



Centre for Health Solutions - Kenya

ANNUAL REPORT

OUR LEARNINGS



2012-2013





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List of Acronyms

APSC	- Adherence Psychosocial and Community	ICAP	- International Centre for AIDS Programs
ART	- Antiretroviral Therapy	ICT	- Information and Communication Technology
ARV	- Antiretroviral	IPT	- Isoniazid Prophylaxis Therapy
CBOs	- Community Based Group	KAIS	- Kenya AIDS Indicator Survey
CDC	- Centers for Disease Control and Prevention	KEPI	- Kenya Extended Program on Immunisation
CHS	- Centre for Health Solutions - Kenya	KMMP	- Kenya Mentor Mothers Program
COE	- Centre of Excellence	KNASP III	- Kenya National AIDS Strategic Plan, Three
CPT	- Cotrimoxazole Preventive Therapy	KS	- Kaposi Sarcoma
CQI	- Continuous Quality Improvement	M&E	- Monitoring and Evaluation
CS	- Central South Region	MCH	- Maternal and Child Health
CSS	- Community System Strengthening	MDG	- Millennium Development Goals
DHMT	- District Health Management Team	MoH	- Ministry of Health
DLTLD	- Division of Leprosy, Tuberculosis and Lung Disease	NHIS	- National Health Information System
DTC	- Diagnostic Testing and Counselling	NASCOP	- National AIDS and STI Control Program
EID	- Early Infant Diagnosis	OI	- Opportunistic Infection
EMR	- Electronic Medical Records	PEPFAR	- President's Emergency Plan for AIDS Relief
EMTCT	- Elimination of Mother to Child Transmission	PHMT	- Provincial Health Management Team
ETAT	- Emergency Triage Assessment and Treatment	PMTCT	- Prevention of Mother to Child Transmission
GHI	- Global Health Initiative	PSK	- Pharmaceutical Society of Kenya
HCW	- Health Care Workers	PSSGs	- Psychosocial Support Groups
HIS	- Health Information System	STI	- Sexually Transmitted Infection
HEI	- HIV Exposed Infants	TB	- Tuberculosis
HIV	- Human Immunodeficiency Virus	USD	- United States of America Dollar
HSS	- Health System Strengthening	VCT	- Voluntary Counselling and Testing
HTC	- HIV Testing and Counselling	WHO	- World Health Organisation



About CHS

Centre for Health Solutions – Kenya (CHS) is an indigenous, not-for-profit organisation with in-depth understanding of the local context, utilization of local expertise as well as strategic partnerships to ensure the implementation of evidence informed solutions and interventions to existing and emerging public health concerns.

Vision

A world of healthy families through universal access to health interventions and services.

Mission

To optimize delivery and use of health interventions to communities through evidence-informed solutions, innovations and research to address existing and emerging public health needs.

Our Approach

With a commitment to improving health outcomes, CHS works in partnership with government, donors, other stakeholders and local communities to complement and synergize the delivery of sustainable health services.

CHS works closely with the Ministry of Health to support the implementation of better quality services in Kenya through sustainable health solutions and the effective and efficient utilisation of limited resources. CHS aligns its work to national and international public health priorities in order to support the achievement of local and international goals and objectives through innovative health solutions that address existing and emerging public health needs.

Locally, CHS work is aligned to the 2nd National Health Sector Strategic Plan (NHSSP II) and the 3rd Kenya National AIDS Strategic Plan (KNASP III) and our work is informed by national guidelines from the Ministry of Health, such as those described by the National AIDS and STI Control Program (NASCOP) and the Division of Leprosy, Tuberculosis and Lung Disease (DLTLD) Internationally, CHS work is aligned to contribute to the achievement of the Millennium Development Goals (MDGs) and the Global Health Initiative (GHI) goals.

Our Strategic Goals

Goal 1:

To strategically position CHS as the preferred partner for health solutions nationally and regionally by 2015

Goal 2:

To deliver optimal service delivery models for public health

Goal 3:

To be a learning organisation

Goal 4:

To optimize organisational resources for maximal value

Our Growth Strategy





Our Guiding Principles

Accountability

We believe in honoring our obligations

Team Work

Our success stems from our togetherness

Thoroughness

We seek perfection in quality of health

Timeliness

We seize every opportunity for success

Initiative

We strive for 'best-in-class' practices and outcomes

The Board of Directors



Dr. Kishorchandra Mandaliya



Dr. Paul Wekesa



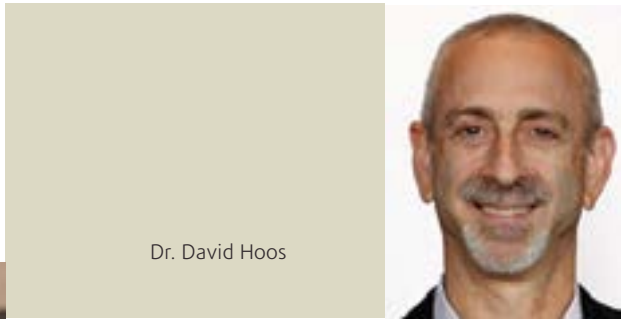
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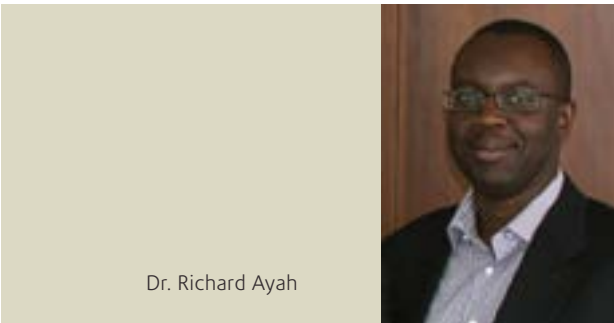
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Dr. Richard Ayah



Dr. Paul Wekesa, Chief Executive Officer, Centre for Health Solutions - Kenya (CHS)



Word from the CEO

2013 has been a phenomenal year for CHS! This being our third anniversary, we have continued to strengthen existing and establish new partnerships to ensure access to quality health services for the most vulnerable in the community.

We have continued to strengthen our brand as well as further improve our organisational systems to ensure optimisation of existing resources for maximal value. This has been demonstrated by improvements to our website, optimisation of the Navision system, embracing the use of mobile payment solutions as well as e-banking to improve efficiencies; enabling us to increase our investments to reach those for whom we exist - our patients and their families, our health workers and the society at large.

This year, we are proud to have won the USAID funded Accelerating Progress Against Tuberculosis award to reduce the burden of all forms of tuberculosis (TB) across Kenya. This five year activity will support the leadership role of the Ministry of Health's Division of Leprosy Tuberculosis and Lung Disease and focus on the development and scale up of new TB programs while strengthening existing programs through local adaptation of evidence informed interventions.

