAH services.

There was also interfacility learning on community activities including household visits, community dialogues and psychosocial support groups.

Community mobilization and engagement through male dialogue meetings

Male involvement in reproductive, maternal, newborn and child health (RMNCH) improves maternal and child health outcomes. The project is implemented in highly patriarchal societies where men are the decision makers.

Male dialogue meetings were held with the following objectives:

- To broaden men's responsibility for their own reproductive health as well as that of their partners
- To improve gender relations by promoting men's understanding of their familial and social roles in sexual and reproductive health.

The project supported 28 male dialogue meetings in Turkana, Marsabit, West Pokot and Narok counties. A total of 1,690 men were brough together to discuss SRH issues in a safe environment.

The project educated the men on the importance of early initiation of ANC, Skilled Birth Attendance (SBA) and Family Planning to dispel myths and misconceptions and overcome resistance to these services.

The men exchanged information, shared personal experiences and jointly developed solutions to issues affecting women and children's health. They resolved to support their spouses to start ANC visits early and access SBA. The men also purposed to support their women and babies after delivery, ensuring proper nutrition and immunization.

The men improved their health seeking behaviour,

Delivery of baby weighing machines, FP commodities, BP machines, glucometer and testing strips at Kalokol Health Centre in Turkana County.

visiting the health facility more often for services. Other community health challenges such as WASH were discussed and addressed.

Psychosocial support groups for pregnant women

This activity targeted young mothers, especially those giving birth for the first time as they required more information and care.

The project supported psychosocial support groups for pregnant mothers in focus health facilities in the hard-to-reach counties of Turkana, Marsabit and Narok.

The women met monthly to share experiences and learn more about pregnancy, labour and delivery, FP, nutrition, exclusive breast feeding, danger signs and care of the baby. This helped them cope with mental and emotional stress during pregnancy. The mothers were encouraged to enrol in the newly unveiled Social Health Authority (SHA).

A total of 972 pregnant women were reached during support group meetings while another 256 mothers were reached during community dialogue days. Through this initiative, health facilities have started postnatal support groups for continuum of care.

Participation in MOH TWGs and stakeholder meetings

CHAK participated in technical working groups and stakeholder meetings led by the Ministry of Health at national and county level to discuss policy and service delivery.

A CHP in Isiolo County doing MUAC measurement during a household visit.

Objective 2: Improve health outcomes for children up to the age of two years

A total of 310 CHP were trained on tracing children for immunization and referral to health facilities. This enabled them to provide quality services during household visits, including monitoring of newborns for danger signs, early initiation of breast feeding, exclusive breastfeeding for six months, immunization, nutrition and hygiene among others.

Households with newborns and children under two years were prioritized during monthly household visits. The CHPs monitored the children's immunization schedules, traced and referred defaulters.

During the reporting period, 54 children who had defaulted were traced and referred to health facilities for immunization, while 225 sick children were identified and referred by CHPs to health facilities for management.

Challenges

1. The changing health insurance landscape has reduced access to RMNCAH services. Challenges with Linda Mama meant that pregnant women could not access free health services like they previously did. CHAK continued to advocate to MoH to resolve these challenges to ensure access to affordable services. CHAK is also educating its members on how to adapt to the changes.
2. Staff turn over remains a key challenge for the health facilities.
3. Stock out of some drugs and commodities including FP methods: CHAK continues to engage counties for support and is encouraging MHUs to procure commodities when out of stock.

CHAK BfW RMNCAH project performance tracker - December 2024

Objective	Indicator	Baseline	Dec-24	Performance
Improve sexual and reproductive health services for women.	a. At the end of the project period, the proportion of women who attend 4 ANC visits is increased by 20 per cent.	53%	74%	21% increase
	b. At the end of the project period, CHAK MHUs register 20 per cent increase in the uptake of available family planning products	1328	1686	27% increase
Improve health outcomes for children up to the age of five	a. At the end of the project period, 90 per cent of new births are fully immunised at the age of one year.	87%	91%	Over 90%
	b. At the end of the project period, mother to child transmission of HIV is reduced to below five per cent among pregnant mothers living with HIV.	2%	1%	Under 5%
Health systems strengthening for resilience and sustainability	a. At the end of the project period, 100 per cent of MHUs level 2-5 have reliable access to essential medicines: Tracer commodities: AL, artesunate, oxytocin, chlorohexidine, DMPA, 1 and 2 rod implants, male condoms	89%	95%	6% increase: Three facilities experiencing stockouts of FP products
	a. At the end of the project period, 100 per cent CHAK implementing MHU's are compliant with national regulatory requirements for service delivery to contribute to the UHC objectives.	74%	100%	100% (26% increase) All facilities compliant with guidelines.
Improve data reporting and information systems for planning and evidence-based decision-making	a. At the end of the project period, 100 per cent of CHAK implementing MHUs are enlisted in the Ministry of Health (MOH) master facility list (MFL) and are reporting through the Kenya's MOH digital health platform	98%	100%	100% (2% increase)

Gates Foundation Maternal Neonatal and Child Health (MNCH) Project

Introduction

In 2024, CHAK in collaboration with Ecumenical Pharmaceutical Network (EPN) received a three-year grant from Gates Foundation to implement a maternal, neonatal and child health (MNCH) project.

The project aims at contributing to the reduction of Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (NMR) in Kenya by promoting access to high impact interventions and health products for maternal, neonatal and child health services.

The objectives of the project are as follows:

a. Build capacity of health care workers to align practices and interventions for PPH and neonatal care with the national MNCH guidelines to reduce the risk of maternal and neonatal morbidities and mortalities.
b. Accelerate availability of and access to high impact, quality assured MNCH commodities and products in the faith-based health sector in Kenya
c. Advocate for investment in high impact MNCH interventions and products in FBO health services

Project context

The global maternal mortality rate (MMR), which dropped by 36 per cent between 2000-2015, dropped by one per cent in the subsequent 6 years. Likewise, neonatal mortality rate (NMR) dropped from 27 to 20 per 1,000 live births in the same period and now sits at 17. This project is proactively focusing on introduction of high impact MNCH products and uptake to reverse the current stagnation in MMR and NMR.

Implementation approach

The project is working to address key drivers of maternal and newborn mortality by strengthening FBOs health systems around three key pillars.

a. Health products and technologies

The project is seeking to introduce and scale up quality, high impact, evidence-based, low-cost innovations targeted to the primary drivers of risk and mortality.

This will promote healthy pregnancy by supporting availability and uptake of preventive interventions most likely to impact mortality, improving the quality of intrapartum care through rollout of evidence-based bundles; PPH uterotonics-oxytocin, HSC, misoprostol, TXA, calibrated drapes and intrapartum azithromycin and care of the small and sick newborns to improve quality of care for pre-term and low birth weight babies through scale up of neonatal care at primary level.

b. Human resources for health

The project is strengthening and expanding the health workforce capacity to deliver quality maternal and newborn healthcare.

c. Health Management Information System

Strengthen data for tracking progress and improve enablers, including referral, will contribute to achieving the greatest possible impact.

The project is implemented in 100 health facilities in 26 counties as follows:

- Hospitals – 22
- Health Centres – 60
- Dispensaries – 18
- Counties: Baringo, Bomet, Bungoma, Busia, Elgeyo Marakwet, Homabay, Kajiado, Kakamega, Kericho, Kiambu, Kisii, Kisumu, Kitui, Makueni, Migori, Muranga, Nairobi, Nakuru, Narok, Nyamira, Nyeri, Siaya, Turkana, Uasin Gishu, Vihiga and West Pokot

Expected outcome and impact

The Gates MNCH project will contribute to reduction in the burden of MMR and NMR associated with PPH and upper airway obstruction or respiratory failure in neonates in FBO facilities with the outcomes below:

a. Improved access to MNCH innovations for the reduction of MMR and NMR.
b. New high-quality health products and technologies for MNCH available in the health facilities.
c. Better informed decision making among policy makers for adoption and rapid scale up of MNCH innovations.

Project achievements

Project inception meeting

CHAK conducted strategic an introductory meeting with implementing facilities, county reproductive health coordinators, Ministry of Health, EPN, MEDS, and other project collaborators including HATCH technologies/NEST 360 and FIELD.

Phototherapy practical station: Reading of nomograms.

The meeting introduced the project to the stakeholders to ensure detailed understanding of the task packages. This alignment was essential to secure internal support and commitment from the leadership teams, enabling seamless execution and integration of the program's initiatives across all implementing facilities and counties.

Master ToT Training in Comprehensive Newborn Care

A master TOT training on comprehensive newborn care for paediatricians, clinicians and neonatal nurses from the 20 implementing hospitals was done.

A total of 20 health care workers were reached with the training. In addition, three CHAK program officers were trained as master TOTs as part of institutional capacity strengthening.

The training was conducted collaboratively with MoH Division of Newborn and Child Health and NEST360 and covered comprehensive newborn care protocol and standards of care, family centred care, newborn transition and adaptation, newborn resuscitation, breast feeding techniques, neonatal hypoglycaemia, use of CPAP, neonatal seizures, neonatal jaundice, fluids and feeds management, oxygen therapy and infection prevention and control.

Practical session on initiating phototherapy.

The sessions included interactive lectures, group discussion, mixed case scenarios, practical sessions and practical assessment.

TOT on Vayu CPAP with HATCH Technologies

Two CHAK program officers participated in a TOT training on use of Vayu CPAP machines. The training was organized by HATCH Technologies as part of the collaborative partnership to promote use of CPAP machines for Level 2 neonatal care in the secondary health facilities (hospitals).

Advocacy and partnership

Stakeholder meetings

CHAK participated in five collaborative meetings with HATCH Technologies and NEST360. The meetings explored:

a. Overview of the partnership between EPN (CHAK), NEST 360 and HATCH, clarity of roles and responsibilities for all partners involved including need for an MoU
b. Collaboration in Facility Readiness Assessment and training plans
c. CPAP devices deployment timelines and device installation
d. Training and support for comprehensive newborn care – NEST 360

Collaboration with MOH and counties

Collaborative engagements with MoH Division of Newborn and Child Health and Division of RMNCH

CHAK participated in three collaborative meetings with Ministry of Health (MoH) - Division of Newborn and Child Health, HATCH Technologies, NEST 360, CHAI and USAID to discuss CPAP machines' distribution, post distribution support to implementing facilities, capacity building, post training follow ups and monitoring use of the CPAP machines. The MoH has mapped all partners supporting CPAP devices placement and their implementing facilities to avoid duplication and enhance efficiency.

Participation in MoH national and county level TWGs

CHAK participates in national level TWGs for RMNCH, Newborn and Child Health as well as in the 26 counties where Gates Foundation MNCH project facilities operate.

Signing of collaboration MoU between CHAK, EPN, and HATCH Technologies.

Health promotion

CHAK sponsored and participated in the END PPH run on October 6, 2024. This event was a powerful step towards saving lives and raising awareness about Postpartum Hemorrhage (PPH), the leading cause of maternal mortality in Kenya. The event was organized by the University of Nairobi (UON), in collaboration with the Kenya Obstetrical and Gynaecological Society (KOGS) and the Midwives Association of Kenya (MAK).

Supply chain

Downstream price analysis for DRF tracer commodities

CHAK supported the downstream price analysis for DRF tracer commodities in 67 out of the 100 implementing sites. The analysis was to support MEDS with information on the dosages of the DRF commodities the facilities are currently stocking, pack sizes, last procured volumes, suppliers and the reference prices per unit to inform seed stock demand aggregation and quantification.

Digitization of supply chain operations

CHAK participated in a collaboration meeting on Digitization of supply chain operations with EPN, MEDS, FIELD and AxMED.

