ACKNOWLEDGEMENT

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The contents of this report are solely the responsibility of Centre for Health Solutions - Kenya (CHS) and do not necessarily reflect the views of CDC or USAID.

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# CONTENTS

Word from the CEO ...........................................................................................................ii

Introduction .......................................................................................................................Page 4

Goal 1: Healthy Communities Through Partnerships ..............................................Page 6

Goal 2: Increased Visibility and Strategic Partnerships ...............................Page 16

Goal 3: Business Development ..............................................................................Page 20

Goal 4: Growing People ......................................................................................Page 24

Goal 5: From Research to Action .......................................................................Page 28

Goal 6: Resource Management and Operational Efficiency ..........Page 32

Financial Summary 2015 - 2016 ........................................................................Page 35

Our Board ...............................................................................................................Page 36

Pictorial ....................................................................................................................Page 37
WORD FROM THE CEO

Since the launch of the 2\textsuperscript{nd} CHS strategic plan (2016-2020) in November 2015, we have had an intense but rewarding year. The first year of implementing the new strategic plan has seen us continue to support the delivery of quality integrated health services as well as receive two new grants to support HIV care and treatment services in Siaya, Machakos, Makueni and Kitui Counties.

These new grants alongside our existing projects, speak to the first strategic goal that seeks to create healthy communities through partnerships that strengthen health systems. CHS will endeavour to deliver on the task that lies ahead.

In line with our 4\textsuperscript{th} Strategic goal of growing people, our workforce has almost tripled adding to the competent and talented staff who make CHS an employer of choice. The two new projects have seen CHS expand its geographical footprint with the opening of CHS offices in the four counties.

As we work to deliver on the tasks that lie ahead in creating a world of healthy families, we remain committed to the efficient and prudent use of resources. We have embarked on a process that will enhance our operational efficiency through transformational projects that include an enhanced ERP system, review of our business processes, policies and procedures and a new framework for financial reporting.

As we mark the end of the first year of our new strategic plan, we are cognizant of the key role played by all our stakeholders in the continued delivery of evidence-informed solutions and appreciate the support and confidence in our ability to serve local communities.

To all CHS staff, Asanteni Sana for making this first year remarkable and rewarding. Your commitment to the CHS vision and mission will continue to propel CHS to even greater heights.

Dr Paul Wekesa
Chief Executive Officer
INTRODUCTION

The year 2015 - 2016 marked significant milestones for CHS in its efforts to create a world of healthy families.

CHS has successfully completed the implementation of its First Strategic Plan developed as a blueprint for the establishment and initial growth of CHS as a preferred partner for health solutions from 2011 to 2015. During its implementation, CHS supported the provision of quality health services to over 1.5 million Kenyans.

The Second Strategic Plan (2016 – 2020) launches CHS into the next phase of growth, presenting yet another milestone. With this plan, CHS reaffirms its commitment to serve the people of Kenya and beyond and to being a resourceful partner to the Ministry of Health at the national level and health departments at county level. Most importantly, the Second Strategic plan reaffirms the CHS commitment to patients and clients who seek health services across the country guided by the vision of a world of healthy families through universal access to health interventions and services.

Driven by six overarching goals, the second strategic plan focuses on partnerships to strengthen health systems for healthy communities, strategic partnerships and visibility, new business opportunities, growing the CHS workforce, learning and contribution to the body of knowledge and the prudent management of resources.
Our Vision
CHS envisions a world of healthy families through universal access to health interventions and services

Our Mission
CHS optimises delivery and use of health interventions to communities, through evidence-informed solutions, innovation and research to address existing and emerging public health needs

Our Strategic Goals
HEALTHY COMMUNITIES THROUGH PARTNERSHIPS THAT STRENGTHEN HEALTH SYSTEMS

Health workers from Mbagathi District Hospital during a training session on paediatric TB diagnosis.
Through the first goal of the new Strategic Plan, CHS seeks to deliver accessible, cost-effective and quality preventive, promotive, curative and rehabilitative health interventions, and to strengthen health systems along the World Health Organisation (WHO) building blocks for a strong and efficient health system.
Service Delivery
HIV Services

CHS champions the delivery of effective, safe, and quality health interventions to those who need them, when and where needed, with optimal use of available resources.