We have also established a new partnership with Abt Associates for a project funded by USAID to support the implementation of a strong, unified National Health Information System (NHIS).

With these two grants added onto our portfolio, we have grown from an annual budget of US\$ 6M in the previous financial year to US\$ 12M in 2013 and from programme implementation in Central Kenya to national reach across all of Kenya's 47 Counties.

CHS continues to work hand in hand with the evolving county health structures to support the realisation of the dream set forth in Kenya's Constitution and Vision 2030. We have supported the development of county health strategies and established new sub agreements with the counties. CHS also hosted the 2013 Annual Stakeholders Meeting with the theme 'Ownership towards sustainable efficient and universal health solutions' in Nyeri.

Our sincere gratitude goes out to the beneficiaries of our programs and our partners, particularly the United States Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC) through PEPFAR and the Government of Kenya through the Ministry of Health for their demonstrated trust in CHS's capacity.

I wish to thank CHS staff, management and the board for their good work, commitment and dedication towards the realisation of our vision and look forward to reaching even greater heights in the coming year.



Our New Solutions

CHS envisions continuous commitment to promoting the quality of health and thus seeks to keep building partnerships to further this goal. In the year 2013, CHS added two grants to its portfolio:

Funded by **USAID, Tuberculosis Accelerated Response and Care (TB ARC)** is a five-year activity that seeks to expand access to quality-assured TB services in all Counties and for all forms of TB, through the identification and implementation of evidence-based interventions that support and/or complement the activities of the DLTD and increase the proportion of TB cases identified and treated over a period of five years. This activity marks an important milestone in CHS's contribution towards achieving zero TB Deaths, Zero New TB Infections and Zero Suffering (zero stigma).

Funded by **USAID** through Abt Associates, **Afyainfo** is a five-year project that responds to needs identified by the Government of Kenya for a strong, unified National Health Information System (NHIS). In this program, CHS has the mandate to undertake capacity building of Health Information System (HIS) users in Kenya, develop a quality assurance model for HIS trainings and provide mentorship and support to data managers.



HIV Testing And Counselling (HTC) Solutions

One of the major drawbacks to HIV care and treatment is limited access to testing and treatment facilities, demonstrated by inaccessibility to such centres or limitations in handling a high number of clients where they exist. CHS seeks to overcome this barrier by increasing the capacity of facilities to promote the uptake of HIV testing and counselling (HTC).

This has been done through supporting Comprehensive Care Centres (CCCs) at various health facilities with infrastructure repairs, staffing, creating linkages with communities through the Ministry of Health's Community Health Strategy, training and mentorship of health facility staff, creation of quality assurance committees and the introduction of HTC services at major points of care within facilities.

Interventions to ensure HTC services are available at all service delivery points within facilities means that more individuals can be reached and patients no longer have to wait long hours to access HTC services.

CHS has been introducing re-testing guidelines at facilities, significantly improving care and treatment efforts. The World Health Organisation (WHO) HIV re-testing guidelines adopted in 2010 recommend annual re-testing of the general population and re-testing of HIV negative clients in cases of indeterminate results, generalised epidemics and risk.

HTC uptake has increased significantly and in the past year, CHS surpassed its annual target for HIV testing and counselling. 256,591 individuals (including 34,437 children) were received on HIV testing compared to the targeted 178,077 individuals.

CHS implemented a rapid results initiative (RRI) between July and August 2013, to address the shortfall in targeted HTC service uptake for the first half of the year.

An extra 18 HTC counsellors were recruited to offer support at selected high volume facilities and HTC was offered at all service delivery points. The RRI yielded exceptional results with 52,639 clients having received HIV testing and counselling services compared to the targeted 35,625. The RRI targets were surpassed by 47.8% and this to a significant level, contributed to the surpassed annual targets for HTC service uptake.

78% of those found HIV positive have been enrolled into care at CHS supported facilities



Trainings to build the capacity of health workers to provide HTC services were conducted including continuous medical education (CME) at facility level. 48 health workers were trained using the national HTC curriculum to promote better service outcomes while 68 health workers trained in HTC the previous year went through observed practice.

In a bid to promote greater commitment towards HTC outcomes, CHS is working towards creating ownership of HTC by Ministry of Health staff through encouraging increased participation of health workers.

A sensitisation activity targeting 30 health workers including medical and clinical officer interns was conducted at Gatundu District Hospital to create more awareness on HTC and thereby scale up its uptake across inpatient departments.

CHS strengthened quality assurance (QA) systems for HTC through support supervision at various health facilities in conjunction with the District Health Management Teams (DHMTs). This was aimed at promoting quality service delivery across health facilities that CHS supports through enhancing efficiency. HTC supervision was carried out in Ruiru, Muranga North, Gatundu, Muranga South, Thika and Kangema districts.

Family Approach to HTC

The family approach to HTC that involves incorporating family members of affected persons into care, such that they are also offered HIV testing services has had a significant contribution to the growing HTC numbers. Men are encouraged to accompany their wives when attending antenatal clinics and this ensures that they are tested for HIV together.

The testing of children was scaled up through identification of paediatric entry points and placement of counsellors at those points.

HTC target surpassed by 44%

5,272 adults enrolled to care by September 2013

37,637 children tested

444 children enrolled to care



Approach to HTC: A Case Study of Nyeri PGH

In September 2012, CHS began a system strengthening journey at Nyeri Provincial General Hospital (PGH), to improve the hospital's CCC. Challenges ranging from low staffing, poor facilities, overcrowding and client privacy concerns curtailed care and treatment efforts at the hospital.

CHS provided screens and furniture to create extra room thus enhancing privacy and reducing congestion. More counsellors were hired and through the establishment of a duty rota, their distribution to cover all out-patient clinics at the facility was made possible.

Continuous mentorship and regular supervision of counsellors and other health care staff has since played a great role in promoting HTC uptake at the hospital from 12,347 individuals in October 2012 to 21,170 in September 2013 (71% increase). CHS has completed repairs of HTC rooms which will promote counselling and testing (C&T) operations.

Problem

- Low staffing
- Poor facilities
- Overcrowding
- Congestion and client privacy issues

CHS Intervention

- Additional counsellors hired
- Screens and furniture supplied
- Duty rota and distribution schedule designed
- Continuous mentorship
- Regular supervision of counsellors
- Repairs of HTC rooms

Results

- Increased HTC uptake with better facilities
- Efficiency of counsellors with reduced workload
- Privacy for clients enhanced hence encouraging HTC
- Greater cooperation among staff hence greater output



HIV testing and counselling rooms during repair and at handover to Dr. Silas Njoroge, Medical Superintendent, Nyeri PGH



Rush Nderitu is a Peer Educator who supports ART adherence and follow up of clients at CHS supported Warazo Health Centre in Central Kenya



Antiretroviral Therapy

CHS has been instrumental in promoting the adoption of the revised national guidelines for anti-retroviral therapy (ART) across facilities that it supports. The guidelines seek to promote effective and more standardised ART for better HIV treatment outcomes. They call for earlier initiation of ART and improved criteria for ART switching, effective and feasible treatment regimens, optimal management of mother and child health for prevention of mother to child transmission of HIV (PMTCT), management of HIV exposed infants (HEI), management of TB/HIV co-infections and common chronic non-communicable conditions.

