



Centre for Health Solutions - Kenya



2017 ANNUAL REPORT

OUR PROGRESS 



Who We Are



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



Word From Our Board Chair

“

It is with great pleasure that I continue to serve as the Chairman of the CHS Board of Directors.

Over the years, we have seen tremendous growth in the CHS funding and program portfolio and this is a testament to the governance structures that support this indigenous organisation. At the very heart of CHS is the birth and growth of local solutions and we are privileged as a Board, to bear witness to the lives transformed through these health solutions.

In this year's annual report, you will get a picture of what CHS has accomplished following its rapid growth and in efforts to meet its strategic objectives as outlined in the CHS Strategic Plan 2016-2020.

While the Board is encouraged by the accomplishments of CHS so far, we are aware that there is a lot more to be done in ensuring the organisation's sustainability to reach even more local communities with quality health services, and to realise the organisation's regional aspirations.

The Board remains committed to supporting CHS through its advisory role in the areas of corporate governance, execution of the corporate strategic plan and organisational growth, towards the common aspiration of a world of healthy families.

”



Dr Richard Ayah

CHS Board Chair



To optim
to commu
inno

Word From Our CEO

“

The year 2017 was a fulfilling year for us at CHS, marking a successful first year of implementation of our HIV programs in Kitui, Makueni, Machakos and Siaya.

It was a year of accelerated learning for our growing teams across the country as we strengthened partnerships with our new stakeholders in our mission to use evidence-informed solutions, innovations and research to address existing and emerging public health needs.

In this period, we reached over 1.6 million Kenyans with various health services, transforming the lives of women, men and children. We have seen more people access Tuberculosis and HIV Testing Services, more people with HIV receive lifesaving treatment and many of them live healthy lives by staying the course of their treatment.

This has been possible through the continued partnership and close collaboration with both national and county governments, our implementing partners, our donors, health workers of various cadres, and the local communities we serve across the country.

I would also like to acknowledge and commend the hard work of our CHS teams, whose work saw CHS receive the prestigious Africa Leadership Award for the provision of HIV/AIDS services. My encouragement to all CHS staff is to stay true to our calling to serve Kenyan communities with unwavering zeal as we work to deliver on our mandate.

Here is to an even greater year in 2018!

”

Dr Paul Wekesa

CHS, Chief Executive Officer

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Tenofovir Disoproxil
Fumarate and
Lamivudine Tablets
300 mg/150 mg
Rx only
"Gok-Mot Not for Sale"
30 Tablets

Ministry of Health
Ghana
Gok-Mot Not for Sale
30 Tablets

CORPORATE HIGHLIGHTS



CHS Shines at the 2017 Africa Leadership Awards

CHS received the 2017 NGO Leadership Award for its exemplary work in HIV/AIDS, while CHS Chief Executive Officer Dr Paul Wekesa, received the award for CEO of the Year in the Africa Healthcare Leadership Award category during the 2017 African Leadership Awards Ceremony.

This was the first time that CHS was participating in the Africa Leadership Awards, an annual excellence award fete that honours corporate and non-profit African excellence in Health, Agriculture, Banking, Energy, Tourism, Education, among others.

#CHSGivesBack

With a commitment to strengthening the relationship between CHS, its stakeholders and beneficiaries, CHS staff participated in corporate social responsibility (CSR) exercises in Nyeri, Kitui and Laikipia counties. This provided CHS with an opportunity to utilise its organisational core competencies to support community initiatives.



At the height of the national drought crisis in 2017, CHS staff raised a total of Kshs 435,761 towards providing much needed food aid and other basic commodities to the community of Sosoma Wells in Ngomeni, Kitui County. Kitui is one of the counties that was severely affected by the drought, with the residents of Sosoma Wells being victims of internal displacement following conflict with a neighbouring community over pasture.

Over 300 families received nutritional commodities and the services of a medical camp (including HIV Testing Services) offered by CHS staff and health workers from the nearby CHS-supported Ukasi Model Health Centre. CHS works closely with the County Government of Kitui to provide comprehensive HIV care and treatment services across the county.



*Laikipia
County
First Lady
H.E. Maria
Mbeneka
playing with
the children
of Talitha
Kum*

CHS staff visited Talitha Kum Children's Home in Nyahururu, Laikipia County, home to over 70 orphans and vulnerable children and adolescents living with HIV/AIDS all of whom receive care and treatment services from Nyahururu Referral Hospital, a CHS supported facility.

During routine program work, CHS staff noted that there was an increase in the number of children from the home failing in their HIV treatment, identifying the need for a visit to provide mentorship, health education, adherence promotion and awareness creation for both the children and their caregivers.

In partnership with the Nyeri County Department of Health Services, CHS staff visited Thunguma Children's' and Youth Empowerment Centre where they gave health education talks on HIV/AIDS, hygiene and sanitation; as well as the handover of items such as mattresses, beddings and dry foods.





“ CHS CSR initiatives are guided by the love of humanity, voluntary action for public good, and providing resources to improve the quality of life of local communities ”