In an effort to contribute to Kenya’s progress towards meeting the 90-90-90 UNAIDS targets, CHS continues to implement innovative approaches to service delivery. The 90-90-90 targets were established with the aim of accelerating global HIV prevention, care and treatment; ensuring that by 2020, 90% of all people living with HIV (PLHIV) know their status, 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people on antiretroviral therapy achieve viral suppression.

In the year 2015/2016, a total of 439,575 individuals were tested for HIV in the Central Region through the CDC funded Tegemeza project. Among these, 204,704 were tested for the first time. Out of 5,524 individuals found to be HIV-positive, 5,033 are on antiretroviral therapy (ART). Cumulatively, there are 32,898 patients on ART.

CHS exceeded its HIV testing targets by 62%; having tested 439,575 individuals against a set target of 271,392. This was achieved through dedicated HIV Testing and Counselling Services (HTS), which also included the addition of HTS providers and support for full-time Linkage Officers at all high volume health facilities.

Prevention of mother to child transmission of HIV (PMTCT) remains paramount in ensuring a HIV-free generation. In this area, CHS supported PMTCT programs achieved a prevention rate of 97%. In achieving this, 789 out of 813 HIV positive pregnant women identified received ART treatment. Out of 378 infants in the program, only 11 were HIV-positive at 18 months. Through support from CHS, 2,848 babies born to HIV-positive mothers have been declared negative since 2012.

CHS supported the rollout of new HIV Treatment Guidelines across facilities in Central Kenya. The guidelines, which are in line with the World Health Organisation (WHO) recommendations, call for immediate antiretroviral therapy (ART) initiation for patients who test positive for HIV regardless of their CD4 cell count or percentage, WHO clinical stage, age, pregnancy status or comorbidities.

20,564 out of 25,437 clients who had viral load tests done achieved viral suppression

CHS supported Nyandarua and Murang’a Counties during the launch of the Beyond Zero Mobile Clinics in December 2015 and August 2016 respectively. Beyond Zero is an initiative by the First Lady Margaret Kenyatta seeking to improve maternal and child health.
Adherence, Psychosocial Support and Community (APSC)

One of the ultimate goals of HIV care is to ensure retention. Through the Adherence, Psychosocial Support and Community (APSC) program, CHS provides a linkage package in line with national guidelines. In the past year, innovative systems such as appointment reminder systems, adolescent treatment budding system, ensuring that all newly enrolled clients are enrolled in treatment literacy classes and improving linkage with the community health strategy were strengthened.

Support for Adolescents Living with HIV

Adolescent focused activities were carried out including retreats at Gatundu and Thika Level V Hospitals, as well as secondary school sensitisations. The retreats were aimed at improving health worker/adolescents relations to enhance adherence. The secondary school sensitisations were aimed at providing education on HIV to reduce stigma, while identifying issues that affect adolescent adherence.

Through strengthened psychosocial support, assigning of case managers, treatment buddies and home visits, adolescent retention improved. Based on the targeted 90% retention rate, CHS achieved 89% retention for adolescents aged 10-14 years and 94% for adolescents aged 16-19 years.

70 adolescent support groups with 896 members currently supported

Using the Positive Health, Dignity and Prevention (PHDP) strategy, CHS aims to reach individuals above the age of 15 years to reduce the risk of new HIV infections and reinfections.

Out of 30,576 clients age 15 and above:
- 20,783 have sexual partners who are tested for HIV
- 24,236 have disclosed their status to their partners
- 58 discordant couples groups formed with 912 members
- 14,260 women on modern contraceptives

457 new support groups formed with 5,851 members
3,024 clients completed HIV literacy classes
815 clients linked to community based support groups
Kenya’s Tuberculosis (TB) burden is among the highest in the world and the 4th cause of death among infectious diseases. Kenya has an incidence rate of 210 cases per 100,000 people and a prevalence rate of 283 cases per 100,000.