Through day-long sensitisations and CME, CHS has equipped health workers with the necessary knowledge and skills to implement the ART guidelines. Special emphasis was given on reducing non-standard regimen across facilities through guiding health workers on the new standardised treatment regimens as provided in the revised guidelines. This means that ART is now based on standardised drug combinations in the first-line and second-line regimen as per national guidelines. The guidelines seek to promote the use of the most potent, effective and feasible treatment regimens applicable to the majority of the population.

ART is now based on standardised drug combinations in the first-line and second-line regimen



Tuberculosis (TB) Solutions

According to the WHO Global TB report of 2012, Kenya was ranked 15th among the 22 high TB incidence burden countries. CHS continues to support the strengthening of TB health systems towards attaining the Global Plan to Stop TB by reversing the incidence of TB by 2015.

Tuberculosis Accelerated Response and Care (TB ARC)

In June 2013, CHS and partners kicked off the five year, USAID funded Tuberculosis Accelerated Response and Care activity that seeks to expand access to quality-assured TB services across Kenya's 47 Counties for all forms of TB. This will be done through the identification and implementation of evidence-based interventions that support the activities of the DLTLD and increase the proportion of TB cases identified and treated.

In October 2013, CHS, through the USAID funded activity, supported the 3rd Kenya International Scientific Lung Health Conference held in Nairobi that brought together medical practitioners, public health specialists and other stakeholders to promote lung health.

Isoniazid Preventive Therapy (IPT)

In 1998, the WHO/Joint United Nations Programme on HIV/AIDS (UNAIDS) policy on TB prevention recommended Isoniazid Preventive Therapy (IPT) to treat latent TB and prevent progression to active TB.

Children are often susceptible to infection from contacts and poor case control of adults with TB and for this reason, CHS supported facilities began implementing IPT for children under 5 with contact to smear positive TB patients in mid 2011.

170 children under the age of 5 have been initiated on IPT since January 2013.

In April 2013, CHS began scaling up the integration of IPT into the package of care for people living with HIV (PLHIV) as an important intervention for preventing and reducing active TB for those most at risk of infection.

530 PLHIV initiated on IPT at Nyeri PGH, Othaya, Mukurwe-ini and Gatundu District Hospitals since April 2013

CHS has supported the integration of TB/HIV services within facilities in Central Region to provide a one stop shop for co-infected patients as well as to improve the immediate uptake of combined antiretroviral therapy (cART).

Early cART uptake (within 8 weeks) at CHS supported sites is currently at 87%.



Anne Githige, CHS Program Officer (right) chats with Dr. Charles Kigo, Medical Superintendent (left) and Danny Mungai, Nursing Officer in Charge (centre) at Murang'a Stadium during World TB Day celebrations in March 2013

CHS has led the way in laying down sustainable systems across all supported facilities in the Central Region to reduce the transmission of TB in the community as well as within health facilities, in tandem with the WHO policy and Kenya's guidelines on TB infection prevention and control (IPC). This has been done through training health workers on infection control, development of TB infection control work plans reflecting timelines, staff responsible and budgets and CHS support for monthly IPC meetings at the health facilities.

CHS has begun supporting County multidrug resistant TB (MDR TB) committees to build capacity among health workers to provide quality care for MDR TB patients through setting up systems for MDR TB surveillance, early case detection and holistic care of patients. This involved supporting monthly multi disciplinary team review meetings and training of 50 health workers in MDR TB management.

In 2013, CHS supported seven County MDR TB meetings in Murang'a, Nyeri and Kiambu and facilitated the formulation of a County MDR committee in Laikipia County.



Kaposi's sarcoma treatment training session at Engineer District Hospital



Solutions For Opportunistic Infections

Kaposi's Sarcoma

Kaposi's sarcoma is a HIV related cancer, exhibited through cutaneous lesions with or without internal involvement. It is a tumour brought about by Human Herpes virus 8 (HHV8), also known as Kaposi's Sarcoma-associated Herpes Virus (KSHV). CHS contributes to the management of this type of cancer through training and laboratory services, equipment, commodity management and infrastructural support.

CHS aims at encouraging greater involvement of health workers by training them on the biopsy procedure and care and treatment of Kaposi's sarcoma. This has increased their confidence in dealing with Kaposi's sarcoma and also brought care and treatment nearer to the patients as opposed to when they would have to get referrals to equipped hospitals further away.

CHS has partnered with a private laboratory to carry out pathological diagnosis and has provided free triple chemotherapy to all patients found to have Kaposi's Sarcoma. In addition, CHS provides logistical support by facilitating the transportation of samples and results between facilities and test centres.

Cryptococcal Meningitis

Cryptococcal Meningitis is an AIDS related opportunistic infection brought about by infection of the meninges (tissue covering the brain). CHS has embarked on efforts to reduce the number of deaths caused by this disease through prevention, early detection and correct management.

Cryptococcal Antigen (CrAg) diagnosis kits have been distributed to a majority of CHS supported facilities ensuring access for all and where not available, samples are sent to other facilities for diagnosis.

Early detection plays a significant role in reducing the number of deaths associated with this disease. Patients with a CD4 count lower than 100 are screened for Cryptococcal infection and those who test positive are given life saving treatment.

Total screened	249
Total positive	22
Proportion on fluconazole	41%



CHS supports 28 mentor mothers in selected high volume facilities to support mothers and babies throughout the follow-up period.



Health Solutions For Mothers and Babies

In line with MDGs 4 and 5, CHS contributes to reducing the number of deaths and illnesses associated with pregnancy and child birth through scaling up PMTCT services, supporting human resources at facilities, training health workers, community involvement and psychosocial support aimed at increasing the number of HIV negative babies born to HIV infected mothers. This has been achieved through integration of ART services into the maternal and child health clinic, employing clinical officers to support PMTCT services, synchronisation of HEI care with immunisation, peer education and psychosocial support by mentor mothers and use of the HEI cohort based register.

Ensuring that no baby is born with HIV is an essential step towards achieving an AIDS-free generation hence solutions geared towards women play a great role in HIV elimination efforts.

1,260 HIV infected pregnant women were put on ARV Prophylaxis to prevent mother to child infection.