PROGRAM HIGHLIGHTS

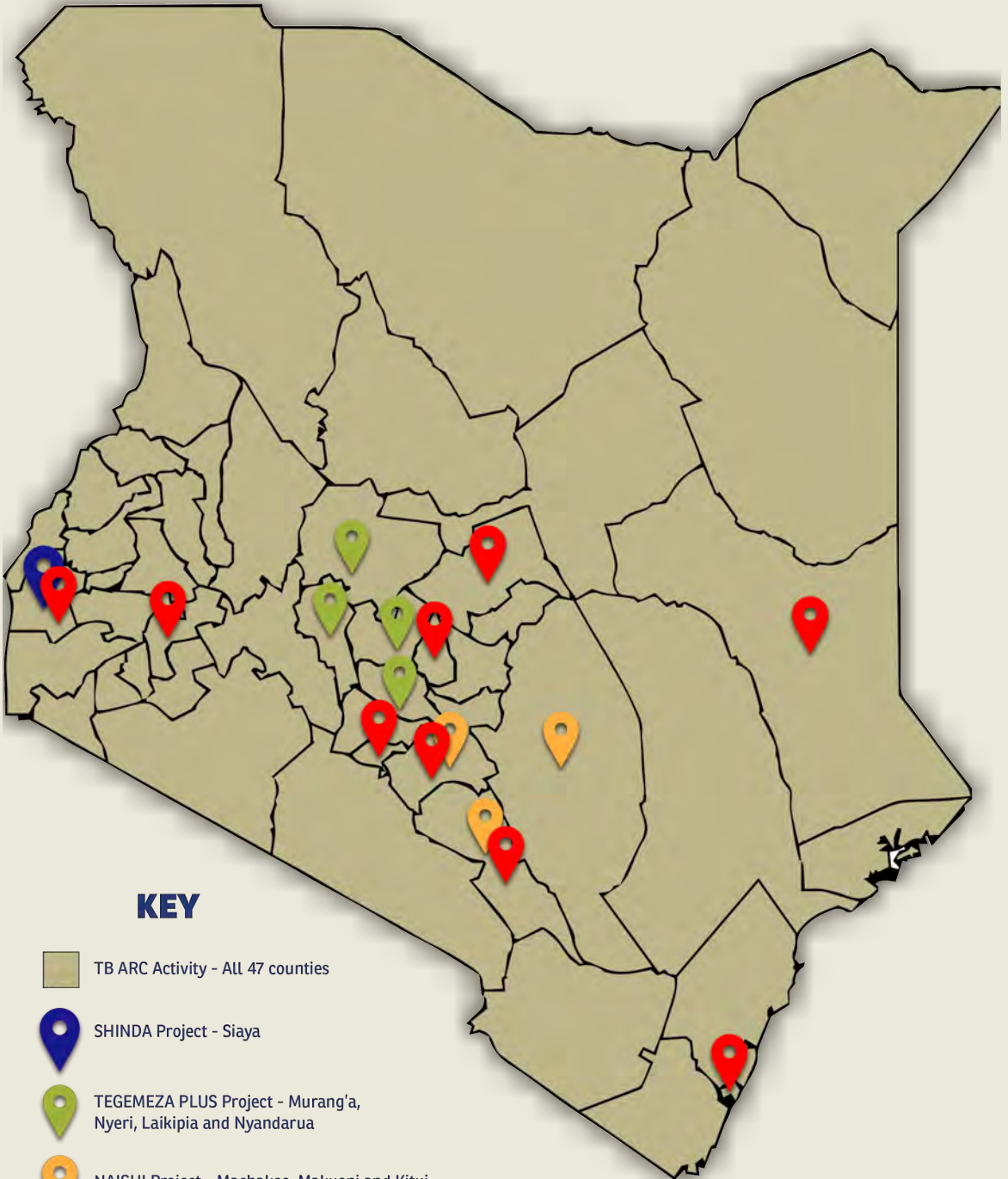


With a dedicated team of 356 full-time staff, and in close partnership with the Ministry of Health, County Departments of Health, donors, local communities, and other stakeholders, CHS provided a range of quality health services to over one million Kenyans between October 2016 and September 2017.

These services were offered across the country, reaching all 47 counties through five projects:

1. SHINDA - PEPFAR funded HIV care and treatment program in Siaya County
2. NAISHI - PEPFAR funded HIV care and treatment program in Makueni, Kitui and Machakos Counties
3. TEGEMEZA Plus - PEPFAR funded HIV care and treatment program in Nyeri, Laikipia, Nyandarua and Muranga Counties
4. FIKIA – Stop TB Partnership's TB REACH initiative to find children with TB funded by the Government of Canada and the Bill & Melinda Gates Foundation in Nairobi, Machakos, Makueni, Mombasa, Kirinyaga, Garissa, Meru, Siaya and Kericho Counties
5. TB ARC - USAID funded TB control activity across all of Kenya's 47 counties

“ The use of innovative models and best practices significantly contributed to quality health services, improving the health and saving the lives of men, women and children ”



KEY



TB ARC Activity - All 47 counties



SHINDA Project - Siaya



TEGEMEZA PLUS Project - Murang'a,
Nyeri, Laikipia and Nyandarua



NAISHI Project - Machakos, Makueni and Kitui



FIKIA Project - Nairobi, Machakos, Makueni, Mombasa, Kirinyaga, Garissa,
Meru, Siaya and Kericho

Knowing One's HIV Status (HIV Testing Services)



Access to HIV testing and counselling services is the first critical step towards ending the HIV epidemic

The '1st 90' of the United Nations' 90-90-90 targets to end the HIV epidemic by 2020 speaks to *'90% of all people living with HIV know their HIV status.'*

In contributing to the country's efforts to increase the number of people aware of their HIV status, CHS has made use of innovative solutions to increase access to HIV Testing Services, helping prevent the spread of HIV.

CHS reached over 1.6 million Kenyans with HIV testing services through various testing approaches in health facility settings including:

- Over 800 dedicated HIV testing service providers (Counsellors, Supervisors and Screeners) recruited and deployed across 454 health facilities
- Providing HIV testing services for all eligible clients at in-patient and out-patient departments
- Targeted weekend and community testing services to reach those who cannot visit the health facilities or access services during week/working days
- Testing of sexual contacts and children of those diagnosed with HIV (partner notification services)



Over

1.6 Million
tested for HIV



810

**HIV Testing
Service Providers
Supported**

Partner Notification Services



HIV Partner Notification is a voluntary process where trained health workers and lay providers, ask people diagnosed with HIV about their sexual partners or drug injecting partners, and with the consent of the HIV-positive client, offer these partners voluntary HIV testing services.

The process starts when an individual is diagnosed as being HIV positive. The service provider prompts the individual, known as the index client, for contacts who may have been exposed to the risk of HIV infection. The contacts are either children below the age of 15 years or the index client's sexual partners. Once the contacts are obtained, they are line listed in a confidential register and a contact and testing plan is developed with the consent of the index client.

The task of requesting the contacts to get tested can be wholly left to the index client (passive referral), can be undertaken by the

service provider (provider referral) or jointly by the index client and the service provider (dual referral). The contact approach to be used is decided on a case-by-case basis by the service provider based on a range of factors such as ease of disclosure, the level of control the client has over the contact and the risk of intimate partner violence.