In efforts to reduce the burden of TB in Kenya, CHS continues to support the activities of the Ministry of Health’s National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program), through the US Agency for International Development (USAID) funded Tuberculosis Accelerated Response and Care (TB ARC) activity.

In 2015, 81,518 TB cases were notified, with a treatment success rate of 87% for new cases and 78% for previously treated cases. Ten counties had a higher TB case notification than the national average, accounting for 48% of the total notified cases. These counties include: Nairobi (12,425), Mombasa (4,225), Kiambu (3,702), Nakuru (3,636), Meru (3,420), Kisumu (2,933), Turkana (2,250), Machakos (2,223), Kakamega (2,184), Homabay (2,143).

The proportion of Rifampicin Resistance and Multi-Drug resistant TB cases (RR/MDR-TB) was 82%. The proportion of bacteriologically confirmed cases accessing drug susceptibility testing (DST) was 10%.

TB patients with known HIV status was 97%, with 95% of them being on ART. A total of 426,102 HIV positive patients were screened for TB and the number of HIV positive patients put on Isoniazid Preventive Therapy (IPT) as at September 2016 was 420,000, which is 44% of people living with HIV. Of this number, 5.6% were children.

**Tegemeza TB Highlights:**
- 26,893 patients initiated on IPT
- 85% of adults living with HIV placed on IPT
- 51% of children living with HIV placed on IPT
- 275 workers sensitised on GeneXpert and IPT
- 140 health workers trained on programmatic management of drug resistant TB
- 120 health workers trained on childhood TB
- 678 workers sensitised on child-friendly TB medicines
- Monthly county DR TB clinical review meetings across the five counties
- Quarterly County TB/HIV TWG across the five counties
Essential Medicines and Technologies

CHS seeks to support equitable access to essential medical products and technologies that are quality assured, safe, efficient and cost-effective.

In line with this, through the CDC funded Tegemeza project, CHS continues to offer logistical support for commodities to ensure that pharmacy and laboratory components of care are working effectively. This includes ensuring that drugs are available for HIV and TB patients using the online ARV Dispensing Tool (ADT), and that laboratory commodities are available using the national Health Commodity Management Platform (HCMP). Support also includes provision of laboratory equipment and facilitating access to commodities necessary to promote HIV and TB diagnosis. During the year, CHS supported facilities in Central Kenya with various commodities including chest freezers, diagnostic sets, hazard bins and consumables such as cryovial tubes and markers and plasma precipitate tubes.

During this period, CHS focused on promoting viral load testing and early infant diagnosis (EID) through strengthening the sample transport network. The frequency of sample transport to reference laboratories was increased from twice a month to weekly. This improved turnaround time from sample collection to results as shown in the table below.

- 31,072 viral load tests done; all results received
- 1,430 EID tests done; all results received

### Table 1 - Turn-around time from sample collection to results

<table>
<thead>
<tr>
<th>Period</th>
<th>October - December 2015</th>
<th>July - September 2016</th>
<th>Percentage turnaround time improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral Load (VL)</td>
<td>54 days</td>
<td>14 days</td>
<td>286%</td>
</tr>
<tr>
<td>Early Infant Diagnosis</td>
<td>67 days</td>
<td>14 days</td>
<td>379%</td>
</tr>
</tbody>
</table>

A Laboratory Technician conducts a GeneXpert test on sputum samples. In July 2016, GeneXpert was adopted as the first test for Tuberculosis in facilities where it is found.
Through the USAID funded TB ARC activity, CHS continues to support the NTLD-Program in scaling up the use of new technologies towards ending TB. The scale up of GeneXpert (efficient and accurate technology that tests for TB and its drug resistant variant in two hours) has so far been done at 126 facilities countrywide. TB ARC supported the installation of GeneXpert equipment across 25 facilities and Logistics Management Information System (LMIS) tools in 87% of the 126 facilities, as well as the first super user training for 34 Laboratory Technologists. The super users will offer support towards ensuring routine preventive maintenance support, troubleshooting and reduced down time for GeneXpert machines at county level.