In line with the Kenya Mentor Mother Program (KMMP), CHS provides peer education and psychosocial support for pregnant and post-natal women diagnosed with HIV.

CHS supports 28 mentor mothers in selected high volume facilities to support mothers and babies throughout the follow-up period.

Solutions for HEI ensure that children born to Women Living with HIV (WLHIV) receive life saving interventions and care in the first two years of life. CHS is strengthening HEI follow-up and provision of early linkage to care for HIV-infected infants including polymerase chain reaction (PCR) tests and antibody testing in a bid to lower transmission rates and increase longevity among children born to HIV mothers. 70% of babies born to HIV infected mothers have been discharged from facilities as HIV negative.

1,260 pregnant women put on ARV Prophylaxis

1,209 infants on HEI

766 PCR tests done

28 mentor mothers supported





Reproductive Health Solutions

Family Planning

Reproductive health solutions, including the uptake of family planning (FP) among HIV infected women, are essential in eliminating mother to child transmission of HIV. The unmet need for FP services in Kenya remains high especially among HIV infected women, with about 60% not being on a regular form of contraception.

CHS has exerted great efforts towards integration of FP services to HIV care and treatment services, significantly improving the livelihood of local communities. This has been achieved through providing FP services at the CCCs (both long-term and short-term methods), education on importance of FP and capacity building of CCC health workers through mentorship and on-the-job training in order to increase uptake among HIV infected women.

In addition, mentor mothers educate HIV infected mothers on FP with relevant messages incorporated in psychosocial support groups.

The concept of dual contraception has been highly recommended as a means of reducing HIV transmission /sexually transmitted infections (STIs) while also avoiding pregnancy through the use of condoms for HIV/STI prevention and any other form of contraception to avoid pregnancy. Integrating FP to HIV services through a synchronised ART and FP appointment system has led to greater use of dual contraception at CHS supported facilities. This to a great extent increases the chances of elimination of new child infections.

- **25,750 women put on contraceptives**
-

- **46% on dual contraception**



Cervical Cancer

Cervical cancer is highly prevalent in Kenya and is the second most common cancer among women after breast cancer. It is more prevalent in HIV infected women thus an area of focus for CHS cancer prevention and management programs.

Interventions against cervical cancer (mostly preventative) have been stepped up at the centres of excellence. CHS aims at curbing the number of deaths from cervical cancer through promoting early diagnosis, treatment of precancerous lesions and chemotherapy.

In addition, CHS is scaling up cervical cancer screening services to all supported HIV care and treatment centres by integrating this service into already provided reproductive health services, training health workers and providing equipment and supplies for screening. In the last year, 1,492 women were screened for cervical cancer and 99% of those found to have precancerous lesions were treated using cryotherapy to prevent progression to cancer.

CHS is scaling up cervical cancer screening services to all HIV care and treatment centres

1,492 screened for cervical cancer

112 positive

111 received cryotherapy



Linet Gwengi, CHS Program Officer during a Cervical Cancer Screening training session at Thika District Hospital





Paediatric Solutions

Special emphasis has been placed on diagnosis, care and treatment of children with CHS supporting child friendly clinics with specific paediatric clinic days where family focused care is provided. CHS supports comprehensive paediatric focused services including growth and development monitoring; immunisation as per the Kenya Extended Program on Immunization (KEPI) schedule; nutritional assessment and counselling to families.

Special emphasis this year has been on increasing paediatric testing entry points. This was done by placing Provider Initiated Testing and Counselling (PITC) counsellors at Maternal and Child Health (MCH) clinics, strengthening testing and documentation of all inpatient children and empowering testing at all stops that are not traditional testing points such as nutritional clinics and immunisation clinics.

CHS recognizes that children experience rapid growth and change in weight and therefore emphasizes that dosing of ART should be done according to the weight of the child. This is done by providing dosing charts and wheels to equip health workers with the confidence to correctly prescribe ART to children.

CHS has provided support for growth monitoring, Vitamin A supplementation, child survival (training in Emergency Triage Assessment and Treatment (ETAT) plus, mentorship) equipment for maternity and new born units e.g. resuscitators, Artificial Manual Breathing Unit (Ambu bags) among other equipment.

1,209 infants enrolled on HEI program



Adolescents And Youth Solutions

According to the 2009 Kenya Population and Housing Census, youth aged 10-19 are 9.2 million, representing nearly a quarter of the country's population.

CHS recognizes that young people, especially in rural areas, are at an increased risk of HIV infection due to their exposure to risky sexual behaviour and thus seeks to offer adequate health solutions for this special group.

To improve the quality of care for adolescents, CHS built the capacity of health workers on care for adolescents including training of 30 health care workers on adolescent HIV. The training was informed by the fact that adolescents living with HIV face unique health, adherence and psychosocial issues and challenges, hence the need to equip health workers with the relevant knowledge and skills to manage them adequately. The health workers were equipped with skills to implement adolescent friendly services and promptly identify mental health problems and either handle them or refer appropriately.

CHS further trained and mentored 30 adolescent peer educators to equip them with skills for positive living, disclosure and adherence to HIV care and treatment. They were enlightened on how to identify the special needs of other adolescents and put in place remedial measures such as one-on-one counseling, group education and relevant referrals.

The adolescent peer educators have supported the health workers trained in adolescent HIV to set up 49 adolescent psychosocial support groups reaching 759 adolescents.

1,309 adolescents enrolled into care

30 adolescent peer educators supported

30 health workers trained in adolescent HIV care

759 adolescents enrolled in psychosocial support groups



Alice Ng'ang'a of CHS holds a baby during a visit to an adolescent mothers home in Mombasa





Pharmacy Solutions

During the last year, CHS continued to strengthen Kaposi's sarcoma (KS) treatment programs and commodity management systems while supporting new areas of care including Cryptococcal Meningitis and IPT.

Kaposi's Sarcoma treatment programmes were strengthened through supply of chemotherapy commodities and capacity building of health workers on chemotherapy procedures. This was achieved through on-site mentorship, district and facility CMEs. CHS also procured Kaposi's Sarcoma triple therapy commodities for Thika, Murang'a, and Nyahururu District Hospitals and Nyeri Provincial General Hospital.

IPT pilot programmes at Gatundu, Othaya, and Mukurweini District Hospitals and Nyeri Provincial General Hospital were supported through strengthening of commodity flow systems, provision of job aids and on-site mentorship on commodity reporting. CHS also sensitised health workers on IPT commodity management and will continue to support IPT pilot programs and their scale up.

Pharmacovigilance and commodity management systems strengthening through trainings and district CMEs were done at 192 health facilities. A new pharmacovigilance electronic reporting system was rolled out across most computerised sites.

In a bid to maintain continuous supply, effective management and rational use of ART commodities, the promotion of best practices is imperative and this was achieved through performing mentorship on pharmacy best practice. A new system for stock rotation between facilities ensured that there were less stock outs, expiries and wastage.