Additional meetings were held with FIELD and EPN Consortia members with a focus on the urgent need for digitization of supply chain operations to achieve Gates Foundation goal of 60 per cent product coverage for PPH.

The meetings explored:

a. Timelines for implementing digitization of supply chain operations for improved visibility and efficiency.
b. Key Performance Indicators for monitoring the supply chain for the DRF
c. Integrating existing systems without reinventing the wheel

Baseline assessment

A baseline assessment for the Gates Foundation MNCH project was done as follows:

a. Existing baseline assessment tools were collected, reviewed and a tool aligned to the scope of the project developed in collaboration with EPN.
b. The baseline assessment pilot activity plan was developed and facilities selected.
c. The project team was then trained on the baseline assessment tool.
d. A baseline assessment pilot was done in five selected facilities (two hospitals and three health centers),
e. Collaboratively with EPN, CHAK reviewed the baseline assessment tools with feedback from the pilot.
f. A baseline tool review meeting was held with Mathematica.
g. A facility readiness assessment for CPAP devices installation was done in 22 hospitals.
h. We developed the baseline assessment plan and TORs

The CHAK team that participated in the End PPH run. CHAK was also a sponsor of the event.

Non Communicable Diseases (NCDs)

Introduction

Non-communicable diseases (NCDs), comprising cardiovascular diseases, diabetes, chronic respiratory diseases and cancer, are the leading cause of morbidity and mortality worldwide.

The burden of NCDs is on the rise at a disproportionate rate in low and middle income countries (LMICs). In addition, 80 per cent of NCD-related deaths, occur in the region, with 90 per cent of these deaths being premature.

This is a concern considering LMIC health systems are already constrained by the demands of infectious diseases.

CHAK has collaborated with the ministry of health, pharmaceutical companies and other partners in the NCDs space to address the growing burden of NCDs in Kenya since 2008.

CHAK's strategic plan 2023-2028, is aligned to address the NCDs burden and contribute to improving health outcomes in Kenya through gender responsive, sustainable, and inclusive quality NCDs programmes and services with the strategic objective of improving access to prevention, care and treatment and promoting access to affordable quality, essential medicine for non-communicable diseases.

This will be achieved through awareness and education to raise demand for screening and early diagnosis, capacity strengthening for quality care and treatment for NCDs with the aim of reducing morbidity and mortality caused by NCDs and their complications.

Novartis Health System Strengthening Project

In 2024, CHAK and Novartis partnered to implement a Health System Strengthening (HSS) program, building on the gains realized from the Familia Nawiri program to strengthen systems for NCDs' management and ensure delivery of strategic value in an impactful, scalable, and sustainable way.

The HSS programme is an offshoot of the Familia Nawiri project which CHAK implemented beginning September 2021 with support from Novartis.
The design of the Familia Nawiri Program was based on a population health approach and focused mainly on community awareness and education, screening for early diagnosis, referral and linkage to care for five NCDs.

The program is implemented across a network of health facilities via a centre of excellence (program hub) model, covering tertiary, secondary and primary levels of care.

The strategic program interventions of the HSS programme are capacity building and training of healthcare workers, disease awareness and education activities, as well as sustainable access to quality healthcare services.

This program interventions focus on five NCDs therapeutic areas, namely, cardiovascular disease, diabetic-diabetes eye complications, epilepsy, sickle cell disease and breast cancer.

The programme is implemented in 12 hospitals in 10 counties. This HSS programme was implemented over one year from January to December 2024.

Programme objectives

a) Undertake capacity building and training of health care workers (HCWs) across the 12 selected program hubs in the management of the five targeted diseases.
b) Conduct disease awareness and education activities via the trained HCWs on the five targeted diseases within the selected program hubs.
c) Promote sustainable access to quality health services through strategic advocacy by CHAK for appropriate resource mobilization within the program hubs.

The 12 program hubs comprised tertiary hospitals (level 5) and general/high-level secondary hospitals (level 4). Selection criteria for these programme

hubs were:

- Geographical distribution for national representation and wider network reach
- Potential for management support
- Coordination for resource mobilization to support access to quality care
- availability of medical specialists to conduct capacity building and training for healthcare workers within the network of program hubs

Health facilities implementing the Novartis HSS project

No.	Name of Health Facility	Level of Facility	County
1	Tenwek Mission Hospital	5	Bomet
2	AIC Kijabe Mission Hospital	5	Kiambu
3	Maua Methodist Hospital	5	Meru
4	PCEA Chogoria Hospital	5	Tharaka Nithi
5	PCEA Tumutumu Hospital	5	Nyeri
6	Sabatia Eye Hospital	5	Vihiga
7	AIC Litein Mission Hospital	5	Kericho
8	Light House for Christ Eye Hospital	4	Mombasa
9	PCEA Kikuyu Hospital	5	Kiambu
10	Kendu Adventist Hospital	4	Homa Bay
11	Oasis Mission Hospital	4	Kilifi
12	Jumuia Mission Hospital Kaimosi	4	Vihiga

Project performance

Objective 1: Capacity building and training of health care workers

To strengthen systems for quality care and optimum management of NCD patients, CHAK conducted a five-day in-person training. The training which was held at AIC Kijabe Hospital was attended by 26 HCWs (13F,13M) drawn from 10 implementing sites.

This was an NCDs short course TOT training covering the five programme therapeutic areas (hypertension, Diabetes, sickle cell disease, epilepsy and breast cancer) as well as Asthma.

After the training, the TOTs conducted in-person modular CMEs on the five programme target disease areas reaching 2560 (1491 F, 1069M) health care workers.

In addition, CHAK supported five virtual refresher trainings and six virtual CME attended by 350 (230f,120m) and 396 (238F, 158M) health care workers respectively, mainly medical and clinical officers and nurses.

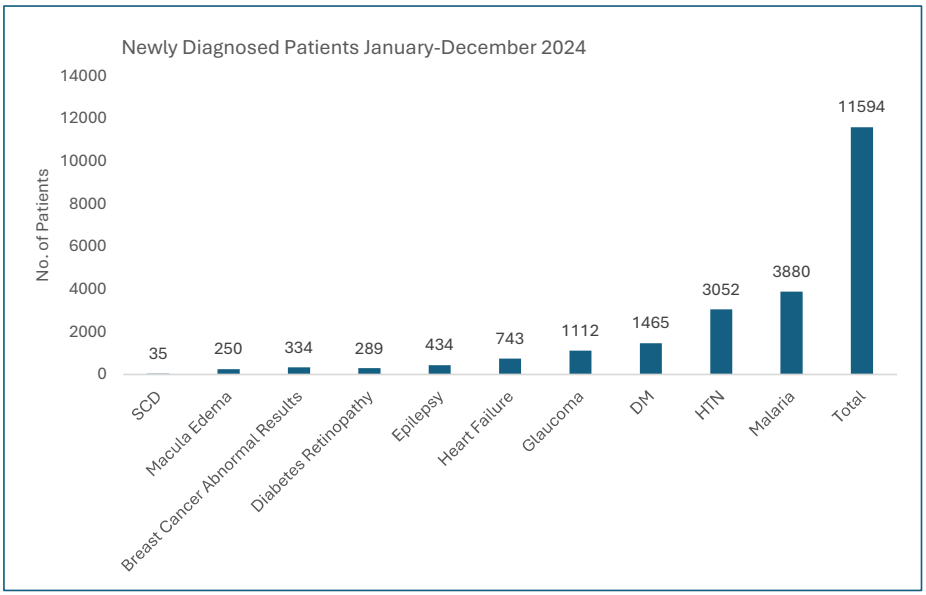
Knowledge improvement was assessed in every CME using pre and post-tests. Improvement was evident as participants' score improved from 51 per cent in the pretest to 78 per cent in the post test on the average.

There is need for ongoing capacity strengthening particularly around epilepsy and diabetic foot, as well as newer areas such as integration of mental health, and gender considerations in NCDs care.

The knowledge improvement translated to effective diagnosis and optimal treatment for NCDs demonstrated in the table below where a total of 11,594 newly diagnosed patients were enrolled into care; 50 per cent of the patients (49 per cent female and 50 per cent male) with diabetes were well controlled while only five per cent of the patients with hypertension were admitted due to

Participants in the NCDs short course held at AIC Kijabe Hospital.

Newly diagnosed patients after capacity strengthening of HCWs in various NCDs



hypertension related complications.

CHAK also conducted continuous support supervision and mentorship for the implementing sites. This involved departmental visits and mentorship following the NCDs patient pathway, initial assessment of NCD services, feedback and action plan development and tracking and advocacy with the hospital management team (HMT) as well as documentation of the project successes and best practices.

The project approach which combined capacity strengthening, support supervision and tracking of action plans together with HMT fostered buy-in in implementation of the HSS intervention and NCDs system strengthening.

At the end of the project year, the supervision score averaged 81 per cent for all the implementing hubs.

This translated to demonstrable uptake of best practices and improvement of systems for quality-of care evidenced by:

- Improved uptake of foot assessment for every patient in every visit
- Gestational diabetes screening at 24-28 weeks' gestation
- Early diagnosis and management of complications
- Mental health screening integration in NCDs
- HIV/NCDs integration

Empasis was placed on the aforementioned areas during virtual and physical trainings and mentorship sessions for the health care workers.

Prior to the project, most of the implementing health facilities were not assessing NCD patient control although this is a a critical measure of quality of care.

The project emphasized on this indicator, achieving an improvement of 14 per cent with a diabetes control rate of 50 per cent, higher than national average of 40 per cent. Hypertension admission rates increased slightly as newly diagnosed patients increased and more facilities began reporting on the indicator.

Objective 2: Disease awareness and education

Through the HSS project, CHAK in consultation with physicians from some implementing health facilities and guided by the updated MOH guidelines, developed and distributed treatment algorithms as follows:

- Breast cancer screening and early detection algorithm from primary health care to tertiary
- Epilepsy - Diagnosis and Management
- Sickle cell: Comprehensive care for sickle cell disease, management of common emergencies and hydroxyurea therapy
- Diabetes retinopathy algorithm

Capacity building for health care workers in diabetes foot care.

(Left) Breast cancer awareness walk organised by PCEA Chogoria Hospital during breast cancer awareness month and (right) community dialogue organised by Kendu Adventist Hospital.The activities were supported by the CHAK Novartis HSS project.

CHAK supported printing of 100 cardiovascular diseases and 100 Diabetes management 2024 MOH guidelines that were launched in June and July. The guidelines were distributed to the implementing sites

To promote awareness, education and patient empowerment, CHAK conducted 922 education sessions at facility level.

The education sessions were done in waiting bays e.g. CCC, MCH, OPD and in patient support groups reaching 98,219 persons (F-56,418, M-41,801) with education messages on various focus diseases and their risk factors.

In addition, CHAK conducted 143 health promotion events including radio and social media engagement, facility open days/in-reaches, health walks, dialogues and outreaches in commemoration of various world health days, collectively reaching 43,538 (25,116F, 18,422M). Below are key health awareness days commemorated by CHAK.