From October 2015 to September 2016, CHS through the Tegemeza project in the Central region supported GeneXpert utilisation through the provision of data bundles to GeneXpert sites to promote faster relay of results. For the period under review, the total number of tests conducted using GeneXpert was 10,531 of which 1,831 cases were confirmed as Mycobacterium tuberculosis (MTB), while 60 of the 1,831 were Rifampicin Resistant.

In 2016, CHS through the TB ARC activity supported sub-County Pharmacists’ sensitisation meetings in all 47 counties as well as the clearance of TB commodities amounting to US$ 57,891. A County Pharmacists’ sensitisation meeting was conducted in November 2015 on LMIS tools for TB commodity management.

Between January and March 2016, TB ARC supported lab investigations for 471 drug resistant TB (DR TB) patients and 409 DR TB patients between April and June 2016 through Lancet Labs. By June 2016, 117 of the GeneXpert 126 machines were reporting online. During the same period, TB ARC supported installation of a 16-module GeneXpert machine in Homa Bay County.

In June 2016, TB ARC supported the GeneXpert Inventory exercise aimed at ascertaining the status of Xpert machines in the country. To date, 65 machines have been reviewed.

CHS through the TB ARC activity supported a Forecasting and Quantification (F&Q) meeting whose objective was to review the assumptions made to estimate national TB commodity requirements for the 2015/2016 procurement period.

*A peer counselling session in progress*
Health Information Systems

CHS supports the development of well-functioning health information systems that ensure the production, analysis, dissemination and use of reliable and timely health information.

With funding from USAID and in support of the NTLD-Program, there have been weekly case discussions on the Extension for Community Health Outcomes (ECHO) platform. ECHO is a video conferencing platform that enables clinicians in peripheral health facilities to gain expertise from experts at national and regional centres.

Further, the use of the TIBU electronic data system continues to play a major role in intelligent reporting and financial controls. Other TB ARC supported activities in Health Information Systems include support towards participation in operational research fora, support for the Drug Resistant Survey (DRS) carried out in 2015, as well as support towards data collection for the National TB Prevalence Survey that was carried out between July 2015 and June 2016.

CHS continues to support facilities to ensure effective data reporting for decision-making. To enable this, all CHS-supported care and treatment sites in the Central Region have been computerised. A total of 58 care and treatment sites are using the new CCC Patient Application Database (CPAD) Version 4.1, which has the ability to capture the Blue Card (MOH 257), HIV Exposed Infant (HEI) details and has a laboratory module. To enhance stability, security and ability to work in a networked environment, CPAD was upgraded from a Microsoft Access platform to a PostgreSQL platform. The total number of care and treatment sites utilising the electronic medical records (EMR) system KenyaEMR, stands at nine (9). CHS is in the process of configuring a data repository that will allow aggregation and sharing of data on a unified platform.
Human Resources for Health

CHS seeks to support and promote the development of a well-performing health workforce that is responsive, fair and efficient to achieve the best health outcomes.

To complement county government investment in human resource for health, CHS supported a total of 319 competent, responsive and productive staff across supported health facilities in Central Kenya at a cost of US$ 1,380,176 and an additional 302 volunteers at a total cost of US$ 217,910. This has played a significant role in bridging the human resource gap in the region and thus supporting the provision of efficient health service delivery.

Health Financing

CHS remains committed to using available resources to contribute to an efficient and effective health financing system that provides adequate financial resources for health and supports service provision for all in need.

With resources from USAID through the TB ARC activity, CHS supported collaborative TB/HIV activities to the tune of US$2,100,353, US$290,890 towards TB patient support and US$ 1,870,363 towards other TB budget lines in support of the NTLD-Program.