CHS played an important role in decentralisation of pharmaceutical management services executed jointly with DHMT members and decentralisation was successfully achieved in Thika, Gatundu, Nyeri North, Nyeri South and Nyandarua districts.

CHS supported pharmacists from Nyeri PGH to share best practices at the Annual Pharmaceutical Society of Kenya (PSK) conference held in Mombasa in June 2013.





Laboratory Solutions

Enhancing the availability of laboratory products and services to promote HIV care is an objective of the Kenya National AIDS Strategic Plan III (KNASP III).

CHS makes use of high level technology and laboratory systems to support lab services at facility level; an endeavour that has not only ensured better access to diagnosis and treatment, but also increased efficiency in care and treatment.

Through the supply of lab machines and equipment e.g. CD4 machines, haematology and biochemistry analyzers, microscopes and fridges, computers and reagents, CHS continues to strengthen the laboratory component of HIV management, including diagnostic services and logistics. CHS has also ensured that the diagnosis and management of Kaposi's sarcoma is supported through establishment of laboratory systems for histology and training of health workers on chemotherapy, reconstitution, administration and safe disposal. As part of sustainability and quality assurance, CHS has supplied all labs in supported facilities with computers to improve reporting.

Significant achievements have been witnessed including increased laboratory supplies, elevated efforts towards Kaposi sarcoma diagnosis and Cryptococcal Antigen Test diagnosis.

In an effort to improve access to ART monitoring, 6 high capacity CD4 machines have been supplied with the aim of providing CD4 testing at the point of care at Olkalou, Engineer, Kangema, Othaya and Nyahururu District Hospitals and Ruiru Sub-District Hospital.

All 194 facilities linked to lab networks for CD4 and viral load testing



Capacity Building Solutions

Learning and knowledge are at the heart of CHS's strategy and this is evidenced by increased training activities aimed at strengthening the capacity of health workers and CHS staff to promote their knowledge and capacity to improve the quality and efficiency of health services.

Continuous Medical Education (CME)

Continuous Medical Education (CME) plays a significant role in keeping health workers competent through providing education on new and developing areas in their field.

CHS has conducted 58 CMEs at facility level and 19 at district level with an aim of enhancing knowledge and thus promoting the quality of health care. New models of care, new treatment guidelines and other facets for promoting the capacity of health workers are included in the CME and conducted regularly depending on the needs across various districts.

Residential Mentorship

In an effort to promote efficiency and sustainability of capacity building programs, CHS is embracing the facility-based, MoH-led training model.

The residential mentorship training model promises to maximize available resources by deviating from the former hotel-based training methodology. Unlike in hotel-based training where significant resources were required to host trainees in hotels, payment of meals, transport and other expenses and which was also a liability for health facilities in terms of absent health workers during the trainings, residential mentorship provides for facility based training which to a significant level saves on the resources indicated above. Residential mentorship utilises MoH mentors to promote ownership and sustainability.

Murang'a District Hospital has set precedence in residential mentorship; successfully demonstrating that knowledge can still be acquired at minimal cost and with significant benefits to the facilities. CHS supported the hospital through training equipment and materials such laptops, projector, modem with internet bundles, printer, speakers, mentor and mentee allowances, curriculum development and technical support. 150 health workers were mentored on various HIV-related aspects of service delivery between March 2012 and July 2013.

19 District CMEs conducted

58 Facility CMEs



E-learning

E-learning has taken centre stage in the endeavour to improve skills and knowledge among CHS and health facility staff as demonstrated through the recently concluded e-learning course on Clinical Management HIV from the University of Washington for CHS and facility staff. With support from CHS, Murang'a District Hospital also hosted the E-learning course for its staff.

NASCOP's Harmonised Training Curriculum

During the year, CHS supported the pilot of NASCOP's harmonised training curriculum in selected facilities including Thika Level 5 Hospital, Murang'a District Hospital and Karatina District Hospital. The harmonised curriculum which focuses on facility-based training, is a competency based integrated curriculum developed between 2009 and 2013 and piloted in 17 facilities from April to August 2013. The curriculum addresses delivery of training, skills building, cost savings and sustainability at facility level and comprises self learning, face to face sessions, clinical practice and longitudinal mentorship methods.

CHS provided support for the harmonised curriculum both at national level and facility level.

At national level, CHS participated in the curriculum development, training of trainers, orientation for site coordinators and trainers of trainers (TOTs), CME to trainers/mentors and periodic supervision of regional trainings.

At facility level, CHS conducted site capacity assessment and analysis to determine eligibility of facilities to host trainees; facilitated trainings through financial support for training costs including travel, accommodation, meals, printing training materials and airtime; provided technical support through its program officers and technical advisors; and provided equipment support such as computers, modems, printers and LCD projectors.

The curriculum consists of five role clusters including clinical, nutrition, laboratory, pharmacy and counsellors. Thika Level 5 had seven participants in the clinical cluster and four participants in the laboratory cluster; Murang'a had five participants in the counsellors' cluster; and Karatina District Hospital had five participants in the pharmacy cluster. Each cluster took 12-18 weeks and 21 out of 22 participants successfully completed the course.

This was a useful experience in conducting facility based trainings that will aid the national program in eventual roll-out to the entire country. CHS was recognised as an important national level source of implementation and technical support for the harmonized curriculum.



Data clerks at Murang'a District Hospital's Comprehensive Care Centre



Health Monitoring and Evaluation Solutions

Monitoring and evaluation (M&E) has taken management information system innovation to a new level; evidenced by the creation of novel decision support systems that will greatly improve efficiency in data management at CHS.

44 health facilities have been computerised, reporting improved data management and use of patient level data.

The Integrated Patient Management System (IPMS) replaces the previously used CCC Patient Application Database (CPAD) system and presents great capabilities in data management for enhanced decision making. The IPMS has expanded beyond the patient card for HIV care (MoH 257) and now incorporates data for TB, HTC, HEI, Cervical Cancer Screening, Kaposi's sarcoma and IPT among others. This system is currently being piloted at various health facilities including: Olkalao, Nyahururu, Nyeri Provincial General Hospital, Thika, Karatina, Engineer and Githunguri in readiness for full launch.

This data management system presents great potential for efficiency by promoting faster and more informed decision making.

AfyaInfo

CHS is a sub-partner in the AfyaInfo grant mandated to support the national health information management system (HIS) through training and development of quality assurance and mentorship systems. CHS has supported MoH to report using the DHIS.



Members of a Vision Garden support group engage in basket making as an income generating activity



Community Health Solutions

In the scale up of ART, retention of patients has been a major challenge with cases of non-adherence to clinic appointments, especially in resource limited settings, becoming a huge barrier to HIV care and treatment interventions.