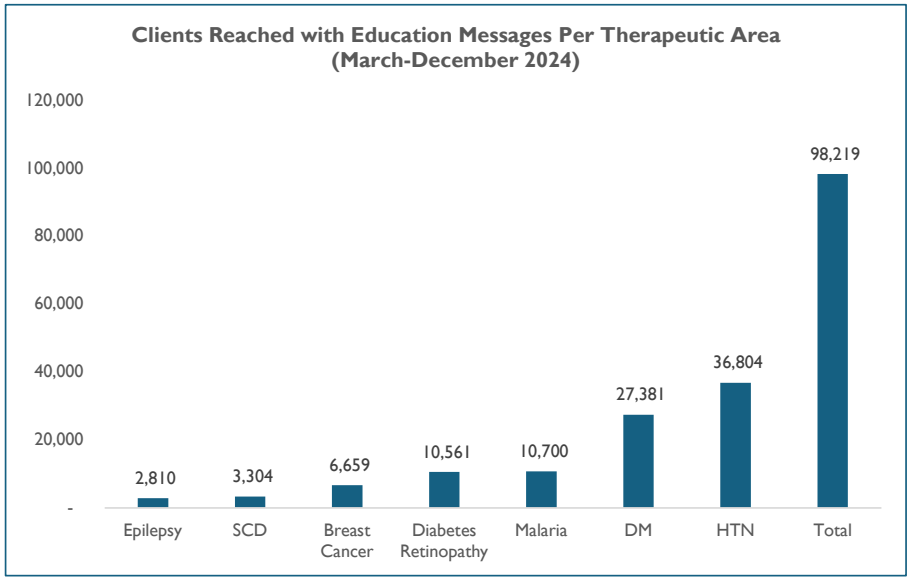
Objective 3: Strategic advocacy for sustainable access to quality health care

Through the HSS project, CHAK advocated for integration of NCDs best practices into the implementing hospitals' health systems by engaging and involving the hospital management teams in support supervision and development of work plans for ownership and tracking.

Averagely, the health facilities achieved 73 per cent progress towards their action plans. Some of the action plans e.g. integration of NCDs and HIV were long term and required time to implement.

CHAK conducted six virtual cross learning sessions and sharing of best practices with the 12 implementing sites focusing on project roll out, assessing control, integration of NCD/HIV, integrating mental health into NCDs care, data review, optimization of HMIS for NCD reporting and reflection on overall performance and sustainability.

Clients reached with education messages in the HSS project



In addition, CHAK held 36 physical project review meetings with facility HMT to track agreed action plans, implementation of learning and best practices.This was 92 per cent HMT participation, as a result of which 87 per cent of the participating facilities integrated the following health systems strengthening interventions:

- Regular NCD clinics
- Assessment and reporting of control for NCDs
- Availability and accessibility of basic tests e.g. HbA1c, Echo test for diagnosis and monitoring
- Implementation of a chronic care model

- Ongoing capacity strengthening for NCDs
- Availability of basic drugs for management of NCDs,
- Facility data review meetings
- Reporting on KHIS2,
- Integration of mental health into service provision

The CHAK Novartis HSS project approach led to facility commitment in improving systems for management of NCDs and hence sustainability.

HSS project participation in world health awareness days

	World Health Day	Date	Facility and CHAK activities
1.	World Hypertension Day (MMM)	17th May	Scaled up screening for Htn in all facilities during May Measurement Month; participation in MOH/KCS national event
2.	World Sickle Cell Day	19th June	Dialogues and inreaches by implementing facilities. CME by MOH SCD lead
3.	World Sight Day	10th Oct	Eye health screening outreaches and inreaches CHAK in collaboration with MOH and Kenya society for the blind planted trees and conducted eye screening camps CHAK also supported five local radio interviews to give information on presbyopia
4.	World Mental Health Day/Month	10th Oct	CMEs, dialogues, inreaches and health education sessions
5.	Breast cancer awareness month	Oct	Breast cancer walk by PCEA Chogoria Hospital, inreaches, social media awareness campaigns and dialogues
6.	World Diabetes Day	14th Nov	CHAK participated in the National WDD commemorations held in Siaya County

Africa Clear Sight Partnership Project (ACSP)

Africa Clear Sight Partnership Project is a one-year project with the goal of increasing awareness and education on presbyopia, the risk factors, associated impairment and effects on quality of life with the aim of alleviating the effects of the near vision associated impairment.

The project is funded by Restoring Vision through Africa Christian Health Associations' Platform with the objectives of strengthening the capacity of health workers to offer screening for presbyopia and provide high-quality reading glasses to individuals identified with presbyopia.

The project also strives to strengthen community and facility-based monitoring, evaluation and learning systems for presbyopia interventions and advocate for review of national guidelines and protocols for a more responsive management framework for presbyopia.

The key outcomes of the project are categorized into two spectrums:

a. Individual and family level

- Increase in productivity leading to increased income
- Increase in overall well-being, health and safety
- Increase in awareness of eye health and care seeking behavior, providing a new gateway to into the wider eye health system.

b. Health systems level outcomes

- Prioritization of eye health in faith-based health systems, including opening of vital pathways into wider eye health
- Mobilization of faith leaders at national and local levels to understand and act to improve eye health
- Building demand and seeding markets for future pairs of glasses.

The project implementation approach includes

i. Building and strengthening the capacity of health workers to offer screening for presbyopia

CHAK Chairman Rt. Rev. Charles Asilutwa, Treasurer Christine Kimotho, Head of Ophthalmic Services Unit Dr Michael Gichangi and ACHAP CEO Nkatha Njeru cut a cake to mark the launch of the Africa Clear Sight Partnership project during the CHAK AHC&AGM 2024.

Capacity building and mentorship sessions for health care workers in ACSP implementing sites.

ii. Community awareness and education
iii. Screening and providing high quality near-vision glasses to individuals identified with presbyopia
iv. Partnership and collaboration.

The first phase of the project began in January 2024 and will run until December 2025.

In its first phase, the ACSP project was implemented in 72 institutions including 68 health facilities, Kenya Society for the Blind, Operation Eye-sight Universal, OEU Presbyterian Services South Sudan and GLOBCOM.

The project was also implemented by other Christian Health Associations in four African countries, namely, Nigeria, Zambia, Malawi and Siera Leone.

CHAK participated in the inauguration of the project in Nigeria and officially launched it in Kenya during the 2024 CHAK Annual Health Conference.

The event was presided over by Dr. Michael Gichangi, head, Ophthalmic Services Unit, Ministry of Health, who noted the "ACSP project offers catalytic interventions to raise awareness on low vision and reaching the unreached with the highly needed reading glasses to correct low vision problems, which is in line with MoH Kenya UHC strategy of universal access to the last mile".

Project objectives

i. To build and strengthen the capacity of health workers to offer screening for presbyopia and provide high-quality reading glasses to individuals identified to have presbyopia.
ii. To reach out to 1.2 million people with awareness and education messages on presbyopia, the risk factors, associated impairment and effects on quality of life to create demand for screening and linkage to care.
iii. To screen 400,000 people for presbyopia and provide 100,000 reading glasses to individuals in need.
iv. To strengthen community and facility-based monitoring, evaluation and learning (MEL) systems for presbyopia interventions.
v. To advocate for review of national guidelines and protocols to a more responsive management framework for presbyopia.

Project performance in 2024

Objective 1: Capacity strengthening for health care workers

CHAK used a multi-pronged approach to strengthen capacity of health care workers. An in-person Training of Trainers (TOT) was held for 27 HCWs from 17 implementing sites. The TOTs were trained on screening for presbyopia and use of the screening chart to determine the power of reading glasses, use and care of reading glasses, referral pathways and data collection and reporting tools.

The training also provided an opportunity to orientate the TOTs on the project goal, objectives, and implementation approach.

The TOTs served as focal point persons in their health facilities where they also conducted CMEs and mentorship.

In addition, CHAK project staff conducted continuous medical education, mentorship and sensitization in lower level health facilities during support supervision visits, reaching 93 health care workers.

Objective 2: Awareness and education on presbyopia

Awareness and education were conducted at facility level, during community outreaches and in church gatherings by the TOTs, as well as community health promoters and religious leaders.

The project reached 102 Community Health Promoters (CHPs) attached to 48 health facilities who were sensitized by the TOTs and tasked with mobilizing their communities for outreaches, screening at community level using a screening chart and referral of individuals suspected to have presbyopia to health facilities for confirmation and issuing of glasses. The CHPs were also sensitized on when to wear and how to take care of reading glasses as part of community education messages.

CHAK also used its social media handles to create awareness on presbyopia and facilitated media engagement to create demand for eye health including presbyopia on World Sight Day observed on October 10, 2024. Media engagement was done through five local radio stations across five counties.

Objective 3: Screening for presbyopia and issuing reading glasses to individuals in need

A total of 159,533 reading glasses with varying power were distributed to 72 institutions implementing the ACSP project. These institutions included 68 health facilities, Kenya Society for the Blind, OEU Presbyterian Services South Sudan and GLOBCOM.

These institutions conducted awareness and education and screened clients for presbyopia during community outreaches, church gatherings and at facility level.

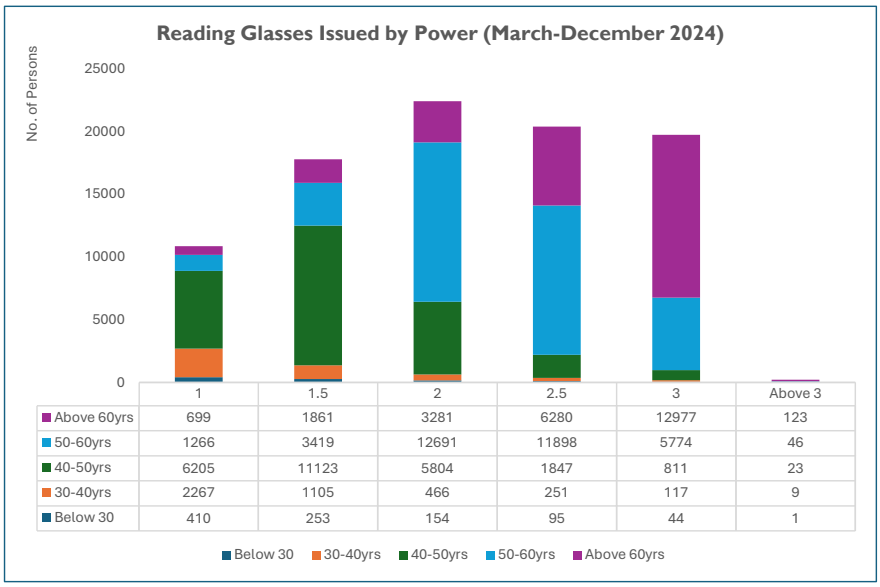
In 2024, 105,285 people (63,473F and 41,812M) were screened for presbyopia and 91,300 (55,931F,

Health care workers screening for presbyopia and distributing reading glasses at community, facility and other forums.

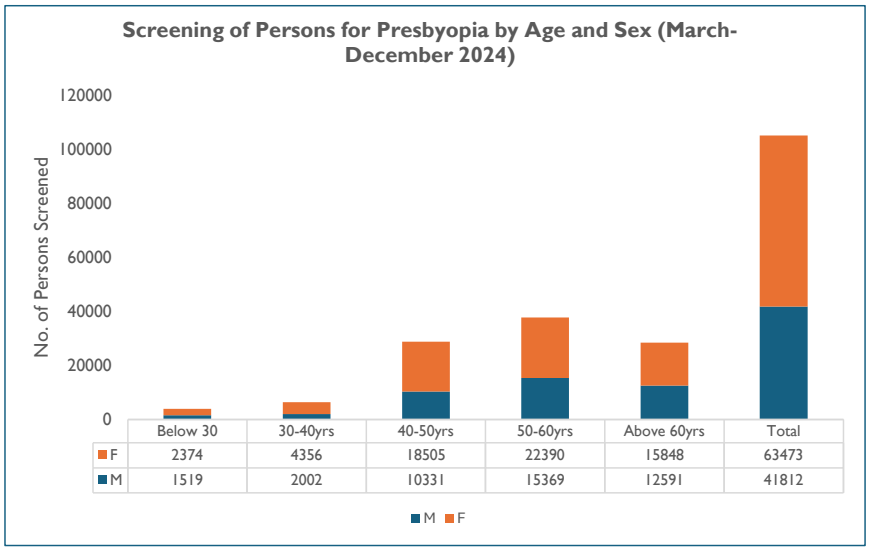
35,369M) issued with reading glasses. Out of the total reading glasses issued, 57 per cent (51,594 (31,443F, 20,151M)) were received by people who had not previously had a pair of reading glasses.