TB ARC has so far sub granted US$ 56,650 to Kenya AIDS NGO Consortium (KANCO) and US$ 218,099.4 to Kenya Association for the Prevention of Tuberculosis and Lung Disease (KAPTLD) to support the implementation of the public-private mix (PPM) approach. The PPM approach seeks to engage all care providers to scale up the number and diversity of private sector players engaged in quality TB management.

CHS through the CDC funded Tegemeza project provides support to five counties in Central Kenya for the implementation of HIV care and treatment services. During the year, a total of US$ 1,742,920 was provided to the five counties in the form of sub-grants to the County Health Management Teams, which mostly go towards financing human resources for health in Murang’a, Kiambu, Nyeri, Laikipia and Nyandarua counties.

In the year under review, CHS subgrants through the Tegemeza project were as below:

<table>
<thead>
<tr>
<th>Sub-recipient</th>
<th>Donor</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murang’a CHMT</td>
<td>CDC (Tegemeza)</td>
<td>498,233.85</td>
</tr>
<tr>
<td>Nyeri CHMT</td>
<td>CDC (Tegemeza)</td>
<td>499,246.70</td>
</tr>
<tr>
<td>Kiambu CHMT</td>
<td>CDC (Tegemeza)</td>
<td>449,564.57</td>
</tr>
<tr>
<td>Nyandarua CHMT</td>
<td>CDC (Tegemeza)</td>
<td>57,950.40</td>
</tr>
<tr>
<td>Laikipia CHMT</td>
<td>CDC (Tegemeza)</td>
<td>82,799.69</td>
</tr>
<tr>
<td>JKUAT</td>
<td>CDC (Tegemeza)</td>
<td>47,236.90</td>
</tr>
<tr>
<td>Vision Gardens Community Based Organisation</td>
<td>CDC (Tegemeza)</td>
<td>7,887.43</td>
</tr>
</tbody>
</table>
Leadership and Governance

As a local organisation seeking to support the provision of quality health services for all Kenyans, support for leadership and governance in the health sector is of great importance to CHS.

CHS continues to contribute to the development of strategic policy frameworks at national and county level through participation in and support towards various Ministry of Health led Technical Working Groups (TWGs) and Taskforces. These include support for GeneXpert TWG meetings, coordination of quarterly PEPFAR TB/HIV partners meetings, and participation in the National Taskforce for the TB Prevalence Survey.

The TB ARC activity also supported the setting up of county TB/HIV taskforces in Nairobi, Siaya, Homa Bay, Mombasa, Tharaka Nithi, Meru and Isiolo.

CHS held its annual Ministry of Health/CHS Stakeholders’ meeting in November 2015, under the theme “Celebrating Five Years of Excellence in HIV and TB Service Delivery.” The meeting brings together stakeholders from supported counties including county health department managers, health facility staff and management teams to deliberate on pertinent issues affecting HIV/AIDS and TB service delivery. This meeting focused on best practices that have ensured exceptional results during the last five years that CHS has supported the Central Region.

At the national level, CHS participated in the development of caregivers treatment literacy materials and Teachers’ Guide to support learners living with HIV in schools. CHS is working with Kiambu County Department of Health to develop a School Health Program that will suit the needs of the County and help improve clinical care for adolescents, children and youth living with HIV.

CHS participated in the Kiambu County Government’s County Dialogue Forum/Stakeholders Meeting in March 2016, an information-sharing event where health management issues were deliberated, with the objective of enhancing the quality of health in the county.

In efforts to promote leadership and management skills among health workers, CHS continued to support health facilities through the flexible e-learning courses, and took this a step further through the provision of e-learning materials including computers, internet modems and printers.

Health Infrastructure

In 2015, with funding from USAID through the TB ARC activity, CHS supported health infrastructure including laboratory equipment and supplies to the tune of US$106,634.