Once the contacts are listed, the health care provider further interrogates the index client to assess the eligibility of each, and the preferred location of testing for the contacts. While testing in the health care facility is preferred, some clients opt for home testing and counselling. In most instances, the passive referral approach has been used as it is the approach most index cases have consented to and presents the least risk of intimate partner violence and unintended disclosure.

This model has been implemented across 121 health facilities in Lower Eastern where a total of 1,044 eligible contacts have been tested with 15% of them identified as being HIV positive compared to 2% recorded using other testing approaches.

In Siaya, a total of 839 eligible adult clients were tested with 21% (178) of them identified as positive while 2,837 children were tested with 27 children testing positive thus improving identification of children with HIV by 1%.

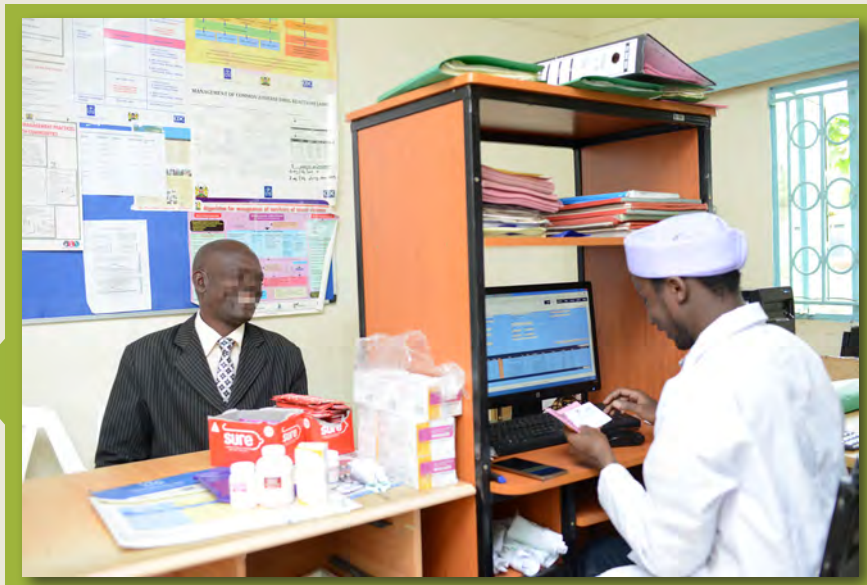
In Central, a total of 421 eligible adult clients were tested and 22% (92) were found positive, while 207 children were tested with 3% (seven) testing positive for HIV.

To increase the efficiency and quality of contact data collected during the partner notification service process, CHS developed a mobile Open Data Kit (ODK) data collection tool for use by HIV Testing Service providers.

Data is collected on an offline platform and automatically uploaded online once the device is connected to the Internet.

Preventing HIV/AIDS Related Illness and Death (Care and Treatment)

Access to sustained lifesaving treatment prevents illness and death and averts new infections



The '2nd 90' of the United Nations' 90-90-90 targets to end the HIV epidemic states '90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy.'

Towards meeting this target, CHS works to ensure that HIV positive clients are started on treatment as soon as possible so as to prevent illness and death and prevent new infections.

“ In the reporting period, 22,124 people were found to be HIV positive and 19,641 were started on treatment ”



22,124
HIV positive clients identified



154,325
people living with HIV on sustained antiretroviral therapy

Protecting Children from HIV



“ Through our support, Siaya became the first county to launch an eMTCT strategic framework in Kenya, paving the way for other counties to launch similar plans ”

Kenya has embarked on an ambitious plan towards the Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis by 2021. As part of the efforts towards achieving this goal, CHS has invested in the implementation of integrated services in Maternal and Neonatal Healthcare (MNH) settings within maternal and child health, labour and delivery clinics.

The focus has been on building sustainable systems for provision of comprehensive services, lab monitoring, commodity management systems for the supply of ARVs, use of appointment diaries to identify missed appointments, introduction of systems to trace defaulters through same day calling for clients who did not turn up for clinic appointments and physical tracing thereafter, male partner involvement through partner invitation cards, HIV counselling and testing for all mothers attending antenatal clinics, labour, delivery and postnatal clinics and follow up of HIV exposed infants in maternal and child health clinics from 6 weeks to 18 months to include infant testing and infant feeding support and growth monitoring.

In 2017, CHS supported the development and launch of the Siaya County eMTCT Strategic Framework for 2016-2021, making it the first county in Kenya to launch such a plan.



105,073

*pregnant women
tested for HIV*



6,336

*HIV positive pregnant
women*



6,277

*pregnant women
started on
antiretroviral therapy*



6,271

*infants started on
ARV prophylaxis*



7,223

*HIV exposed infants
tested for HIV within
12 months of birth*



3 - 5%

*mother-to-child
transmission rate*



When the laboratory results were delivered and Ivy* was informed that she was pregnant, she fainted. It was a shock of colossal magnitude.

"I had already lost a child. He was 10 years when it happened," she said. "It was shocking that a few months after we laid my baby to rest, I was pregnant. I could not fathom how I, a single mother would raise three children, but that was the least of my worries."

Lack of knowledge sometimes cripples our judgment culminating to poor decisions. Sometimes it brings fear.

Ivy was not excited by this pregnancy, even slightly. She had no idea how to ensure that her child would be HIV negative. While attending her monthly antenatal clinic visits, she had heard several Prevention of Mother to Child Transmission of HIV messages shared during health talks and support group meetings at the Wingemi Health Centre in Mwingi, Kitui County but she was sceptical. She did not want to bury another child.

"I am glad the Clinician was there that day," said Ivy. She received counselling from the Clinician at Wingemi Health Centre, Douglas Muniu. She was assured that if she followed the treatment instructions to the letter, her unborn baby would be HIV free. She adhered to her clinic days, taking her drugs as advised, and absorbing every bit of information she received at the clinic. Ivy and the Clinician developed



a health care provider-patient relationship where she had complete trust and confidence in him.

Ivy's expected day of delivery was fast approaching. She had already made her decision – a decision that would make her go against the grain.

Naming of a new-born in the local context follows an unwritten rule. Communities follow this rule without requiring a sitting by the elders. Some communities name their children after family members who have passed on, others after seasons or time of day/night when the child was born, and others after their parents. This was not the case for Ivy. When she delivered a bouncing baby boy weighing 2.9 kilograms, she decided to name him after the Clinician.