By creating linkages between the health facility and the community, CHS seeks to address client related factors that affect HIV care and treatment to promote adherence.

In July 2012, CHS rolled out its Community Support Model whose main aim is to empower PLHIV to become self dependent and take responsibility for their own health. The model combines four strategies: Peer Education, Psychosocial Support Groups (PSSGs), Community Units and Community Based Organisations (CBOs).

Key activities across all the strategies involves psychosocial support, livelihood support, economic empowerment, treatment 'buddying' system, defaulter tracing, home visits, referrals and community mobilisation; all aimed at fostering adherence and sustainability of the HIV care and treatment activities.

Two CBOs: Vision Garden Home Based Care and Gatanga Kiiga are supported with training, regular mentorship and resources to implement a programme aimed at strengthening community systems and services. 2,090 PLHIVs from 25 Psychosocial Support Groups are currently linked to the two CBOs.

Vision Garden Home Based Care CBO received the Head of State Commendation Award during the national Heroes Day celebrations held on October 20, 2013 for the outstanding work being done at community level across Mukwere-ini.

**118 adult and 30 adolescent peer educators and 28
mentor mothers supported**

Retention at 100% among clients enrolled in PSSGs

31 community based groups supported

10 community units supported



Robert Godec, the United States of America Ambassador to Kenya and Dr. Gichuiya M'Riara, Director of Health, Nyeri County (2nd and 3rd from right respectively) listen to a peer educator during a visit to the Nyeri Provincial General Hospital

Health Systems Strengthening Solutions

The World Health Organisation calls for health system strengthening through applying an array of initiatives and strategies aimed at improving the functions of the health system that leads to better health through improvements in access, coverage, quality or efficiency.

CHS continues to support health systems strengthening across all its pillars recording significant successes in support for human resources for health, health infrastructure, health care financing and leadership

Human Resources for Health (HRH)

CHS ensures continuous training and mentoring of health workers and human resource support to meet the increasing demand for quality health services. Over the course of the financial year, CHS has:

- Supported MoH to recruit and retain 280 health workers
- Supported 57 volunteer peer counsellors
- Supported 148 peer educators and mentor mothers

Health Infrastructure

In order to enhance service delivery, client privacy and infection prevention control across health facilities in the Central Region, CHS supported repairs for comprehensive care centres at five health facilities including Kirwara and Gachege Health Centres, Gatundu, Engineer and Murang'a District Hospitals and HTC rooms at Nyeri Provincial General Hospital.



Repairs at Engineer District Hospital



Health Care Financing

Through collaboration with the Ministry of Health, CHS has empowered health facilities and health management teams through grants provided to strengthen and ensure continued health service delivery across all levels of care.

TEGEMEZA - FUNDS DISBURSEMENT SCHEDULE FROM 1/10/2012- 30/9/2013

Subgrantee	Obligated amount (KES)	Cumulative Disbursement (KES)	Cumulative Disbursement (USD)
Nyahururu DH	1,413,253	1,413,253	\$17,665.66
Muranga DH	1,914,235	1,854,410	\$23,180.13
Muriranjas SDH	798,700	787,200	\$9,840.00
Engineer DH	681,510	681,510	\$8,518.88
Gatundu DH	1,036,737	1,036,570	\$12,957.13
Ol Kalau SDH	856,643	856,643	\$10,708.04
Mt Kenya SDH	673,455	673,455	\$8,418.19
Karatina DH	1,018,880	1,018,880	\$12,736.00
Nyahururu DH	1,215,715	1,215,715	\$15,196.44
Nyeri South DHMT	3,709,457	3,709,457	\$46,368.21
Thika DHMT	3,283,492	3,283,492	\$41,043.65
Mukurweini SDH	851,852	851,852	\$10,648.15
Othaya DH	773,820	773,820	\$9,672.75
Nyeri North DHMT	3,709,857	3,709,857	\$46,373.21
Muranga North DHMT	2,597,525	2,477,415	\$30,967.69
Nyeri PGH	929,360	929,360	\$11,617.00
Gatundu DHMT	3,558,170	3,477,300	\$43,466.25
Thika DH	1,081,828	1,001,103	\$12,513.79
JKUAT	5,978,333	5,349,829	\$66,872.86
Gatanga Kiiga CBO	502,250	486,600	\$6,082.50
Vision Gardens CBO	605,517	605,517	\$7,568.96
Muranga South DHMT	2,403,140	2,388,266	\$29,853.33
Ruiru DHMT	1,172,042	1,084,486	\$13,556.08
Ruiru SDH	1,062,170	1,062,170	\$13,277.13
Kangema DHMT	1,375,550	1,219,275	\$15,240.94
Kangema SDH	798,045	732,010	\$9,150.13
Kirwara SDH	582,352	582,352	\$7,279.40
Igegania SDH	685,317	685,317	\$8,566.46
	146,102,719	144,780,628	\$1,809,757.85



TEGEMEZA - FUNDS DISBURSEMENT SCHEDULE FROM 1/10/2012- 30/9/2013

Subgrantee	Obligated amount (KES)	Cumulative Disbursement (KES)	Cumulative Disbursement (USD)
PMOs	100,833,514	100,833,514	\$1,260,418.93
	146,102,719	144,780,628	\$1,809,757.85

Before repairs



George Odondi, Finance and Administration Director CHS visits the Comprehensive Care Centre at Engineer District Hospital after repairs

After repairs





Dr. Lawrence Kamande, Medical Superintendent Nyahururu District Hospital (centre) presents an award to a participant at the Annual Stakeholder's meeting



Leadership and Governance

Annual Stakeholders Meeting

CHS is highly committed to being the preferred partner for health solutions and thus seeks to promote good leadership and governance practices among its stakeholders.

Efficiency and sustainability remain key in promoting the quality of health hence this year's annual stakeholders' meeting theme:

**“ Ownership towards Sustainable, Efficient
and Universal Health Solutions ”**

During the meeting, County and facility management teams were sensitised on the need to exercise best practices that optimize the use of available, limited resources to sustainably improve the health of target populations.



Dr. Frida Njogu - Ndongwe Director of Programs, CHS leads the team through an update session



Management Solutions for Health

Navision

Since its adoption in 2011, CHS has seen increased and improved functionality with tremendous improvement observed across finance and administration processes.

-
- **Accuracy and efficiency**
 - **Improved turn-around-time in financial reporting**
 - **Acceleration of administrative processes including processing of LPOs and transport schedules**
 - **Reduced paper work and manual processes**
-

Efficiency in payroll processing has also been achieved through the use of this system making work easier through automation and promoting accuracy.