CHS continues to offer infrastructural support for health facilities in Central Kenya through facility repairs and equipment support necessary to provide quality care and treatment services. This year, CHS supported Ruiru Sub-County Hospital through the completion of two HIV Testing and Counselling rooms, at a cost of US$ 7,857.51. The two rooms were created out of necessity to provide a dedicated space for HIV counselling and testing with the aim of enhancing client privacy and consequently the quality of HIV services.
INCREASED VISIBILITY AND STRATEGIC PARTNERSHIPS
The second goal of the CHS Strategic Plan 2016 – 2020 speaks to strengthening the position of CHS as the preferred partner for health solutions in Kenya and the region. During the course of the year, the CHS brand has traversed new territories while further entrenching its footprint in the region and beyond.
Website and Social Media

Through the implementation of a robust digital media strategy, CHS recorded the highest growth in its online and social media presence, demonstrating growth in recognition of the CHS brand, and an overall interest in our work. The CHS website recorded significant growth in the total number of website visits during the October 2015 – September 2016 period, as compared to a similar period in the previous year.

Graph 1 - CHS website statistics 2015 - 2016

CHS social media engagements through the year has similarly grown with a 165% and 120% follower increase recorded on Facebook and Twitter respectively. The CHS Facebook profile has consistently recorded a four-star rating. Followership and online engagements with reputable international, regional and local organisations and personalities, further demonstrates the impact of CHS visibility efforts.

Graph 2 - Facebook followers growth 2015 - 2016
CHS Participation at Local, National and International Events

CHS organised, contributed to and participated in a number of local, national and international events, providing a unique opportunity to have a face-to-face interaction with both new and existing audiences.

In November 2015, CHS celebrated its five-year anniversary in style at a colourful event that was attended by staff, stakeholders and partners. Government representatives from national and county governments graced the occasion that saw the launch of the second CHS Strategic Plan 2016 – 2020.

Working alongside the County Health Management Teams from Nyandarua, Murang’a and Laikipia, CHS had an opportunity to showcase its work and contribution towards maternal and child health during the First Lady’s Beyond Zero visits to these counties. A similar opportunity was presented during the World Cancer Day celebrations in Nyeri County.

CHS was proud to partner with the NTLD-Program, alongside other partners in the planning and execution of activities around the national World TB Day commemoration in March 2016. Beyond engagement at the national event, CHS also worked with the five counties in Central Kenya supported by the CDC-funded Tegemeza project to organise county commemoration events around the national theme, as well as to support the counties with promotional materials.

Following the availability of child-friendly TB medicines and with funding from the Global Alliance for TB Drug Development (TB Alliance), CHS was involved in the planning and execution of communication and advocacy activities in readiness for the launch of the child-friendly TB medicines that took place in September 2016. Kenya is the first country in the world to nationally rollout the child-friendly medicines that seek to promote better treatment adherence and outcomes for children with TB.

CHS continues to explore strategic partnerships with health and non-health sectors. CHS is an active member of the Kenya Private Sector Alliance (KEPSA) health board - the Kenya Health Federation (KHF) and through this forum, CHS is working the NTLD-Program and STOP TB Kenya Partnership to engage the private sector in prioritising TB activities.

With support from CHS, business partner G4S was engaged to support the NTLD-Program’s Mulika TB! Maliza TB! Campaign and plans are in place to explore more long-term partnership opportunities.
Professor Miriam Were from Kenyatta University pens down her commitment to the fight against Tuberculosis in Learning Settings during the launch of the STOP TB Partnership - Kenya Strategic Plan.
The third goal of the CHS Strategic Plan 2016 - 2020 looks into growing the CHS funding base through the identification and exploration of opportunities for CHS to grow its business by attracting increased and diversified funding sources.
Following responses to calls for proposals from the US Centers for Disease Control and Prevention (CDC), CHS received two notices of award in August and September to support the implementation of HIV care and treatment services in Siaya County and Lower Eastern Kenya, specifically Machakos, Kitui and Makueni Counties.