"I was given Nevirapine at birth for the child to take until I stopped breastfeeding. At six weeks, my son had his first PCR test and it was negative. The nine and 18-month antibody tests all came back negative," she said with a smile.

"I breastfed exclusively for six months," she said proudly. She attributes her child's HIV negative status to a great relationship between her and the Clinician.

She is now a CHS supported mentor mother at Wingemi Health Centre where among other things, she ensures that this health care provider-patient relationship is created, strengthened and maintained for other clients, offers patient care and supports those around her to seek HIV testing and counselling services.

Her parting shot, "Once a patient has utmost confidence in their care giver, the outcomes are always favourable."

** Name changed to protect identity*

“ Over 100,000 pregnant women received HIV testing services during routine Antenatal Care visits while 6,277 HIV positive pregnant women started antiretroviral treatment to protect their unborn children from HIV across CHS supported facilities in Lower Eastern, Western and Central Regions ”

Staying the Course of HIV Treatment



The '3rd 90' of the United Nations' 90-90-90 targets to end the HIV epidemic states ***'90% of all people receiving antiretroviral therapy have viral suppression.'***

Sustained antiretroviral therapy reduces the amount of HIV in the blood to levels that are undetectable by standard laboratory tests. People with HIV can then stay healthy and live longer, and greatly reduce the chances of passing HIV on to others.

Towards making this a reality for over 100,000 people receiving antiretroviral treatment, CHS works with health care workers and care givers to promote strict adherence to ART, the key to sustained viral suppression. CHS has put in place adherence support systems that support clients to improve their adherence to care and treatment. These include adherence counselling, treatment literacy, psychosocial support groups, defaulter identification and follow up, community support systems, as well as peer education and support systems. There are over 1,500 active support groups serving various groups and functions such as adolescents, couples, caregivers, men only, discordant couples, community support, recovering alcoholics, paediatrics, treatment literacy and health care workers living with HIV.

Operation Triple Zero (OTZ)

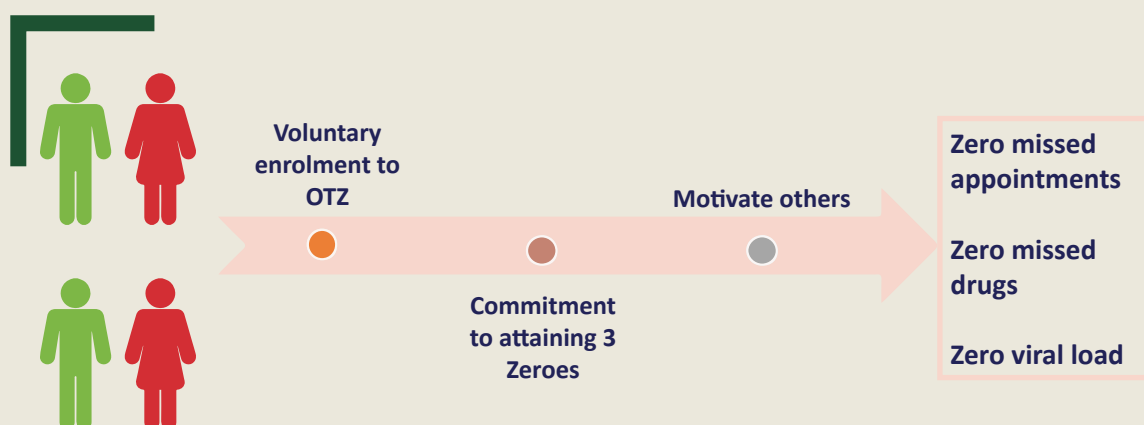


CHS seeks to nurture the potential of adolescents and young adults (10-24 years) and at the same time challenge them to take charge of their health outcomes through an innovative approach designed for adolescents - Operation Triple Zero (OTZ).

OTZ is geared towards motivating HIV positive adolescents to take responsibility of their own health and commit to achieve the 'triple zero outcomes'- zero missed appointments, zero missed drugs and zero viral load. Individuals that achieve these outcomes are dubbed 'heroes' and serve a role in inspiring those around them to achieve the triple zero outcomes.



177
adolescent OTZ
clubs formed with
4,524
members



During this period CHS piloted and implemented this initiative at CHS supported facilities across Eastern, Western and Central regions enrolling over 4,500 adolescents into 177 Clubs.

The implementation procedure involves: Identifying an OTZ health facility team consisting of a dedicated Counsellor, Clinician and an adolescent or youth peer for care and treatment; OTZ orientation for the facility team and providing an OTZ register and facility telephone for proper documentation and follow up of OTZ members.

CHS is committed to improving and setting up friendly adolescent spaces in the supported facilities and through frequent open forums, OTZ members meet and engage amongst themselves with the help of the peer mentors and health care workers.

OTZ focus areas include: Treatment literacy, transition to adult care, life skills, addressing self-stigma, positive living, adolescent peer support, career choices, adherence and disclosure. The adolescents are further encouraged to come up with topics of interest as well as discuss the challenges they face in the course of treatment.

Enrolled adolescents receive merchandise such as shirts, caps and bracelets with the message 'Heroes for Zeroes' which serves as a constant motivator and reminder for them to take charge of their health. Enrolment to the OTZ clubs is voluntary and all adolescents living with HIV are encouraged to enrol.

“ 4,524 adolescents and young adults enrolled in 177 OTZ clubs across various CHS supported facilities ”



VIRAL SUPPRESSION RATE

92% Central

82% Lower Eastern

81% Siaya

OVERALL TREATMENT RETENTION RATE

87% Central

88% Lower Eastern

78% Siaya

Voluntary Medical Male Circumcision



Voluntary Medical Male Circumcision (VMMC) is the surgical removal of the male foreskin, an important HIV prevention intervention that can reduce the risk of HIV infection during sexual intercourse to 60%.

CHS is supporting the provision of VMMC services in Siaya County through a dedicated team of 18 CHS VMMC Surgeons. To increase the pool of service providers in the county and promote sustainability, 40 clinical health care workers employed by Siaya County were trained, certified and mentored as VMMC Surgeons.