A further 9840 (nine per cent of those screened) were referred to health facilities for other eye conditions.

The most issued glasses were power +2.0 issued to 22,396 people (25 per cent of the reading glasses issued), power +2.5 and +3.0 issued to 20,371 and 19,723 persons respectively (22 per cent of the glasses issued). Most (38 per cent) of the reading glasses were issued to persons aged 50-60years, followed by 40-60yrs and above 60yrs (28 per cent).



	1	1.5	2	2.5	3	Above 3
Above 60yrs	699	1861	3281	6280	12977	123
50-60yrs	1266	3419	12691	11898	5774	46
40-50yrs	6205	11123	5804	1847	811	23
30-40yrs	2267	1105	466	251	117	9
Below 30	410	253	154	95	44	1



	Below 30	30-40yrs	40-50yrs	50-60yrs	Above 60yrs	Total
F	2374	4356	18505	22390	15848	63473
M	1519	2002	10331	15369	12591	41812

Objective 4: To strengthen community and facility-based monitoring, evaluation, and learning (MEL) systems for presbyopia interventions

In 2024, CHAK conducted 77 support supervision and mentorship and project monitoring sessions.

Activities done during the sessions were tracking of project activities, action plan development and tracking, data quality audits, mentorship on data protection and documentation of success stories.

The support supervision and mentorship visits have led to an increase in reporting rates, innovative ideas in conducting community mobilization and outreaches using Community Health Promoters (CHPs) linked to the implementing CHAK health facilities, improvement in the number of targeted populations screened and issued with glasses amid Social Health Authority (SHA) implementation as well as creation of demand and market for eye health services.

In addition, data quality audits with facility focal point persons have led to improvement in the quality of data shared with CHAK and subcounties.

Objective 5:To advocate for review of national guidelines and protocols for a more responsive management framework for presbyopia

CHAK has been actively involved in monthly and quarterly review and advocacy meetings to discuss national and international guidelines and protocol for presbyopia management with ACHAP, Restoring Vision and other countries implementing the ASCP project in Africa.

An overview of ACSP and learnings encountered in the initial project implementation phase was presented at the ACHAP Biennial conference in Nigeria.

CHAK participated in harmonization of data collection and reporting tools where existing country MoH eye health facility data registers and monthly reports were reviewed. This led to adoption of standard data collection tools for presbyopia across implementing counties.

ACSP project has helped increase demand for eye health services in Nyanchwa Mission Hospital

As Nyanchwa Mission Hospital in Kisii County, Kenya, we thank ACSP and CHAK for this remarkable project that supports individuals facing presbyopia, which affects many people over 40.

Through this initiative, we have screened about 2,000 individuals, provided free reading glasses and identified those needing further medical treatment or surgery.

It is encouraging to see our daily patient visits in the ophthalmic unit rise from about 100 to 120 in just four months.

However, many patients cannot afford the necessary surgical fees or medication for treatment. We remain hopeful that with the ongoing support from our partners, we can extend our reach and make a meaningful impact on the lives of even more people in need.

Migosi N. Stephen, HOD, Ophthalmic Services

Stiches of joy

In a bustling village in Homa Bay County, Kenya, Frida Akinyi, 51, sat at her wooden workbench, her hands trembling over the familiar fabric. For nearly 10 years, she had been the to-go-to seamstress in her community. Her skill with a needle and thread brought life to weddings, festivals, and everyday wear.

But in recent months, Frida had faced an unsettling reality — her eyes were failing her. Being the sole provider of her nine children, six of who were in school, she felt disheartened.

Frida says the reading glasses she received from the ACSP project have restored her vision and given her back the ability to work and provide for her children.

Mean while, the frustration was mounting, not only in her but also in the community. Customers began to seek other tailors, and her income dwindled. Frida did not have the money to see an ophthalmologist but was hoping for a solution to her poor vision.

One day, she heard about free eye screening that was taking place at Kendu Adventist Hospital and decided to give it a try.

The nurse explained the screening process and handed her a reading glasses self-screening chart in Luo, her native tongue. Her eyes glanced over the page as she realized she was unable to make out any of the words. She nervously told the nurse, "I can't see anything."

The nurse handed her a pair of reading glasses and, to her amazement, after putting then on, she was able to read the smallest line with no problem at all! She could do nothing else but smile; she was so grateful that this one pair of glasses could help her and her family.

The Kendu Adventist Hospital staff took time to follow up on Frida, who narrated to them the difference that pair of glasses had made in her life.

She feels more confident in her work. The reading glasses not only restored her vision but also provided her with the ability to work again and provide for her family.

Caren Mokua, Deputy Nurse In-charge, Kendu Adventist Hospital

Improved access to quality, effective pharmaceutical services in church health facilities (Access project)

Access project is a three-year grant (November 2022 to March 2025) by the Ecumenical Pharmaceutical Network (EPN) focusing on bettering pharmaceutical services and care through improved access to quality-assured essential medicines and ensuring their appropriate use to maximize outcomes.

Access project is implemented in five focus countries - Kenya, Cameroon, Zambia, Tanzania, and Lesotho.

In Kenya, CHAK is implementing the project in 20 lower level member health units across five regions - Eastern, Central, South Rift, Nyanza and Western. A key characteristic of these implementing health facilities is that they do not have pharmaceutical staff.

Project goal

Strengthened church health systems to ensure sustainable access to and appropriate use of safe, effective, quality assured, and affordable essential medical products and pharmaceutical services

The project aims at strengthening delivery of sustainable and resilient quality pharmaceutical services in church health systems in sub-Saharan Africa by building human resource capacity to manage pharmaceutical services and products, improving supply chain and access to quality medicines and enhancing pharmaceutical systems strengthening and performance for the following health priorities:

1. Maternal, New-born, Child Health, and Reproductive Health (MNCH/RH)
2. Infection Prevention and Control (IPC) activities including Antimicrobial Resistance (AMR) and pandemic response.
3. Non-communicable diseases (NCDs)

Project objectives

1. To strengthen church health systems in CHAK MHUs to provide improved pharmaceutical services, particularly with regard to non-communicable diseases (Diabetes), MCH, infectious diseases (HIV/AIDS), NTDs, containment of AMR and IPC.

Support supervision visit at Kima Mission Hospital by Access project staff.

2. Increased networking of church health systems towards improving pharmaceutical practices and health system governance in CHAK MHUs.

Implementation strategy

- Building human resource capacity to manage pharmaceutical services and products.
- Supply chain and access to quality medicines for management of NCDs, NTDs, containment of AMR and infections (IPC)
- Pharmaceutical system strengthening and performance

ACCESS project implementing health facilities

No	Facility name	Level	County
1	ACK Mt. Kenya HC_ Mwea_	3	Kirinyaga
2	Beacon of Hope_ Kajiado	3	Kajiado
3	Cascade of Hope Medical Centre	3	Nairobi
4	Kolanya	3	Busia
5	PEFA Mercy Medical Centre	3	Kiambu
6	Wesley Hospital	3	Nakuru
7	Tei wa Yesu Medical Centre	3	Kitui
8	AIC Mulango HC	3	Kitui
9	AIC Zombe Health Centre	3	Kitui
10	ACK Syongila	3	Kericho
11	Itibo SDA HC/	3	Nyamira
12	Riokindo SDA Health Centre	3	Kisii
13	Ranen SDA HC	3	Migori
14	Monianku SDA HC	3	Kisii
15	ACK Ngiya HC-Siaya	3	Siaya
16	FPFK Nyambare HC-Siaya	3	Siaya
17	St. Paul Methodist Ugunja HC-Siaya	3	Siaya
18	ACK Namasoli HC-Kakamega	3	Kakamega
19	ACK Namboboto HC-Busia	3	Busia
20	CoG Kima	3	Vihiga

Project achievements per objective

Objective1: Church health systems in the target countries provide improved pharmaceutical services, particularly with regard to NCDs (diabetes), MCH, infectious diseases (HIV/AIDS), NTDs, containment of AMR and IPC

The project registered 107 health care workers (M 49, F 58) for training in:

1. Medicine supply management
2. Infection Prevention and Control (IPC)
3. Preventing Anti-Microbial Resistance (AMR)
4. Health commodity management

This was a 134 per cent achievement against the set target of 80 health care workers registered. A total of 82 health care workers (M39, F43) actually undertook the training while 91 courses have been completed. Key challenges were staff turn over, laxity among trainees to complete the courses and competing tasks due to instances of heavyworkload in the facilities.

The trainings were conducted through the EPN online training platform. The training targeted nurses, clinical officers, pharmaceutical and laboratory staff and hospital managers who identified courses according to their profession and interest.

All the 20 implementing facilities benefitted from support supervision visits by CHAK and joint CHAK/EPN teams. Additionally, remote supervisory support was also done via phone calls, online review meetings and the project WhatsApp group.

Online CMEs on AMR and IPC were done, reaching a total of 77 health care workers from all the 20 implementing Member Health Units.

In Year 2 and 3 of the project, IPC/AMS/DTC committees were established and strengthened in all the implementing sites. In 2024, all 20 implementing sites were remotely supported to develop and implement action plans through these IPC/DTC/AMS committees which met routinely.

A total of five health facilities had actively operating DTC committees which played the following roles:

- Supported regular monitoring of supplies and commodity management to ensure the facility had basic commodities to avoid stockouts.
- Ensured prescription audit was done to monitor the use of antibiotics in the facility.

Distribution of project IEC materials.

A total of 190 IPC/DTC/AMS quarterly committee meetings have been held across the 20 implementing sites.

The project also monitors availability and rational use of essential products through online baseline and endline surveys. A total of 13 implementing health facilities (against a target of 10) were assessed and supported to fill the baseline availability monitoring tool for essential medicines.

As the implementing health facilities had low or no pharmacy expertise, there was need to strengthen pharmacy practice by printing guidelines and STGs. Pharmacy practice IEC materials were printed and distributed to implementing MHUs.

All the 20 implementing sites were supplied with AMR IEC materials (120 copies), waste segregation (60 copies) and diabetes (120 copies). Development and design of IPC IEC materials was also done.

Advocacy with church leaders on basic HIV treatment literacy

A total of 61 religious leaders (against a target of 20) linked to the 20 implementing health facilities were sensitized and issued with the HIV Treatment Basic Literacy Guide. The religious leaders were linked to the health facilities for further clarification and easier referral of clients.

Objective 2: Increased networking of church health systems towards improving pharmaceutical practices and health system governance at national, regional, and global levels

CHAK participated in the national launch of the World Antimicrobial Resistance Awareness (WAAW) week organised by the Ministry of Health where the need for the Government to support AMR activities was emphasised.

CHAK also supported the inaugural Kakamega county commemoration of WAAW activities in Kakamega town. This activity was led by the county director of medical services, the county chief pharmacist and the County Antimicrobial Stewardship Committee (CASIC).

Distribution of project IEC materials.

Improving Pharmaceutical Access Through Continuous Training (IMPACT) project

Introduction

IMPACT is a three-year project implemented in partnership with EPN and Action Medeor. The project seeks to provide long-term training in basic pharmaceutical knowledge with a focus on medicine supply management, rational use of medicines and dispensing.

Training provided by the project is adapted to the local population context and their specific needs. The project also seeks to develop systems for gender parity, needs of the elderly and advocacy in health service delivery.

The project is being implemented in Kenya by CHAK, Rwanda by BUFMAR and Tanzania by Christian Social Services Commission (CSSC).