The award will see CHS support the respective County Health Departments to provide quality HIV testing services, adult and paediatric treatment services, prevention of mother to child transmission of HIV, support for TB/HIV activities, community linkages, voluntary medical male circumcision (VMMC), strategic information among others.

This work will be carried out in partnership with the County Health Management Teams across the four counties through these two projects.

The Siaya project has been christened *SHINDA* – a Swahili term which means to WIN, a project name which shows our commitment towards ‘winning against HIV/AIDS by achieving epidemic control’ in this high burden county. The Lower Eastern project has been christened *NAISHI* – also a Swahili term meaning I LIVE.

In September 2016, CHS received a grant from the Global Alliance for TB Drug Development (TB Alliance) to support communication and advocacy activities of the NTLD-Program in readiness for the national launch of child-friendly TB medicines.
A health worker from Siaya County draws a blood sample from a client for HIV testing.

Dr Jackson Kioko follows a speech during the launch of the child-friendly TB medicines in Nairobi.
GROWING PEOPLE
CHS seeks to position human capital as a pillar towards advancing organisational growth and performance through a deliberate and strategic effort as outlined in Goal 4 of the 2016-2020 Strategic Plan.
During the first year of implementation of this strategic plan, CHS has left an indelible mark in its commitment towards growing people, through various initiatives that seek to attract and retain the best talent towards achieving organisational goals.

In December 2015, the Human Resources Department conducted the first-ever, comprehensive Employee Satisfaction Survey. Its sole aim was to have a baseline understanding of where CHS employees rate the organisation in terms of job satisfaction. This survey covered areas such as teamwork, quality and customer focus, remuneration, working environment, employee engagement, communication, work-life balance, opportunities for career growth, among others. The results of the survey highlighted four priority areas for this strategic period.

Subsequent to the release of the survey findings, CHS management conducted a comprehensive job and remuneration review process for all the roles in the organisation.

Following the two notices of awards from CDC, CHS is in the process of on boarding staff to support the Shinda and Naishi projects, a process that will see CHS more than double its current workforce. Approximately 90 staff have been engaged thus far, with a further 60 anticipated to join by December 2016.

Continuous growth and capacity building of staff continued to be encouraged throughout the year. Between the months of June and August 2016, 70 staff underwent Project Management training, facilitated by the Strathmore Business School. This training equipped staff with crucial knowledge and skills in the initiation, management and execution of projects within the organisation. Apart from this, 110 staff attended different professional trainings organised by reputable firms in areas such as grants management, USAID rules and regulations, communications, national HIV trainings, updates on tools for monitoring and evaluation, drug resistant TB, among others.

110 staff members attended different professional trainings throughout the year to enhance their skills
Gladwel Muthoni jots down notes during a recent training at CHS. CHS is committed towards growing the skills of its workforce, through its support to employees for various internal and external professional trainings.

Health workers from Kiambu County during a Paediatric TB training, supported by CHS.

Benard Kimtai engages with youth from Thunguma Children and Youth Empowerment Centre during a CHS corporate social responsibility (CSR) activity.
Delegates interact with a CHS poster presentation at the 2016 Annual National HIV Conference in Nairobi.
In efforts to collect evidence that informs the development of programs that seek to address existing and emerging public health needs, CHS is growing its capacity in operations research, implementation science and health evaluations to inform health policy and practice.
In the year under review, CHS participated in various conferences to showcase best practices and lessons learnt from program implementation including the NOPE Conference, Kenya Paediatric Association Conference and the HIV Prevention, Care and Treatment Scientific Conference. CHS was also represented at the International AIDS Society (IAS) Conference held in South Africa. CHS teams at these forums presented abstracts, poster and oral presentations covering topics such as data systems management, GeneXpert utilisation, TB case detection and Isoniazid Preventive Therapy initiation; referrals, linkages and psychosocial support and the management of HIV in adolescents to mention a few.

Through years of implementation of health programs in close collaboration with County Health Teams, CHS appreciates the importance of utilising routine and periodic data and evidence to inform health policy and practice including opportunities for increased resource allocation for emerging health priorities.