The VMMC team successfully carried out a total of 39,647 circumcisions, where 97% of the recipients of this service (38,567) were tested for HIV. Eleven (11) clients who tested positive for HIV were linked to care.

A close partnership with private and mission facilities was developed to offer circumcision services to infants accessing services at these facilities, through which a total of 24 infant circumcisions were done. In total, 112 infants accessed circumcision services.



39,647
males circumcised



92%
*successfully followed
up*



97%
tested for HIV



11
*found HIV positive
and linked to care*



112
infants circumcised



22
*nurses trained and
certified as infant
circumcision surgeons*



60 *volunteer community mobilisers identified and
mentored on demand creation and client referral*

My VMMC Experience: David's Story



"I had always heard about VMMC from the media and my friends, but I had never been compelled to take up the service. Over time, one of my friends who is a medical doctor kept on talking to me about the importance of circumcision and pushed me to go for it. At the same time, we had discussions with my wife and I got to learn that this simple procedure can enable me to protect my wife from cancer-causing germs and other infections. Right then, I was sold to the idea, and I was compelled to undergo VMMC to protect my wife.

I went for the service at Boro Dispensary, in Alego Usonga Sub county of Siaya where CHS offers the service. The staff there were kind, informative and professional, which made me relax and undergo the procedure within a matter of minutes and with minimal discomfort.

I am glad I finally took this step and I know that my wife is protected. I would encourage other men who fear going through this process to go for the same as the fears I had before were far removed from the actual process."

Using Dance to Educate Local Communities



Evolution Dance Group is a Siaya-based dancing team made up of five members – four young men and a lady. They all hail from Gem sub-county in Siaya and met while pursuing their tertiary education in 2005. What started off as a simple meet up of friends who loved music and dance soon became a fully-fledged career with

the team holding dance classes and competitions in the region, to dancing at Safaricom events and activations, and participation in the Fifth Season of the popular Kenyan dance competition 'Sakata.'

The dance team met with the CHS VMMC team at a point when they were looking for different strategies to educate the residents of Siaya on the benefits of circumcision, creating demand for the service. Since mid-2017, they have been involved in 55 shows and outreaches at the community level, attracting huge crowds that benefit from the health messages and services provided while they enjoy the dance entertainment.

"We want people to be aware of the great benefits of circumcision and would like to assist CHS in attracting large numbers for these services," says group team leader Martin Aggrey.

"We are happy to use our talents for this great cause."

A total of 96 roadshow activities were conducted at designated markets to promote VMMC awareness. To ensure achievement of program targets, mobilization activities were scaled up to 70 schools and 3 institutions of higher learning in Siaya County through organized health talks and booking volunteer clients for mobile circumcision events at the school grounds during the weekend. Weekly moonlight, weekend and island activities also contributed to a significant number of young and older men receiving VMMC services. A total of 180 moonlight activities were conducted to attract older men to VMMC Centres.

Working Together to Reduce Kenya's Tuberculosis Burden



CHS continues to support the activities of the Ministry of Health's National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) across the country with support from the US Agency for International Development (USAID).

A key highlight for 2017 was the dissemination of the findings of Kenya's first post-independence TB prevalence survey. Supported by CHS and other partners, the survey showed that Kenya not only has a higher prevalence of TB than previously estimated, but that many of these cases remain undetected and untreated. CHS supported the prevalence survey logistics including fleet management for the field teams, as well technical assistance for program and communication activities.

Kenya's TB burden among the highest in the world

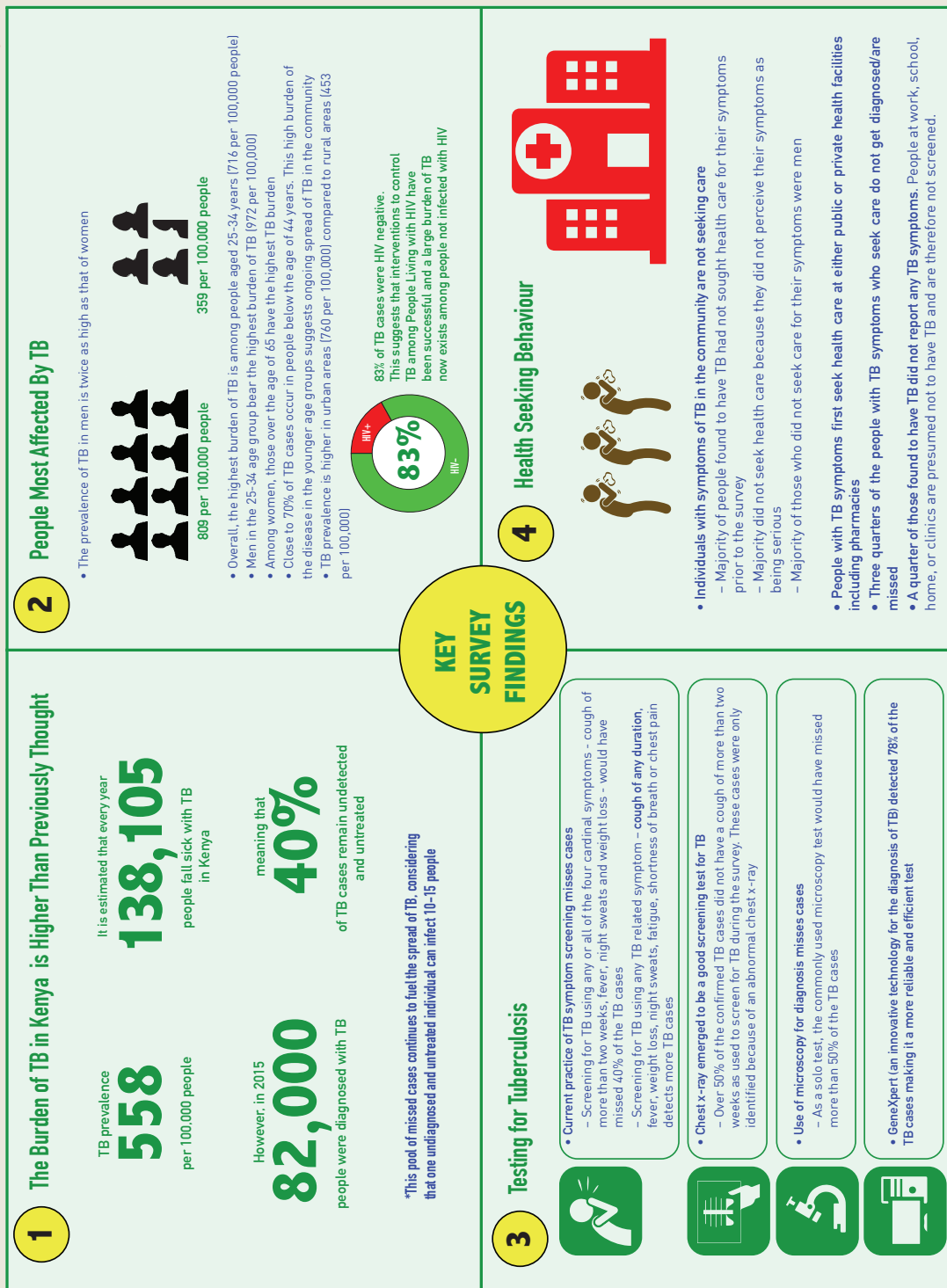
4th leading cause of death among infectious diseases