Project rationale

Primary health care facilities (Level 2&3) are primarily run by nurses and have hardly any trained pharmaceutical staff to ensure good prescription and pharmaceutical standards. There is therefore the risk of irrational prescription and inadequate medication counselling which can lead to development of antimicrobial resistance. Drugs should also be stored in an appropriate drug store, stock bin cards maintained and last in first out measures instituted.

Project goal

The project seeks to provide long-term training in basic pharmaceutical knowledge with key focus on medicine supply management and rational use of medicines and dispensing.

The project is being implemented in 13 lower level health facilities (5 faith based, 8 GOK) without pharmaceutical staff in Kakamega County and will run from November 2023 to October 2026.

CHAK member facilities implementing IMPACT project

Name of facility	Sub county
ACK Namasoli Health Centre	Khwisero
COG Mundoli Health Centre	Khwisero
COG Ingotse Mission HC	Khwisero
COG Mwihila Hospital	Khwisero
ACK Masaba Dispensary	Mumias West

Public health facilities implementing IMPACT project

Name of facility	Sub county
Emukaba Dispensary	Lurambi
Chief Mulimu Dispensary	Shinyalu
Matete HC	Lugari
Bungasi Dispensary	Mumias West
Khalaba Dispensary	Matungu
Shisaba Dispensary	Butere
Shiseso HC	Ikolomani
Natunyi Dispensary.	Navakholo

The project team during a courtesy call at the Kakamega County CECM's office.

Target groups

- Two CHAK staff trained as master ToTs to support county and CHAK health facilities
- A total of 26 health care workers from the selected 13 health facilities trained in the project focus areas of basic pharmaceutical knowledge with key focus on medicine supply management and rational use of medicines and dispensing
- Patients seeking health care services in the implementing health facilities benefit from improved health provider knowledge improving quality of health care services.

Project implementation approach

The project is undertaking capacity building for human resources for health and pharmaceutical system strengthening through online and physical training.

2024 project outcomes

Sub Goal 1: EPN and implementing member organizations (CHAK, BUFMAR and CSSC) are strengthened in their capacity to act to improve pharmaceutical care for rural populations in Kenya, Rwanda and Tanzania

a) Stake holder meetings

Project implementation began with county entry and project kick off meetings. The stakeholders embraced the project and pledged to give full support to ensure impactful implementation.

An MoU was signed between CHAK and Kakamega County highlighting each partners' responsibilities.

The project team and County Health Management Team (CHMT) held an introductory meeting to agree on sub goals and task packages. During the project kick off meeting, 25 participants who included the CHMT and sub county pharmacists from implementing sub counties discussed the project deliverables and reviewed the baseline assessment tools.

In a visit by EPN and Action Medeor, CHAK had the opportunity to share project progress, especially findings of the project baseline study, and discuss possible areas for additional funding. A joint workshop of CHAK, EPN, Action Medeor, BUFMAR and CSSC also deliberated on the baseline survey findings and brainstormed on potential focus areas for a complimentary small grant.

b) Training on mainstreaming specific needs of older people

This four-day virtual master trainers' training was facilitated by the Regional Centre for Healthy Ageing and attended by CHAK and Kakamega County staff in addition to two implementing health facilities.

The training highlighted challenges associated with aging, the rights of the older persons, nutrition and physical activity, sexual and reproductive health, communicable and non-communicable diseases, geriatrics syndromes, polypharmacy and palliative care.

The master ToTs developed an action plan to address the gaps identified in delivery of health services among older persons.

c) Advocacy training for implementing partners

This included a one-day virtual Master ToTs training, individual follow up counselling, bi-annual virtual exchange meetings, designing, developing and printing advocacy materials

The training aimed at strengthening the advocacy skills of project stakeholders to equip them with tools and strategies to drive meaningful change and achieve project goals effectively.

Sub Goal 2: Two CHAK staff are available as trainers for needs-based (local-specific training) in pharmaceutical basics and monitoring and evaluation in the project region and beyond to church and state health institutions and establish a continuous exchange of knowledge between the trainers and in the network with EPN.

Three master TOTs (one from CHAK and two from Kakamega County) were taken through three virtual trainings on the needs of the older persons, medicine and commodity management and rational use of medicine.

A total of 26 health care workers from the 13 implementing health facilities will undergo online

refresher courses on the above subject areas in 2025.

Project baseline survey

A baseline study was done to adapt the project training activities to the local context of health facilities.

The baseline aimed at assessing dispensing practices, medical commodity management, patient satisfaction and availability of medicines to inform areas for training and mentorship.

The baseline assessment team in dicussions with Matete Health Centre staff during a facility overview briefing.

The study assessment team comprised of the CHAK project officer, three Kakamega CHMT members, the sub county pharmacist and public health nurse from each implementing sub county.

The assessment uncovered significant challenges and inconsistencies, particularly in management of medicines, with notable disparities between faith-based and public health facilities. These discrepancies, especially in procurement, receiving, distribution, and inventory management, posed substantial risks to the consistent availability of essential medicines and quality of patient care.

A critical finding of the assessment was the frequent occurrence of stock-outs, particularly of essential medicines across multiple facilities. These stock-outs were primarily driven by irregular ordering schedules, inadequate safety stock levels and inconsistencies in calculating reorder levels.

Additionally, the study highlighted deficiencies in cold chain management, with several facilities lacking appropriate storage for temperature-sensitive medicines like insulin and vaccines, thereby compromising their efficacy. Storage conditions in some facilities were also substandard, with issues such as poor ventilation, inadequate temperature control logs, and insufficient security measures.

The report further identified significant gaps in quality assurance and disposal practices. Most facilities lacked formal quality assurance protocols, and there was wide variation in handling and disposal of expired or damaged medicines.

Additionally, discrepancies during medicine receipt were not consistently documented, complicating effective inventory management. The assessment also revealed shortcomings in dispensing practices and patient counselling.

HEALTH SYSTEMS STRENGTHENING

Introduction

Health systems are critical for attainment of Universal Health Coverage. The World Health Organization (WHO) defines a health system as "all organizations, people and actions whose primary intent is to promote, restore or maintain health".

The six building blocks that make up a health system are service delivery, health workforce, information, medical products, vaccines and technologies, financing; and leadership and governance (stewardship).

In 2024, CHAK Health Systems Strengthening interventions were in human resources management and development, capacity building in management and governance, hospital management information systems and software, financial management capacity building, drugs and pharmaceutical supplies and commodities, monitoring and evaluation, medical equipment procurement, repair and maintenance.

Leadership and governance

Expert Contribution to MHU Boards

CHAK staff including the General Secretary, Head of Health Programs and RMNCAH programmes coordinator provided technical expertise during board meetings of six MHUs - Tenwek, PCEA Chogoria, Maua Methodist, PCEA Tumutumu, PCEA Kikuyu, AIC Githumu and ACK Maseno Mission Hospital.

CHAK supported a governance meeting between health facilities' management teams, their sponsor churches and CHAK secretariat team to discuss current health sector policy changes including Social Health Insurance Fund (SHIF), strategies to align to the Primary Care Networks (PCNs) framework and leadership and governance strategies towards sustainability. The meeting drew delegates from 27 sponsor churches and their health facilities.

Regional Coordinating Committees (RCCs)

CHAK membership is divided into four regions covering the whole country. These regions are:

1. Eastern/North Eastern
2. Central/Nairobi/South East and Coast
3. Western/North Rift
4. Nyanza/South Rift

Each region is coordinated by a Regional Coordinating Committee (RCC) which meets at least three times a year. The RCC chairpersons represent their regions in EXCO.

CHAK supported RCCs chairs' review meetings during the reporting period. In the first meeting of the year, achievements of the previous year (2023) were reviewed and the following activities prioritized for 2024:

1. County engagement meetings
2. Health Financing (NHIF/SHIF/SHA) member education, accreditation support, claims processing support, information dissemination on SHIF/SHA transition from NHIF and impact on MHUs.
3. Training in governance, management and other areas identified through a Training Needs Assessment in technical health service delivery areas.
4. Experience sharing forums for dispensaries and health centres.
5. RCCs support supervision visits to MHUs.

Four RCC planning and review meetings were supported in February 2024 to review interventions already implemented, achievements, challenges and lessons in 2023. The activities prioritized by the RCC chairs during the first meeting of the year were adopted for implementation by the full RCC meetings.

In June 2024, a review meeting was held to assess implementation progress of the prioritized activities. Successful strategies and lessons learned were reviewed for adoption.

The RCCs chairs held a subsequent review meeting in October 2024 and developed an accelerated plan to ensure all priority activities were implemented.

Facilitative support supervision through RCC structures was done in 73 MHUs to support continuous quality improvement.

HSS capacity building

Leadership and management training

This training reached 65 health facility in-charges, administrators and facility boards/committee members from three CHAK regions as follows:

- Eastern and Northeastern - 20 participants
- Western and North Rift - 24 participants
- South Rift and Nyanza - 21 participants

The training focused on strategies for strengthening systems for sustainable MHU operations including governance, leadership and management, financial management, management of health products and technologies and changes in the national health policy environment.

Governance meeting with MHU management teams, sponsor churches and CHAK secretariat team.

Training of healthcare workers on quality management and infection prevention and control (IPC)

The project supported two training sessions on quality management and infection prevention and control to strengthen capacity of HCWs to establish and maintain systems and processes for continuous quality improvement and IPC. The training focused on establishing core facility-based structures for Quality Management for Health i.e. Quality Improvement Teams (QIT) and Work Improvement Teams (WIT), risk reduction and IPC practice, facility assessment for quality of care and quality improvement, public health surveillance and disease outbreak investigation.

The session reached 58 HCWs from 36 CHAK member health facilities in Eastern, Northeastern, Western and North Rift.

Commodity management training

A total of 29 health care workers from 20 MHUs in South Rift and Nyanza regions were trained on health commodity management, equipping the member facilities to put in place robust systems to manage health commodities and address stock outs of essential commodities.

The training focused on supply chain management, quality management in health products and technologies (HPTs), pharmacovigilance and post market surveillance, supply chain information management, HPTs waste management, planning, budgeting and resource mobilization for HPTS, rational drug use, antimicrobial stewardship, patient safety, and M&E in HPTs.

Strengthening systems for health products and technologies

Availability of essential commodities in lower-level CHAK MHUs remains a challenge. The situation is further exacerbated by the changing health financing space in Kenya.

CHAK, in collaboration with Mission for Essential Drugs and Supplies (MEDS), provided 50 CHAK MHUs with essential commodities to strengthen the quality of healthcare services and ensure they respond to clients' needs.

The package will be utilized as a drug revolving fund (DRF) with the participating MHUs required to subsequently purchase the essential commodities with the funds realized.

Strategic plan development support to MHUs

CHAK supported development of strategic plans for Church of God-sponsored health facilities (Mwihila Mission Hospital, Kima Mission Hospital and Ingotse Mission Health Centre). Other MHUs supported to develop strategic plans are IcFEM Dreamland Mission Hospital, Ranen Adventist Mission Hospital, Dophil Nursing and Maternity Home and Sagam Community Hospital.

Strategic plans for the Church of God-sponsored health facilities and IcFEM Dreamland Mission Hospital were finalized and officially handed over to the facilities, while those for Ranen Adventist Mission Hospital, Dophil Nursing and Maternity Home and Sagam Community Hospital are on-going.

Medical Equipment Services (MES)

Introduction

CHAK Medical Equipment Services (MES) operates under CHAK Business Services Limited (CBSL) which serves as an umbrella for all CHAK business-related ventures.

The medical equipment maintenance and supplies unit is based at CHAK secretariat offices in Nairobi. It offers sourcing, maintenance, service and repair of medical equipment in mission, county and private health facilities in Kenya.