With devolution, many county health managers continue to face challenges in packaging this information in a manner that is friendly for the consumption of decision makers who are not health professionals. In light of this, CHS supported Nyeri and Murang’a County Health leadership teams with capacity building in advocacy and insights on how they can better engage the political leadership in prioritising health needs based on the evidence collected at all levels of health service delivery.

CHS has presented over 25 abstracts at both national and international forums, showcasing our work, research, models and best practices.
CHS engagement with the Nyeri County Health Management team sought to enhance their capacity to ‘sell’ and convince their policymakers to allocate adequate resources to meet the county health needs. Through a two-day forum, the Nyeri CHMT was taken through a county health programming situation analysis and an advocacy skills transfer process. As an outcome, the CHMT identified various gaps in their systems and drew up a practical plan of action as their way forward.

CHS also supported the Murang’a CHMT to host a round table forum with the Murang’a County Assembly Health Committee seeking to sensitise them on the County Health Bill and proposed policy action towards sufficient resource allocation to meet the county’s health needs.

The Members of the County Assembly committed to advancing the health agenda by utilising all available opportunities to influence county leadership to prioritise health. Similar undertakings are planned for other CHS supported counties with an aim to sustain the gains beyond CHS and other partner support to the county.
Nyeri County Executive Committee Member for Health, Dr. Charles Githinji, officially flags off the delivery of colour coded bins to CHS-supported facilities in the county.
Goal Six of the second Strategic Plan 2016 - 2020 seeks to define approaches to ensure efficient, effective and economic allocation and utilisation of resources.
Through the implementation of this goal, CHS aims to continuously improve its business processes, governance, internal controls and use of technological innovations for the effective management of resources.

During the course of the year, CHS initiated a number of transformational projects that are expected to greatly contribute to the realisation of this strategic goal.

A detailed and comprehensive review of existing CHS policies was carried out. The review sought to assess the intention, application and effectiveness of the current policies and to further develop processes and procedures. The processes and procedures will be aligned with the reviewed policy manuals adopted in 2014. A 360-degree review by staff and expert input from PricewaterhouseCoopers (PwC) has yielded a set of revamped organisational process maps and enhanced policies and procedures, which will further enhance our organisational capability as CHS grows.

(Below) The CHS Finance team listens keenly during the International Financial Reporting Standards (IFRS) training, conducted by PriceWaterhouse Coopers. CHS seeks to soon adopt this financial reporting framework, replacing the Generally Accepted Accounting Principles (GAAP) framework currently in use.

From inception, CHS adopted and operated Generally Accepted Accounting Principles (GAAP) as the accounting framework for reporting and preparing financial statements. To align the financial reporting processes to global trends and best practices, CHS is working to convert the GAAP accounting framework to the International Financial Reporting Standards (IFRS) framework. The adoption of IFRS will provide CHS with a single set of global accounting standards that require transparent and comparable information for financial statements. The new framework is expected to further improve compliance with statutory requirements.

In 2011, CHS acquired and implemented basic enterprise resource planning software - Microsoft Navision Version 2009 with only two functional operating modules: HR and Finance. Over the years, the operational and business needs of CHS have continued to grow and evolve necessitating change of strategy. In order to improve operational efficiency and optimal resource management, CHS is further investing in an enhanced Microsoft Navision ERP system with additional modules relevant to current business needs. These modules include Human Resource, Finance, Procurement and Stores, and Business Intelligence.
FINANCIAL SUMMARY 2015 - 2016

Graph 3 – CHS CORPORATE ANNUAL BUDGET OUTLOOK

Graph 4 – Total Budgets per Project

Chart 2 – Project Budgets during the Fiscal Year (Oct 2015 - Sept 2016)
OUR BOARD

Dr Richard Ayah
Chairman of the Board

Mr Coutts Otolo
Mr George Waititu
Mr William Maema
Dr Paul Wekesa