40% of people with TB are not identified

78,304 TB cases reported (June 2017)

522 Drug Resistant TB cases reported

KENYA TUBERCULOSIS PREVALENCE SURVEY 2016 FINDINGS



Preventing and Fighting TB among People Living With HIV

Tuberculosis is the most common cause of illness and death among people with HIV. In efforts to reduce the risk of TB infection and death among people living with HIV, CHS continues to support the integration of HIV and TB services.

As a first step, this has been done through offering TB screening and HIV testing services at the same service point to all clients seeking services. To make this effective, CHS has worked with health facilities to expand the scope of work for HIV Testing Service providers to include TB screening. HIV Testing Service providers have been provided with information on TB and the HIV screening tool revised to include questions to determine if the clients might have TB.

Other ways this has been done has been through the provision of preventive treatment that protects people living with HIV from developing TB and ensuring that patients with both TB and HIV are put on life saving antiretroviral therapy as soon as possible.

- A 'one-stop-shop' approach - TB patients offered HIV testing services, people living with HIV screened for TB and those with TB and HIV put on treatment
- 96% of TB patients tested for HIV
- 95% of patients with TB and HIV started on life-saving antiretroviral therapy
- 641,000 people living with HIV started on preventive therapy to protect them from developing TB
- Quarterly TB/HIV Implementing Partners forums to support scale up of Preventive Therapy across the country
- Technical support to County TB/HIV teams

Improving Isoniazid Preventive Therapy Uptake at Mwingi Sub-County Hospital



Between May 2016 and April 2017, CHS interventions saw the uptake of Isoniazid Preventive Therapy (IPT) among People Living with HIV at Mwingi Sub County Hospital grow from 74% to above 90%.

This was achieved through:

- Sensitisation of health care workers and the community on TB infection control, importance of IPT, IPT drug adherence and pharmacovigilance
- Ensuring that people living with HIV accessed Pyridoxine to curb the side effects of IPT and subsequently report any side effect cases appropriately
- Streamlining reporting and ordering of IPT commodities for isoniazid stock controls

Plans are underway to scale up the interventions to all other facilities in Mwingi, to monitor the uptake at Sub County level, and to streamline the Isoniazid ordering system at the central pharmacy, ensuring proper distribution to all other facilities in the Sub County.

Finding Children with TB



TB continues to be a major global health problem and is worse in children as they develop severe forms of the disease. A substantial number of children with TB seeking services at health facilities are not diagnosed due to the low index of suspicion by health care workers. TB in children indicates an ongoing transmission in the community because most cases occur in children who have had contact with a close relative or caregiver with TB.

TB in children can be prevented by screening all children in close contact with persons with TB and providing preventive therapy to those among them without TB symptoms below the age of five (5) years.

CHS is working to find children with TB, to increase the number of children under five (5) years eligible for preventive therapy and ensure that they receive this service, and to improve outcomes for children on TB treatment and preventive therapy. This is being implemented in selected high-volume health facilities in Nairobi, Mombasa, Machakos, Makueni, Kericho, Meru, Kirinyaga, Garissa and Siaya.



Over
200
health care workers
trained on childhood
TB

Partners:

Stop TB Partnership's TB
REACH Initiative funded by
the Government of Canada
and the Bill & Melinda Gates
Foundation, CHS, NTLD-
Program



CHS provides mentorship and capacity building to health care workers to ensure that all cases of TB in children are identified and appropriately managed

Communication and Advocacy Support for the Roll-Out of Child-Friendly TB Medicines in Kenya

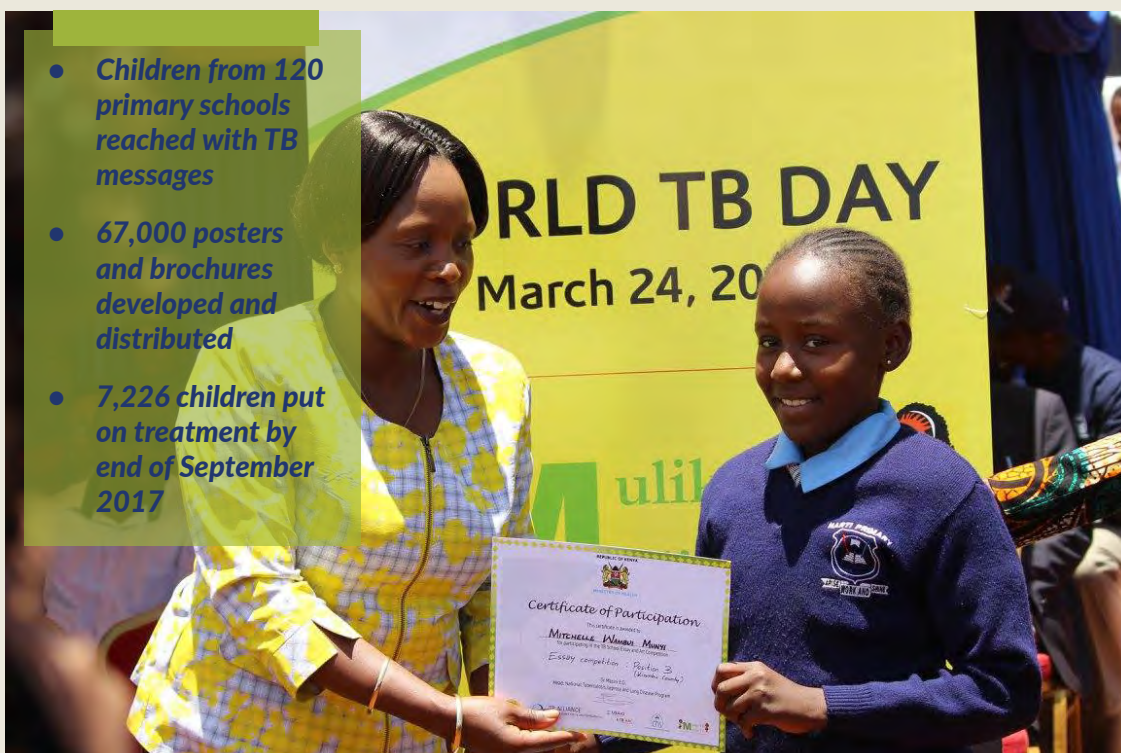
Following the introduction of child-friendly TB medicines, Kenya became the first country in the world to nationally rollout the use of these medicines to treat TB in children.