Services offered by the MES workshop

- Consultancy, supply, installation, maintenance and calibration of radiology equipment and x-ray related accessories
- Consultancy, supply, installation, repair and maintenance of anaesthesia, critical care and therapy equipment
- General and basic medical equipment installation, repair and maintenance
- Technical advice on procurement and maintenanceof medical equipment
- Hospital plant and auxiliaries service and maintenance, e.g. power generators, oxygen and cooling plants
- Training for users and facility maintenance unit technicians
- Radiation quality assurance andcontrol services, safety assessment and inspection of premises and radiation equipment.
- Radiation personal dose monitoring and reporting services, including supporting in radiology licenses renewal process with KNRA.
- Solar power installation and maintenance

CHAK radiology laboratory

CHAK radiology laboratory is licensed by the Kenya Nuclear and regulatory Authority (KNRA) to offer three categories of services:

i. Radiation safety
ii. Radiation QA/QC
iii. Radiation dose monitoring, dosimetry

MES has signed contracts for installation and maintenance of radiology equipment, radiation safety assessment and dosimetry with a total of 26 health facilities, including eight sites supported by Centre for Health Solutions (CHS).

X ray machine installed at SDA Better Living Hospital.

Representation in Kenya Bureau of Standards (KEBS) technical committees

CHAK MES represents the CHAK network in the following KEBS technical committees:

a) Hospital equipment and devices (TC136)
b) Dosimetry, radiation metrology and NDT testing (TC 106)
c) Heating, refrigeration and air conditioning (TC 092)
d) In-vitro diagnostics and Lab equipment (TC 175)

Oxygen Access Collaboration Group

MES represents the CHAK network in the Oxygen Access Collaboration Group which brings together several partners including MOH. The group is tasked with mapping the need for oxygen in Kenya and forwarding recommendations for action to strategic partners.

The MES team guided the group on CHAK facilities' requirements for oxygen. Several CHAK MHUs were selected for oxygen gas installation. The facilities were assessed, and the oxygen installation works are expected to begin soon after the approvals from the Global Fund.

Improving oxygen availability in hospital emergency departments

The CHAK MES workshop is working in partnership with Emergency Medicine Foundation Kenya (EMKF) to enhance oxygen availability to emergency departments in health facilities country wide in an engagement that began at the height of the COVID-19 pandemic in 2021.

In this partnership, the MES workshop was contracted by EMKF to install medical gases and manifolds in hospital emergency departments.

Health facilities that benefitted from this partnership in 2024 were:
- Coast General County and Referral Hospital
- Bungoma County and Referral Hospital

Information management technology

CHAK HMIS software (CHMIS)

The CHAK HMIS software (CHMIS) was initiated to respond to demand by both CHAK member hospitals and private facilities challenged by the cost, inadequate performance, and lack of dependable support from other solutions available in the market.

In 2024, CHMIS came under the CHAK Business Services Limited umbrella. A new pricing model was developed for CHAK MHUs and non-CHAK members. The pricing is modularized and based on health facility KEPH level. The CHMIS can be utilised by all health facility levels.

The software is undergoing an upgrade to become a fully-fledged Enterprise Resource Program (ERP) that can handle additional components and sectors including human resources, hospitality industry and logistics, which are found in most level 4 above health facilities.

CHAK completed the process of patenting and copywriting CHMIS. Health facilities using the system have been migrated to the Linux Operating System (Ubuntu and Centos) to enhance speed and security.

A total of 12 CHAK member health facilities are using the CHMIS. Nine of the MHUs are using the new CHMIS while the remaining three are using the older Care2x version and are in the process of being moved to the new system. The old system is set to be decommissioned by the coming year.

CHAK CHMIS has supported the health facilities to achieve the following.
- Improved patient turnaround time
- Increased revenue collection due to proper monetary accountability
- Efficient access to patient historical information/ records
- Improved inventory management
- Comprehensive accounting that follows international accounting standards
- Adherence to international health standards such as ICD-11 coding.
- Seamless paperless workflow
- Easy compilation of accurate medical reports for the Ministry of Health such as morbidity and mortality reports

CHAK MHUs using CHMIS

Health facility	County	CHMIS Version
Nyanza and South Rift Region		
Hope Compassionate Health Services	Homa Bay	Care2x
Nyanchwa Adventist Hospital	Kisii	New CHMIS
Kendu Adventist Hospital	Homa Bay	Care2x
Western and North Rift Region		
RCEA Plateau Hospital	Uasin Gishu	New CHMIS
FGCK Molo Health Centre	Nakuru	Care2x
Wesley Medical Centre	Nakuru	New CHMIS
Nairobi, Central, South East and Coast Region		
ACK Mt. Kenya Hospital	Kirinyaga	New CHMIS
Soweto Kayole	Nairobi	New CHMIS
ACK Mt. Kenya Hospital Mwea	Kirinyaga	New CHMIS
ACK Mt. Kenya Hospital Annex	Kirinyaga	New CHMIS
Church Army Medical Center	Nairobi	New CHMIS
Eastern and North Eastern Region		
ADS Maua Dispensary	Meru	New CHMIS

Sample dashboard for the new CHMIS

- Accurate and efficient HR Management
- Real-time reports supporting administrative functions and management in decision-making.
- Accurate and reliable debtor information

Benefits of the new CHMIS

- Web-based with remote access
- Can be hosted locally or on the cloud
- Single page system, the system runs as a single page allowing the system to be fast and user-friendly
- Paperless for both outpatient and inpatient
- Scalable
- Easy Integration with other systems. We are currently integrating with the following accounting systems:
  a) TIMS
  b) SHA
  c) MPESA
  d) QuickBooks
  e) Sage Pastel
  f) Sun Systems
  g) Other integrative accounting systems preferred by the facility
- Easy integration with equipment like laboratory hematology and chemistry machines
- Secure and easy administration modules
- Queue management
- Automatic billing
- Administrative portals for all modules
- Alerts and notifications

Major upgrades to CHMIS in 2024

- SHA Integration
- Notifications and Messaging including bulk SMS
- Mobile application
- POS
- Hospitality module (catering, rooms and restaurant management)

CHMIS mobile application

CHAK is developing a mobile application, anchored on CHMIS, that will automate critical patient care processes, including virtual consultations, digital prescriptions, lab and medication orders, and provide seamless access to medical records.

The platform is expected to enhance efficiency, reduce the administrative burden and improve patient outcomes. Healthcare providers will benefit from streamlined workflows, while patients will enjoy convenient, real-time access to their health information.

The CHMIS mobile app is a significant step towards modernizing healthcare through technology, ensuring faster, more accurate, and patient-centered care.

The app will also include the following:

- Inventory management
- Ambulance management
- Fleet management

The App will be fully integrated with the existing CHMIS to enable seamless access to records by both patients and doctors.

Screen shots of the CHMIS mobile app

CHAK Document Management System (Alfresco)

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

- Easy and quick access to information
- Secure storage of information through multiple backup systems
- Documents and files are easily shared between health facilities and the Secretariat without the hustle involved in sharing manual documents.
- Reduces the cost of managing records and documents
- Simplified storage of documents.

CHAP Stawisha project implementing sites share their reports with the Secretariat using Alfresco. Review and feedback of the reports is also done through the system.

Secretariat support

Summary of key IT infrasturucture in 2024

- A new Sophos firewall with remote capability was deployed at the CHAK head office.
- Installation and use of Microsoft 360 email system had the following benefits:
  a) Outlook, both locally installed and online
  b) The system comes with 100 premium licenses, 70 basic, and unlimited non-profit licenses.
  c) One terabyte Microsoft drive for every user.
  d) SharePoint for creating sites and sharing documents.
  e) Microsoft Teams for holding meetings, sharing documents, and video conferencing
  f) Active directory: Users were migrated from the locally hosted active directory to the cloud-hosted Azure.
  g) Azure virtual servers were migrated to the non-profit Microsoft 365 to cut costs.
- One server was procured to host an integrated DHIS system (ISTREAM) for all CHAK projects.

Human Resources for Health

Introduction

The overall objective of the CHAK Human Resources for Health (HRH) strategic objective is to strengthen policy development and HRH planning for responsive HRH systems in the CHAK MHUs.

This is achieved through several strategies including the following:

- Revising, developing and disseminating HR management generic policies
- Supporting adaptation and use of HRH policies
- Coordinating internship training for medical officers, clinical officers and nurses in accredited internship MHUs
- Creating platforms for shared learnings among MHUs
- Providing technical support to MHUs on HR management and compliance with regulatory authorities
- Strengthening partnership and coordination of HRH mechanisms
- Engaging with health workers' labor unions on work environment and collective bargaining agreements for compensation

Medical Officer internship training

CHAK coordinates the Medical Officers' internship program for eight CHAK member hospitals and one Catholic (KCCB)-affiliated health facility.

These hospitals, accredited by the Kenya Medical Practitioners and Dentists Council (KMPDC) as internship training centers for medical doctors, are PCEA Kikuyu, AIC Kijabe, Maua Methodist, AGC Tenwek, AIC Litein, PCEA Chogoria, PCEA Tumutumu, Kendu Adventist and Consolata Nkubu.

Universities participating in the CHAK Medical Officer internship programme are University of Nairobi, Moi University, Kenya Methodist University, Mount Kenya University, Maseno University, Uzima University, Egerton University, Jomo Kenyatta University of Science and Technology and Kenyatta University.

During the reporting period, CHAK continued to support final year medicine students to apply for internship in hospitals participating in its MO internship programme.

During the first half of 2024, there were delays in interns' posting by MoH. However, 103 medical interns were eventually posted to the nine CHAK internship centers.

The CHAK internship council has made recommendations on coordination of exchange programs among the internship centers, coordinated information giving to participating universities, interns placement into CHAK programs and creation of forums to share abstracts on best practices for cross learning.

Strengthened partnerships and HRH coordination mechanisms

Adequate, well-trained, and motivated human resources for health (HRH) are crucial to delivery of quality health services.

The UJTP and CHAP stawisha projects have committed a substantial amount of programme funds to engage both technical and non-technical HRH. In the reporting year ending December 2024, the two programmes committed USD1,296,260.07 (UJTP) and USD2,503,220 (CHAP Stawisha) to HRH.

CHAK through UJTP, in collaboration with County Departments of Health and in consultation with the County Public Service Boards (CPSBs) of Meru, Embu, Nyandarua, and Tharaka Nithi, has deployed 464 technical and non-technical HRH across 200 government health facilities. Additionally, UJTP is supporting 96 OVC case workers to optimize caseload management and coverage. The program also monitored and managed staff contracts and full employee lifecycle to ensure sustained service delivery.

Non-technical HRH supported by UJTP

	Cadre	Total
1.	Facility Mentor Mothers	45
2.	Facility Peer Educators	108
3.	AYP Champions	5
4.	Meru DiCE Peer Educators	10
5.	Meru DiCE Outreach Worker	2
6.	Maua DiCE Peer Educator	16
7.	Maua DiCE Outreach Worker	1
8.	OVC Case workers	96
	Total non-technical staff	**283**

Technical HRH supported by UJTP

	Cadre	Total
1.	Pharmaceutical technologists	8
2.	Nurse	10
3.	Medical lab technologists	5
4.	Health Records and Information Officers	26
5.	Case Managers	4
6.	Registered Clinical Officers	47
7.	Social Workers	2
8.	OVC Data Assistants	2
9.	HTS Counselors	77
	Total technical staff	**181**

Through CHAP Stawisha, CHAK has implemented HRH initiatives within faith based health facilities and sub award management with the counties of Kitui, Makueni and Machakos, with designated finance and administration officers in charge of all HRH in the three counties.