The system is currently being rolled out to sub recipients with its implementation expected to greatly improve grant operations through automation of processes and enhanced reporting. Automation will ensure that accuracy is maintained for easier access to information related to sub recipients, reduce paper work and eliminate tedious manual processes while enhancing monitoring and evaluation of performance and compliance.

Mobile Payment Solutions

The mobile phone-based money transfer platform provides revolutionary payment solutions to organisations through timely, accurate and convenient money transfers. CHS adopted the MPESA payment platform early this year; having been previously faced with major challenges during payment of allowances and per diem to participants at trainings and meetings as they had to be paid in cash; a process that was not only cumbersome but also risky. With the use of the MPESA platform, efficiency has greatly improved. Payments are now faster, accuracy is assured and staff conducting training do not have to carry and distribute cash to participants thus reducing security risks.

E-Banking

CHS has derived exceptional benefits from web-based banking solutions in the management of the organisation's financial transactions. E-banking ensures that the organisation can manage its finances with minimal interaction with the bank thus saving on cost and time. Online banking has improved financial operations at CHS significantly through increased accuracy, speed, efficiency, easier access to banking services and management of the organisation's interaction with the bank.



Sausa Augusto, Provincial Programme Manager with Centro de Colaboração em Saúde, Mozambique (CCS) (right), CHS Monitoring and Evaluation Officer Alice Wairia during a visit to the Comprehensive Care Centre at Murang'a District Hospital

Centres of Excellence

CHS is highly committed to promoting the quality of health care through the creation of Centres of Excellence.

Centres of Excellence were created with the objective of developing ideal or close to ideal diagnostic, treatment and preventive services in resource limited settings while serving as centres of learning.

They not only consist of a more diverse and senior staff mix, but also have capabilities for more complex medical, diagnostic and prevention services, enhanced diagnostic and commodity systems, structured monitoring and evaluation services and high patient volumes.

Centres of Excellence have been created at Thika District Hospital, Murang'a District Hospital, Nyahururu District Hospital and Nyeri Provincial General Hospital.

Service Package: The centres of excellence serve as regional referral centres providing an integrated package of treatment services for HIV, TB, Kaposi's sarcoma, all opportunistic infections, cervical cancer, reproductive health, maternal and child care, prevention of mother to child transmission of HIV (PMTCT), adolescent care and pharmacovigilance; as well as prevention services. The centres also offer support for non-communicable diseases including systems to diagnose hypertension, diabetes, heart disease among others.

The centres are equipped with various laboratory supplies and machines including blood glucose machines, ECG machines, pulse oximeters, suction machines, digital blood pressure machines and lactate machines among others.

These bring about immense value addition to HIV care through promoting easier diagnosis and follow up tests. Results have been witnessed through reduced need for referrals as patients are served at the point of care; faster diagnosis speeding up treatment and decreased diagnostic costs previously witnessed in the form of viral load and sample transport.

CHS sensitizes other facilities to refer patients to COEs for specialised diagnosis and treatment



Do, Document and Disseminate

Information is of no significance if it is not shared. Our mandate this year was to promote visibility of the organisation's achievements through an elevated focus on documentation and dissemination. This involved documenting the organisation's best practices through development of abstracts to exhibit CHS achievements. Through the abstracts, the program teams were able to demonstrate how innovative strategies have provided viable solutions and enhanced the effectiveness of the health system.

The program teams develop abstracts that promote learning and development, open avenues for research, create potential for new partnerships while meeting donor objectives.

An abstract bank to document knowledge and make it available for reference is currently being developed and is expected to create a rich knowledge hub for the organisation.

CHS has been actively involved in national conferences and symposiums and participated actively through submission of abstracts that showcase CHS achievements and best practices in programme implementation.

This ensured that CHS work was disseminated to relevant partners and stakeholders including the Ministry of Health, CDC, NASCOP, donors, NGOs and other partners. Some of the notable conferences where CHS was represented include the 9th NASCOP Annual HIV Care and Treatment Forum, the 3rd Kenya International Scientific Lung Health Conference, 1st Annual Monitoring and Evaluation Best Practice Conference held in October 2013, the National HIV Testing and Counselling Symposium held in June 2013 and the Pharmaceutical Society of Kenya Conference held in May 2013 and the 2nd Biennial NACC Conference.



CHS Staff Members

Alex Miso, Finance Manager
 Alfred Kungu, Driver
 Alice Ng'ang'a, Finance Officer
 Alice Wairia, Monitoring and Evaluation Officer
 Allan Mwangi, Finance Officer
 Angeline Muia, Program Officer
 Ann Githige, PMTCT Officer
 Anthony Irungu, Monitoring and Evaluation Officer
 Benard Kimutai, Regional Coordinator, Central North
 Benjamin Yamina, Driver
 Cecilia Muchemi, APSC Officer
 Cecilia Mwangi, Administration Officer
 Consolata Wangechi, Administration Assistant
 David Wainaina, Data Officer
 Dinah Mamai, APSC Advisor
 Dr. Angela McLigeyo, Senior Technical Advisor - Clinical Care
 Dr. Brenda Mungai, Deputy Chief of Party/Senior Technical Advisor
 Dr. Frida Njogu - Ndongwe, Director of Programs
 Dr. Hellen Kalili, Pharmacist
 Dr. Lorraine Mugambi - Nyaboga, TB Advisor
 Dr. Paul Wekesa, Chief Executive Officer
 Dr. Ruth Kihara, Pediatric Advisor
 Dr. Samuel Kinyanjui, Chief of Party
 Dr. Symon Wambugu, Senior Program Officer
 Eric Rugut, Driver
 Everlyne Ng'ang'a, Regional Coordinator, Central South
 Flora Ng'ang'a, Administration Officer (Nairobi Office)
 Francis Mbate, Data Manager
 Geoffery Njihia, APSC officer
 George Mbugua, Monitoring & Evaluation Assistant
 George Odondi, Finance and Administration Director
 Gerald Githinji, Monitoring & Evaluation Assistant
 Gladwell Mwangi, PMTCT Officer
 Herina Mbutu, Human Resource & Administration Manager
 Hillary Ng'eno, Monitoring & Evaluation Assistant
 James Ngechu, Communication Specialist
 Janice Njoroge, Grants Development Manager
 John Abwao, Laboratory Advisor
 John Jay Mairura, Program Officer
 John Kimemia, Driver
 John Njenga, Monitoring and Evaluation Advisor
 Joseph Ruiru, Contracts and Grants Officer
 Josephat Kibunja, Driver
 Kennedy Muthoka, PITC Advisor
 Leonard Oduor, Contract and Grants Officer
 Lilian Mwangi, Program Officer
 Linet Gwengi, Program Officer
 Loreen Akinyi, Office Assistant
 Lulu Ndatani, PMTCT and Reproductive Health Advisor
 Margret Kiburi, PMTCT Officer
 Mercy Musavwa, Administration Assistant
 Pauline Obop, PMTCT Officer
 Peter Ikirima, Driver
 Peter Omache, Driver
 Pharis Maina, Accountant
 Rachel Muinde, Monitoring and Evaluation Advisor
 Regina Nyaga, Data Clerk
 Ruth Kamau, Program Officer
 Ruth Wanjala, Communications Officer
 Sheilla Chebore, Laboratory Technical Officer
 Sidney Ashioya, ICT Officer
 Simon Mureithi, Finance Officer
 Stella Ngari, PMTCT Officer
 Stephen Ng'ang'a, Administration Officer (Nyeri Office)
 Susan Waweru, Grants Development Officer
 Timothy Kandie, ICT Officer
 Victor Gisa, Internal Auditor and Compliance officer
 Victor Njuki, Driver
 Wanjiru Githeiya, Financial Management Specialist
 Winfred Njugi, APSC officer
 Winnie Barasa, Assistant Finance Officer