CHS worked in partnership with the NTLD-Program, The Global Alliance for TB Drug Development (TB Alliance) and other partners in communication and advocacy activities to create awareness on the availability of the medicines, and to create demand for the same.

Key activities included the development and dissemination of key messages on TB in children (risks, diagnosis, treatment) through various information, education and communication materials, a national stakeholders' advocacy event, broadcast, print and social media engagement and a primary school essay and art competition 'How I Will Fight TB in My Community.'

For its contribution to these efforts, CHS received a nomination for best non-profit campaign of the year in support of the roll out of child-friendly TB medicines at the 2017 Public Relations Society of Kenya (PRSK) Awards.

- Children from 120 primary schools reached with TB messages
- 67,000 posters and brochures developed and distributed
- 7,226 children put on treatment by end of September 2017



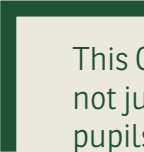
Recognising Hidden Talents Through the Fight Against TB

Hezron Tsuma enjoys drawing and painting, a hobby that has seen him develop a keen interest and an eye for detail in his surroundings. He gets his inspiration from drawings and pictures on textbooks, story books and other art work. In March 2017, his talent saw him emerge the best student in Mombasa County in an art competition titled 'How I Will Fight TB in my Community.'



Hezron Tsuma standing by his masterpiece on a wall at Kadzandani Primary School, Mombasa County

The competition was part of a TB school health program where with the support of TB Alliance, CHS and the NTLD-Program working through county and sub-county TB coordinators, engaged school children from six high TB burden counties, providing them with information on TB and distributing educational materials. Twenty schools were selected from Nairobi, Mombasa, Nakuru, Meru, Kiambu and Turkana and enrolled in an essay and art competition, aimed at establishing how well the children had assimilated the information. Pupils with the top three essays and the best artwork from each county were awarded individually and won their respective schools' different awards ranging from textbooks, storybooks, stationery, art material and a computer for the school with the winning essay.



This Class Six pupil from Kadzandani Primary School in Mombasa County did not just work on the painting for fun, but with the aim of educating his fellow pupils and the community at large. He explained that his painting illustrated how he would fight TB in his community in three ways. In the first image, he illustrated the need for treatment adherence where he painted an image of a school pupil carrying TB medicines. The second image illustrated the need for community engagement by use of a painting showing an opinion leader educating a crowd. The third image illustrated the need for taking preventive measures such as opening of windows to allow for the free circulation of air.

His winning art work was enlarged into a 'talking wall' on one of the school walls. "I was excited to win in this competition, now all the students in school can easily learn from the painting," he said. During the 2017 August school holiday, Hezron and a few of his friends had a one-on-one session with the professional artist who transferred his work from paper to the wall. "The artist taught us how to mix primary colours to achieve secondary colours and how to enlarge images from paper size to large surfaces like walls and banners," a thrilled Hezron said.

The second born child in a family of six was grateful for the individual painting pack awarded to him that included art books, coloured pencils, paint brushes and a pencil pack. The pack has allowed him to practice more painting while at home with his siblings. His mother was pleasantly surprised to learn of his win as she had not fully realised that her son was that smart and talented. "I was surprised that all along Hezron had been working on wonderful paintings, I used to see him sketch some images and thought that it was all for fun," his mother said.

TB Alliance (also known as the Global Alliance for TB Drug Development) is a non-profit organisation dedicated to the discovery and development of better, faster-acting, and affordable tuberculosis drugs that are available to those who need them. Following the introduction of child-friendly TB medicines, TB Alliance supported Kenya's efforts to rollout and promote uptake of these medicines. The school health activity was an important component of this support as it leveraged the role of children as agents of change within the family setting.

**1,077 private sector
employees screened for TB**

994 chest X-rays done

**328 sputum samples
collected**

12 TB cases confirmed



Employees of Allpack Industries Limited in Machakos County during a TB screening activity

Engaging Corporates to Find People with TB

An intervention targeting the private sector was rolled out in September 2017 informed by the findings of the National Tuberculosis Prevalence Survey 2016 which indicated that 40% of Kenya's TB cases are being missed. This is the case particularly among men of productive age hence the need to accelerated case finding at places of work where many of them are found.

The Corporate Engagement approach is aimed at increasing awareness about TB as part of occupational employee health education and awareness, prevention of TB among the workforce and their families, while at the same time intensifying efforts to find the missing TB cases through partnership and collaboration with the corporate sector.

This is being done through collaborative efforts and strategic partnerships with existing platforms such as the Central Organization of Trade Unions (COTU), Swedish Workplace HIV and AIDS Program (SWHAP), Federation of Kenyan Employers (FKE), International Labour Organization (ILO), Stop TB Partnership – Kenya, and the Ministry of Health's National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program).