Total HRH supported by CHAP Stawisha

	Cadre	Total
1.	Project officer	1
2.	Cleaner	1
3.	Doctor	2
4.	Facility administrator	2
5.	Transportation staff for commodities and patient samples	6
6.	Program coordinator	7
7.	Mother Mentor	24
8.	Accounting staff	27
9.	Peer educator	28
10.	Laboratory technologist/technician	30
11.	Case Manager/case worker	33
12.	Pharmacy technician	37
13.	Data officer	42
14.	Clinical officer	77
15.	Nurse	82
16.	Lay worker providing adherence support	87
17.	Testing and counselling provider	107
18.	Community health worker	196
	Total	**783**

Technical support and assistance to MHUs

CHAK, through the Churches Group of FKE, successfully negotiated a Collective Bargaining Agreement (CBA) with the Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals, and Allied Workers (KUDHEIHA), covering the period January 1, 2022, to December 31, 2025. The agreement was finalized, signed, and officially registered with the Employment and Labour Court on March 28, 2025, for implementation in arrears. The General Secretary signed the document on behalf of CHAK member institutions. Notably, AIC Health Ministries and Tenwek Hospital played an active role in the negotiations and the final signing of the agreement. CHAK has also provided technical support to MHUs in talent acquisition, development and management interventions.

Participation in National Technical Working Groups

CHAK continued to participate in the national HRH technical working groups (TWGs) to advance the interests of its MHUs in these MOH advisory structures. CHAK is represented in the following TWGs:

i. Kenya Health Labor Market Analysis Taskforce
ii. National Health Workforce Accounts Taskforce
iii. Workforce Indicators for Staffing Needs (WISN) Taskforce
iv. Health Workforce Emigration Policy Development Taskforce

Capacity building for health care workers in CHAK MHUs

The health workforce is a critical element of health systems and complements other HSS building blocks. CHAK continued with capacity strengthening efforts for the health workforce within its member units to ensure delivery of high-quality health services, supporting and conducting didactic training, OJT, mentorship, and support supervision as shown in the table below.

No of health care workers reached with didactic training, OJT, mentorship, and support supervision

Area	No of health care workers reached with didactic training	No of health care workers reached OJT, Mentorship and Support Supervision
Non Communicable Diseases (NCDs)	**164**	2560
Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)	**262**	372
Leadership and Governance	65	-
Quality Management	58	-
HIV Testing	122	-
TB	960	-
Cancer of the Cervix (CACX)	37	-
PREP	454	-
Sexual and Gender Based Violence (SGBV)	87	-
Orphans and Vulnerable Children	40	-
PMTCT	338	-
LAB	99	-
HIV Counselling and Testing	1129	-
Total	**3815**	**2932**

Partnership For Education of Health Professionals (PEP) Programme

Introduction

The Enhancing Institutional Capacity for Education on Cardiometabolic Diseases (CMDs) and Online Blended Learning or PEP programme aims at improving access to CMD prevention and care for people in vulnerable positions in India and East Africa by building capacity among health professionals and promoting equal opportunities for women in the health workforce.

The programme targets future and currently licensed nurses, medical doctors and other relevant stakeholders in the program countries, including research institutions, government entities and international foundations and organizations.

PEP works towards ensuring people living in vulnerable positions in India and East Africa have equitable access to quality prevention of and care for CMDs. The mission of PEP is to ensure health professionals are equipped to provide quality prevention of and care for CMDs for people living in vulnerable positions, and female health professionals are empowered to prosper in their profession.

To achieve its mission and vision, PEP has taken an institutional approach. The programme is directly anchored with institutions that train health professionals, including CHAK-affiliated Medical Training Colleges (MTCs).

This approach ensures local ownership and programmatic sustainability for long-term change. By focusing on the education of health professionals, PEP

aims at building a health workforce that possesses up-to-date knowledge of CMDs, the right skills mix and relevant clinical experience. An increased focus on ethics and patient-centred care further helps equip health professionals to provide non-discriminatory CMD prevention and care.

Participants during a PEP TNA tools development workshop.

Project objectives

The project's objective is to build institutional capacity through online and blended learning and collaborative alliances for CMD education.

Specifically, the project works to:

a) Build institutional capacity for the education of health professionals.
b) Build MTCs capacity for innovative blended training methodologies that incorporate e-learning and mobile learning training approaches
c) Develop a partnership network for CMD knowledge sharing and scaling of innovative approaches to institutional capacity building.

Project approach

PEP draws on the hub and spoke model to strengthen key institutions in India and Kenya in their role as Centres of Excellence (CoE) that serve to cascade expertise to other institutions.

The CoEs are selected based on their CMD expertise, educational strength, and far-reaching network. With this model, the project reach and impact has been scaled up to reach less connected educational institutions in under served areas with preventive and health care services for CMDs.

Project target groups

PEP program activities are focused on creating impact in areas that are underserved with healthcare services for CMDs and in population groups with limited access to such services.

PEP focuses on education of health professionals with key roles in primary health care and care pathways into secondary health care services to help facilitate more people in vulnerable positions to access health services for CMD prevention and care.

The main target group of the programme is future and current nurses, as the nursing profession is essential for improving provision of primary health care services which are an entry point for referral processes.

Secondarily, the program focuses on medical doctors and other key health professionals who are essential for ensuring quality prevention of and care for CMDs. In Kenya, PEP also targets clinical officers.

PEP programme is implemented in 10 CHAK-affiliated MTCs:

- AIC Kijabe College of Health Sciences
- AIC Litein Medical Training College
- AIC Kapsowar School of Nursing
- Tenwek College of Health Sciences
- PCEA Chogoria Hospital Clive Irvine College
- Maua Methodist College of Health Sciences
- PCEA Tumutumu Hospital Training College
- Kendu Adventist School of Medical Sciences
- ACK Maseno School of Nursing and Health Sciences
- PCEA Kikuyu School of Nursing

Programme achievements

Training Needs Assessment (TNA)

CHAK Secretariat and faculties from CHAK-affiliated MTCs participated in TNA workshops that engaged key partners across six health care cadres - nursing, clinical medicine, pharmacy, medical laboratory sciences, nutrition and dietetics and community health.

This approach led to development of relevant and effective tools, able to bring out capacity gaps to address training needs in CMDs. Stakeholders validated the TNA tools and a pilot was done in

Machakos and Thika KMTCs.

CHAK supported sensitization and support supervision for research assistants during the TNA data collection in five member MTCs and hospitals, i.e. ACK Maseno, Maua Methodist, AIC Litein, PCEA Kikuyu and PCEA Tumutumu.

The data collection tools were administered to heads of department, faculty members, clinical mentors, students and CMD patients who were receiving care in the hospitals during the visits.

Desk review for development of CMDs short course curriculum

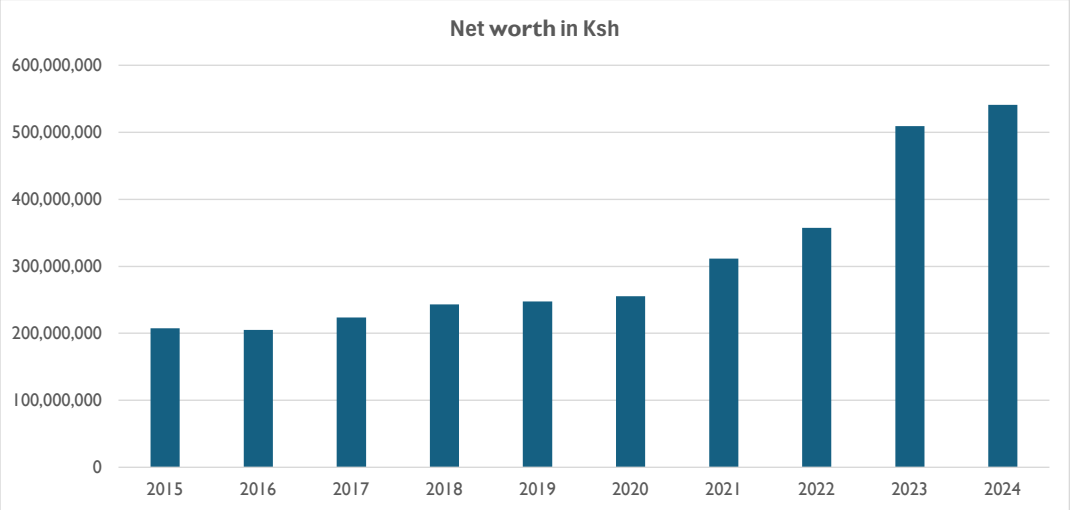
The PEP partners held strategic meetings to develop and validate desk review tools for a short course on CMDs. The meetings developed tools and approaches across the project's six focus cadres. Project staff, MTC faculties and subject matter experts contributed to the review.

AIC Litein and Maua Methodist faculty during the training needs assessment for FBO MTCs.

FINANCIAL REPORT 2024

Net assets growth

The Association's net asset value recorded an increase of Ksh31.4 million from Ksh509.4 million in 2023 to Ksh540.9 million at the close of 2024. After accounting for depreciation, we recorded a surplus of Ksh31.4 million.



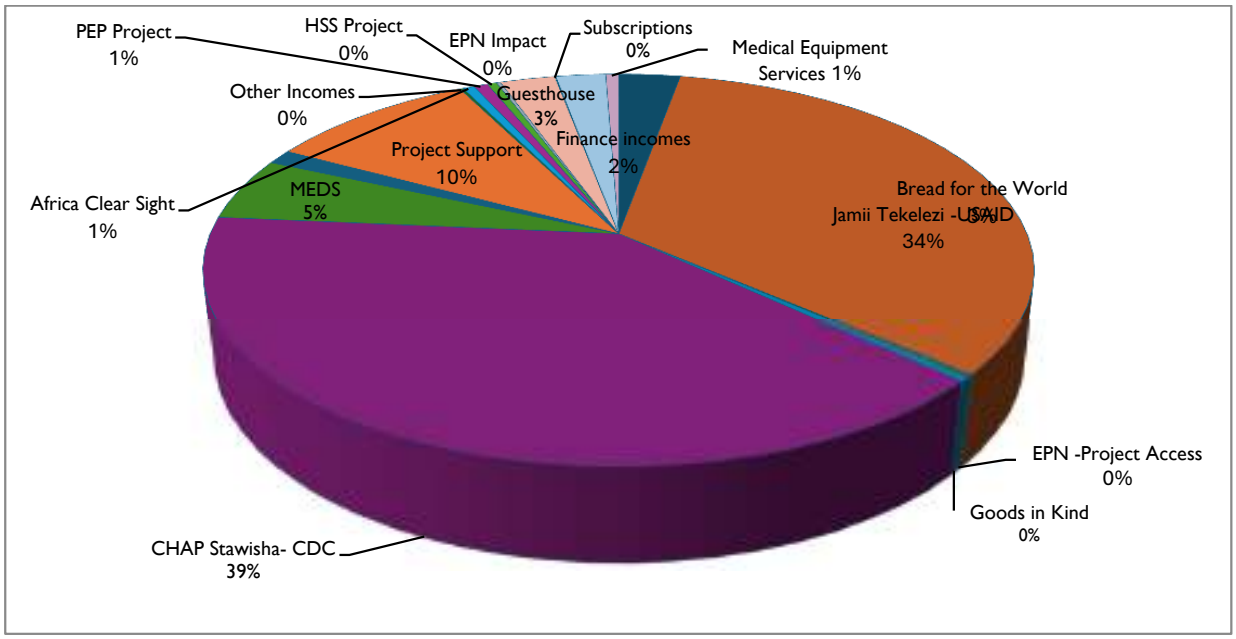
Total revenue

The Association's gross revenue grew from Ksh1.32 billion in 2023 to close at Ksh1.68 billion in 2024, representing a 27 per cent increase.The increase was as a result of a new project financed by Gates Foundation. CHAP Stawisha contributed 39 per cent of total revenue followed closely by UJTP at 34 per cent. Other key funding sources were Bread for the World (three per cent).