Supported Health Facilities in Central Kenya

Kiambu County

Athi Dispensary
 Gachika Dispensary
 Gakoe Dispensary
 Gatuanyaga Health Centre
 Gatundu District Hospital
 Gitare Dispensary
 Githunguri Dispensary
 Hamundia Dispensary
 Igegania Health Centre
 JKUAT Hospital
 Juja Farm Health Centre
 Karatu Dispensary
 Kiandutu Health Centre
 Kieni Dispensary
 Kiganjo Dispensary
 Kirathani Dispensary
 Mataara Dispensary
 Mbici Dispensary
 Munyuini Dispensary
 Ndula Dispensary
 Ndururumo Dispensary
 Ngenda Health Centre
 Ngorongo Health Centre
 Plainsview Nursing Home
 Ruiru Health Centre
 Sinai Medical Clinic
 Thika District Hospital
 Warazo Medical Clinic

Laikipia County

Nyahururu District Hospital

Muranga County

Gacharage Dispensary
 Gacharageini Dispensary
 Gakurwe Dispensary
 Gatangara Dispensary
 Gataru Dispensary
 Gathaithi Dispensary
 Gatheru Dispensary
 Gatunyu Health Centre
 Gatura Health Centre
 Gikoe Health Centre
 Gikono Dispensary
 Gikui Dispensary
 Gitaro Dispensary
 Githangara Dispensary
 Gitugi Dispensary
 Gitwamba Dispensary
 Ichiichi Dispensary
 Irigiro Dispensary
 Iruri Dispensary
 Kagumoini Dispensary
 Kagumoini Health Centre
 Kaguthi Dispensary
 Kaharo Dispensary
 Kairo Dispensary
 Kamahuha Dispensary
 Kambirwa Dispensary
 Kambiti Health Centre
 Kandara Health Centre
 Kanderendu Health Centre
 Kangari Dispensary
 Kangema Health Centre
 Kanjama Dispensary
 Kanyenya-ini Dispensary
 Karangi Dispensary

Kariti Dispensary
 Kariua Health Centre
 Kiairathe Dispensary
 Kiamara Dispensary
 Kiangochi Dispensary
 Kianjugu Dispensary
 Kibutha Dispensary
 Kigetui Dispensary
 Kigoro Dispensary
 Kihoya Dispensary
 Kihumbuini Dispensary
 Kinyangi Health Centre
 Kiria Dispensary
 Kiria-ini Dispensary
 Kirogo Health Centre
 Kiruri Dispensary
 Kirwara Health Centre
 Kiunyu Dispensary
 Maragua Ridge Dispensary
 Marie Stopes Clinic
 Mihang'o Dispensary
 Mitumbiri Dispensary
 Mugeka Dispensary
 Mugumoini Dispensary
 Mukuria Dispensary
 Mukurwe Dispensary
 Muranga District Hospital
 Murarandia Dispensary
 Muriranjias Sub District Hospital
 Muroka Dispensary
 Mutheru Dispensary
 Muthithi Dispensary
 Naaro Health Centre
 Ndakaini Dispensary
 Nduonyu Chege Health Centre

194 Health Facilities Supported in Central Kenya

Ngelelya Dispensary
Nguruweini Dispensary
Nguthoro Dispensary
Nyakianga Dispensary
Nyangiti Dispensary
Rwathia Dispensary
St. Pauline Dispensary
Tuthu Dispensary
Wahudura Dispensary
Wanjegi Dispensary
Wanjerere Dispensary

Nyandarua County

Engineer District Hospital
Heni Health Centre
Kasuku Health Centre
Leshau Pondo Health Centre
Nandarasi Dispensary
New Tumaini Health Centre
Njabini Health Centre
Old Mawingu Health Centre
Olkalou District Hospital

Nyeri County

Aguthi Dispensary
Amboni Dispensary
Bellevue Health Centre
Burguret Dispensary
Embaringo Dispensary
Embaringo Dispensary
Endarasha Health Centre
Gakawa Dispensary

Gatei Dispensary
Gatina Dispensary
Gatitu Dispensary
Gatondo Dispensary
Gichiche Health Centre
Gichira Health Centre
Gumba Dispensary
Ichagachiru Dispensary
Ichamara Dispensary
Izana Dispensary
Ihurerio Dispensary
Ihururu Dispensary
Island Farms Dispensary
Itiati Dispensary
Itundu Dispensary
Kabati Dispensary
kagere Dispensary
Kagicha Dispensary
Kagonye Dispensary
Kairuthi Dispensary
Kaiyaba Dispensary
Kamburaini Dispensary
Kamoko Health Centre
Karaba Health Centre
Karatina District Hospital
Karemeno Dispensary
Kariko Dispensary
Karima Dispensary
Karundu Dispensary
Kiaguthu Dispensary
Kiamabara Dispensary
Kiamathaga Dispensary
Kiamuya Dispensary
Kiandere Dispensary
Kihuyo Dispensary

Kinunga Health Centre
Kirurumi Dispensary
Kiuu Dispensary
Lamura Dispensary
Mere Dispensary
Mihuti Dispensary
Mt Kenya sub District Hospital
Mugunda Dispensary
Mukurweni sub District Hospital
Mureru Dispensary
Mweiga GOK Dispensary
Mweru Dispensary
Naromoru Health Centre
Ndathi Dispensary
Ndimaini Dispensary
Ndugamano Dispensary
Njoguini Dispensary
Njokini Dispensary
Nyaribo Dispensary
Nyeri Provincial General Hospital
Nyeri Town Health Centre
Othaya sub District Hospital
Ruruguti Dispensary
Tambaya Dispensary
Thangathi Health Centre
Unjiru Dispensary
Wamagana Health Centre
Wandumbi Dispensary
Warazo Dispensary
Watuka Dispensary
Wendiga Dispensary
Witima Health Centre



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