Laboratory Services



CHS has in place systems to ensure that laboratories within the network of supported facilities provide timely, quality assured, reliable and safe services. This is done through proficiency testing for services providers, trainings on biosafety and biosecurity, distribution of test kits, as well as mentorship of county health workers.

During this reporting period, CHS focused on ensuring that patients received their test results within the shortest time with emphasis on reducing the turnaround time for viral load, Early Infant Diagnosis and GeneXpert samples through innovative solutions. With timely results, health workers are better equipped to offer the right treatment solutions at the right time, thus improving the health of patients.

- **'Riders for Health,'** a network of boda-boda (motorbike) riders used to transport samples to and from smaller health facilities to central laboratories for analysis
- Mobile Lab solution (mLab) for real-time test result updates via smart phones
- Use of Rapid Test Kits that are cheaper and easy to use
- 164,596 HIV viral load tests done with an average turnaround time of 10-15 days
- 4,500 health facilities supported to transport samples for TB diagnosis
- Baseline and follow-up lab investigations for 1,776 drug resistant TB patients done
- 100,732 SMSs with TB (GeneXpert) test results relayed through the online GXAlert platform
- Average Turnaround time for GeneXpert tests: 1-3 days



Improving Quality of Services

CHS has applied Quality Improvement (QI) approaches that involve the development of Standard Operating Procedures (SOPs) and guidelines, supervision, training, process improvement, audits and feedback to supported health facilities and services providers.

CHS has aligned its programmatic activities to local and international strategies and policies, including the implementation of the Kenya HIV Quality Improvement Framework (KHQIF) approach. This has been done through the use of the 5s Model (Sort, Set, Shine, Standardise, and Sustain) that focuses on improving the work environment and infrastructure, as well as the Plan, Do, Study and Act (PDSA) model that focuses on quality health care services and evident treatment outcomes leading to improved and organized care systems.

The Five S (5s) Model guarantees proper arrangement and neatness of service delivery areas

Before Implementation of the 5s model



After Implementation of the 5s model



*Photos courtesy of:
Kamuthanga Dispensary, Machakos County*



In Lower Eastern, CHS has engaged a HIV Prevention Partner funded by the United States President's Emergency Program for AIDS Relief (PEPFAR) through the US Centers for Disease Control and Prevention (CDC) in the implementation of a robust Key Population (KP) Program dubbed "Implementation of QI Collaborative Approaches to Improve Linkage and Continuum of Care for Key Population Groups in Lower Eastern."

Members of key population groups, among them sex workers, were accessing services in general population comprehensive care clinics, posing as general population clients. This hindered the provision of the targeted, comprehensive HIV prevention services they required due to their nature of exposure and risk. Those who were known sex workers faced stigma while accessing services as health care workers were not sensitised on service provision to key population groups.

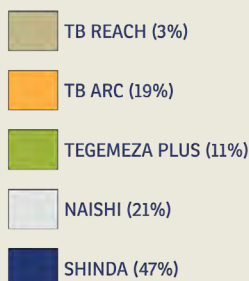
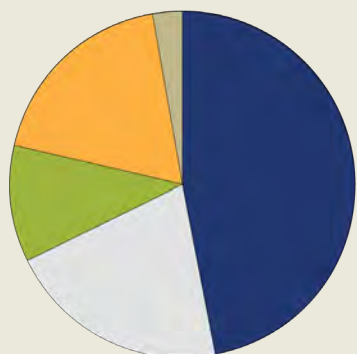
Through collaborative quality improvement activities, Clinicians from stand-alone key population clinics in the region - Drop in Centres (DICEs) – had exchange programs with their counterparts in the general population comprehensive care centres and vice-versa to enhance peer-to-peer learning.

This collaborative action has seen more than 100 members of various key population groups receive quality care and prevention services in general population Comprehensive Care Clinics with ease.

FINANCIAL OVERVIEW



ANNUAL BUDGET PER PROJECT



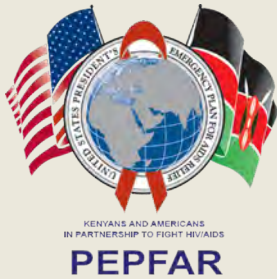
TOTAL BUDGET:
US \$36 Million



SUB-RECIPIENT SUMMARY

SUB-RECIPIENT	2017 FUNDING in Kshs (From January 1 to December 31, 2017)	NUMBER OF SUPPORTED STAFF
Siaya CHMT	420,873,390	1,058
Machakos CHMT	129,923,634	370
Makueni CHMT	114,273,111	299
Kitui CHMT	86,156,855	292
Murang'a	34,066,599	216
Nyeri	27,241,636	142
Nyandarua	12,551,062	62
Laikipia	2,096,705	17
Vision Garden CBO	824,084	0
Kiambu	12,052,837	0
JKUAT	1,311,751	0
KAPTL D	19,715,716	0
KANCO	5,032,562	0
PATH	10,883,860	0
TOTAL	877,003,800	2,456

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Program Director, Tegemeza Plus

Nyambura Mbugua

Human Resource Manager

Janice Njoroge

Grants and Development Manager

OUR OFFICES

Head Office - Nairobi

CVS Plaza, 4th Floor
Kasuku Road, off Lenana Road,
P. O. Box 23248 – 00100, Nairobi
Tel: +254 (2) 271 0077
Cell: +254 (0) 724 71 0077 | +254 (0) 732 71 0079
Email: info@chskkenya.org

Nyeri

Mt. Kenya Hospital Compound
Ring Road, off Kamakwa – Outspan Road

Machakos

3rd Floor, Kiamba Mall,
Syokimau Avenue
Machakos Town

Kitui

JICA Road
Opposite County Public Service Board Offices
Kitui Town

Makueni

Junction Mall, 1st Floor,
Wote Town

Siaya

Off Siaya - Ndere Road





Centre for Health Solutions - Kenya

Preferred Partner for Health Solutions

CVS Plaza, 4th Floor
Kasuku Road, off Lenana Road,
P. O. Box 23248 – 00100, Nairobi
Tel: +254 (2) 271 0077
Cell: +254 (0) 724 71 0077 | +254 (0) 732 71
0079
Email: info@chskkenya.org