Revenue contribution per project

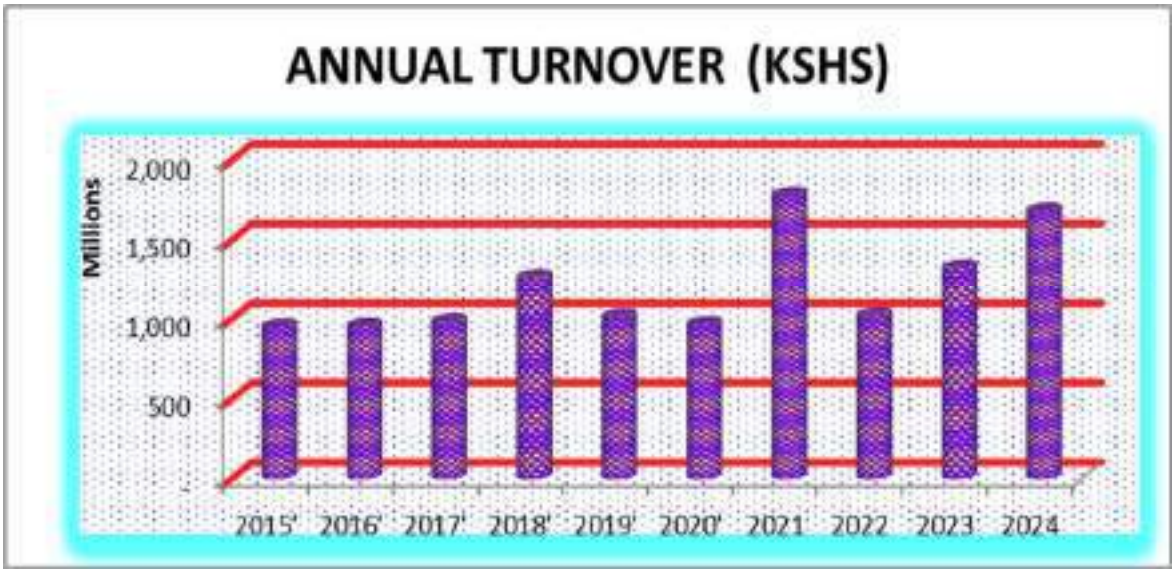
Sources of funds in 2024	Ksh	USD
Bread for the World	48,040,730	371,545
USAID Jamii Tekelezi	563,944,787	4,361,522
EPN Access project	2,039,131	15,771
Goods in kind	7,386,403	57,126
CDC CHAP Stawisha	664,226,170	5,137,093
MEDS	87,537,932	677,014
Gates Foundation	20,260,822	156,696
Project support	163,179,792	1,262,025
Other income	2,454,559	18,983
Africa Clear Sight Partnership Project – ACHAP & Restoring Vision	9,036,249	69,886
Novo Nordisk Foundation PEP Project	10,897,764	84,283
Novartis Health System Strengthening Project	7,388,419	57,142
EPN IMPACT Project	2,892,276	22,369
CHAK Guest House and Conference Centre	43,254,272	334,526
Subscriptions	704,000	5,445
Finance incomes	39,068,880	302,157
Medical Equipment Services	10,171,857	78,669
Total funds received during the year	**1,682,484,043**	**13,012,251**

Distribution of sources of funds



The table below shows CHAK revenue generation over the last 10 years. Generally, CHAK has had positive revenue growth over this period. In 2024, turnover increased by 27 per cent compared to 2023.

CHAK 10-year revenue generation

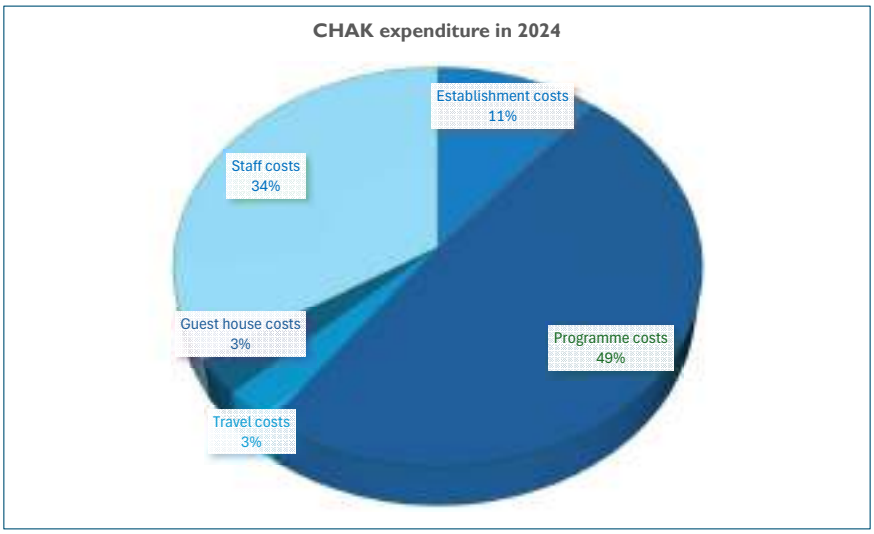


Total expenditure

The Association recorded a total expenditure of Ksh1.30 billion in implementing various project activities. Overall, CHAK managed an expenditure over budget (burn rate) of 117 per cent. All efforts were put in place to ensure expenditure was consistent with budget and in line with funding agreements.

Expenditure by category

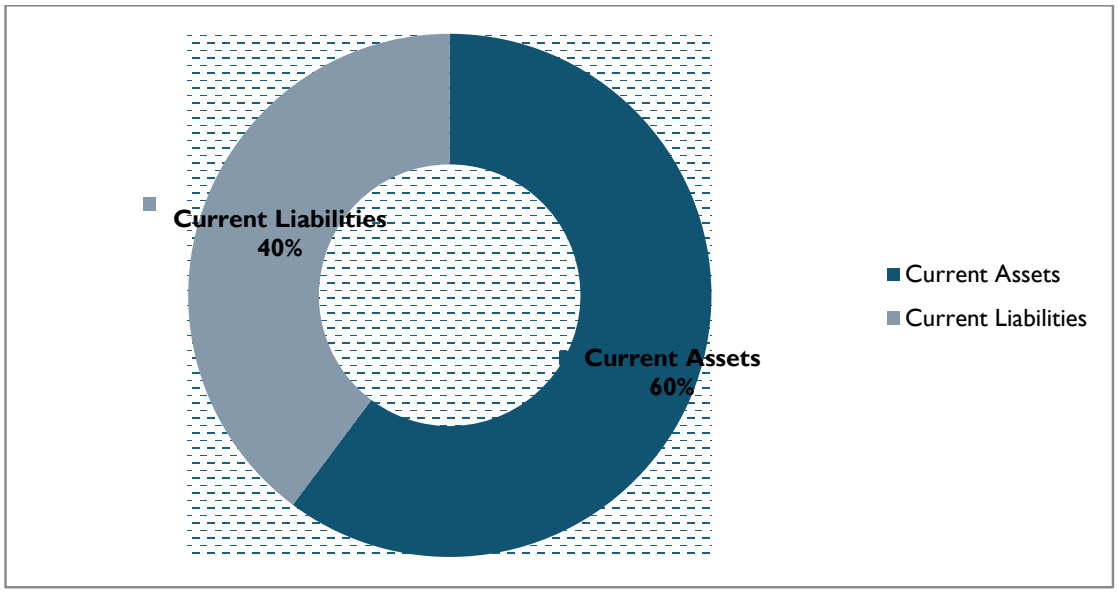
Particulars	2024	Percentage	2023	Percentage
Staff costs	555,739,973	34%	446,959,147	34%
Programme costs	812,400,326	49%	621,415,484	47%
Administrative and establishment costs	187,077,528	11%	149,759,477	11%
Travel and accommodation costs	53,313,255	3%	59,130,777	4%
CHAK Guest House costs	42,538,638	3%	39,524,380	3%
Total expenditure	**1,651,069,719**	**100%**	**1,316,789,265**	**100%**



Liquidity ratio

The Association maintained a cash ratio of 1.5:1. Total current assets were Ksh364 million while current liabilities were Ksh240.3 million. This implies that the liabilities can be settled without causing cash flow challenges.

Liquidity proportions



Movement in designated funds

Designated funds are project funds managed by CHAK. The table below shows movement of funds by project.

Designated funds movement: December 31, 2024				
Project	**Opening**	**Income 2024**	**Expenses 2024**	**Closing**
CDC CHAP Stawisha	-3,684,256	669,398,456	664,226,170	1,488,030
EPN Access project	476,261	1,884,196	2,039,131	321,325
EPN IMPACT project	1,069,087	1,785,655	2,892,276	-37,535
UJTP	-8,975,810	581,041,547	563,781,778	8,283,959
NNF PEP project	0	13,241,109	10,897,764	2,343,345
Novartis HSS project	0	7,429,660	7,388,419	41,241
Africa Clear Sight Partnership Project	0	8,760,279	9,036,249	-275,970
Gates Foundation	0	69,189,137	20,260,822	48,928,315
Gates Foundation	0	114,300,000	2,000,254	112,299,746
Total	**-11,114,719**	**1,467,030,038**	**1,282,522,863**	**173,392,456**

CHAK Guest House And Conference Centre

CHAK Guest House net revenue increased from Ksh26.3 million in 2023 to Ksh30.1 million in 2024, representing a 14.5 per cent increase. Expenses increased from Ksh28.3 million in 2023 to Ksh29.4 million in 2024, a four per cent increase. Major contributors to the increase are rising cost of food items and high cost of living.

CHAK Guest House recorded a profit of Ksh715,000 in 2024 compared to a loss of Ksh1.9 million in 2023.

External audits and reviews

In 2024, CHAK was externally audited and received unqualified (favorable) audit reports. Several audits and assessments were conducted as follows.

1. CHAK and Guest House & Conference Centre and Bread for the World project were audited by KKCO.
2. The CHAK CHAP Stawisha project was audited by Deloitte.

CHAK also had routine review of internal controls conducted by the internal auditor.

The statement of financial position is shown in the following page. It summarizes the Association's financial position as at December 31, 2024.

CHAK financial position as at December 31, 2024

Assets	2024 (Ksh)	2023 (Ksh)
Non current assets		
Property and equipment	233,556,877	226,382,820
Current assets		
CHAK Guest House inventory	2,409,053	2,394,291
Trade and other receivables	10,437,133	27,583,663
Due from related parties	27,246,187	50,525,699
Short term investments	52,226,456	71,699,862
Fixed deposits	258,263,748	168,426,797
Cash and bank balances	195,096,920	43,404,581
Total assets	**779,236,375**	**590,417,714**
Funds and liabilities		
Capital fund	261,131,357	231,831,440
Accumulated fund	139,121,894	242,551,401
Development fund	150,291,186	47,291,186
CHAK Guest House fund	-11,692,943	-12,236,487
Total funds	**538,851,494**	**509,437,540**
Current liabilities		
Trade and other payables	54,969,623	70,140,760
Due to related parties	174,931,179	0
Deferred income	10,484,079	10,839,414
	240,384,881	80,980,174
Total funds and liabilities	**779,236,375**	**590,417,714**

CHRISTIAN HEALTH ASSOCIATION OF KENYA

CONTACT DETAILS

Christian Health Association of Kenya (CHAK)
Musa Gitau Road, off Waiyaki Way
P.O.Box 30690, 00100 Nairobi, Kenya

Tel: +254-204441920 / 204445160 / +254-733-334419

Email: Secretariat@chak.or.ke | gs@chak.or.ke
Website: www.chak.or.ke